



15800 Bluemound Road
Suite 100
Brookfield, WI 53005
USA
Tel +1 262 784 2250
Fax +1 262 923 3680

milliman.com

December 19, 2017

Mr. Grant Cummings, Section Chief
Benefit Rate and Finance Section
Bureau of Long Term Care Financing
Division of Medicaid Services
1 West Wilson Street
Madison, WI 53703

[Sent via email: GrantR.Cummings@dhs.wisconsin.gov]

Re: CY 2018 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 calendar year 2018 capitation rates for Wisconsin's Family Care program.



We look forward to discussing these results with you.

Sincerely,

Michael C. Cook, FSA, MAAA
Principal and Consulting Actuary
michael.cook@milliman.com

Mathieu Doucet, FSA, MAAA
Consulting Actuary
mathieu.doucet@milliman.com

MCC/MD/laa

Attachment

cc: Dave Varana, DHS
Michelle Prost, DHS
Lauralee Lueck, DHS
Sonya Sidky, DHS
John Meerschaert, Milliman
James Johnson, Milliman
Lindsey Beers, Milliman



**State of Wisconsin
Department of Health Services
CY 2018 Capitation Rate Development for
Family Care Program**

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

Prepared by:
Milliman, Inc.

Michael C. Cook, FSA, MAAA
Principal and Consulting Actuary

Mathieu Doucet, FSA, MAAA
Consulting Actuary

James S. Johnson, FSA, MAAA
Actuary

15800 Bluemound Road
Suite 100
Brookfield, WI 53005
USA
Tel +1 262 784 2250
Fax +1 262 923 3680

milliman.com

TABLE OF CONTENTS

I. EXECUTIVE SUMMARY.....	1
CY 2018 Capitation Rates	1
Methodology Changes from CY 2017 Rates.....	2
Data Reliance and Important Caveats.....	3
II. BACKGROUND	5
III. NURSING HOME LEVEL OF CARE METHODOLOGY OVERVIEW	6
IV. NON-NURSING HOME LEVEL OF CARE METHODOLOGY OVERVIEW	24
V. OTHER RATE CONSIDERATIONS.....	29

EXHIBITS

Capitation Rate Development – Nursing Home Level of Care:

A:	CY 2016 MCO Encounter Data for Base Cohort
B:	CY 2016 Family Care Completed Statewide Net Base Costs PMPM
C1:	CY 2018 Functional Status Regression Model – Developmentally Disabled
C2:	CY 2018 Functional Status Regression Model – Physically Disabled
C3:	CY 2018 Functional Status Regression Model – Frail Elderly
D1A:	CY 2015-2016 Base Population MCO / GSR Functional Screen Attribute Distribution – Developmentally Disabled
D1B:	June 2017 Base Population MCO / GSR Functional Screen Attribute Distribution – Developmentally Disabled
D2A:	CY 2015-2016 Base Population MCO / GSR Functional Screen Attribute Distribution – Physically Disabled
D2B:	June 2017 Base Population MCO / GSR Functional Screen Attribute Distribution – Physically Disabled
D3A:	CY 2015-2016 Base Population MCO / GSR Functional Screen Attribute Distribution – Frail Elderly
D3B:	June 2017 Base Population MCO / GSR Functional Screen Attribute Distribution – Frail Elderly
E1:	Projections to CY 2018 Rate Period
E2:	Benefit Adjustment and Gross CY 2018 Service Cost Rate Development
F:	Administrative Expense Allowance and Policy Adjustments
G:	Development of Final Blended Capitation Rates
H:	Monthly Rates Net of HCRP Paid to MCOs

TABLE OF CONTENTS *(continued)*

Capitation Rate Development – Non-Nursing Home Level of Care:

- I: CY 2016 MCO Encounter Data for Base Cohort
- J: CY 2016 Completed Statewide Base Costs PMPM
- K: CY 2018 Functional Status Model Development
- L: Composite of Functional Status Model by MCO / GSR
- M: Projections to CY 2018 Rate Period
- N: Administrative Expense Allowance and Policy Adjustments
- O: Development of Final Blended Capitation Rates
- P: Monthly Rates Paid to MCOs

Actuarial Certification:

- Q: Actuarial Certification of CY 2018 Wisconsin Family Care Capitation Rates

CMS Documentation:

- R: CMS Rate Setting Checklist Issues
- S: 2018 CMS Medicaid Managed Care Rate Development Guide

APPENDICES

- A: Geographical Service Region Map
- B: Projection of Total Expenditures
- C: Annual Trend Assumption Development
- D: Actual to Expected Analysis

I. EXECUTIVE SUMMARY

This report documents the development of the January 2018 - December 2018 (CY 2018) 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 2018 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), CMS, and federal regulations to ensure compliance with generally accepted actuarial practices and regulatory requirements.

CY 2018 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 2018 service and administrative costs prior to removing the High Cost Risk Pool (HCRP) withhold and prior to adding targeted margin loads or program changes implemented since the base period.

The statewide average CY 2018 capitation rate is \$3,285.31 for the Nursing Home Level of Care (NH LOC) population and \$480.65 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 and targeted margin to the MCE rates for the Non-NH LOC population.

The statewide average CY 2018 MCE rate is \$3,208.07 for the NH LOC population and \$473.44 for the Non-NH LOC population. Table 1 shows the statewide rate change from the 2017 MCE rates to the CY 2018 MCE rates for each population.

Table 1 Wisconsin Department of Health Services Comparison of 2017 and CY 2018 MCE Rates		
	NH LOC	Non-NH LOC
2017 MCE Rates	\$3,170.03	\$452.12
CY 2018 MCE Rates	3,208.07	473.44
% Change	+1.2%	+4.7%

The 1.2% change in MCE rates from 2017 to CY 2018 for the combined NH / Non NH LOC populations can be broken down as follows:

- 0.2% decrease due to the difference between actual CY 2016 base cohort costs and the CY 2016 costs predicted as part of 2017 rate development using a consistent MCO / GSR mix,
- 0.1% decrease due to the inclusion of additional MCO / GSR combinations in the CY 2016 base cohort,
- 0.3% decrease due to differences in one-year trend values applied to move CY 2016 costs to CY 2017 costs in the CY 2018 rate development versus the 2017 rate development,

- 0.3% increase due to application of service trend to project 2017 costs to CY 2018,
- 1.4% increase due to application of acuity trend to project 2017 acuity to CY 2018,
- 0.4% increase due to projected acuity differences for non-base and expansion cohorts prior to the application of the phase in adjustment for expansion counties,
- 0.1% decrease due to the phase in adjustment for GSR 12, offset by the decrease in the phase in adjustment for expansion counties entering the program prior to CY 2018, and
- 0.2% decrease due to differences in programmatic adjustments.

Capitation rates also reflect a decrease of 0.2% associated with a one-time increase to address MCO-specific funding requirements in 2017.

Projected CY 2018 expenditures split between federal and state liability are included as Appendices B1 - B3.

METHODOLOGY CHANGES FROM CY 2017 RATES

The CY 2018 capitation rate methodology reflects several changes to the CY 2017 rate methodology. The most significant changes are listed and described below.

New Rate Adjustments

For the CY 2018 capitation rates, DHS is including two new rate adjustments: an allowance to reflect the 3% nursing home per diem increase and 2% personal care assistance reimbursement increase effective July 1, 2017, and an allowance to reflect the 2.3% nursing home per diem increase and 2% personal care assistance reimbursement increase effective July 1, 2018. These adjustments are discussed in more detail in this report.

Nursing Home Services for Non-NH LOC Members

Effective with the CY 2018 contracts, managed care organizations will be required to provide nursing home services to Non-NH LOC members if those members meet the fee-for-service nursing home level of care as measured through the Minimum Data Set (MDS) assessments. Nursing home institutional costs were therefore included in non-nursing home level of care capitation rates for the first time in CY 2018. These costs account for 1.8% of the non-nursing home level of care service expenditures in CY 2016.

Program Expansion

Beginning February 1, 2018, the Family Care program will be available to residents of Dane County (GSR 12). Care WI and MCFCI were the selected MCOs to operate the Family Care program in Dane County. This report also continues the expansion of several counties into GSRs 1 and 4, effective July 1, 2017. With these expansions, the Family Care program will be in operation in all counties other than in Adams County. The Adams County expansion originally expected to occur on July 1, 2017 was delayed.

In addition to regional expansion, effective January 2018, MCFCI will start operations in GSR 2 and GSR 3, and Care Wisconsin will start operations in GSR 11.

2017 Target Group Automation Algorithm Changes

Effective January 2017, certain changes were made to the target group automation algorithm derived from the Long-Term Care Functional Screen (LTCFS) administered to program participants at least annually. One of the changes was to move physically disabled members into the frail elder target group effective with their first screen after age 65. In both the 2017 and 2018 rate development exercises, we have made this change in all data sources and exhibits at the individual level in order to match the process to be in effect after January 2017. However, there were additions made to the LTCFS itself which have the effect of assigning additional individuals (approximately 2% as of March 2017) to the developmentally disabled target group. Since these are new screen variables and assignment logic, we are unable to comprehensively adjust for this in the base data and model. Instead, for these rates, we adjusted our rate development methodology to minimize the use of 2017 membership and screen information in rate development. Following are the high-level adjustments made for this issue in 2018 rate development:

Change 1: Adjust Projected Enrollment

Calendar year 2018 enrollment projections provided by DHS were developed based on actual enrollment as of March 2017. This enrollment was subject to the target group automation process effective January 1, 2017. To account for this difference, the enrollment projections throughout this report and exhibits were adjusted manually to reflect the same underlying distribution by target group as seen in the 2016 base data, after assigning physically disabled individuals aged 65 and over to the frail elderly target group. This adjustment was performed by scaling the proportion of projected membership for the base data cohort to match the 2016 base data cohort's target group distribution, ensuring that the total projected enrollment by MCO / GSR remains unchanged.

Change 2: Adjust the Projected Acuity Difference between CY 2016 and June 2017

Under the historical rate development methodology, the Family Care risk scores shown in Exhibit E would be based on the June 2017 enrollment. However, much of the enrollment underlying this calculation was assigned a target group based on the algorithm in effect January 1, 2017. As a result, we estimate the acuity differences between CY 2016 and June 2017 for Family Care would have been overstated for the DD and FE target group and understated for the PD target group. To account for this, June 2017 screens are only used to apply to relative acuity of each MCO / GSR within each target group. Then, two years of acuity trend are applied to 2016 experience in Exhibit E to project 2018 costs rather than one as would have been done historically.

The combination of these two changes puts all membership projections, base data and models on a consistent basis appropriate for 2018 rate development.

DATA RELIANCE AND IMPORTANT CAVEATS

We used MCO financial reporting, as well as encounter, eligibility, and functional screen data for CY 2015, CY 2016, and June 2017, 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 the CY 2018 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 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.

Effective February 2018, Family Care will operate in all Wisconsin counties other than in Adams County. The state is comprised of 15 distinct Geographic Service Regions (GSRs) for rate setting and other purposes. Please see Appendix A for a map showing the counties included in each GSR. 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 2018 Family Care capitation rate methodology for the NH LOC population.

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 2016 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 2017 screens and the functional status acuity model relativities.
4. Apply adjustments to the risk adjusted base rate to project CY 2018 services costs for each MCO / GSR combination and target group.
5. Add HCRP pooling charge.
6. Apply market variability adjustment.
7. Add allowances for non-benefit costs and margin.
8. Blend the capitation rates developed for non-expansion and expansion counties to create a single rate for expanding GSRs.
9. Blend the projected CY 2018 service costs, including program adjustments, market variability adjustments, and allowances for non-benefit costs, by target group into an 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 2016 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 2016 MCO encounter base experience data by MCO / GSR combination and target group.

Base Data

We received detailed MCO encounter claims data from DHS for claims with dates of service between January 2014 and December 2016 with dates of payment through April 2017. 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 case 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. The base experience data also excludes member expenses outside of the Family Care benefit package for service locations not allowed in Family Care.

For the CY 2016 data, about 0.3% of total provider service and case management dollars are excluded due to a lack of corresponding enrollment records.

The CY 2018 rate methodology relies on CY 2016 MCO encounter data for MCO / GSR combinations that are deemed credible based on MCO / GSR size and program maturity. Table 2 outlines the CY 2016 base cohorts.

Table 2 Wisconsin Department of Health Services Base Cohort Population Details	
MCO	CY 2016 Data
Care Wisconsin	GSR 1, GSR 2, GSR 3, GSR 5, GSR 6, GSR 5-6
CCI	GSR 6, GSR 5-6, GSR 8, GSR 9, GSR 10, GSR 11
Inclusa	GSR 1, GSR 2, GSR 3, GSR 4, GSR 5, GSR 5-6, GSR 7
LCI	GSR 9, GSR 10
MCFCI	GSR 6, GSR 5-6, GSR 8, GSR 11

The base data cohort encompasses 92% of the total CY 2016 exposure. Excluding the service costs for the excluded MCO / GSR combinations reduces the rate development base data PMPM by 1.5%. The cohort excluded from the base data is identified in Exhibits E and F (labeled as non-base cohort and expansion cohort). It represents experience from MCOs in specific GSRs that have not yet achieved a credible level of experience or have shown experience relative to the regression model that is not expected to continue as noted in our actual to expected analysis. The primary driver of the cost difference between the base data and statewide data is GSR 13 experience, which phased in operations across counties through November 2015. Given the continued maturation of operations and results, we expect to start including GSR 13 experience as part of the base data in rate development exercises in the near future.

MCOs provided attestations that the base experience data complies with requirements of 438.602(i) in that no claims paid by an MCO to a provider outside of the United States are included in the base period data.

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 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 were over age 65 were assigned to the Frail Elderly target group. Individuals underlying the CY 2016 data have been reassigned to match the target group definition in effect since CY 2017.

Case Management Expenditures

Case management expenditures are included in the base cohort data as a service cost, consistent with contract terms. The case 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 3 below shows the encounter data to financial statement reconciliation adjustment for case management expenditures. Case management adjustments were made separately for CCCW, ContinuUs, and WWC, prior to their merger into Inlusa since the reporting reflected 2016 experience prior to the merger.

Table 3 Wisconsin Department of Health Services Encounter Data to Financial Statement Reconciliation Adjustment For Case Management Services	
MCO	CY 2016
Care Wisconsin	9.7%
CCI	28.3%
CCCW	7.0%
ContinuUs	2.7%
LCI	5.8%
MCFCI	-4.9%
WWC	6.7%

For the CY 2016 base experience data used in developing the CY 2018 capitation rates, financial management services are considered other provider services rather than case management services. Case management expenditures are reconciled for the NH LOC and Non-NH LOC populations in aggregate.

High Cost Risk Pool

The Family Care program includes a HCRP funded by a pooling charge subtracted from capitation for each of the target group populations. The HCRP is targeted to cover 80% of provider service costs above \$225,000 for each individual and excludes case 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 populations. Since Family Care in Dane County (GSR 12) will not be in operation for the full contract period of 2018, that county will not participate in the high cost risk pool in 2018.

The HCRP is budget neutral to the program in total in that all pool funds, and no more, will be returned to the MCOs after the end of the contract period. If the target group high cost pools are insufficient to reimburse 80% of provider services costs in excess of \$225,000 for each individual, each MCO will receive reimbursement proportional to their percentage of qualifying costs until the pool is exhausted. If the target group high cost pools are more than sufficient to reimburse qualifying high costs, the remaining pooled funds will be returned to each MCO proportional to their total contract period pooling contribution.

Table 4 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 2016 by target population group. These values are consistent with Exhibit A.

Table 4 Wisconsin Department of Health Services HCRP Service Costs Removed (PMPM)			
MCO / GSR	DD	PD	FE
Care WI / GSR 1	\$0.00	\$0.00	\$0.00
Care WI / GSR 2	0.00	0.00	0.00
Care WI / GSR 3	0.00	0.00	0.00
Care WI / GSR 5	71.53	51.89	0.00
Care WI / GSR 6	615.86	212.23	0.00
Care WI / GSR 5-6	87.95	67.73	5.33
CCI / GSR 6	34.19	4.81	0.00
CCI / GSR 5-6	50.06	51.79	1.99
CCI / GSR 8	140.38	0.00	0.00
CCI / GSR 9	317.39	0.00	0.00
CCI / GSR 10	44.67	0.00	0.00
CCI / GSR 11	25.25	16.78	0.00
Inclusa / GSR 1	26.54	0.00	0.00
Inclusa / GSR 2	3.30	1.79	0.00
Inclusa / GSR 3	12.93	0.00	0.00
Inclusa / GSR 4	33.91	40.16	0.00
Inclusa / GSR 5	0.00	0.00	0.00
Inclusa / GSR 5-6	0.00	0.00	0.00
Inclusa / GSR 7	21.69	0.00	0.00
LCI / GSR 9	39.68	0.23	0.00
LCI / GSR 10	0.00	0.00	0.00
MCFCI / GSR 6	0.00	0.00	0.00
MCFCI / GSR 5-6	0.00	0.00	0.00
MCFCI / GSR 8	17.21	0.00	1.10
MCFCI / GSR 11	0.00	0.00	0.00

The costs removed from the base period data for the HCRP are trended, adjusted, and added back to projected CY 2018 net target group service costs as a fixed, statewide pooling charge in Step 5.

Non-Covered Services Adjustments

Approximately \$13.9M in expenditures for services not covered under the Family Care benefit set were removed from the base data. No services were provided in lieu of a covered service for the Nursing Home LOC population.

Institution for Mental Disease (IMD) services are not a covered benefit under Family Care. Such services are covered via the FFS delivery system. If individuals enter an IMD, they are disenrolled from the Family Care program. Therefore, no adjustment to the base data 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 adjustments 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 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 5 below shows the IBNR adjustment factors applied to the CY 2016 experience data for each of the GSRs listed in Table 2. IBNR adjustments were made separately for CCCW, ContinuUs, and WWC prior to their merger into Inlusa since the reporting reflected 2016 experience prior to the merger.

Table 5 Wisconsin Department of Health Services Incurred But Not Reported Adjustment Factors	
MCO	Adjustment Factors
Care WI	1.0104
CCI	1.0033
CCCW	1.0053
ContinuUs	1.0012
LCI	1.0014
MCFCI	1.0007
WWC	1.0028

Step 3: Calculate MCO / GSR Specific Risk Adjusted Base Rate Using June 2017 Enrollment and the Functional Status Acuity Model Relativities

We developed the NH LOC models using individual functional status to predict costs from MCO-reported experience for CY 2015 and CY 2016; 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 2016 target group 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 6 below provides a high level comparison between the CY 2017 and CY 2018 models for each target group.

Table 6 Wisconsin Department of Health Services Comparison of CY 2017 and CY 2018 Functional Status Models Nursing Home Level of Care			
	Developmentally Disabled	Physically Disabled	Frail Elderly
CY 2018 R ²	54.6%	50.5%	39.6%
CY 2017 R ²	54.9%	50.4%	39.9%
R ² Percentage Change	-0.3%	+0.1%	-0.3%

The “Proportion with Variable” statistics shown in Exhibit C represent the proportion of the base cohort target group population identified with each variable used in the regression model. This is identified directly from a review of an individual’s functional screen. It is calculated as “Number of individuals with condition” divided by “number of individuals in the target group base cohort.”

The “Statewide Estimate” in Exhibit C represents the estimated incremental dollar cost associated with each variable for the entire target group base data cohort. The values are the result of the multivariable linear regression exercise.

The product of the statewide estimate and the proportion with variable equals the “incremental increase” value. The sum of the incremental increase values equals the total PMPM target group base data cohort cost. For example, the sum of the incremental increase values on Exhibit C1 is \$3,556.13, which is equal to the DD completed base data cost on Exhibit B.

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 2016 costs for each target population base data cohort are unaffected in total.

Exhibits D1B, D2B, and D3B develop the cost PMPM relativities as modeled by the functional status acuity model using the June 2017 Family Care NH LOC population enrollment. As discussed previously in the “Methodology Changes” section of this report, the June 2017 functional screens are only used to determine the relativities between MCO / GSR combinations within each target group relative to the total base data cohort. After this adjustment, the costs reflected in the column labeled “MCO / GSR Specific Risk Adjusted Rate” in Exhibit E1 illustrate the acuity-adjusted service cost for each MCO / GSR combination relative to the total base data cohort. These values still reflect a 2016 level of total member acuity. Table 7 below illustrates the total relativities for the non-base and expansion cohorts shown in Exhibit E.

Table 7 Wisconsin Department of Health Services Relative Cohort Acuities		
Target Group	Non-Base Cohort	Expansion Cohort
Developmentally Disabled	0.9375	0.9226
Physically Disabled	1.1109	1.1497
Frail Elderly	1.0024	0.9067

For an MCO with under 1,000 members enrolled in June 2017 in a particular region, the projected base data 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
- Inclusa / GSR 5
- Inclusa / GSR 5-6
- LCI / GSR 10
- MCFCI / GSR 6
- MCFCI / GSR 5-6
- MCFCI / GSR 11

For MCOs entering GSR 12 or the expansion counties of GSRs 1 and 4, the projected cost is based on the variable distribution for each functional status model for members enrolled in the waiver program or on the waitlist as of December 2016. For MCOs that are entering into GSR 12, the risk score was floored at 0.9151 for the DD target group. Other target groups exceeded this threshold. Historically, risk scores have been understated prior to the establishment of Family Care in a given GSR. Since GSR 12 is a large region without experience under Family Care, the risk score is floored to assist with cash flow of participating MCOs. Actual revenue will be reconciled as part of the program implementation acuity retrospective settlement outlined at the end of this report.

Step 4: Apply Adjustments to the Risk Adjusted Base Rate to Project CY 2018 Service Costs

In this step, we apply adjustment factors to reflect differences between the base period encounter data and the projected CY 2018 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 2016 to CY 2018

Trend rates were used to project the CY 2016 baseline cost data to the CY 2018 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 2014 through CY 2016 in a number of different ways. 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.

MCO / GSR combinations were excluded from the data used for trend development for two reasons. First, they had little to no data for one of the years used in the trend analysis, either because Family Care was new to the GSR or the MCO recently moved into the GSR. Second, MCO / GSR combinations were excluded if they had large increases in new membership. The purpose of the trend analysis is to determine how costs and acuity are changing in a stable system, and MCO / GSR combinations experiencing large increases in membership are not stable. 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 using the same functional based model as described earlier in this report. Since this rate development process applies acuity adjustments separately from service cost trend, we considered the acuity-adjusted trends in rate development.

The 2018-19 Wisconsin biennial budget directs DHS to provide a 3.0% rate increase for nursing home per diems for SFY 2018 and a 2.3% increase for SFY 2019. This results in an annualized nursing home per diem trend of 2.4% between the base experience period of CY 2016 and the rate period of CY 2018 after including consideration of the known increase of 2.4% between SFY 2016 and SFY 2017. However, the trend development methodology would only capture the historical annualized per diem trend of 1.2% between CY 2014 and CY 2016.

To bridge this 1.2% gap, we developed a trend adjustment by multiplying the 1.2% trend gap by the statewide percentage of nursing home costs included in the base experience data for each target group separately. This adjustment is added to the selected total cost trends. Table 8 below shows the total annual PMPM trend rates by target group assumed for combined pooled and non-pooled costs.

Table 8			
Wisconsin Department of Health Services			
Annual Trend Rates by Target Group			
Target Group	Calculated PMPM Trend Rates	Nursing Home Per Diem Adjustment	Total PMPM Trend Rates
Developmentally Disabled	0.00%	0.02%	0.02%
Physically Disabled	0.00%	0.16%	0.16%
Frail Elderly	0.55%	0.27%	0.83%

Table 9 illustrates the combined pooled and non-pooled service cost trend values implemented for the CY 2018 rate development split between utilization and unit cost trends 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 after accounting for member acuity trends.

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	0.20%	-0.18%	0.02%
Physically Disabled	-0.25%	0.41%	0.16%
Frail Elderly	-0.15%	0.97%	0.83%

The combined pooled and non-pooled service cost trends shown above are further segmented into trend rates for claims above and below the HCRP threshold. We performed a multiyear analysis of historical levels of claims exceeding the HCRP threshold, which indicate the cost trend for these services is higher than the trend for all costs for two of the three target groups. This is usually the case for any pooled claims mechanisms such as the HCRP because of claim leveraging effects. We developed separate trends for costs under and over the HCRP threshold which together aggregate to the selected trends for all costs.

Table 10 below shows our average annual trends for the amounts exceeding the HCRP threshold and resulting trend rates for the amounts below the HCRP.

Table 10			
Wisconsin Department of Health Services			
Average Annual Trend Rates by Target Group			
Target Group	HCRP Amount Trend	Net PMPM Trend	Total PMPM Trend
Developmentally Disabled	35.0%	-0.46%	0.02%
Physically Disabled	35.0%	-0.02%	0.16%
Frail Elderly	0.0%	0.83%	0.83%

Acuity Adjustment from CY 2016 to CY 2018

In order to develop rates based on expected CY 2018 member acuity levels, we apply two years of projected acuity trend to the 2016 acuity-adjusted costs. As part of the historical trend study, we developed CY 2014 – CY 2016 changes in average acuity for each target population. The acuity trend study was performed in conjunction with the service cost trend study, and all data and the methodology utilized were the same. The results of the acuity trend study are included in Appendix C. Those same acuity results were used to develop the risk-adjusted service costs underlying the service cost trend development. We believe these changes in average acuity, as outlined in Table 11 below, are appropriate to assume continuing for CY 2016 – CY 2018.

Table 11 Wisconsin Department of Health Services Annual Trend Rates by Target Group	
Target Group	Annual Acuity Trend
Developmentally Disabled	1.60%
Physically Disabled	1.00%
Frail Elderly	1.20%

Geographic Wage Adjustment

The functional status acuity model does not include a consideration for the difference in service costs associated with providing care in different regions of the state. 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 2016 (downloaded on June 6, 2017) 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 2018 enrollment in order to develop aggregate factors for each GSR as detailed in Table 12 below. Because projected CY 2018 enrollment is used to weight the factors, this adjustment will not be revenue neutral to the degree the enrollment distributions differ between CY 2016 and CY 2018.

Table 12
Wisconsin Department of Health Services
CY 2018 Geographic Wage Adjustment Factors
Family Care Program

GSR	Calculated Factor	Dampened Factor
GSR 1	1.0169	1.0118
GSR 2	0.9924	0.9947
GSR 3	0.9786	0.9850
GSR 4	0.9639	0.9748
GSR 5	0.9665	0.9766
GSR 6	0.9838	0.9887
GSR 5-6	1.0245	1.0171
GSR 7	0.9728	0.9809
GSR 8	1.0245	1.0171
GSR 9	0.9851	0.9896
GSR 10	0.9675	0.9772
GSR 11	1.0300	1.0210
GSR 12	1.0718	1.0503
GSR 13	0.9669	0.9768
GSR 14	0.9648	0.9753

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 12 were utilized in CY 2018 rate development. For example, the GSR 1 calculated factor of 1.0169 is dampened to $(1 + (1.0169 - 1) * 70\%) = 1.0118$.

Given the nature of the services provided under the contract, it was reasonable to us that the majority of the costs of providing services would be related to practitioner wages. However, the task of performing a cost study to ascertain the portion of provider costs associated with employee wages was outside the scope of our engagement.

Phase-In Adjustments – GSRs 12, 14, and Expansion Counties

The base data cohort and other pricing assumptions used to develop projected service costs used in the Family Care capitation rate development 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 towards the most efficient delivery of high quality care, we apply an adjustment to projected service costs for expansion counties to phase in the modeled impact of managed care savings and efficiency gains on historical FFS costs. This adjustment is applied over the first 24 months in which Family Care is operational in a county. Table 13 shows the development of the phase-in adjustment factor for GSRs 12 and 14, as well as the phase-in adjustment factor for expansion counties added to GSRs 1 and 4 beginning July 1, 2017. For GSR 14 and GSR 1 and 4 expansion counties, the model shortfall or overage are consistent with the values used in prior rate years.

Table 13
Wisconsin Department of Health Services
CY 2018 Phase-In Adjustment Factors
Family Care Program

	GSR 1	GSR 4	GSR 12	GSR 14
Regression Model PMPM, Waiver Population:	\$2,049.64	\$2,535.45	\$3,101.48	\$2,677.17
Per Capita FFS Costs, Waiver Population:	\$2,033.66	\$2,873.27	\$4,742.15	\$3,956.63
Shortfall / Overage to Model:	-0.78%	13.32%	52.90%	47.79%
Waiver / Waitlist Dampening Factor:	0.975	0.928	0.760	0.663
Applied Percentage:	0.667	0.667	0.833	0.250
CY 2018 Rate Enhancement:	0.00%¹	8.24%	33.49%	7.93%

¹ No phase-in adjustment is applied if actual FFS costs are lower than the modeled Waiver population costs.

This phase-in adjustment is calculated as follows:

- Modeled costs for the Waiver population were summarized using the most recent regression model and LTCFS available at the time of implementation:
 - CY 2017 regression model (built using CY 2014 – 2015 data) for new counties in GSRs 1, 4, and 12, and
 - CY 2016 model (built using CY 2013 – 2014 data) for GSR 14.
- Actual per capita FFS costs, consisting of FFS and Family Care covered MA Card costs, were summarized for Waiver recipients receiving care in CY 2015 for new counties in GSRs 1, 4, and 12 and CY 2014 for GSR 14.
- The ratio of actual FFS costs to modeled costs represents the estimated ultimate impact of managed care savings and efficiency gains that are expected to be achieved by MCOs. This ratio is adjusted in two ways:
 - The adjustment is intended to only apply to individuals receiving care through the Waiver program and not to individuals entering the LTC program from the Waitlist. Individuals joining the program from the waitlist and not previously eligible for waiver services generally more quickly utilize care consistent with MCO efficiency expectations. The ratio of projected enrollment attributable to the Waitlist population is used to dampen the phase-in adjustment factor.
 - This adjustment is also phased in over two years. The contract year applied percentage is the amount of the phase-in adjustment that we apply to CY 2018 capitation rates based on the actual implementation date of the expansion GSR. 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.

For example, the GSR 1 expansion started operation in July 2017, so CY 2018 includes six months in the first year of operation and six months in the second year of operation. Therefore the applied percentage = $(6/12) * (5/6) + (6/12) * (1/2) = 0.667$.

No phase-in adjustment is applied if actual FFS costs are lower than the modeled Waiver population costs.

Personal Care Rate Increase

The 2018-19 Wisconsin state budget directs DHS to increase fee-for-service personal care rates by 2% effective July 2017 and an additional 2% increase effective July 2018. Accompanying this rate increase is the expectation that Family Care MCOs will also implement this rate increase. Personal care costs represented between 0.24% and 0.86% of base period costs across the three target groups. Applying these rate increases to these portions of the cost results in adjustments of 0.01%, 0.03%, and 0.01% for the DD, PD, and FE target groups, respectively. This adjustment is made in column D6 of Exhibit E1.

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 pooled claims amount from the base period experience excluded as part of Step 1 above. This is illustrated in Exhibit A on the “Total Pooled Claims (\$)” line compiled from the base cohort historical experience.

The base period amounts are trended using trends specific to amounts above the HCRP threshold as shown in Table 10 above and adjusted for the following items:

- Incurred by not reported claims,
- Acuity differences between CY 2016 and CY 2018,
- Service cost trends,
- Geographic wage adjustments,
- Phase-in adjustments for expansion GSRs and counties, and
- Programmatic adjustments.

Table 14 below restates the costs added in Exhibit E2 by target group.

Table 14 Wisconsin Department of Health Services CY 2018 HCRP Pooled Claims		
Target Group	Percentage of MCE	PMPM
Developmentally Disabled	2.09%	\$77.67
Physically Disabled	0.81%	20.43
Frail Elderly	0.02%	0.61

For informational purposes, we blend the total projected CY 2018 MCO / GSR service costs for each target group based on the projected CY 2018 target group membership. The blended costs are reflected in the bottom sections of Exhibit E1 and E2.

The High Cost Risk Pool mechanism has been developed in accordance with generally accepted actuarial principles and practices and is cost neutral to the state in total.

Step 6: Apply Market Variability Adjustment

The level of case 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 apply reasonable and appropriate market variability adjustments targeted to each MCO based on their business projections for the contract period. The goal of the adjustment is to apply reasonable factors that target contracted capitation rates that better match expected service costs, given the historical MCO service cost performance relative to the acuity model.

The preliminary, acceptable range of potential market variability factors for CY 2018 is 0.945 to 1.055. The actual range of implemented factors is 1.000 to 1.048.

Preliminary Range of Acceptable Factors

We developed the range of preliminary factors based on a review of actual CY 2014, CY 2015, and CY 2016 MCO / GSR encounter data 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. No additional projections or assumptions were required beyond the actual and modeled costs. The results of this analysis are shown in Appendix D.

The width of the preliminary factor range is about +/- 5.5%, which is comparable to many other Medicaid managed care programs where rate ranges have been calculated. No other factors in the 2018 Family Care rate development process include internal ranges.

We excluded MCO / GSRs from the analysis that were not included in the base period cohort (CY 2014, CY 2015, or CY 2016) for rating years CY 2016, CY 2017, and CY 2018, respectively. The total range of results varied from 0.890 to 1.119. We narrowed this range to 0.942 and 1.053 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.

It is not the goal of this adjustment to increase or decrease capitation rates in aggregate, though this may occur depending on the actual factors used in rate development. Starting aggregate service cost projections are always based on the most recent, statewide base period information available, while the market variability adjustment targets MCO-specific performance over time. For that reason, the range of acceptable adjustments considered was changed slightly to be centered on 1.00, consistent with the expectation that this adjustment is not intended to apply system-wide rate changes. This changes the preliminary factor range from 0.942 – 1.053 to 0.945 – 1.055.

Factors Actually Implemented

Exhibit E2 shows that aggregate costs increase by approximately 0.9% due to the chosen market variability adjustment factors. We have reviewed the development of the adjustments applied in this rate report.

DHS and Milliman reviewed MCO historical financial performance and 2018 business plans incorporating the rates in this report 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 7: 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 NH LOC population enrolled in 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 2018 levels using the CPI trends from BLS shown in Table 15 below.

Table 15 Wisconsin Department of Health Services Consumer Price Index Trends	
Year	Annual Trend Rate
2015	0.12%
2016	1.00%
2017	1.63%
2018	1.63%

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 2018 enrollment. Table 16 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 16 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 17 shows the fixed cost assumptions used to develop the CY 2018 MCE rates.

Table 17 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	\$1,067,514	\$95,874	\$335,192	\$104,115	\$867,557	\$1,114,179	\$153,356
Medium	1,423,353	191,747	335,192	104,115	1,060,347	1,448,432	230,034
Large	2,135,029	287,621	446,923	104,115	1,253,138	1,782,686	230,034
XL	2,846,705	383,494	558,654	104,115	1,445,928	2,116,939	306,712
XXL	3,558,382	479,368	670,385	104,115	1,638,719	2,451,193	383,390

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 18 shows the variable cost assumptions used to develop the CY 2018 capitation rates.

Table 18 Wisconsin Department of Health Services Variable Cost Components of Non-Benefit Allowance	
Cost Component	PMPM Cost
Claims Management	\$18.40
Fiscal Management	5.25
Information Management	27.64
Quality Management	12.35

The funding model that calculates the administrative component of the capitation rate uses the DHS-negotiated rate for third party claims management for the 2018 contract year as the assumed cost for claims management in the Family Care, Partnership, and PACE programs.

OCI Adjustment

Similar to last year, DHS is providing a modest amount of funding (\$0.12 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 (\$68,600) by the total projected enrollment in CY 2018. 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 8: Blend Non-Expansion and Expansion Counties

Capitation rates are built up separately for non-expansion and expansion counties in GSRs 1 and 4. In Exhibit G the non-expansion and expansion components of the capitation rates are blended for each MCO / GSR combination based on the projected 2018 exposure months.

Step 9: Blend Net Capitation Rate by Target Group

In this step, we blend the CY 2018 MCO / GSR capitation rates for each target group based on the projected CY 2018 target group membership. The blended capitation rates are reflected in the last section of Exhibits F and G. Exhibit H 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 2018 Family Care capitation rate methodology for the Non-Nursing Home Level of Care (Non-NH LOC) population.

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 2016 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 an MCO specific projected cost.
5. Apply adjustments to the base experience data to project CY 2018 services costs for each MCO / GSR.
6. Add allowance for non-benefit costs.
7. Blend the capitation rates developed for non-expansion and expansion counties to create a single rate for expanding GSRs.

No phase-in adjustment is applied for the Non-NH LOC population. Individuals meeting the Non-NH LOC criteria in counties recently expanding were not eligible to receive Family Care covered services prior to Family Care starting in those regions. Therefore, there is no historical experience prior to the establishment of Family Care from which to develop a phase-in adjustment.

In addition, no market variability adjustment is applied for the Non-NH LOC population. Because the Non-NH LOC membership is so small, incorporating a market variability adjustment would not have a material impact on MCO revenue, which is the goal of the adjustment. In addition, the Non-NH LOC costs are more variable, given the size of the population, which limits the credibility of the adjustment.

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 2016 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 2018 Non-NH LOC rate methodology also relies on CY 2016 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 case management expenses as used for the NH LOC population. However, the Non-NH LOC population is not subject to the HCRP. Therefore, no such pooling 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 state plan case management, personal care, and state plan 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 regulation, 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.

Effective with the CY 2018 contracts, managed care organizations will be required to provide nursing home services to Non-NH LOC members if those members meet the fee-for-service nursing home level of care as measured through the MDS assessments. Nursing home institutional costs were therefore included in non-nursing home level of care capitation rates for the first time in CY 2018. These costs account for 1.8% of the non-nursing home level of care service expenditures in CY 2016.

Table 19 below shows a summary of the amounts for non-covered services to be excluded by MCO / GSR.

Table 19 Wisconsin Department of Health Services Excluded Amounts for Non-Covered Services	
MCO / GSR	Amount
Care WI / GSR 1	\$0
Care WI / GSR 2	30,038
Care WI / GSR 3	102
Care WI / GSR 5	34,586
Care WI / GSR 6	3,781
Care WI / GSR 5-6	9,875
CCI / GSR 6	22,484
CCI / GSR 5-6	6,051
CCI / GSR 8	22,429
CCI / GSR 9	7,277
CCI / GSR 10	7,538
CCI / GSR 11	1,839
Inclusa / GSR 1	19,038
Inclusa / GSR 2	69,128
Inclusa / GSR 3	62,435
Inclusa / GSR 4	74,698
Inclusa / GSR 5	1,930
Inclusa / GSR 5-6	460
Inclusa / GSR 7	9,509
LCI / GSR 9	230
LCI / GSR 10	0
MCFCI / GSR 6	0
MCFCI / GSR 5-6	0
MCFCI / GSR 8	7,479
MCFCI / GSR 11	157
Total	\$391,064

In total we excluded \$391,064 from the Non-NH CY 2018 capitation rate development for non-covered services.

Exhibit I shows the summarized CY 2016 MCO encounter base experience data by 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 were assigned to the Frail Elderly target group. Individuals underlying the CY 2016 data have been reassigned to match the target group assignment effective in CY 2017. Since non-NH capitation rates do not vary by target group, no further adjustment to 2018 rate development for 2017 target group assignment methodology changes was made.

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 J 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 2016 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 2016 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 adjusted for IBNR.

Due to the low enrollment totals in high ADL / IADL buckets, significant variation has been observed historically in relationship by functional group. To reduce this variation, the CY 2016 functional PMPM relativity has been blended with the CY 2015 functional PMPM relativity, using a 50% weight for each year. The resulting normalized relativity is scaled to match the CY 2016 composite PMPM.

Exhibit K 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 an MCO / GSR specific PMPM by blending the functional status PMPMs using their projected CY 2018 enrollment with a distribution by functional status developed from CY 2016 experience.

For an MCO with fewer than 250 exposure months in CY 2016 for a particular region, the projected cost is developed using the IADL / ADL enrollment distribution that reflects all Family Care enrollees in that region. Using the region-wide distribution in these situations slightly decreases (\$0.17 PMPM) base period costs for the base cohort. For MCOs that are entering into GSRs 12 and GSR 14 or expansion counties in GSRs 1 and 4, the IADL / ADL enrollment distribution is based on the total base cohort distribution.

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

Step 5: Apply Adjustments to the Base Experience Data to Project CY 2018 Service Costs for Each MCO / GSR

In this step we apply an adjustment to the base period costs to project costs from the CY 2016 base period to the CY 2018 contract period. These adjustments are shown in Exhibit M.

CY 2016 to CY 2018 Trend Adjustment

Service cost and acuity changes are applied for two years to project the CY 2016 baseline cost data to the CY 2018 contract period. Table 20 below shows the cost and acuity trends used for the Non-NH LOC population, which are nearly equal to those shown in Table 9 and Table 11, respectively, for the NH LOC population. The only difference in the trend rates between populations is the value of the nursing facility rate increase, because such claims represent a smaller portion of total costs for the non-NH LOC population. This results in slightly different Annual Unit Cost Trend values.

The same trend values as the NH LOC population are used because of the non-credible size of the Non-NH LOC experience. Given the significant similarity of covered populations, benefits, provider reimbursement, and geography between the NH and non-NH LOC populations, we believe the NH trend rates are the most appropriate to use for the non-NH population.

Table 20 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	0.20%	-0.18%	0.02%	1.60%	1.62%
Physically Disabled	-0.25%	0.27%	0.02%	1.00%	1.02%
Frail Elderly	-0.15%	0.72%	0.57%	1.20%	1.78%

Geographic Wage Adjustment

Since the base cost data represents an average program cost, an adjustment for each MCO / GSR is needed to reflect the 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 12 from Section III of this report because of the non-credible size of the Non-NH LOC experience. Given the significant similarity of covered populations, benefits, provider reimbursement, and geography between the NH and non-NH LOC populations, we believe the NH wage factors are the most appropriate to use for the non-NH population.

Personal Care Rate Increase

The 2018-19 Wisconsin state budget directs DHS to increase fee-for-service personal care rates by 2% effective July 2017 and an additional 2% increase effective July 2018. Accompanying this rate increase was the expectation that Family Care MCOs would also implement this rate increase. Personal care costs represented 0.19% of base period costs. Applying these rate increases to this portion of the costs results in an adjustment of less than 0.01% to projected costs. This adjustment is made in column B5 of Exhibit M.

Step 6: 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 N.

It is our understanding that the Non-NH LOC and NH LOC populations are administered similarly by the MCOs. The non-benefit cost model developed by DHS models MCO expenses well compared to actual. Therefore, we believe that using the same implied administrative load for the Non-NH LOC population is appropriate. In addition, the revenue associated with the Non-NH program is so small, we do not believe it would be possible to develop a credible, standalone administrative cost model.

Therefore, 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 \$0.12 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 total expenses under the Family Care program.

Exhibit N shows the monthly capitation rates.

Step 7: Blend Non-Expansion and Expansion Counties

Capitation rates are built up separately for non-expansion and expansion counties in GSRs 1 and 4. In Exhibit O the non-expansion and expansion components of the capitation rates are blended for each MCO / GSR combination based on the projected 2018 exposure months.

Exhibit P illustrates the blended capitation rates from Exhibit O and the rates not requiring blending from Exhibit N.

V. OTHER RATE CONSIDERATIONS

All actual and potential adjustments outlined in this section have been developed in accordance with generally accepted actuarial principles and practices.

WITHHOLDS AND INCENTIVES

The total value of incentives outlined in this section will not exceed 5% of total capitation received by any MCO.

Pay for Performance Withhold and Incentive

New for CY 2018, DHS is implementing pay for performance in the Family Care program. DHS will withhold 0.5% of each MCO's gross capitation rate for the MCO to earn back by meeting minimum performance standards on four member satisfaction survey questions. The member satisfaction survey will be administered during the rate year. MCOs will be able to earn back a quarter of the withheld amount for each question that they meet the minimum performance standard. If the MCO meets the minimum performance standards for all four questions on the member satisfaction survey, they are eligible to earn up to an additional 0.5% of their capitation rate in incentive payments. MCOs can earn an incentive payment equal to 0.125% of their capitation rate by meeting or exceeding the targeted performance benchmark for each question.

Based on previous survey results, DHS and Milliman estimate that 0.375% of the 0.5% withhold will be returned to MCOs under the pay for performance terms. These capitation rates are certified as being actuarially sound assuming that 0.375% of the withhold is returned.

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.

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. These adjustments, which are expected to be completed by December 31, 2019, include the processes outlined in this section. In addition, as outlined in the cover letter to this report, further adjustment to the capitation rates may be necessary to account for the membership shift from the PD and FE target groups to the DD target groups starting in 2017.

Target Group Adjustment

DHS may reconcile the LTC service components of capitation payments to the actual target group mix experienced during the contract period. This adjustment is calculated for each MCO / GSR combination and estimates the impact on aggregate MCE rates for the differences in the distribution of members by target group between projected and actual contract period enrollment. The process used to calculate the retroactive target group adjustment is as follows:

1. Projected and actual contract period enrollment is summarized by MCO and GSR combination for each target group.
2. Long term care MCE rates net of the HCRP and withhold are deconstructed into target group-specific long term care MCE rates.
3. The aggregate long term care MCE rate is calculated by weighting the target group-specific long term care MCE rates separately for projected enrollment and actual enrollment.
4. The PMPM payment or recoupment amount is calculated as the difference between the MCE rates calculated with projected and actual enrollment. This difference is multiplied by actual contract period member months to determine the total payment or recoupment.

The precise calculations to be followed for the 2017 and 2018 adjustments may vary slightly from this list due to the changes in the target group assignment algorithm effective January 2017. Since the 2017 and 2018 contract period experience will be on a different basis than the base period experience, an additional adjustment will likely be necessary to put the assumed target group distribution on a contract period basis.

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 the contract period 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. The process to calculate the retroactive ventilator-dependent adjustment is as follows:

1. The contract period projected proportion of ventilator-dependent member months assumed in capitation rate development is summarized by target group.
2. The actual contract period proportion of ventilator-dependent member months and actual member months are calculated using monthly eligibility and long term care functional screens for the contract period provided by DHS.
3. The ventilator-dependent cost weights for each target group used in the contract period regression model are summarized.
4. The total payment or recoupment for each target group is calculated using the following formula:

Payment (Recoupment) = Actual Member Months × (Actual % Vent Dependent - Projected % Vent Dependent) × Vent Dependent Cost Weight.

Program Implementation in New Regions and Expansion Counties

In geographic regions that are new to Family Care or expansion counties in existing GSRs, the LTC services component of the NH LOC capitation rate may be reconciled to the actual contract period 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 contract period acuity and the acuity assumed in this rate development. The process to calculate the retroactive adjustment is as follows:

1. DHS provides eligibility and functional screen information by MCO. Detailed LTCFS information for each unique member enrolled is summarized by month and target group.
2. The target group and screen information is applied to the variables and cost weights that are part of the contract period regression models. This calculates the modeled PMPM for each month and target group necessary to calculate the payment or recoupment.
3. These modeled values are then adjusted by all applicable rate development factors that were included in the rate report to arrive at the contract period PMPM Retroactive Rate.
4. The final payment (recoupment) is calculated as the difference in the contract period PMPM Retroactive Rate and original capitation payment, multiplied by the actual membership.

The precise calculations to be followed for the 2017 and 2018 adjustments may vary slightly from this list due to the changes in the target group assignment algorithm effective January 2017. Since the 2017 and 2018 contract period experience will be on a different basis than the base period experience, an additional adjustment will likely be necessary to put the assumed target group distribution on a contract period basis.

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 2018 and who meet both of the following conditions:

1. Has a nursing home stay greater than 100 consecutive days during 2018 after enrollment; and
2. Enrolled within 32 calendar days of their nursing home discharge date, or enrolled while residing in a nursing home.

If this adjustment is necessary, capitation rates will be recertified to incorporate the adjustment.



EXHIBITS A – H

Capitation Rate Development – Nursing Home Level of Care

State of Wisconsin Department of Health Services
CY 2018 Capitation Rate Development for Family Care Program

December 19, 2017

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 2018 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 2018 Family Care Capitation Rate Development
Summary of 2016 Actual Experience by MCO
Nursing Home Level of Care

	Care WI (GSR 1 - Non-Expansion Counties)			Care WI (GSR 2)			Care WI (GSR 3)			Care WI (GSR 5)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	78	70	135	1,313	1,455	1,290	127	153	241	15,484	3,358	8,552
Category of Service												
Adaptive Equipment	\$22.01	\$102.99	\$69.06	\$38.24	\$85.99	\$50.02	\$17.77	\$276.94	\$29.00	\$49.87	\$120.61	\$56.67
Adult Day Activities	53.58	0.00	13.77	15.09	0.28	5.35	0.00	0.00	0.00	63.15	5.53	11.46
Case Management	0.00	24.99	9.42	284.83	386.56	330.27	0.00	40.22	11.84	317.84	509.50	393.43
Financial Management	20.73	5.02	17.34	27.69	37.62	18.32	6.41	14.19	6.94	25.76	29.43	12.15
Habilitation/Health	117.60	121.13	0.00	182.54	42.48	17.82	218.46	59.63	36.08	273.05	68.90	18.71
Home Care	157.26	103.37	210.53	508.81	478.57	407.61	8.13	249.11	152.87	544.83	871.10	278.96
Home Health Care	0.00	0.00	5.09	10.91	20.44	28.34	0.63	22.81	0.00	16.58	25.27	7.33
Institutional	291.49	1,082.28	477.76	0.27	197.76	678.37	209.15	993.75	520.11	77.00	198.19	303.48
Other	1.38	0.00	0.00	0.66	1.13	0.81	0.00	0.00	0.00	3.26	0.65	0.66
Residential Care	708.34	345.70	437.81	1,090.80	295.29	594.93	620.96	487.52	689.11	2,092.82	604.15	1,384.56
Respite Care	0.00	0.00	38.21	25.43	26.24	9.95	16.53	2.88	44.48	25.52	5.83	8.64
Transportation	78.31	30.14	23.68	114.22	124.55	81.43	58.12	209.42	35.70	106.43	178.82	47.92
Vocational	51.51	0.00	0.00	129.66	0.70	0.00	76.74	0.00	0.00	275.13	12.34	0.53
Total Services, Gross of Pooled Claims	\$1,502.21	\$1,815.62	\$1,302.69	\$2,429.14	\$1,697.61	\$2,223.23	\$1,232.91	\$2,356.46	\$1,526.13	\$3,871.25	\$2,630.33	\$2,524.50
Composite PMPM, Gross of Pooled Claims	\$1,485.00			\$2,101.40			\$1,698.29			\$3,298.70		
Total Pooled Claims (\$) ¹	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.53	\$51.89	\$0.00
Total Pooled Claims (%) ¹	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	2.0%	0.0%
Total Services, Net of Pooled Claims	\$1,502.21	\$1,815.62	\$1,302.69	\$2,429.14	\$1,697.61	\$2,223.23	\$1,232.91	\$2,356.46	\$1,526.13	\$3,799.71	\$2,578.44	\$2,524.50
Composite PMPM, Net of Pooled Claims	\$1,485.00			\$2,101.40			\$1,698.29			\$3,251.90		

¹ Pooled claims represent the portion of base period service costs targeted to be covered by the High Cost Risk Pool.

Exhibit A
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Summary of 2016 Actual Experience by MCO
Nursing Home Level of Care

	Care WI (GSR 6)			Care WI (GSR 5-6)			CCI (GSR 6)			CCI (GSR 5-6)		
	DD	PD	FE									
Exposure Months	763	640	1,669	8,916	1,474	8,067	11,688	2,830	7,844	7,096	1,968	5,815
Category of Service												
Adaptive Equipment	\$25.12	\$141.42	\$58.56	\$47.17	\$115.63	\$54.84	\$30.65	\$100.94	\$40.35	\$32.63	\$76.27	\$36.18
Adult Day Activities	0.00	0.00	5.29	17.90	3.17	5.17	14.87	3.64	5.51	58.15	9.28	19.85
Case Management	385.31	501.40	388.51	317.25	461.32	373.99	226.55	340.02	249.52	250.27	367.66	267.84
Financial Management	14.04	28.57	7.45	36.75	27.47	8.16	21.57	24.13	8.89	25.03	27.80	10.70
Habilitation/Health	295.62	99.80	19.47	375.16	44.91	6.10	421.27	60.51	6.25	276.94	50.10	5.97
Home Care	367.02	1,487.92	242.31	946.90	1,406.33	221.13	445.52	833.88	214.58	493.80	815.74	293.99
Home Health Care	0.00	3.88	2.45	6.24	34.88	2.49	12.71	70.93	0.48	7.29	152.61	2.66
Institutional	7.74	260.88	648.58	180.16	478.29	696.10	43.35	386.21	290.55	20.89	360.38	612.53
Other	0.00	0.00	0.40	2.08	0.37	0.23	0.17	0.38	0.00	2.76	1.08	0.19
Residential Care	3,095.18	578.88	1,301.12	1,850.68	886.48	1,362.11	2,115.21	740.40	1,650.15	1,920.51	898.81	1,491.86
Respite Care	8.78	1.52	8.37	9.96	2.85	0.90	8.42	10.05	8.89	20.51	5.10	27.49
Transportation	99.04	129.36	26.64	115.24	104.31	29.67	114.19	82.19	17.22	149.65	57.75	23.36
Vocational	137.38	7.41	0.11	206.18	3.52	1.13	144.89	19.16	0.33	184.77	3.35	0.00
Total Services, Gross of Pooled Claims	\$4,435.23	\$3,241.03	\$2,709.26	\$4,111.66	\$3,569.54	\$2,762.02	\$3,599.35	\$2,672.43	\$2,492.73	\$3,443.20	\$2,825.92	\$2,792.62
Composite PMPM, Gross of Pooled Claims	\$3,248.95			\$3,478.45			\$3,093.88			\$3,107.29		
Total Pooled Claims (\$) ¹	\$615.86	\$212.23	\$0.00	\$87.95	\$67.73	\$5.33	\$34.19	\$4.81	\$0.00	\$50.06	\$51.79	\$1.99
Total Pooled Claims (%) ¹	16.1%	7.0%	0.0%	2.2%	1.9%	0.2%	1.0%	0.2%	0.0%	1.5%	1.9%	0.1%
Total Services, Net of Pooled Claims	\$3,819.36	\$3,028.80	\$2,709.26	\$4,023.71	\$3,501.81	\$2,756.69	\$3,565.16	\$2,667.63	\$2,492.73	\$3,393.14	\$2,774.12	\$2,790.64
Composite PMPM, Net of Pooled Claims	\$3,051.70			\$3,428.23			\$3,075.40			\$3,075.79		

¹ Pooled claims represent the portion of base period service costs targeted to be covered by the High Cost Risk Pool.

Exhibit A
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Summary of 2016 Actual Experience by MCO
Nursing Home Level of Care

	CCI (GSR 8)			CCI (GSR 9)			CCI (GSR 10)			CCI (GSR 11)		
	DD	PD	FE									
Exposure Months	10,965	9,584	6,523	509	719	1,064	9,870	2,083	6,896	13,558	5,253	8,408
Category of Service												
Adaptive Equipment	\$47.44	\$83.39	\$51.89	\$48.50	\$48.08	\$40.11	\$28.94	\$82.03	\$39.80	\$36.29	\$90.56	\$44.31
Adult Day Activities	102.78	26.69	54.95	0.00	0.00	0.00	14.11	1.53	2.00	55.76	0.00	4.84
Case Management	235.86	291.58	270.65	415.34	390.23	327.54	228.67	289.71	239.55	247.22	321.94	271.58
Financial Management	31.24	33.12	21.51	14.19	19.98	7.25	11.55	26.62	7.80	23.00	25.40	11.77
Habilitation/Health	353.20	46.56	5.48	73.86	46.04	3.87	159.11	24.48	4.18	220.30	50.09	8.94
Home Care	746.56	1,029.45	803.63	598.70	292.87	222.46	858.36	540.11	192.29	437.09	595.98	282.28
Home Health Care	8.93	51.80	17.38	1.85	12.72	4.56	2.86	5.66	5.06	19.51	105.46	1.35
Institutional	66.83	246.73	533.10	424.39	412.95	464.71	64.56	420.95	420.09	93.94	395.56	427.43
Other	1.49	2.10	1.55	0.59	0.69	0.00	0.49	1.29	0.53	0.20	0.89	0.48
Residential Care	2,050.06	584.36	880.78	1,566.45	762.32	1,383.07	1,904.20	807.91	1,340.07	2,252.45	747.58	1,477.01
Respite Care	23.78	14.02	25.95	14.90	6.01	7.07	23.22	10.09	6.67	35.98	4.51	10.82
Transportation	169.11	102.55	52.90	69.08	54.12	14.67	75.36	43.41	14.88	111.59	72.89	20.42
Vocational	86.98	4.97	0.00	84.18	0.00	0.00	203.35	15.92	1.03	219.93	18.09	2.95
Total Services, Gross of Pooled Claims	\$3,924.26	\$2,517.34	\$2,719.79	\$3,312.03	\$2,046.01	\$2,475.31	\$3,574.78	\$2,269.72	\$2,273.95	\$3,753.27	\$2,428.94	\$2,564.19
Composite PMPM, Gross of Pooled Claims	\$3,135.96			\$2,526.46			\$2,954.63			\$3,130.39		
Total Pooled Claims (\$) ¹	\$140.38	\$0.00	\$0.00	\$317.39	\$0.00	\$0.00	\$44.67	\$0.00	\$0.00	\$25.25	\$16.78	\$0.00
Total Pooled Claims (%) ¹	3.7%	0.0%	0.0%	10.6%	0.0%	0.0%	1.3%	0.0%	0.0%	0.7%	0.7%	0.0%
Total Services, Net of Pooled Claims	\$3,783.88	\$2,517.34	\$2,719.79	\$2,994.65	\$2,046.01	\$2,475.31	\$3,530.11	\$2,269.72	\$2,273.95	\$3,728.02	\$2,412.17	\$2,564.19
Composite PMPM, Net of Pooled Claims	\$3,079.10			\$2,455.95			\$2,931.24			\$3,114.57		

¹ Pooled claims represent the portion of base period service costs targeted to be covered by the High Cost Risk Pool.

Exhibit A
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Summary of 2016 Actual Experience by MCO
Nursing Home Level of Care

	Inclusa (GSR 1 - Non-Expansion Counties)			Inclusa (GSR 2)			Inclusa (GSR 3)			Inclusa (GSR 4 - Non-Expansion Counties)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	13,076	5,059	12,368	17,847	8,894	17,763	11,348	4,821	9,108	18,632	6,501	16,016
Category of Service												
Adaptive Equipment	\$44.74	\$125.37	\$54.81	\$53.55	\$130.44	\$59.26	\$37.29	\$116.18	\$58.19	\$60.33	\$151.56	\$79.51
Adult Day Activities	6.39	2.84	5.26	64.78	7.22	11.15	0.16	0.00	1.09	11.20	8.12	11.40
Case Management	283.34	481.88	372.80	324.38	413.56	355.77	291.96	445.49	365.04	401.76	525.16	437.72
Financial Management	13.51	17.97	7.02	16.28	14.44	7.47	10.70	22.18	10.01	33.43	37.47	16.65
Habilitation/Health	198.04	60.34	13.81	116.08	63.76	16.61	250.57	81.31	28.05	291.58	50.59	10.51
Home Care	187.71	360.18	166.40	222.16	390.79	206.76	245.91	595.31	324.21	710.55	880.63	415.04
Home Health Care	6.96	54.84	13.09	6.01	47.57	14.35	7.08	40.97	13.67	22.04	64.15	37.14
Institutional	130.59	489.90	609.47	140.36	222.12	814.14	143.27	326.52	991.89	68.78	225.37	248.99
Other	0.00	0.02	0.04	0.05	0.89	0.20	0.09	0.13	0.01	1.79	0.46	0.04
Residential Care	2,469.47	948.19	1,406.94	1,999.09	559.33	916.06	1,677.31	646.71	963.21	1,497.91	557.70	1,119.93
Respite Care	26.69	1.03	4.13	17.28	0.76	1.61	24.18	7.99	6.08	30.54	6.90	4.53
Transportation	83.62	67.95	23.51	121.95	80.48	41.13	34.56	90.33	54.46	86.73	90.58	31.84
Vocational	234.93	20.26	1.60	171.50	7.71	0.39	297.97	25.71	2.56	222.93	20.88	1.32
Total Services, Gross of Pooled Claims	\$3,686.00	\$2,630.78	\$2,678.90	\$3,253.49	\$1,939.07	\$2,444.92	\$3,021.06	\$2,398.83	\$2,818.46	\$3,439.57	\$2,619.58	\$2,414.64
Composite PMPM, Gross of Pooled Claims	\$3,102.64			\$2,668.07			\$2,829.38			\$2,911.09		
Total Pooled Claims (\$) ¹	\$26.54	\$0.00	\$0.00	\$3.30	\$1.79	\$0.00	\$12.93	\$0.00	\$0.00	\$33.91	\$40.16	\$0.00
Total Pooled Claims (%) ¹	0.7%	0.0%	0.0%	0.1%	0.1%	0.0%	0.4%	0.0%	0.0%	1.0%	1.6%	0.0%
Total Services, Net of Pooled Claims	\$3,659.46	\$2,630.78	\$2,678.90	\$3,250.19	\$1,937.28	\$2,444.92	\$3,008.13	\$2,398.83	\$2,818.46	\$3,405.67	\$2,579.42	\$2,414.64
Composite PMPM, Net of Pooled Claims	\$3,091.26			\$2,666.39			\$2,823.58			\$2,889.39		

¹ Pooled claims represent the portion of base period service costs targeted to be covered by the High Cost Risk Pool.

Exhibit A
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Summary of 2016 Actual Experience by MCO
Nursing Home Level of Care

	Inclusa (GSR 5)			Inclusa (GSR 5-6)			Inclusa (GSR 7)			LCI (GSR 9)		
	DD	PD	FE									
Exposure Months	278	304	546	43	106	86	11,304	4,110	10,438	14,410	5,106	10,333
Category of Service												
Adaptive Equipment	\$49.83	\$60.01	\$28.78	\$0.00	\$30.49	\$23.76	\$40.23	\$110.90	\$68.79	\$37.76	\$109.03	\$51.47
Adult Day Activities	0.00	0.00	0.00	0.00	0.00	0.00	7.35	2.81	7.03	28.99	10.83	3.40
Case Management	396.39	501.75	427.23	269.26	370.31	387.63	379.78	564.59	455.98	335.87	414.78	355.82
Financial Management	8.50	8.79	3.60	22.26	9.08	0.84	21.65	35.85	18.08	20.49	21.20	7.64
Habilitation/Health	23.10	62.35	17.07	263.78	43.13	0.61	199.38	98.26	19.78	281.95	33.83	11.91
Home Care	244.22	170.52	134.60	351.73	109.63	35.71	331.18	588.07	358.25	507.25	485.40	198.09
Home Health Care	3.39	32.17	1.92	0.00	5.32	0.00	30.05	37.14	14.87	8.55	60.44	20.41
Institutional	0.00	220.15	361.51	0.00	0.00	691.57	83.14	288.96	662.58	48.97	357.35	579.64
Other	0.00	1.32	0.00	0.00	0.00	0.00	5.98	1.65	0.00	49.47	10.22	13.10
Residential Care	1,971.60	657.93	1,484.93	0.00	850.85	1,510.08	1,914.24	574.06	856.23	1,920.33	599.28	1,198.73
Respite Care	3.38	0.00	0.00	0.00	0.00	0.00	13.53	11.94	4.08	19.39	1.72	1.90
Transportation	63.71	91.47	78.96	0.00	180.98	3.12	85.67	139.08	43.19	96.32	67.40	24.62
Vocational	220.29	0.00	0.49	0.00	0.00	0.00	282.44	8.67	1.43	233.99	8.85	1.38
Total Services, Gross of Pooled Claims	\$2,984.40	\$1,806.46	\$2,539.08	\$907.03	\$1,599.80	\$2,653.33	\$3,394.61	\$2,461.98	\$2,510.29	\$3,589.34	\$2,180.34	\$2,468.09
Composite PMPM, Gross of Pooled Claims	\$2,451.30			\$1,857.65			\$2,889.28			\$2,960.17		
Total Pooled Claims (\$) ¹	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.69	\$0.00	\$0.00	\$39.68	\$0.23	\$0.00
Total Pooled Claims (%) ¹	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	1.1%	0.0%	0.0%
Total Services, Net of Pooled Claims	\$2,984.40	\$1,806.46	\$2,539.08	\$907.03	\$1,599.80	\$2,653.33	\$3,372.92	\$2,461.98	\$2,510.29	\$3,549.66	\$2,180.11	\$2,468.09
Composite PMPM, Net of Pooled Claims	\$2,451.30			\$1,857.65			\$2,879.80			\$2,940.98		

¹ Pooled claims represent the portion of base period service costs targeted to be covered by the High Cost Risk Pool.

Exhibit A
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Summary of 2016 Actual Experience by MCO
Nursing Home Level of Care

	LCI (GSR 10)			MCFCI (GSR 6)			MCFCI (GSR 5-6)			MCFCI (GSR 8)		
	DD	PD	FE									
Exposure Months	463	334	851	118	69	87	200	226	598	23,783	16,090	53,221
Category of Service												
Adaptive Equipment	\$48.54	\$146.51	\$50.61	\$50.37	\$108.86	\$16.94	\$20.42	\$63.42	\$50.98	\$44.91	\$75.74	\$51.07
Adult Day Activities	0.00	9.65	0.00	0.00	46.29	0.00	7.36	0.00	8.20	90.07	19.27	40.65
Case Management	525.69	509.43	398.54	346.30	412.08	374.31	343.59	375.11	336.03	284.72	353.95	301.47
Financial Management	13.32	38.49	8.69	9.54	7.93	12.61	21.32	8.29	11.36	39.11	13.16	14.13
Habilitation/Health	396.03	37.46	6.70	202.12	53.89	1.47	173.39	75.00	22.57	444.49	73.16	20.07
Home Care	260.86	1,471.36	141.33	243.29	330.22	277.41	471.96	574.63	189.86	622.41	693.79	522.22
Home Health Care	3.75	70.35	8.93	0.00	8.62	0.00	0.00	29.95	0.95	18.03	51.99	30.78
Institutional	98.97	292.89	206.59	0.00	1,900.40	921.35	289.75	862.28	1,957.85	136.81	404.97	709.48
Other	49.22	0.00	1.52	0.00	0.00	0.00	0.00	0.00	0.00	0.65	4.32	2.11
Residential Care	2,014.19	332.84	1,847.86	2,108.14	2,311.70	31.41	834.74	267.60	703.64	1,758.13	426.78	704.53
Respite Care	115.01	0.00	0.00	58.62	0.00	0.00	2.64	0.00	4.30	7.44	2.53	2.36
Transportation	72.55	149.97	14.83	149.11	25.75	149.34	173.38	61.08	41.38	136.14	86.53	56.18
Vocational	169.05	0.00	0.00	103.78	0.00	8.20	124.42	17.99	0.00	140.87	1.50	0.22
Total Services, Gross of Pooled Claims	\$3,767.20	\$3,058.96	\$2,685.61	\$3,271.27	\$5,205.75	\$1,793.04	\$2,463.00	\$2,335.33	\$3,327.12	\$3,723.80	\$2,207.69	\$2,455.29
Composite PMPM, Gross of Pooled Claims	\$3,064.97			\$3,294.45			\$2,939.56			\$2,736.56		
Total Pooled Claims (\$) ¹	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.21	\$0.00	\$1.10
Total Pooled Claims (%) ¹	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%
Total Services, Net of Pooled Claims	\$3,767.20	\$3,058.96	\$2,685.61	\$3,271.27	\$5,205.75	\$1,793.04	\$2,463.00	\$2,335.33	\$3,327.12	\$3,706.59	\$2,207.69	\$2,454.19
Composite PMPM, Net of Pooled Claims	\$3,064.97			\$3,294.45			\$2,939.56			\$2,731.54		

¹ Pooled claims represent the portion of base period service costs targeted to be covered by the High Cost Risk Pool.

Exhibit A
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 Summary of 2016 Actual Experience by MCO
 Nursing Home Level of Care

	MCFCI (GSR 11)			Grand Total - Base Data		
	DD	PD	FE	DD	PD	FE
Exposure Months	848	950	878	192,717	82,158	188,797
Category of Service						
Adaptive Equipment	\$38.37	\$88.88	\$53.19	\$43.65	\$103.51	\$54.57
Adult Day Activities	24.38	0.00	8.34	40.92	10.05	18.37
Case Management	300.44	369.06	325.61	301.87	401.36	338.44
Financial Management	36.41	5.04	5.65	24.43	23.36	11.98
Habilitation/Health	195.66	94.05	20.73	278.56	60.83	15.02
Home Care	290.88	600.83	399.28	510.17	684.29	356.64
Home Health Care	2.59	49.86	3.77	13.00	54.11	18.33
Institutional	213.83	210.84	503.64	96.89	330.89	606.33
Other	0.84	2.62	1.77	5.04	2.17	1.50
Residential Care	2,363.26	765.24	1,216.02	1,939.27	608.69	1,057.73
Respite Care	9.71	1.44	9.24	20.42	5.85	5.69
Transportation	40.76	68.06	61.49	106.21	90.84	40.18
Vocational	113.25	2.78	8.62	203.58	10.12	0.89
Total Services, Gross of Pooled Claims	\$3,630.39	\$2,258.69	\$2,617.35	\$3,583.99	\$2,386.07	\$2,525.67
Composite PMPM, Gross of Pooled Claims	\$2,810.93			\$2,940.81		
Total Pooled Claims (\$) ¹	\$0.00	\$0.00	\$0.00	\$41.57	\$10.85	\$0.60
Total Pooled Claims (%) ¹	0.0%	0.0%	0.0%	1.2%	0.5%	0.0%
Total Services, Net of Pooled Claims	\$3,630.39	\$2,258.69	\$2,617.35	\$3,542.42	\$2,375.22	\$2,525.08
Composite PMPM, Net of Pooled Claims	\$2,810.93			\$2,921.36		

¹ Pooled claims represent the portion of base period service costs targeted to be covered by the High Cost Risk Pool.

Exhibit B
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2016 Base Data Development
Nursing Home Level of Care

DD Development	CY 2016 Base Experience			2016 DD Net Base Costs PMPM	IBNR Adjustment	2016 DD Completed Net Base Costs PMPM
	Exposure Months	Gross Service Costs PMPM	Pooled Claims PMPM			
Care WI (GSR 1 - Non-Expansion Counties)	78	\$1,502.21	\$0.00	\$1,502.21	1.0104	\$1,517.77
Care WI (GSR 2)	1,313	2,429.14	0.00	2,429.14	1.0104	2,454.31
Care WI (GSR 3)	127	1,232.91	0.00	1,232.91	1.0104	1,245.68
Care WI (GSR 5)	15,484	3,871.25	(71.53)	3,799.71	1.0104	3,839.08
Care WI (GSR 6)	763	4,435.23	(615.86)	3,819.36	1.0104	3,858.94
Care WI (GSR 5-6)	8,916	4,111.66	(87.95)	4,023.71	1.0104	4,065.40
CCI (GSR 6)	11,688	3,599.35	(34.19)	3,565.16	1.0033	3,577.10
CCI (GSR 5-6)	7,096	3,443.20	(50.06)	3,393.14	1.0033	3,404.50
CCI (GSR 8)	10,965	3,924.26	(140.38)	3,783.88	1.0033	3,796.55
CCI (GSR 9)	509	3,312.03	(317.39)	2,994.65	1.0033	3,004.68
CCI (GSR 10)	9,870	3,574.78	(44.67)	3,530.11	1.0033	3,541.93
CCI (GSR 11)	13,558	3,753.27	(25.25)	3,728.02	1.0033	3,740.51
Inclusa (GSR 1 - Non-Expansion Counties)	13,076	3,686.00	(26.54)	3,659.46	1.0012	3,663.83
Inclusa (GSR 2)	17,847	3,253.49	(3.30)	3,250.19	1.0028	3,259.42
Inclusa (GSR 3)	11,348	3,021.06	(12.93)	3,008.13	1.0012	3,011.72
Inclusa (GSR 4 - Non-Expansion Counties)	18,632	3,439.57	(33.91)	3,405.67	1.0053	3,423.70
Inclusa (GSR 5)	278	2,984.40	0.00	2,984.40	1.0012	2,987.96
Inclusa (GSR 5-6)	43	907.03	0.00	907.03	1.0012	908.11
Inclusa (GSR 7)	11,304	3,394.61	(21.69)	3,372.92	1.0053	3,390.78
LCI (GSR 9)	14,410	3,589.34	(39.68)	3,549.66	1.0014	3,554.64
LCI (GSR 10)	463	3,767.20	0.00	3,767.20	1.0014	3,772.49
MCFCI (GSR 6)	118	3,271.27	0.00	3,271.27	1.0007	3,273.69
MCFCI (GSR 5-6)	200	2,463.00	0.00	2,463.00	1.0007	2,464.81
MCFCI (GSR 8)	23,783	3,723.80	(17.21)	3,706.59	1.0007	3,709.32
MCFCI (GSR 11)	848	3,630.39	0.00	3,630.39	1.0007	3,633.07
Total DD Base Experience Data	192,717	\$3,583.99	(\$41.57)	\$3,542.42	1.0039	\$3,556.13

Exhibit B
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2016 Base Data Development
Nursing Home Level of Care

PD Development	CY 2016 Base Experience			2016 PD Net Base Costs PMPM	IBNR Adjustment	2016 PD Completed Net Base Costs PMPM
	Exposure Months	Gross Service Costs PMPM	Pooled Claims PMPM			
Care WI (GSR 1 - Non-Expansion Counties)	70	\$1,815.62	\$0.00	\$1,815.62	1.0104	\$1,834.43
Care WI (GSR 2)	1,455	1,697.61	0.00	1,697.61	1.0104	1,715.20
Care WI (GSR 3)	153	2,356.46	0.00	2,356.46	1.0104	2,380.87
Care WI (GSR 5)	3,358	2,630.33	(51.89)	2,578.44	1.0104	2,605.16
Care WI (GSR 6)	640	3,241.03	(212.23)	3,028.80	1.0104	3,060.19
Care WI (GSR 5-6)	1,474	3,569.54	(67.73)	3,501.81	1.0104	3,538.09
CCI (GSR 6)	2,830	2,672.43	(4.81)	2,667.63	1.0033	2,676.56
CCI (GSR 5-6)	1,968	2,825.92	(51.79)	2,774.12	1.0033	2,783.41
CCI (GSR 8)	9,584	2,517.34	0.00	2,517.34	1.0033	2,525.77
CCI (GSR 9)	719	2,046.01	0.00	2,046.01	1.0033	2,052.87
CCI (GSR 10)	2,083	2,269.72	0.00	2,269.72	1.0033	2,277.32
CCI (GSR 11)	5,253	2,428.94	(16.78)	2,412.17	1.0033	2,420.24
Inclusa (GSR 1 - Non-Expansion Counties)	5,059	2,630.78	0.00	2,630.78	1.0012	2,633.92
Inclusa (GSR 2)	8,894	1,939.07	(1.79)	1,937.28	1.0028	1,942.79
Inclusa (GSR 3)	4,821	2,398.83	0.00	2,398.83	1.0012	2,401.70
Inclusa (GSR 4 - Non-Expansion Counties)	6,501	2,619.58	(40.16)	2,579.42	1.0053	2,593.08
Inclusa (GSR 5)	304	1,806.46	0.00	1,806.46	1.0012	1,808.62
Inclusa (GSR 5-6)	106	1,599.80	0.00	1,599.80	1.0012	1,601.71
Inclusa (GSR 7)	4,110	2,461.98	0.00	2,461.98	1.0053	2,475.02
LCI (GSR 9)	5,106	2,180.34	(0.23)	2,180.11	1.0014	2,183.17
LCI (GSR 10)	334	3,058.96	0.00	3,058.96	1.0014	3,063.25
MCFCI (GSR 6)	69	5,205.75	0.00	5,205.75	1.0007	5,209.59
MCFCI (GSR 5-6)	226	2,335.33	0.00	2,335.33	1.0007	2,337.05
MCFCI (GSR 8)	16,090	2,207.69	0.00	2,207.69	1.0007	2,209.32
MCFCI (GSR 11)	950	2,258.69	0.00	2,258.69	1.0007	2,260.36
Total PD Base Experience Data	82,158	\$2,386.07	(\$10.85)	\$2,375.22	1.0033	\$2,383.11

Exhibit B
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2016 Base Data Development
Nursing Home Level of Care

FE Development	CY 2016 Base Experience			2016 FE Net Base Costs PMPM	IBNR Adjustment	2016 FE Completed Net Base Costs PMPM
	Exposure Months	Gross Service Costs PMPM	Pooled Claims PMPM			
Care WI (GSR 1 - Non-Expansion Counties)	135	\$1,302.69	\$0.00	\$1,302.69	1.0104	\$1,316.19
Care WI (GSR 2)	1,290	2,223.23	0.00	2,223.23	1.0104	2,246.26
Care WI (GSR 3)	241	1,526.13	0.00	1,526.13	1.0104	1,541.95
Care WI (GSR 5)	8,552	2,524.50	0.00	2,524.50	1.0104	2,550.65
Care WI (GSR 6)	1,669	2,709.26	0.00	2,709.26	1.0104	2,737.33
Care WI (GSR 5-6)	8,067	2,762.02	(5.33)	2,756.69	1.0104	2,785.26
CCI (GSR 6)	7,844	2,492.73	0.00	2,492.73	1.0033	2,501.08
CCI (GSR 5-6)	5,815	2,792.62	(1.99)	2,790.64	1.0033	2,799.98
CCI (GSR 8)	6,523	2,719.79	0.00	2,719.79	1.0033	2,728.90
CCI (GSR 9)	1,064	2,475.31	0.00	2,475.31	1.0033	2,483.60
CCI (GSR 10)	6,896	2,273.95	0.00	2,273.95	1.0033	2,281.57
CCI (GSR 11)	8,408	2,564.19	0.00	2,564.19	1.0033	2,572.78
Inclusa (GSR 1 - Non-Expansion Counties)	12,368	2,678.90	0.00	2,678.90	1.0012	2,682.09
Inclusa (GSR 2)	17,763	2,444.92	0.00	2,444.92	1.0028	2,451.87
Inclusa (GSR 3)	9,108	2,818.46	0.00	2,818.46	1.0012	2,821.83
Inclusa (GSR 4 - Non-Expansion Counties)	16,016	2,414.64	0.00	2,414.64	1.0053	2,427.42
Inclusa (GSR 5)	546	2,539.08	0.00	2,539.08	1.0012	2,542.11
Inclusa (GSR 5-6)	86	2,653.33	0.00	2,653.33	1.0012	2,656.50
Inclusa (GSR 7)	10,438	2,510.29	0.00	2,510.29	1.0053	2,523.58
LCI (GSR 9)	10,333	2,468.09	0.00	2,468.09	1.0014	2,471.56
LCI (GSR 10)	851	2,685.61	0.00	2,685.61	1.0014	2,689.38
MCFCI (GSR 6)	87	1,793.04	0.00	1,793.04	1.0007	1,794.37
MCFCI (GSR 5-6)	598	3,327.12	0.00	3,327.12	1.0007	3,329.57
MCFCI (GSR 8)	53,221	2,455.29	(1.10)	2,454.19	1.0007	2,456.00
MCFCI (GSR 11)	878	2,617.35	0.00	2,617.35	1.0007	2,619.28
Total FE Base Experience Data	188,797	\$2,525.67	(\$0.60)	\$2,525.08	1.0032	\$2,533.16

Exhibit B
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2016 Base Data Development
Nursing Home Level of Care

Composite	CY 2016 Base Experience			CY 2016 Base Experience Composite Net Base Costs PMPM	IBNR Adjustment	2016 Composite Completed Net Base Costs PMPM
	Exposure Months	Gross Service Costs PMPM	Pooled Claims PMPM			
Care WI (GSR 1 - Non-Expansion Counties)	282	\$1,485.00	\$0.00	\$1,485.00	1.0104	\$1,500.38
Care WI (GSR 2)	4,059	2,101.40	0.00	2,101.40	1.0104	2,123.17
Care WI (GSR 3)	521	1,698.29	0.00	1,698.29	1.0104	1,715.88
Care WI (GSR 5)	27,394	3,298.70	(46.79)	3,251.90	1.0104	3,285.60
Care WI (GSR 6)	3,072	3,248.95	(197.26)	3,051.70	1.0104	3,083.32
Care WI (GSR 5-6)	18,457	3,478.45	(50.22)	3,428.23	1.0104	3,463.75
CCI (GSR 6)	22,362	3,093.88	(18.48)	3,075.40	1.0033	3,085.70
CCI (GSR 5-6)	14,880	3,107.29	(31.50)	3,075.79	1.0033	3,086.09
CCI (GSR 8)	27,072	3,135.96	(56.86)	3,079.10	1.0033	3,089.41
CCI (GSR 9)	2,292	2,526.46	(70.51)	2,455.95	1.0033	2,464.18
CCI (GSR 10)	18,849	2,954.63	(23.39)	2,931.24	1.0033	2,941.06
CCI (GSR 11)	27,219	3,130.39	(15.81)	3,114.57	1.0033	3,125.00
Inclusa (GSR 1 - Non-Expansion Counties)	30,504	3,102.64	(11.38)	3,091.26	1.0012	3,094.95
Inclusa (GSR 2)	44,505	2,668.07	(1.68)	2,666.39	1.0028	2,673.97
Inclusa (GSR 3)	25,276	2,829.38	(5.80)	2,823.58	1.0012	2,826.95
Inclusa (GSR 4 - Non-Expansion Counties)	41,149	2,911.09	(21.70)	2,889.39	1.0053	2,904.69
Inclusa (GSR 5)	1,127	2,451.30	0.00	2,451.30	1.0012	2,454.23
Inclusa (GSR 5-6)	235	1,857.65	0.00	1,857.65	1.0012	1,859.87
Inclusa (GSR 7)	25,851	2,889.28	(9.48)	2,879.80	1.0053	2,895.04
LCI (GSR 9)	29,848	2,960.17	(19.19)	2,940.98	1.0014	2,945.10
LCI (GSR 10)	1,647	3,064.97	0.00	3,064.97	1.0014	3,069.27
MCFCI (GSR 6)	274	3,294.45	0.00	3,294.45	1.0007	3,296.88
MCFCI (GSR 5-6)	1,024	2,939.56	0.00	2,939.56	1.0007	2,941.73
MCFCI (GSR 8)	93,094	2,736.56	(5.02)	2,731.54	1.0007	2,733.55
MCFCI (GSR 11)	2,676	2,810.93	0.00	2,810.93	1.0007	2,813.00
Total Base Experience Data	463,672	\$2,940.81	(\$19.44)	\$2,921.36	1.0036	\$2,931.75

Exhibit C1
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Functional Screen Regression Model of 2015-2016 PMPM
Developmentally Disabled

R-Squared 54.6%

Variable	Statewide Estimate	p-Value	Incremental Partial R ²	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	0.00			100.0%	0.00
DD/NH Level of Care (Grid Component)					
DD1A	396.43	0.0000	0.01%	2.9%	11.43
Dual Enrollee	260.81	0.0000	0.04%	72.6%	189.26
High Cost (4 Parameters)	941.24	0.0000	0.03%	1.3%	12.36
Vent Dependent	6,837.85	0.0000	0.05%	0.1%	3.74
Number of IADLs (Grid Component)					
IADL_1	0.00	0.0000	0.00%	1.1%	0.00
IADL_2	141.63	0.0000	0.02%	5.9%	8.42
IADL_3	314.84	0.0000	0.04%	12.7%	39.96
IADL_4	631.10	0.0000	0.08%	17.0%	107.02
IADL_5	1,031.22	0.0000	0.09%	29.8%	307.65
IADL_6	1,281.88	0.0000	0.04%	33.5%	429.25
Specific ADLs / Equipment Used (Add-On)					
Eating_2	342.09	0.0000	0.06%	22.0%	75.26
Transfer_2	707.05	0.0000	0.11%	14.1%	99.63
Interaction Terms (Add-On)					
Behaviors_Autism	537.35	0.0000	0.03%	4.2%	22.33
Dress_Bath	550.09	0.0000	0.32%	39.9%	219.33
Other Federal DD_Anxiety	262.26	0.0000	0.01%	4.8%	12.48
Injury_Overnight	982.79	0.0000	0.11%	4.0%	39.62
Injury_Overnight_Age Under 30	1,173.56	0.0000	0.15%	1.1%	13.32
Mental Retardation_Bipolar	362.45	0.0000	0.01%	5.8%	20.91
Mental Retardation_Other Mental Illness	354.09	0.0000	0.02%	16.6%	58.78
Overnight_Age Under 30	301.11	0.0000	0.04%	5.1%	15.37
Overnight_Mental Illness	646.14	0.0000	0.09%	8.7%	56.24
Overnight_Mental Illness_Age Under 30	2,052.33	0.0000	0.48%	1.8%	36.13
Transfer_Equip_Mobility	517.24	0.0000	0.06%	5.1%	26.15
Trauma BI Post-22_Depression	432.68	0.0000	0.01%	2.7%	11.48
Behavioral Variables (Add-On)					
Cognition_3	410.71	0.0000	0.43%	26.2%	107.67
Injury_1	313.14	0.0000	0.02%	5.4%	17.06
Injury_2	403.91	0.0000	0.02%	5.7%	22.96
Mental Health_2	227.22	0.0000	0.40%	55.4%	125.85
Offensive_1	400.33	0.0000	0.07%	9.4%	37.56
Offensive_2	894.11	0.0000	0.28%	10.6%	94.58
Offensive_3	2,059.83	0.0000	1.28%	9.8%	202.33
Resistive_1	427.40	0.0000	1.54%	8.5%	36.38
Wander_2	1,354.93	0.0000	0.89%	3.9%	52.68
Medication Use (Add-On)					
Meds_2B	533.61	0.0000	2.20%	69.0%	367.95
Health Related Services (Add-On)					
Exercise	306.92	0.0000	0.30%	11.6%	35.66
Ostomy	812.40	0.0000	0.03%	0.5%	4.34
Overnight	468.70	0.0000	8.36%	76.6%	358.83
Reposition	465.15	0.0000	2.95%	6.7%	31.19
Tracheostomy	2,743.12	0.0000	0.15%	0.2%	5.83
Urinary	668.98	0.0000	0.08%	0.8%	5.59
Diagnoses (Add-On)					
Brain Injury Pre-22	160.17	0.0000	1.05%	6.7%	10.75
Mental Retardation	247.29	0.0000	28.91%	71.8%	177.47
Incidents					
Incidents_0	0.00	0.0000	0.00%	96.0%	0.00
Incidents_1	849.06	0.0000	2.15%	2.8%	23.36
Incidents_2	1,489.25	0.0000	0.72%	0.7%	10.02
Incidents_3+	1,955.14	0.0000	0.91%	0.6%	11.96

Exhibit C2
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Functional Screen Regression Model of 2015-2016 PMPM
Physically Disabled

R-Squared 50.5%

Variable	Statewide Estimate	p-Value	Incremental Partial R ²	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	651.44			100.0%	651.44
DD/NH Level of Care (Grid Component)					
SNF	418.23	0.0000	0.35%	24.2%	101.13
Vent Dependent	5,201.32	0.0000	0.80%	0.5%	25.20
Number of IADLs (Grid Component)					
IADL_1	0.00	0.0000	0.00%	15.5%	0.00
IADL_2	144.78	0.0000	0.04%	19.6%	28.33
IADL_3	312.31	0.0000	0.13%	18.6%	58.18
IADL_4	482.59	0.0000	0.21%	17.1%	82.32
IADL_5	778.87	0.0000	0.43%	20.4%	158.88
IADL_6	864.03	0.0000	0.04%	8.9%	76.88
Specific ADLs / Equipment Used (Add-On)					
Bathing_2	266.24	0.0000	0.34%	35.7%	95.03
Toileting_1	42.67	0.0000	0.01%	30.2%	12.90
Transfer_2	829.70	0.0000	1.84%	20.3%	168.29
Interaction Terms (Add-On)					
Dress_Bath	208.38	0.0000	0.59%	62.8%	130.92
Injury_Overnight	1,025.39	0.0000	0.09%	0.3%	2.74
Injury_Overnight_Mental_Age Under 30	7,060.44	0.0000	0.12%	0.0%	0.69
Offensive_2_Mobility_1_Age 60 and Under	528.14	0.0000	0.02%	0.5%	2.58
Overnight_Alzheimers_Dementia_Decision Making	315.99	0.0000	0.24%	18.2%	57.40
Overnight_Mental Illness	471.28	0.0000	0.51%	6.5%	30.84
Spinal Injury_Alcohol/Drug Abuse	578.62	0.0000	0.03%	0.6%	3.32
Transfer_Equip_Mobility	564.94	0.0000	0.71%	5.9%	33.34
Trauma BI Post-22_Exercise	2,748.68	0.0000	0.10%	0.0%	0.84
Trauma BI Post-22_Other Mental Illness	366.42	0.0000	0.05%	1.0%	3.64
Vent Dependent_Tracheostomy	5,066.64	0.0000	1.48%	0.2%	7.95
Behavioral Variables (Add-On)					
Alcohol Drug Abuse	176.70	0.0000	0.09%	17.2%	30.36
Mental Health_2	114.61	0.0000	0.13%	71.7%	82.13
Offensive_1	591.34	0.0000	0.29%	2.8%	16.52
Offensive_2	847.11	0.0000	0.79%	2.3%	19.51
Offensive_3	1,771.17	0.0000	1.33%	1.3%	22.79
Wander_2	585.30	0.0000	0.62%	1.3%	7.59
Medication Use (Add-On)					
Meds_2B	241.45	0.0000	2.36%	39.2%	94.64
Health Related Services (Add-On)					
Exercise	254.93	0.0000	0.59%	11.1%	28.19
Overnight	275.70	0.0000	7.03%	54.7%	150.82
Reposition	702.74	0.0000	15.75%	8.4%	59.25
Respirate	145.00	0.0000	0.36%	6.8%	9.85
Tracheostomy	4,111.63	0.0000	6.97%	0.8%	31.14
Ulcer Stage 2-3-4	956.65	0.0000	0.76%	3.2%	31.05
Urinary	504.97	0.0000	0.74%	2.8%	14.26
Wound	348.58	0.0000	0.62%	4.1%	14.36
Diagnoses (Add-On)					
Alzheimers	156.55	0.0000	3.07%	11.2%	17.51
Incidents					
Incidents_0	0.00	0.0000	0.00%	97.2%	0.00
Incidents_1	586.22	0.0000	0.35%	2.1%	12.34
Incidents_2+	1,190.44	0.0000	0.48%	0.7%	7.97

Exhibit C3
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Functional Screen Regression Model of 2015-2016 PMPM
Frail Elderly

R-Squared 39.6%

Variable	Statewide Estimate	p-Value	Incremental Partial R ²	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	623.12			100.0%	623.12
DD/NH Level of Care (Grid Component)					
SNF	385.55	0.0000	0.64%	23.7%	91.38
Vent Dependent	2,908.11	0.0000	0.06%	0.1%	2.62
Number of IADLs (Grid Component)					
IADL_1	0.00	0.0000	0.00%	7.0%	0.00
IADL_2	232.48	0.0000	0.08%	11.8%	27.45
IADL_3	425.81	0.0000	0.18%	13.0%	55.55
IADL_4-5-6	674.87	0.0000	0.35%	68.2%	460.16
Specific ADLs / Equipment Used (Add-On)					
Transfer_2	639.00	0.0000	1.72%	28.1%	179.30
Interaction Terms (Add-On)					
Dress_Bath	155.83	0.0000	0.95%	75.6%	117.76
Dress_Toilet	334.16	0.0000	1.81%	56.4%	188.30
Injury_Overnight	752.76	0.0000	0.04%	0.1%	1.12
Overnight_Mental Illness	412.05	0.0000	0.40%	5.3%	21.77
Transfer_Equip_Mobility	668.80	0.0000	1.88%	7.6%	50.90
Trauma BI Post-22_Other Mental Illness	801.80	0.0000	0.06%	0.3%	2.18
Behavioral Variables (Add-On)					
Alcohol Drug Abuse	225.81	0.0000	0.04%	5.1%	11.51
Cognition_2	49.98	0.0000	0.01%	25.5%	12.73
Mental Health_2	156.76	0.0000	0.22%	57.5%	90.16
Offensive_1-2	290.97	0.0000	0.42%	5.4%	15.85
Offensive_3	503.06	0.0000	0.39%	1.4%	7.08
Wander_2	90.24	0.0000	0.16%	3.0%	2.72
Medication Use (Add-On)					
Meds_2B	187.35	0.0000	1.36%	65.4%	122.43
Health Related Services (Add-On)					
Exercise	140.23	0.0000	0.48%	9.3%	12.98
Med Management	70.89	0.0000	2.09%	25.4%	18.01
Mental Illness	148.19	0.0000	0.75%	15.1%	22.32
Overnight	355.79	0.0000	7.65%	73.7%	262.05
Reposition	407.48	0.0000	8.10%	8.2%	33.26
Respirate	124.50	0.0000	0.32%	8.1%	10.09
Tracheostomy	2,457.40	0.0000	0.22%	0.1%	2.41
Ulcer Stage 3-4	652.85	0.0000	0.23%	0.7%	4.44
Diagnoses (Add-On)					
Alzheimers	198.63	0.0000	8.85%	40.7%	80.82
Incidents					
Incidents_0	0.00	0.0000	0.00%	99.1%	0.00
Incidents_1+	308.92	0.0000	0.09%	0.9%	2.69

Exhibit D1AI
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2015-2016 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Developmentally Disabled

Variable	Statewide Estimate	Care WI (GSR 1 - Non-Expansion Counties)	Care WI (GSR 2)	Care WI (GSR 3)	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 9)	CCI (GSR 10)	CCI (GSR 11)	Inclusa (GSR 1 - Non-Expansion Counties)	Inclusa (GSR 2)
Intercept (Grid Component)	0.00	100.0%	100.0%	100.0%	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)															
DD1A	396.43	0.0%	0.9%	0.0%	3.4%	2.2%	2.3%	2.1%	2.2%	2.2%	1.3%	2.1%	2.1%	2.7%	3.1%
Dual Enrollee	260.81	55.9%	45.1%	71.0%	75.7%	42.5%	74.0%	75.1%	71.0%	64.0%	62.5%	77.1%	68.6%	74.7%	75.3%
High Cost (4 Parameters)	941.24	0.0%	1.5%	0.0%	1.2%	2.2%	2.1%	1.5%	1.4%	1.0%	0.0%	1.4%	1.3%	1.9%	1.2%
Vent Dependent	6,837.85	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.2%	0.1%	0.0%
Number of IADLs (Grid Component)															
IADL_1	0.00	1.9%	0.3%	0.0%	1.0%	1.2%	0.7%	1.0%	0.4%	0.1%	0.2%	0.6%	0.5%	1.6%	2.0%
IADL_2	141.63	16.7%	8.3%	11.5%	4.9%	7.2%	5.1%	5.5%	3.9%	3.0%	11.3%	8.7%	2.7%	6.8%	7.0%
IADL_3	314.84	27.7%	21.5%	14.3%	10.8%	21.2%	9.2%	14.8%	8.4%	11.3%	20.8%	14.8%	11.3%	14.1%	12.5%
IADL_4	631.10	13.4%	30.8%	26.0%	15.6%	22.2%	14.8%	18.8%	16.4%	15.0%	26.0%	18.3%	17.8%	16.4%	16.7%
IADL_5	1,031.22	21.0%	28.4%	24.8%	30.7%	32.6%	33.3%	30.1%	33.0%	30.4%	15.5%	27.2%	29.2%	30.4%	33.0%
IADL_6	1,281.88	19.2%	10.7%	23.3%	36.9%	15.6%	36.9%	29.8%	38.0%	40.2%	26.1%	30.3%	38.5%	30.7%	28.9%
Specific ADLs / Equipment Used (Add-On)															
Eating_2	342.09	9.8%	2.5%	13.3%	25.4%	15.0%	25.4%	19.9%	23.0%	18.3%	15.3%	22.7%	23.1%	25.6%	21.3%
Transfer_2	707.05	0.0%	5.8%	11.7%	14.7%	5.8%	16.0%	14.3%	12.3%	14.2%	20.5%	13.6%	15.0%	12.8%	14.2%
Interaction Terms (Add-On)															
Behaviors_Autism	537.35	2.0%	2.5%	0.0%	3.5%	2.1%	6.1%	4.8%	8.2%	6.2%	1.7%	6.3%	4.8%	3.7%	4.9%
Dress_Bath	550.09	20.4%	17.1%	34.5%	46.1%	22.6%	41.9%	38.5%	37.5%	35.5%	49.9%	37.8%	41.6%	43.0%	38.6%
Other Federal DD_Anxiety	262.26	2.0%	10.5%	5.1%	10.5%	10.2%	5.4%	4.7%	7.1%	2.8%	4.1%	4.9%	2.5%	7.5%	5.7%
Injury_Overnight	982.79	2.0%	1.5%	0.0%	3.2%	3.0%	5.1%	4.6%	6.3%	3.5%	0.0%	6.1%	5.9%	5.4%	4.4%
Injury_Overnight_Age Under 30	1,173.56	2.0%	1.5%	0.0%	1.0%	1.4%	1.9%	1.3%	1.5%	0.0%	0.0%	1.3%	1.4%	1.5%	1.3%
Mental Retardation_Bipolar	362.45	0.0%	4.4%	11.3%	7.9%	8.2%	4.7%	4.5%	3.2%	7.5%	5.0%	5.0%	7.1%	5.3%	5.0%
Mental Retardation_Other Mental Illness	354.09	16.6%	15.6%	13.5%	14.9%	15.8%	14.0%	17.6%	15.6%	14.5%	7.0%	16.4%	14.0%	22.7%	16.6%
Overnight_Age Under 30	301.11	2.0%	8.5%	0.0%	5.1%	13.5%	6.3%	6.0%	5.2%	5.9%	13.0%	4.7%	5.0%	4.3%	4.8%
Overnight_Mental Illness	646.14	6.4%	7.3%	0.0%	11.9%	19.0%	9.6%	8.4%	7.2%	7.3%	8.9%	7.8%	7.2%	7.8%	7.8%
Overnight_Mental Illness_Age Under 30	2,052.33	0.0%	5.8%	0.0%	2.1%	8.3%	1.9%	2.7%	1.9%	1.2%	4.1%	1.3%	1.3%	1.4%	1.4%
Transfer_Equip_Mobility	517.24	0.0%	2.1%	0.0%	5.6%	3.1%	0.8%	3.6%	4.8%	4.6%	7.8%	4.6%	5.5%	5.1%	5.8%
Trauma BI Post-22_Depression	432.68	14.3%	1.6%	0.0%	2.5%	0.0%	3.5%	2.3%	2.1%	4.0%	10.4%	2.2%	3.7%	2.0%	2.7%
Behavioral Variables (Add-On)															
Cognition_3	410.71	14.2%	16.1%	14.5%	28.2%	22.3%	33.6%	26.0%	32.8%	29.1%	31.1%	23.8%	24.0%	26.6%	27.6%
Injury_1	313.14	1.1%	8.6%	0.0%	8.3%	6.5%	10.3%	4.0%	3.9%	4.5%	1.7%	4.3%	5.8%	7.1%	5.7%
Injury_2	403.91	6.4%	5.2%	4.8%	8.0%	6.9%	6.5%	4.0%	6.2%	5.9%	0.6%	6.5%	5.4%	6.1%	7.4%
Mental Health_2	227.22	95.9%	61.2%	63.0%	57.0%	59.8%	53.5%	53.4%	49.8%	46.7%	60.7%	56.5%	49.0%	65.0%	57.8%
Offensive_1	400.33	0.7%	16.0%	2.6%	14.9%	14.5%	15.8%	6.5%	5.9%	9.3%	7.7%	7.6%	7.1%	10.4%	9.5%
Offensive_2	894.11	15.2%	12.8%	7.9%	14.6%	4.3%	10.9%	8.0%	13.6%	9.2%	2.1%	8.5%	11.8%	11.2%	13.1%
Offensive_3	2,059.83	2.0%	5.0%	0.7%	9.4%	11.7%	12.0%	14.0%	16.9%	10.6%	9.4%	16.1%	10.4%	10.4%	11.7%
Resistive_1	427.40	12.8%	3.4%	0.0%	11.4%	5.8%	12.5%	5.6%	10.7%	5.9%	9.9%	6.7%	6.9%	10.2%	13.0%
Wander_2	1,354.93	1.1%	6.3%	0.0%	3.3%	3.7%	4.5%	2.7%	4.6%	1.8%	1.4%	2.8%	4.4%	5.8%	5.1%
Medication Use (Add-On)															
Meds_2B	533.61	44.6%	48.9%	63.1%	69.8%	58.9%	67.8%	69.7%	74.5%	74.4%	60.3%	69.0%	78.0%	67.8%	68.7%
Health Related Services (Add-On)															
Exercise	306.92	10.3%	7.6%	5.4%	19.2%	5.6%	19.1%	8.4%	11.8%	9.4%	18.6%	8.5%	8.4%	13.9%	16.3%
Ostomy	812.40	0.0%	0.9%	0.0%	0.6%	0.0%	0.1%	0.3%	0.3%	0.5%	0.0%	0.4%	0.2%	0.5%	0.9%
Overnight	468.70	56.5%	65.5%	62.5%	79.2%	70.4%	81.5%	75.5%	78.3%	75.3%	64.2%	74.2%	76.4%	73.5%	82.2%
Reposition	465.15	0.0%	2.2%	0.7%	7.0%	1.6%	7.6%	6.4%	7.1%	8.6%	13.3%	5.0%	7.1%	6.2%	7.3%
Tracheostomy	2,743.12	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.3%	0.3%	0.5%
Urinary	668.98	0.0%	0.3%	0.0%	1.0%	0.0%	1.1%	0.9%	0.8%	0.5%	0.0%	0.6%	1.0%	0.6%	1.5%
Diagnoses (Add-On)															
Brain Injury Pre-22	160.17	12.2%	6.9%	9.3%	5.5%	7.1%	8.0%	6.1%	5.9%	6.6%	3.5%	7.2%	5.7%	8.6%	7.9%
Mental Retardation	247.29	50.5%	60.0%	50.0%	75.7%	76.7%	65.4%	72.0%	64.8%	72.3%	44.8%	68.6%	66.6%	64.5%	75.8%
Incidents															
Incidents_0	0.00	92.3%	95.2%	100.0%	96.1%	94.1%	96.1%	96.2%	95.5%	96.3%	96.5%	96.3%	95.5%	94.6%	96.8%
Incidents_1	849.06	7.7%	2.3%	0.0%	2.7%	2.7%	3.1%	2.2%	3.4%	2.6%	3.5%	2.8%	3.2%	3.1%	1.9%
Incidents_2	1,489.25	0.0%	1.7%	0.0%	0.6%	3.1%	0.5%	0.6%	0.3%	1.0%	0.0%	0.6%	0.7%	1.1%	0.4%
Incidents_3+	1,955.14	0.0%	0.9%	0.0%	0.5%	0.0%	0.3%	0.9%	0.7%	0.1%	0.0%	0.3%	0.6%	1.2%	0.9%
Developmentally Disabled Base Composite	\$3,556.13	\$2,475.08	\$2,801.86	\$2,490.98	\$3,800.04	\$3,259.68	\$3,865.06	\$3,535.85	\$3,832.83	\$3,516.47	\$3,173.54	\$3,535.17	\$3,645.91	\$3,667.97	\$3,702.06
Implied Risk Score		0.6960	0.7879	0.7005	1.0686	0.9166	1.0869	0.9943	1.0778	0.9888	0.8924	0.9941	1.0252	1.0315	1.0410
2016 Exposure Months		78	1,313	127	15,484	763	8,916	11,688	7,096	10,965	509	9,870	13,558	13,076	17,847

Exhibit D1AI
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2015-2016 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Developmentally Disabled

Variable	Statewide Estimate	Inclusa (GSR 3)	Inclusa (GSR 4 - Non-Expansion Counties)	Inclusa (GSR 5)	Inclusa (GSR 5-6)	Inclusa (GSR 7)	LCI (GSR 9)	LCI (GSR 10)	MCFCI (GSR 6)	MCFCI (GSR 5-6)	MCFCI (GSR 8)	MCFCI (GSR 11)
Intercept (Grid Component)	0.00	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)												
DD1A	396.43	3.2%	3.0%	1.8%	0.0%	3.2%	3.2%	1.2%	3.4%	5.0%	3.8%	5.9%
Dual Enrollee	260.81	76.2%	73.5%	80.1%	52.4%	74.2%	74.8%	56.3%	62.7%	73.3%	69.3%	57.9%
High Cost (4 Parameters)	941.24	0.5%	1.4%	0.0%	0.0%	1.9%	1.0%	0.2%	0.0%	0.0%	1.1%	1.0%
Vent Dependent	6,837.85	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Number of IADLs (Grid Component)												
IADL_1	0.00	2.2%	2.5%	3.2%	15.1%	0.8%	0.9%	0.0%	0.0%	0.0%	0.2%	0.0%
IADL_2	141.63	10.0%	8.8%	6.3%	26.9%	6.0%	6.0%	9.8%	1.7%	2.8%	4.1%	3.3%
IADL_3	314.84	16.5%	14.6%	15.9%	4.6%	16.4%	11.2%	18.6%	38.1%	19.0%	10.2%	6.8%
IADL_4	631.10	14.8%	17.0%	24.2%	0.0%	18.6%	16.8%	24.1%	15.9%	32.4%	17.2%	17.0%
IADL_5	1,031.22	26.6%	22.8%	42.1%	25.5%	25.4%	29.5%	10.9%	33.5%	30.9%	35.1%	31.8%
IADL_6	1,281.88	29.9%	34.4%	8.3%	27.6%	32.8%	35.6%	36.8%	10.6%	14.9%	33.3%	41.1%
Specific ADLs / Equipment Used (Add-On)												
Eating_2	342.09	20.6%	23.7%	10.1%	27.8%	26.8%	20.6%	20.1%	0.0%	5.5%	18.4%	20.5%
Transfer_2	707.05	14.3%	13.3%	5.8%	0.0%	13.4%	12.2%	14.5%	13.5%	10.7%	16.3%	21.5%
Interaction Terms (Add-On)												
Behaviors_Autism	537.35	2.2%	2.9%	0.0%	0.0%	2.7%	2.6%	4.6%	0.0%	3.7%	3.7%	4.9%
Dress_Bath	550.09	36.6%	36.6%	22.8%	0.0%	40.9%	37.4%	32.6%	35.3%	36.4%	44.5%	47.4%
Other Federal DD_Anxiety	262.26	5.5%	5.6%	9.9%	25.5%	6.7%	2.7%	3.5%	0.0%	23.1%	2.2%	3.4%
Injury_Overnight	982.79	2.5%	3.3%	4.3%	0.0%	4.8%	2.5%	2.6%	10.1%	0.0%	2.8%	3.8%
Injury_Overnight_Age Under 30	1,173.56	0.6%	0.7%	0.0%	0.0%	1.8%	0.8%	2.6%	10.1%	0.0%	0.9%	2.4%
Mental Retardation_Bipolar	362.45	6.6%	4.1%	8.4%	0.0%	5.8%	6.1%	9.9%	0.0%	6.0%	6.3%	8.1%
Mental Retardation_Other Mental Illness	354.09	15.6%	16.4%	6.6%	0.0%	19.5%	15.4%	26.8%	25.7%	18.0%	18.0%	13.7%
Overnight_Age Under 30	301.11	4.7%	4.8%	6.1%	0.0%	5.9%	4.6%	8.0%	24.9%	2.3%	4.2%	6.7%
Overnight_Mental Illness	646.14	6.5%	7.3%	4.7%	0.0%	12.8%	7.6%	1.9%	11.6%	4.0%	10.1%	13.5%
Overnight_Mental Illness_Age Under 30	2,052.33	1.2%	1.7%	2.2%	0.0%	3.1%	1.5%	0.0%	11.6%	0.0%	1.7%	1.0%
Transfer_Equip_Mobility	517.24	4.9%	4.9%	4.3%	0.0%	3.6%	5.0%	0.6%	10.1%	1.0%	5.8%	7.7%
Trauma BI Post-22_Depression	432.68	2.3%	1.4%	0.0%	0.0%	3.6%	1.5%	0.3%	0.0%	6.2%	3.3%	6.8%
Behavioral Variables (Add-On)												
Cognition_3	410.71	26.1%	23.4%	18.4%	0.0%	23.8%	19.2%	30.9%	12.7%	6.0%	28.6%	26.5%
Injury_1	313.14	5.6%	2.7%	5.4%	53.3%	3.9%	6.3%	2.9%	0.0%	6.0%	4.7%	3.8%
Injury_2	403.91	4.7%	5.6%	7.1%	0.0%	4.8%	5.9%	0.2%	0.0%	5.5%	3.8%	4.2%
Mental Health_2	227.22	60.4%	53.8%	57.2%	95.4%	61.0%	53.6%	55.9%	61.4%	64.6%	53.6%	69.2%
Offensive_1	400.33	9.4%	6.2%	12.4%	0.0%	6.3%	12.8%	6.7%	16.7%	14.9%	8.7%	9.1%
Offensive_2	894.11	9.4%	10.8%	11.3%	0.0%	9.6%	10.6%	7.6%	1.7%	2.3%	7.9%	15.1%
Offensive_3	2,059.83	5.5%	7.3%	2.5%	0.0%	10.1%	5.7%	10.6%	2.9%	0.0%	7.0%	11.0%
Resistive_1	427.40	7.7%	9.9%	0.0%	0.0%	8.7%	7.9%	2.3%	0.0%	0.0%	4.9%	6.0%
Wander_2	1,354.93	3.8%	4.7%	6.4%	0.0%	4.2%	2.1%	2.5%	0.0%	2.0%	3.7%	8.3%
Medication Use (Add-On)												
Meds_2B	533.61	62.0%	60.1%	55.6%	43.0%	68.5%	60.2%	51.9%	62.7%	68.3%	77.6%	83.1%
Health Related Services (Add-On)												
Exercise	306.92	8.1%	13.5%	4.3%	0.0%	12.6%	9.9%	14.7%	10.1%	0.5%	6.1%	8.1%
Ostomy	812.40	0.5%	0.8%	1.8%	0.0%	0.3%	0.6%	0.0%	3.4%	4.5%	0.7%	1.4%
Overnight	468.70	71.0%	69.3%	65.6%	53.3%	75.0%	76.9%	71.1%	86.6%	90.9%	81.7%	88.6%
Reposition	465.15	6.1%	6.9%	5.8%	0.0%	5.4%	5.0%	4.6%	13.5%	0.0%	7.7%	9.3%
Tracheostomy	2,743.12	0.1%	0.2%	0.0%	0.0%	0.2%	0.2%	0.0%	0.0%	0.0%	0.3%	0.0%
Urinary	668.98	0.4%	0.9%	0.0%	0.0%	1.0%	0.6%	1.2%	0.0%	0.0%	0.8%	0.0%
Diagnoses (Add-On)												
Brain Injury Pre-22	160.17	7.3%	5.9%	4.6%	19.8%	8.6%	5.1%	5.8%	23.2%	6.0%	6.4%	7.8%
Mental Retardation	247.29	70.4%	73.9%	48.3%	26.9%	67.6%	82.5%	71.5%	88.3%	52.1%	75.3%	56.9%
Incidents												
Incidents_0	0.00	96.1%	95.2%	81.0%	100.0%	94.4%	96.3%	95.5%	89.9%	100.0%	97.2%	97.0%
Incidents_1	849.06	2.4%	3.5%	6.1%	0.0%	3.8%	2.5%	4.5%	10.1%	0.0%	2.2%	2.8%
Incidents_2	1,489.25	0.6%	0.6%	4.3%	0.0%	1.3%	0.7%	0.0%	0.0%	0.0%	0.4%	0.2%
Incidents_3+	1,955.14	0.8%	0.6%	8.5%	0.0%	0.6%	0.6%	0.0%	0.0%	0.0%	0.3%	0.0%
Developmentally Disabled Base Composite	\$3,556.13	\$3,215.41	\$3,312.55	\$3,015.00	\$1,932.04	\$3,606.40	\$3,322.52	\$3,104.09	\$3,461.47	\$2,802.07	\$3,563.06	\$3,981.40
Implied Risk Score		0.9042	0.9315	0.8478	0.5433	1.0141	0.9343	0.8729	0.9734	0.7880	1.0019	1.1196
2016 Exposure Months		11,348	18,632	278	43	11,304	14,410	463	118	200	23,783	848

Exhibit D1Aii
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2015-2016 Non-Base Cohort MCO/GSR Functional Screen Attribute Distribution
Developmentally Disabled

Variable	Statewide Estimate	Care WI (GSR 11)	Care WI (GSR 13)	LCI (GSR 4 - Non-Expansion Counties)	LCI (GSR 13)	MCFCI (GSR 2)	MCFCI (GSR 3)
Intercept (Grid Component)	0.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)							
DD1A	396.43	2.3%	3.3%	3.0%	4.2%	3.0%	3.2%
Dual Enrollee	260.81	68.0%	68.3%	73.5%	66.9%	73.2%	76.1%
High Cost (4 Parameters)	941.24	1.3%	0.5%	1.4%	0.6%	1.2%	0.5%
Vent Dependent	6,837.85	0.2%	0.1%	0.0%	0.1%	0.0%	0.0%
Number of IADLs (Grid Component)							
IADL_1	0.00	0.5%	1.4%	2.5%	0.2%	1.9%	2.1%
IADL_2	141.63	2.7%	9.1%	8.8%	3.8%	7.1%	10.0%
IADL_3	314.84	11.0%	12.8%	14.6%	9.6%	13.1%	16.5%
IADL_4	631.10	17.8%	18.8%	17.0%	16.5%	17.6%	14.9%
IADL_5	1,031.22	29.4%	25.9%	22.8%	33.0%	32.7%	26.6%
IADL_6	1,281.88	38.7%	32.0%	34.4%	36.9%	27.6%	29.8%
Specific ADLs / Equipment Used (Add-On)							
Eating_2	342.09	22.9%	23.9%	23.7%	24.5%	20.0%	20.6%
Transfer_2	707.05	15.4%	16.8%	13.3%	17.4%	13.6%	14.3%
Interaction Terms (Add-On)							
Behaviors_Autism	537.35	4.8%	1.9%	2.9%	2.5%	4.7%	2.1%
Dress_Bath	550.09	42.0%	33.8%	36.6%	40.4%	37.1%	36.6%
Other Federal DD_Anxiety	262.26	2.5%	3.6%	5.6%	3.5%	6.0%	5.5%
Injury_Overnight	982.79	5.8%	1.1%	3.3%	1.8%	4.2%	2.5%
Injury_Overnight_Age Under 30	1,173.56	1.4%	0.2%	0.7%	0.5%	1.3%	0.6%
Mental Retardation_Bipolar	362.45	7.1%	4.4%	4.1%	4.0%	4.9%	6.6%
Mental Retardation_Other Mental Illness	354.09	14.0%	10.6%	16.4%	14.6%	16.5%	15.6%
Overnight_Age Under 30	301.11	5.1%	3.9%	4.8%	6.9%	5.1%	4.7%
Overnight_Mental Illness	646.14	7.6%	5.1%	7.3%	10.5%	7.8%	6.4%
Overnight_Mental Illness_Age Under 30	2,052.33	1.2%	0.9%	1.7%	2.0%	1.7%	1.1%
Transfer_Equip_Mobility	517.24	5.6%	5.9%	4.9%	6.3%	5.5%	4.9%
Trauma BI Post-22_Depression	432.68	3.8%	1.3%	1.4%	2.0%	2.7%	2.3%
Behavioral Variables (Add-On)							
Cognition_3	410.71	24.2%	23.0%	23.4%	26.2%	26.8%	26.0%
Injury_1	313.14	5.7%	10.0%	2.7%	10.9%	5.9%	5.5%
Injury_2	403.91	5.3%	5.6%	5.6%	6.7%	7.2%	4.7%
Mental Health_2	227.22	50.2%	48.5%	53.8%	47.3%	58.0%	60.4%
Offensive_1	400.33	7.3%	17.6%	6.2%	17.0%	10.0%	9.3%
Offensive_2	894.11	12.0%	10.2%	10.8%	10.9%	13.1%	9.4%
Offensive_3	2,059.83	10.4%	3.2%	7.3%	4.5%	11.3%	5.4%
Resistive_1	427.40	6.8%	10.9%	9.9%	14.4%	12.3%	7.6%
Wander_2	1,354.93	4.6%	3.6%	4.7%	2.6%	5.2%	3.7%
Medication Use (Add-On)							
Meds_2B	533.61	78.3%	61.8%	60.1%	65.8%	67.3%	62.0%
Health Related Services (Add-On)							
Exercise	306.92	8.4%	9.0%	13.5%	12.2%	15.7%	8.1%
Ostomy	812.40	0.2%	0.5%	0.8%	0.4%	0.9%	0.5%
Overnight	468.70	77.2%	69.4%	69.3%	80.5%	81.0%	70.9%
Reposition	465.15	7.2%	6.6%	6.9%	8.1%	7.0%	6.0%
Tracheostomy	2,743.12	0.3%	0.4%	0.2%	0.3%	0.5%	0.1%
Urinary	668.98	0.9%	1.1%	0.9%	1.1%	1.4%	0.4%
Diagnoses (Add-On)							
Brain Injury Pre-22	160.17	5.8%	5.5%	5.9%	4.5%	7.8%	7.4%
Mental Retardation	247.29	66.0%	77.7%	73.9%	74.1%	74.7%	70.1%
Incidents							
Incidents_0	0.00	95.6%	98.4%	95.2%	95.1%	96.7%	96.2%
Incidents_1	849.06	3.1%	1.2%	3.5%	2.7%	1.9%	2.4%
Incidents_2	1,489.25	0.7%	0.2%	0.6%	0.7%	0.5%	0.6%
Incidents_3+	1,955.14	0.6%	0.3%	0.6%	1.5%	0.9%	0.8%
Developmentally Disabled Base Composite	\$3,556.13	\$3,665.65	\$3,161.58	\$3,312.55	\$3,576.73	\$3,640.36	\$3,207.39
Implied Risk Score		1.0308	0.8891	0.9315	1.0058	1.0237	0.9019
2016 Exposure Months		0	9,370	0	9,750	0	0

Exhibit D1Aiii
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 2015-2016 Expansion Cohort MCO/GSR Functional Screen Attribute Distribution
 Developmentally Disabled

Variable	Statewide Estimate	Care WI (GSR 1 - Expansion Counties)	Care WI (GSR 12)	Inclusa (GSR 1 - Expansion Counties)	Inclusa (GSR 4 - Expansion Counties)	Inclusa (GSR 14)	LCI (GSR 4 - Expansion Counties)	MCFCI (GSR 12)	MCFCI (GSR 14)
Intercept (Grid Component)	0.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)									
DD1A	396.43	4.0%	3.5%	4.0%	3.9%	3.5%	3.9%	3.5%	4.2%
Dual Enrollee	260.81	72.2%	73.5%	72.2%	69.4%	73.4%	69.4%	73.5%	68.4%
High Cost (4 Parameters)	941.24	0.2%	0.1%	0.2%	0.0%	0.0%	0.0%	0.1%	0.0%
Vent Dependent	6,837.85	0.2%	0.2%	0.2%	0.0%	0.0%	0.0%	0.2%	0.0%
Number of IADLs (Grid Component)									
IADL_1	0.00	2.2%	0.9%	2.2%	1.0%	0.0%	1.0%	0.9%	1.0%
IADL_2	141.63	31.1%	7.7%	31.1%	2.5%	6.4%	2.5%	7.7%	8.4%
IADL_3	314.84	13.4%	12.1%	13.4%	9.3%	12.5%	9.3%	12.1%	12.0%
IADL_4	631.10	4.7%	19.1%	4.7%	17.7%	16.0%	17.7%	19.1%	22.6%
IADL_5	1,031.22	37.2%	30.8%	37.2%	32.2%	30.0%	32.2%	30.8%	25.4%
IADL_6	1,281.88	11.5%	29.4%	11.5%	37.3%	35.1%	37.3%	29.4%	30.7%
Specific ADLs / Equipment Used (Add-On)									
Eating_2	342.09	28.2%	25.9%	28.2%	24.6%	26.6%	24.6%	25.9%	16.6%
Transfer_2	707.05	15.1%	17.7%	15.1%	12.3%	17.4%	12.3%	17.7%	11.5%
Interaction Terms (Add-On)									
Behaviors_Autism	537.35	0.0%	1.0%	0.0%	1.7%	2.0%	1.7%	1.0%	1.3%
Dress_Bath	550.09	31.3%	27.1%	31.3%	32.6%	31.6%	32.6%	27.1%	28.0%
Other Federal DD_Anxiety	262.26	0.3%	3.2%	0.3%	3.6%	2.9%	3.6%	3.2%	4.2%
Injury_Overnight	982.79	0.0%	0.6%	0.0%	1.2%	2.1%	1.2%	0.6%	0.7%
Injury_Overnight_Age Under 30	1,173.56	0.0%	0.1%	0.0%	0.0%	0.3%	0.0%	0.1%	0.0%
Mental Retardation_Bipolar	362.45	1.4%	3.9%	1.4%	5.1%	3.4%	5.1%	3.9%	1.2%
Mental Retardation_Other Mental Illness	354.09	14.4%	8.8%	14.4%	11.7%	14.0%	11.7%	8.8%	6.6%
Overnight_Age Under 30	301.11	3.4%	3.2%	3.4%	3.1%	3.1%	3.1%	3.2%	3.0%
Overnight_Mental Illness	646.14	1.4%	1.5%	1.4%	3.4%	3.4%	3.4%	1.5%	2.1%
Overnight_Mental Illness_Age Under 30	2,052.33	0.0%	0.1%	0.0%	1.1%	0.0%	1.1%	0.1%	0.0%
Transfer_Equip_Mobility	517.24	7.1%	5.5%	7.1%	6.3%	6.1%	6.3%	5.5%	4.5%
Trauma BI Post-22_Depression	432.68	0.0%	1.3%	0.0%	0.0%	0.6%	0.0%	1.3%	0.5%
Behavioral Variables (Add-On)									
Cognition_3	410.71	23.3%	26.5%	23.3%	29.0%	28.1%	29.0%	26.5%	15.5%
Injury_1	313.14	3.3%	12.6%	3.3%	12.3%	15.9%	12.3%	12.6%	11.6%
Injury_2	403.91	3.8%	6.3%	3.8%	4.8%	4.8%	4.8%	6.3%	5.0%
Mental Health_2	227.22	35.3%	40.3%	35.3%	40.8%	40.3%	40.8%	40.3%	34.2%
Offensive_1	400.33	4.1%	23.6%	4.1%	24.6%	22.1%	24.6%	23.6%	17.2%
Offensive_2	894.11	2.5%	8.3%	2.5%	9.9%	8.1%	9.9%	8.3%	5.1%
Offensive_3	2,059.83	0.0%	1.3%	0.0%	2.5%	6.9%	2.5%	1.3%	4.9%
Resistive_1	427.40	4.1%	14.9%	4.1%	21.9%	14.8%	21.9%	14.9%	9.5%
Wander_2	1,354.93	1.4%	4.9%	1.4%	4.6%	4.1%	4.6%	4.9%	2.6%
Medication Use (Add-On)									
Meds_2B	533.61	46.9%	53.9%	46.9%	61.6%	64.6%	61.6%	53.9%	61.4%
Health Related Services (Add-On)									
Exercise	306.92	8.4%	9.6%	8.4%	11.8%	8.9%	11.8%	9.6%	6.5%
Ostomy	812.40	1.4%	0.8%	1.4%	1.5%	1.5%	1.5%	0.8%	0.7%
Overnight	468.70	66.0%	71.3%	66.0%	70.3%	78.1%	70.3%	71.3%	68.8%
Reposition	465.15	7.1%	6.5%	7.1%	6.9%	7.6%	6.9%	6.5%	4.9%
Tracheostomy	2,743.12	0.2%	0.5%	0.2%	0.0%	0.1%	0.0%	0.5%	0.0%
Urinary	668.98	0.0%	0.9%	0.0%	1.0%	0.7%	1.0%	0.9%	1.2%
Diagnoses (Add-On)									
Brain Injury Pre-22	160.17	6.8%	5.2%	6.8%	3.0%	6.5%	3.0%	5.2%	5.1%
Mental Retardation	247.29	67.6%	75.0%	67.6%	76.3%	80.9%	76.3%	75.0%	60.1%
Incidents									
Incidents_0	0.00	100.0%	100.0%	100.0%	100.0%	96.9%	100.0%	100.0%	96.6%
Incidents_1	849.06	0.0%	0.0%	0.0%	0.0%	1.7%	0.0%	0.0%	1.9%
Incidents_2	1,489.25	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	0.5%
Incidents_3+	1,955.14	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	1.1%
Developmentally Disabled Base Composite	\$3,556.13	\$2,446.28	\$3,061.11	\$2,446.28	\$3,280.88	\$3,411.82	\$3,280.88	\$3,061.11	\$2,833.06
Implied Risk Score		0.6879	0.8608	0.6879	0.9226	0.9594	0.9226	0.8608	0.7967
2016 Exposure Months		0	0	0	0	1,672	0	0	842

Exhibit D1Bi
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 June 2017 Base Cohort MCO/GSR Functional Screen Attribute Distribution
 Developmentally Disabled

Variable	Statewide Estimate	Care WI (GSR 1 - Non-Expansion Counties)	Care WI (GSR 2)	Care WI (GSR 3)	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 9)	CCI (GSR 10)	CCI (GSR 11)	Inclusa (GSR 1 - Non-Expansion Counties)	Inclusa (GSR 2)
Intercept (Grid Component)	0.00	100.0%	100.0%	100.0%	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)															
DD1A	396.43	2.7%	3.2%	3.4%	3.4%	1.7%	2.3%	1.7%	2.6%	2.0%	2.4%	2.2%	2.5%	2.7%	3.4%
Dual Enrollee	260.81	76.1%	74.1%	77.1%	76.9%	74.0%	74.5%	76.3%	70.8%	63.0%	75.4%	78.5%	69.7%	76.3%	75.9%
High Cost (4 Parameters)	941.24	3.0%	1.5%	1.0%	1.1%	2.6%	2.1%	2.5%	2.2%	0.9%	1.1%	2.5%	0.9%	3.0%	1.6%
Vent Dependent	6,837.85	0.1%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.2%	0.1%	0.1%
Number of IADLs (Grid Component)															
IADL_1	0.00	1.0%	1.5%	1.1%	0.8%	0.4%	0.6%	0.5%	0.3%	0.3%	0.8%	0.8%	0.3%	1.0%	1.4%
IADL_2	141.63	5.4%	5.7%	6.1%	5.9%	4.1%	5.5%	3.8%	3.2%	3.9%	4.4%	6.1%	2.8%	5.4%	5.3%
IADL_3	314.84	13.0%	12.6%	14.4%	9.6%	12.4%	8.7%	11.6%	7.6%	8.2%	10.3%	14.3%	10.2%	13.1%	12.1%
IADL_4	631.10	16.5%	18.7%	17.4%	16.6%	20.4%	15.9%	20.5%	17.0%	17.1%	18.5%	19.7%	18.5%	16.3%	17.6%
IADL_5	1,031.22	31.5%	32.5%	27.1%	31.5%	33.1%	33.2%	32.9%	35.0%	34.6%	32.6%	28.9%	31.1%	31.3%	32.9%
IADL_6	1,281.88	32.6%	28.9%	33.9%	35.7%	29.6%	36.1%	30.7%	36.9%	35.9%	33.5%	30.2%	37.1%	32.9%	30.7%
Specific ADLs / Equipment Used (Add-On)															
Eating_2	342.09	23.0%	19.4%	21.0%	24.2%	19.9%	24.2%	20.5%	18.8%	18.1%	19.8%	21.0%	23.0%	23.4%	20.7%
Transfer_2	707.05	14.8%	14.4%	16.2%	15.0%	15.4%	18.1%	15.9%	13.4%	16.8%	13.8%	15.7%	16.0%	14.7%	15.3%
Interaction Terms (Add-On)															
Behaviors_Autism	537.35	5.2%	4.9%	2.9%	3.3%	4.3%	5.9%	4.2%	9.1%	5.8%	2.9%	6.0%	5.4%	5.1%	5.2%
Dress_Bath	550.09	48.1%	41.1%	42.8%	47.2%	40.4%	42.7%	41.2%	40.7%	39.3%	40.3%	41.6%	44.3%	48.4%	42.9%
Other Federal DD_Anxiety	262.26	4.9%	3.8%	3.6%	3.9%	2.6%	4.6%	2.1%	1.7%	1.3%	3.2%	1.1%	1.1%	4.9%	3.3%
Injury_Overnight	992.79	6.1%	4.1%	3.7%	2.6%	5.0%	4.4%	5.0%	5.6%	3.3%	2.5%	6.1%	5.3%	6.2%	4.4%
Injury_Overnight_Age Under 30	1,173.56	1.8%	1.1%	1.0%	0.6%	1.3%	1.8%	1.2%	0.9%	1.0%	1.0%	1.3%	1.2%	1.8%	1.1%
Mental Retardation_Bipolar	362.45	5.4%	4.8%	6.9%	7.4%	5.0%	4.8%	4.7%	4.2%	6.9%	5.9%	5.9%	7.4%	5.5%	4.7%
Mental Retardation_Other Mental Illness	354.09	22.0%	15.9%	16.0%	15.5%	17.0%	13.3%	17.3%	15.0%	13.5%	14.5%	16.0%	14.0%	22.0%	15.8%
Overnight_Age Under 30	301.11	4.6%	4.9%	4.3%	4.3%	6.7%	6.1%	6.0%	5.3%	5.3%	4.7%	4.8%	5.9%	4.6%	4.8%
Overnight_Mental Illness	646.14	13.9%	11.0%	8.6%	14.1%	14.1%	9.9%	13.8%	14.2%	9.8%	10.7%	14.2%	8.3%	14.1%	11.2%
Overnight_Mental Illness_Age Under 30	2,052.33	2.5%	2.2%	1.2%	2.2%	3.7%	2.5%	3.2%	2.6%	0.6%	1.7%	2.4%	1.7%	2.5%	2.0%
Transfer_Equip_Mobility	517.24	5.8%	6.1%	5.5%	6.1%	4.8%	6.4%	4.8%	5.1%	4.0%	5.5%	5.5%	5.7%	5.7%	6.4%
Trauma BI Post-22_Depression	432.68	4.4%	4.7%	3.2%	3.3%	3.7%	4.2%	3.7%	4.0%	5.6%	3.2%	3.2%	5.4%	4.1%	4.8%
Behavioral Variables (Add-On)															
Cognition_3	410.71	26.6%	25.6%	26.1%	27.7%	27.2%	34.5%	27.3%	32.0%	26.4%	18.9%	27.0%	24.8%	26.9%	26.6%
Injury_1	313.14	7.3%	6.8%	4.6%	9.4%	3.9%	9.1%	3.9%	4.5%	4.6%	4.5%	3.6%	6.5%	7.4%	6.6%
Injury_2	403.91	6.3%	6.6%	4.6%	7.4%	3.9%	6.2%	3.8%	5.9%	4.9%	5.7%	6.4%	6.5%	6.3%	6.8%
Mental Health_2	227.22	70.2%	63.7%	63.1%	59.3%	59.4%	55.5%	58.9%	57.4%	54.5%	58.1%	63.2%	57.4%	69.5%	63.5%
Offensive_1	400.33	9.7%	9.0%	7.6%	14.1%	7.9%	14.7%	7.1%	5.8%	8.4%	11.6%	8.5%	7.3%	9.8%	8.6%
Offensive_2	894.11	13.1%	13.1%	10.8%	12.8%	7.8%	10.4%	7.6%	13.3%	9.2%	9.9%	10.6%	13.3%	13.2%	13.2%
Offensive_3	2,059.83	11.2%	11.4%	6.5%	8.9%	13.4%	11.1%	13.7%	15.7%	8.0%	9.9%	14.5%	9.9%	11.4%	11.9%
Resistive_1	427.40	12.1%	11.4%	8.0%	10.5%	5.6%	12.1%	5.4%	10.1%	5.4%	7.3%	8.2%	6.0%	12.1%	12.0%
Wander_2	1,354.93	6.5%	4.9%	3.8%	3.5%	2.4%	4.4%	2.5%	5.3%	2.0%	2.0%	3.1%	3.9%	6.5%	4.9%
Medication Use (Add-On)															
Meds_2B	533.61	72.0%	70.1%	67.7%	70.6%	74.4%	69.6%	75.3%	78.7%	77.7%	61.8%	71.2%	79.4%	71.8%	71.7%
Health Related Services (Add-On)															
Exercise	306.92	13.3%	14.3%	10.7%	15.9%	8.0%	15.2%	8.1%	10.9%	9.4%	9.8%	7.4%	8.0%	13.4%	14.9%
Ostomy	812.40	0.5%	0.9%	0.7%	0.5%	0.3%	0.3%	0.3%	0.3%	0.7%	0.5%	0.6%	0.3%	0.5%	0.9%
Overnight	469.70	87.6%	85.7%	79.4%	80.7%	82.0%	82.9%	82.4%	81.1%	81.0%	81.0%	79.7%	77.7%	87.9%	87.3%
Reposition	465.15	7.0%	6.8%	6.4%	6.5%	6.6%	7.8%	6.9%	7.6%	8.2%	5.0%	5.5%	7.4%	7.1%	7.2%
Tracheostomy	2,743.12	0.3%	0.3%	0.1%	0.1%	0.1%	0.5%	0.1%	0.0%	0.3%	0.1%	0.1%	0.5%	0.4%	0.4%
Urinary	668.98	0.6%	1.4%	0.4%	1.3%	0.6%	2.0%	0.6%	1.1%	0.6%	0.7%	0.8%	0.8%	0.6%	1.5%
Diagnoses (Add-On)															
Brain Injury Pre-22	160.17	8.8%	9.2%	8.4%	7.2%	7.9%	8.2%	7.4%	8.9%	6.7%	6.5%	9.3%	8.8%	8.9%	9.3%
Mental Retardation	247.29	61.4%	68.1%	65.3%	71.9%	67.4%	61.5%	67.7%	59.4%	61.4%	73.9%	61.0%	62.6%	61.8%	69.1%
Incidents															
Incidents_0	0.00	94.8%	96.8%	96.2%	96.2%	95.9%	96.0%	96.0%	95.2%	96.7%	96.5%	96.5%	95.7%	94.7%	96.8%
Incidents_1	849.06	2.8%	1.8%	2.6%	2.6%	2.4%	3.3%	2.3%	3.6%	2.3%	2.8%	3.0%	2.8%	1.8%	1.8%
Incidents_2	1,489.25	1.1%	0.6%	0.6%	0.7%	0.9%	0.5%	0.8%	0.6%	0.9%	0.8%	0.4%	0.6%	1.1%	0.6%
Incidents_3+	1,955.14	1.2%	0.8%	0.6%	0.5%	0.8%	0.3%	0.9%	0.6%	0.1%	0.5%	0.4%	0.7%	1.3%	0.8%
Developmentally Disabled Composite	\$3,691.64	\$3,969.78	\$3,738.81	\$3,467.57	\$3,775.64	\$3,699.06	\$3,865.66	\$3,719.51	\$3,933.21	\$3,501.40	\$3,360.96	\$3,705.84	\$3,697.32	\$3,983.28	\$3,825.61

Exhibit D1Bi
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
June 2017 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Developmentally Disabled

Variable	Statewide Estimate	Inclusa (GSR 3)	Inclusa (GSR 4 - Non-Expansion Counties)	Inclusa (GSR 5)	Inclusa (GSR 5-6)	Inclusa (GSR 7)	LCI (GSR 9)	LCI (GSR 10)	MCFCI (GSR 6)	MCFCI (GSR 5-6)	MCFCI (GSR 8)	MCFCI (GSR 11)
Intercept (Grid Component)	0.00	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)												
DD1A	396.43	3.6%	2.6%	3.4%	2.6%	2.6%	2.5%	2.2%	1.7%	2.6%	3.0%	2.7%
Dual Enrollee	260.81	78.2%	73.8%	76.7%	72.7%	74.8%	76.0%	77.0%	74.0%	72.7%	71.4%	68.9%
High Cost (4 Parameters)	941.24	1.0%	1.8%	1.0%	2.1%	2.0%	1.1%	2.4%	2.6%	2.1%	1.3%	0.9%
Vent Dependent	6,837.85	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.2%
Number of IADLs (Grid Component)												
IADL_1	0.00	1.2%	1.4%	0.8%	0.5%	1.2%	0.7%	0.9%	0.4%	0.5%	0.5%	0.3%
IADL_2	141.63	6.1%	6.2%	5.9%	4.4%	4.6%	4.2%	6.0%	4.1%	4.4%	2.9%	3.0%
IADL_3	314.84	14.8%	14.0%	9.6%	8.2%	14.5%	9.5%	13.8%	12.4%	8.2%	7.8%	10.1%
IADL_4	631.10	16.2%	17.8%	16.6%	16.6%	18.0%	18.0%	20.0%	20.4%	16.6%	20.9%	18.4%
IADL_5	1,031.22	27.5%	25.5%	31.8%	34.2%	29.0%	33.4%	28.9%	33.1%	34.2%	37.0%	31.5%
IADL_6	1,281.88	34.1%	35.1%	35.3%	36.1%	32.8%	34.1%	30.5%	29.6%	36.1%	30.9%	36.7%
Specific ADLs / Equipment Used (Add-On)												
Eating_2	342.09	21.4%	24.1%	24.0%	21.8%	26.4%	20.2%	21.2%	19.9%	21.8%	21.2%	23.0%
Transfer_2	707.05	15.9%	14.3%	15.0%	16.1%	14.3%	13.4%	15.8%	15.4%	16.1%	21.3%	16.1%
Interaction Terms (Add-On)												
Behaviors_Autism	537.35	2.9%	3.6%	3.3%	7.3%	2.9%	2.9%	5.8%	4.3%	7.3%	2.9%	5.0%
Dress_Bath	550.09	43.2%	40.6%	46.9%	41.8%	43.7%	39.8%	41.7%	40.4%	41.8%	52.1%	44.2%
Other Federal DD_Anxiety	262.26	3.8%	2.6%	3.9%	3.2%	4.8%	1.7%	3.3%	2.6%	3.2%	1.6%	1.3%
Injury_Overnight	952.79	3.8%	3.4%	2.6%	4.9%	4.9%	2.6%	5.8%	5.0%	4.9%	2.5%	5.0%
Injury_Overnight_Age Under 30	1,173.56	0.9%	0.8%	0.6%	1.5%	1.5%	1.0%	1.3%	1.5%	1.5%	0.8%	1.1%
Mental Retardation_Bipolar	362.45	6.7%	7.4%	4.5%	4.5%	6.3%	5.9%	6.1%	5.0%	4.5%	6.1%	7.5%
Mental Retardation_Other Mental Illness	354.09	16.3%	17.0%	15.4%	13.9%	18.9%	14.7%	15.9%	17.0%	13.9%	15.3%	13.9%
Overnight_Age Under 30	301.11	4.3%	4.7%	4.4%	5.8%	5.3%	4.6%	5.0%	6.7%	5.8%	4.3%	5.9%
Overnight_Mental Illness	646.14	8.9%	11.0%	14.1%	11.9%	14.0%	10.4%	13.7%	14.1%	11.9%	13.4%	8.9%
Overnight_Mental Illness_Age Under 30	2,052.33	1.3%	2.3%	2.2%	2.6%	3.0%	1.7%	2.4%	3.7%	2.6%	2.1%	1.6%
Transfer_Equip_Mobility	517.24	5.6%	5.3%	6.0%	5.8%	3.8%	5.6%	5.4%	4.8%	5.8%	6.8%	5.8%
Trauma BI Post-22_Depression	432.68	3.0%	2.6%	3.3%	4.4%	5.4%	2.7%	3.4%	3.7%	4.4%	5.8%	5.4%
Behavioral Variables (Add-On)												
Cognition_3	410.71	26.1%	23.9%	27.8%	33.1%	23.8%	18.5%	27.3%	27.2%	33.1%	26.9%	25.1%
Injury_1	313.14	4.5%	2.7%	9.4%	6.9%	4.4%	4.8%	3.8%	3.9%	6.9%	3.6%	6.4%
Injury_2	403.91	4.6%	5.6%	7.4%	6.1%	4.4%	6.0%	6.1%	3.9%	6.1%	3.3%	6.3%
Mental Health_2	227.22	62.8%	59.6%	59.4%	56.6%	65.5%	57.7%	63.2%	59.4%	56.6%	60.4%	58.1%
Offensive_1	400.33	7.6%	5.6%	14.1%	10.5%	5.6%	12.0%	8.6%	7.9%	10.5%	7.6%	7.8%
Offensive_2	894.11	10.8%	10.8%	12.9%	11.5%	8.6%	10.1%	9.2%	7.8%	11.5%	8.0%	10.9%
Offensive_3	2,059.83	6.5%	8.3%	8.9%	13.0%	12.0%	4.7%	13.8%	13.4%	13.0%	7.0%	9.6%
Resistive_1	427.40	8.0%	10.0%	10.3%	11.0%	9.1%	7.5%	7.8%	5.6%	11.0%	5.2%	5.9%
Wander_2	1,354.93	3.8%	4.5%	3.6%	4.9%	4.9%	1.9%	3.1%	2.4%	4.9%	3.6%	4.1%
Medication Use (Add-On)												
Meds_2B	533.61	67.5%	65.7%	70.8%	73.9%	70.9%	61.5%	70.2%	74.4%	73.9%	81.7%	79.5%
Health Related Services (Add-On)												
Exercise	306.92	10.5%	12.2%	15.7%	13.1%	11.8%	9.3%	7.8%	8.0%	13.1%	5.1%	8.0%
Ostomy	812.40	0.7%	1.0%	0.6%	0.3%	0.7%	0.6%	0.5%	0.3%	0.3%	0.4%	0.4%
Overnight	468.70	79.7%	78.5%	80.7%	82.3%	81.7%	81.7%	80.4%	82.0%	82.3%	87.0%	78.7%
Reposition	465.15	6.6%	6.4%	6.5%	7.6%	5.4%	4.9%	5.4%	6.6%	7.6%	9.1%	7.3%
Tracheostomy	2,743.12	0.1%	0.3%	0.1%	0.3%	0.2%	0.1%	0.1%	0.1%	0.3%	0.2%	0.5%
Urinary	668.98	0.4%	0.6%	1.3%	1.5%	1.0%	0.7%	0.9%	0.6%	1.5%	0.8%	0.8%
Diagnoses (Add-On)												
Brain Injury Pre-22	160.17	8.6%	7.4%	7.3%	8.5%	9.9%	6.4%	9.3%	7.9%	8.5%	6.3%	8.9%
Mental Retardation	247.29	66.6%	70.0%	71.4%	60.0%	63.4%	76.0%	60.4%	67.4%	60.0%	61.8%	62.0%
Incidents												
Incidents_0	0.00	96.0%	95.2%	95.9%	95.7%	94.3%	96.3%	96.4%	95.9%	95.7%	97.1%	95.9%
Incidents_1	849.06	2.7%	3.6%	2.8%	3.3%	3.9%	2.4%	2.8%	2.4%	3.3%	2.2%	2.9%
Incidents_2	1,489.25	0.6%	0.6%	0.7%	0.6%	1.3%	0.8%	0.4%	0.9%	0.6%	0.4%	0.6%
Incidents_3+	1,955.14	0.6%	0.6%	0.6%	0.4%	0.6%	0.5%	0.3%	0.8%	0.4%	0.3%	0.6%
Developmentally Disabled Composite	\$3,691.64	\$3,483.21	\$3,519.89	\$3,775.58	\$3,887.65	\$3,739.20	\$3,374.36	\$3,681.41	\$3,699.06	\$3,887.65	\$3,706.91	\$3,695.30

Exhibit D1Bii
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
June 2017 Non-Base Cohort MCO/GSR Functional Screen Attribute Distribution
Developmentally Disabled

Variable	Statewide Estimate	Care WI (GSR 11)	Care WI (GSR 13)	LCI (GSR 4 - Non-Expansion Counties)	LCI (GSR 13)	MCFCI (GSR 2)	MCFCI (GSR 3)
Intercept (Grid Component)	0.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)							
DD1A	396.43	2.7%	2.9%	2.6%	4.0%	3.2%	3.4%
Dual Enrollee	260.81	68.9%	66.7%	73.8%	68.0%	74.1%	77.1%
High Cost (4 Parameters)	941.24	0.9%	0.6%	1.8%	1.0%	1.5%	1.0%
Vent Dependent	6,837.85	0.2%	0.2%	0.0%	0.2%	0.1%	0.0%
Number of IADLs (Grid Component)							
IADL_1	0.00	0.3%	1.0%	1.4%	0.2%	1.5%	1.1%
IADL_2	141.63	3.0%	5.8%	6.2%	3.5%	5.7%	6.1%
IADL_3	314.84	10.1%	12.3%	14.0%	9.1%	12.6%	14.4%
IADL_4	631.10	18.4%	20.2%	17.8%	16.7%	18.7%	17.4%
IADL_5	1,031.22	31.5%	27.1%	25.5%	36.3%	32.5%	27.1%
IADL_6	1,281.88	36.7%	33.5%	35.1%	34.2%	28.9%	33.9%
Specific ADLs / Equipment Used (Add-On)							
Eating_2	342.09	23.0%	23.3%	24.1%	21.8%	19.4%	21.0%
Transfer_2	707.05	16.1%	16.8%	14.3%	17.7%	14.4%	16.2%
Interaction Terms (Add-On)							
Behaviors_Autism	537.35	5.0%	2.3%	3.6%	2.5%	4.9%	2.9%
Dress_Bath	550.09	44.2%	37.7%	40.6%	42.4%	41.1%	42.8%
Other Federal DD_Anxiety	262.26	1.3%	3.7%	2.6%	2.8%	3.8%	3.6%
Injury_Overnight	982.79	5.0%	1.3%	3.4%	1.6%	4.1%	3.7%
Injury_Overnight_Age Under 30	1,173.56	1.1%	0.3%	0.3%	0.3%	1.1%	1.0%
Mental Retardation_Bipolar	362.45	7.5%	4.7%	3.9%	4.5%	4.8%	6.8%
Mental Retardation_Other Mental Illness	354.09	13.9%	11.1%	17.0%	14.7%	15.9%	16.0%
Overnight_Age Under 30	301.11	5.9%	4.1%	4.7%	5.9%	4.9%	4.3%
Overnight_Mental Illness	646.14	8.9%	6.2%	11.0%	13.6%	11.0%	8.6%
Overnight_Mental Illness_Age Under 30	2,052.33	1.6%	1.0%	2.3%	2.8%	2.2%	1.2%
Transfer_Equip_Mobility	517.24	5.8%	6.0%	5.3%	7.0%	6.1%	5.5%
Trauma BI Post-22_Depression	432.68	5.4%	2.3%	2.6%	4.1%	4.7%	3.2%
Behavioral Variables (Add-On)							
Cognition_3	410.71	25.1%	22.0%	23.9%	25.4%	25.6%	26.1%
Injury_1	313.14	6.4%	7.7%	2.7%	8.9%	6.8%	4.6%
Injury_2	403.91	6.3%	4.5%	5.6%	7.0%	6.6%	4.6%
Mental Health_2	227.22	58.1%	52.4%	59.6%	53.7%	63.7%	63.1%
Offensive_1	400.33	7.8%	13.4%	5.6%	14.5%	9.0%	7.6%
Offensive_2	894.11	10.9%	9.9%	10.8%	12.8%	13.1%	10.8%
Offensive_3	2,059.83	9.6%	2.4%	8.3%	4.0%	11.4%	6.5%
Resistive_1	427.40	5.9%	9.3%	10.0%	12.3%	11.4%	8.0%
Wander_2	1,354.93	4.1%	3.1%	4.5%	2.8%	4.9%	3.8%
Medication Use (Add-On)							
Meds_2B	533.61	79.5%	68.3%	65.7%	68.8%	70.1%	67.7%
Health Related Services (Add-On)							
Exercise	306.92	8.0%	9.1%	12.2%	13.1%	14.3%	10.7%
Ostomy	812.40	0.4%	0.3%	1.0%	0.8%	0.9%	0.7%
Overnight	468.70	78.7%	75.1%	78.5%	84.5%	85.7%	79.4%
Reposition	465.15	7.3%	6.4%	6.4%	8.2%	6.8%	6.4%
Tracheostomy	2,743.12	0.5%	0.3%	0.3%	0.4%	0.3%	0.1%
Urinary	668.98	0.8%	1.2%	0.6%	1.5%	1.4%	0.4%
Diagnoses (Add-On)							
Brain Injury Pre-22	160.17	8.9%	6.5%	7.4%	6.0%	9.2%	8.4%
Mental Retardation	247.29	62.0%	70.3%	70.0%	69.3%	68.1%	65.3%
Incidents							
Incidents_0	0.00	95.9%	98.5%	95.2%	95.2%	96.8%	96.2%
Incidents_1	849.06	2.9%	1.0%	3.6%	2.8%	1.8%	2.6%
Incidents_2	1,489.25	0.6%	0.2%	0.6%	0.5%	0.6%	0.6%
Incidents_3+	1,955.14	0.6%	0.2%	0.6%	1.5%	0.8%	0.6%
Developmentally Disabled Composite	\$3,691.64	\$3,695.30	\$3,228.59	\$3,519.89	\$3,667.97	\$3,738.81	\$3,467.57

Exhibit D1Biii
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
June 2017 Expansion Cohort MCO/GSR Functional Screen Attribute Distribution
Developmentally Disabled

Variable	Statewide Estimate	Care WI (GSR 1 - Expansion Counties)	Care WI (GSR 12)	Inclusa (GSR 1 - Expansion Counties)	Inclusa (GSR 4 - Expansion Counties)	Inclusa (GSR 14)	LCI (GSR 4 - Expansion Counties)	MCFCI (GSR 12)	MCFCI (GSR 14)
Intercept (Grid Component)	0.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)									
DD1A	396.43	5.3%	3.5%	5.3%	3.1%	2.4%	3.1%	3.5%	2.8%
Dual Enrollee	260.81	69.3%	73.4%	69.3%	69.7%	74.1%	69.7%	73.4%	62.3%
High Cost (4 Parameters)	941.24	1.3%	0.1%	1.3%	0.0%	0.8%	0.0%	0.1%	0.0%
Vent Dependent	6,837.85	1.3%	0.1%	1.3%	0.0%	0.0%	0.0%	0.1%	0.0%
Number of IADLs (Grid Component)									
IADL_1	0.00	1.3%	0.8%	1.3%	1.0%	0.5%	1.0%	0.8%	0.6%
IADL_2	141.63	29.3%	8.0%	29.3%	3.1%	5.1%	3.1%	8.0%	6.5%
IADL_3	314.84	16.0%	12.5%	16.0%	7.7%	8.8%	7.7%	12.5%	10.8%
IADL_4	631.10	5.3%	18.7%	5.3%	16.9%	18.0%	16.9%	18.7%	26.7%
IADL_5	1,031.22	36.0%	30.6%	36.0%	34.4%	26.7%	34.4%	30.6%	26.3%
IADL_6	1,281.88	12.0%	29.4%	12.0%	36.9%	40.9%	36.9%	29.4%	29.1%
Specific ADLs / Equipment Used (Add-On)									
Eating_2	342.09	29.3%	25.9%	29.3%	23.6%	32.7%	23.6%	25.9%	20.7%
Transfer_2	707.05	16.0%	17.3%	16.0%	12.3%	19.9%	12.3%	17.3%	11.8%
Interaction Terms (Add-On)									
Behaviors_Autism	537.35	0.0%	1.2%	0.0%	1.5%	3.8%	1.5%	1.2%	1.7%
Dress_Bath	550.09	32.0%	27.4%	32.0%	34.9%	41.1%	34.9%	27.4%	34.5%
Other Federal DD_Anxiety	262.26	1.3%	3.4%	1.3%	3.6%	1.9%	3.6%	3.4%	1.1%
Injury_Overnight	982.79	0.0%	0.6%	0.0%	1.0%	3.8%	1.0%	0.6%	0.6%
Injury_Overnight_Age Under 30	1,173.56	0.0%	0.1%	0.0%	0.0%	1.4%	0.0%	0.1%	0.0%
Mental Retardation_Bipolar	362.45	1.3%	3.9%	1.3%	5.1%	3.5%	5.1%	3.9%	2.8%
Mental Retardation_Other Mental Illness	354.09	13.3%	9.1%	13.3%	12.3%	12.9%	12.3%	9.1%	7.3%
Overnight_Age Under 30	301.11	5.3%	3.4%	5.3%	3.6%	6.0%	3.6%	3.4%	2.2%
Overnight_Mental Illness	646.14	1.3%	1.4%	1.3%	4.1%	8.0%	4.1%	1.4%	2.8%
Overnight_Mental Illness_Age Under 30	2,052.33	0.0%	0.1%	0.0%	1.5%	1.4%	1.5%	0.1%	0.6%
Transfer_Equip_Mobility	517.24	8.0%	5.7%	8.0%	7.2%	6.5%	7.2%	5.7%	3.4%
Trauma BI Post-22_Depression	432.68	0.0%	1.3%	0.0%	0.5%	3.5%	0.5%	1.3%	1.7%
Behavioral Variables (Add-On)									
Cognition_3	410.71	24.0%	26.4%	24.0%	28.2%	38.7%	28.2%	26.4%	12.9%
Injury_1	313.14	2.7%	12.6%	2.7%	10.8%	10.3%	10.8%	12.6%	6.7%
Injury_2	403.91	2.7%	6.1%	2.7%	5.6%	5.2%	5.6%	6.1%	7.3%
Mental Health_2	227.22	34.7%	41.0%	34.7%	42.1%	50.4%	42.1%	41.0%	41.8%
Offensive_1	400.33	4.0%	22.9%	4.0%	25.6%	15.7%	25.6%	22.9%	11.7%
Offensive_2	894.11	2.7%	7.7%	2.7%	10.8%	9.0%	10.8%	7.7%	7.8%
Offensive_3	2,059.83	0.0%	1.8%	0.0%	2.6%	11.1%	2.6%	1.8%	5.6%
Resistive_1	427.40	4.0%	13.9%	4.0%	18.5%	12.2%	18.5%	13.9%	7.8%
Wander_2	1,354.93	1.3%	4.8%	1.3%	3.1%	4.6%	3.1%	4.8%	2.2%
Medication Use (Add-On)									
Meds_2B	533.61	49.3%	54.7%	49.3%	62.1%	77.5%	62.1%	54.7%	67.0%
Health Related Services (Add-On)									
Exercise	306.92	9.3%	9.4%	9.3%	12.8%	11.1%	12.8%	9.4%	5.0%
Ostomy	812.40	1.3%	0.8%	1.3%	1.5%	1.4%	1.5%	0.8%	0.6%
Overnight	468.70	68.0%	72.4%	68.0%	70.3%	92.2%	70.3%	72.4%	75.5%
Reposition	465.15	8.0%	6.6%	8.0%	7.2%	8.1%	7.2%	6.6%	3.9%
Tracheostomy	2,743.12	1.3%	0.5%	1.3%	0.0%	0.0%	0.0%	0.5%	0.0%
Urinary	668.98	0.0%	0.8%	0.0%	1.0%	0.8%	1.0%	0.8%	0.6%
Diagnoses (Add-On)									
Brain Injury Pre-22	160.17	6.7%	5.1%	6.7%	3.1%	8.7%	3.1%	5.1%	7.1%
Mental Retardation	247.29	66.7%	73.9%	66.7%	76.4%	71.0%	76.4%	73.9%	54.8%
Incidents									
Incidents_0	0.00	100.0%	100.0%	100.0%	100.0%	97.6%	100.0%	100.0%	97.2%
Incidents_1	849.06	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%	1.7%
Incidents_2	1,489.25	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.6%
Incidents_3+	1,955.14	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.6%
Developmentally Disabled Composite	\$3,691.64	\$2,609.68	\$3,054.90	\$2,609.68	\$3,301.45	\$3,888.43	\$3,301.45	\$3,054.90	\$2,916.31

Exhibit D2AI
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 2015-2016 Base Cohort MCO/GSR Functional Screen Attribute Distribution
 Physically Disabled

Variable	Statewide Estimate	Care WI (GSR 1 - Non-Expansion Counties)	Care WI (GSR 2)	Care WI (GSR 3)	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 9)	CCI (GSR 10)	CCI (GSR 11)	Inclusa (GSR 1 - Non-Expansion Counties)	Inclusa (GSR 2)
Intercept (Grid Component)	651.44	100.0%	100.0%	100.0%	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)															
SNF	418.23	22.8%	21.2%	22.2%	26.9%	28.2%	29.3%	27.8%	28.8%	21.2%	22.4%	31.7%	25.5%	26.8%	23.7%
Vent Dependent	5,201.32	0.0%	0.0%	0.0%	0.6%	3.0%	2.8%	0.6%	1.2%	0.3%	0.0%	0.6%	1.1%	0.9%	0.3%
Number of IADLs (Grid Component)															
IADL_1	0.00	18.3%	18.4%	33.0%	14.3%	11.1%	9.9%	14.4%	12.0%	12.3%	13.9%	13.1%	14.9%	20.6%	18.2%
IADL_2	144.78	9.4%	23.1%	18.8%	16.7%	11.1%	13.2%	17.4%	16.6%	19.8%	18.5%	21.3%	20.2%	19.0%	20.4%
IADL_3	312.31	26.8%	20.2%	21.3%	17.9%	22.8%	17.9%	17.6%	16.7%	18.3%	21.2%	15.7%	17.3%	16.4%	18.9%
IADL_4	482.59	20.2%	17.4%	8.8%	17.8%	19.1%	19.5%	14.0%	19.3%	19.5%	19.5%	18.5%	17.4%	14.7%	16.2%
IADL_5	778.87	22.1%	17.0%	13.2%	23.5%	20.7%	28.0%	26.0%	27.7%	21.8%	22.5%	21.5%	19.4%	19.3%	18.8%
IADL_6	864.03	3.2%	3.8%	5.0%	9.7%	15.3%	11.5%	10.6%	7.7%	8.3%	4.3%	9.9%	10.9%	10.1%	7.6%
Specific ADLs / Equipment Used (Add-On)															
Bathing_2	266.24	33.7%	24.1%	30.8%	43.5%	48.8%	53.5%	48.2%	48.2%	38.1%	31.8%	38.4%	36.8%	32.8%	25.3%
Toileting_1	42.67	31.9%	32.3%	20.5%	23.5%	25.7%	24.8%	29.3%	20.1%	34.1%	35.9%	35.5%	26.1%	26.0%	25.1%
Transfer_2	829.70	24.7%	12.5%	23.5%	25.5%	22.6%	34.2%	29.4%	23.8%	20.0%	16.6%	26.2%	22.1%	21.4%	14.7%
Interaction Terms (Add-On)															
Dress_Bath	208.38	61.4%	53.9%	55.0%	64.2%	58.8%	63.5%	62.2%	64.2%	66.8%	60.9%	66.3%	67.8%	66.6%	50.9%
Injury_Overnight	1,025.39	0.0%	1.5%	0.0%	0.3%	1.9%	0.0%	0.7%	0.1%	0.0%	1.5%	1.2%	0.1%	0.7%	0.1%
Injury_Overnight_Mental_Age Under 30	7,060.44	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Offensive_2_Mobility_1_Age 60 and Under	528.14	0.0%	1.1%	0.0%	0.5%	0.5%	0.9%	0.0%	1.0%	0.3%	0.0%	1.1%	0.0%	1.2%	0.8%
Overnight_Alzheimers_Dementia_Decision Mal	315.99	22.4%	11.8%	7.5%	16.8%	22.0%	28.6%	21.2%	19.0%	18.5%	25.1%	25.0%	16.1%	20.1%	17.7%
Overnight_Mental Illness	471.28	8.8%	4.5%	0.7%	8.4%	8.5%	10.5%	6.3%	8.2%	5.2%	10.7%	12.2%	5.4%	7.1%	5.3%
Spinal Injury_Alcohol/Drug Abuse	578.62	0.0%	1.5%	0.0%	0.6%	0.0%	0.0%	0.2%	0.1%	0.5%	0.0%	1.1%	0.6%	0.7%	0.3%
Transfer_Equip_Mobility	564.94	9.4%	3.4%	0.7%	9.1%	6.8%	7.0%	5.9%	7.6%	4.3%	3.4%	6.9%	6.3%	8.5%	6.0%
Trauma BI Post-22_Exercise	2,748.68	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.1%
Trauma BI Post-22_Other Mental Illness	366.42	0.0%	1.1%	0.4%	0.8%	0.5%	0.9%	0.4%	2.5%	0.6%	0.6%	0.6%	0.5%	1.5%	1.6%
Vent Dependent_Tracheostomy	5,066.64	0.0%	0.0%	0.0%	0.5%	0.0%	0.8%	0.4%	0.7%	0.1%	0.0%	0.0%	0.5%	0.2%	0.3%
Behavioral Variables (Add-On)															
Alcohol Drug Abuse	176.70	17.9%	18.4%	15.6%	16.4%	12.6%	16.1%	13.7%	18.3%	15.8%	13.7%	21.5%	14.5%	19.2%	21.1%
Mental Health_2	114.61	66.2%	74.6%	71.3%	75.0%	76.2%	81.3%	71.2%	75.7%	57.3%	81.7%	76.0%	62.8%	81.1%	79.7%
Offensive_1	591.34	0.0%	3.4%	0.4%	4.3%	3.6%	5.5%	2.6%	2.8%	2.2%	2.6%	4.6%	1.9%	4.2%	2.7%
Offensive_2	847.11	0.0%	1.5%	0.0%	4.5%	7.5%	3.1%	3.0%	4.9%	1.6%	0.7%	2.5%	1.7%	2.8%	2.5%
Offensive_3	1,771.17	0.0%	2.6%	0.0%	2.6%	0.1%	1.7%	2.2%	3.8%	0.1%	2.2%	4.2%	0.9%	2.5%	0.8%
Wander_2	585.30	7.1%	0.0%	0.0%	1.8%	0.0%	1.2%	1.4%	2.5%	0.6%	1.8%	3.6%	0.7%	1.4%	1.6%
Medication Use (Add-On)															
Meds_2B	241.45	29.6%	26.5%	29.5%	33.8%	49.1%	41.5%	40.9%	39.4%	47.1%	44.2%	42.6%	42.6%	36.9%	40.1%
Health Related Services (Add-On)															
Exercise	254.93	17.4%	8.5%	12.9%	20.3%	10.6%	22.5%	13.8%	17.7%	10.8%	8.2%	13.0%	10.3%	16.7%	10.7%
Overnight	275.70	53.3%	47.9%	40.8%	60.0%	55.1%	67.3%	62.7%	54.1%	54.3%	59.6%	59.8%	54.5%	53.2%	52.9%
Reposition	702.74	3.0%	5.2%	6.4%	10.1%	5.8%	12.5%	15.0%	9.9%	7.8%	5.1%	8.8%	9.3%	9.6%	7.3%
Respirate	145.00	14.0%	5.9%	2.0%	4.4%	8.7%	13.5%	6.7%	8.8%	7.9%	6.0%	10.6%	6.5%	9.0%	6.7%
Tracheostomy	4,111.63	0.4%	0.8%	1.0%	0.6%	1.9%	4.4%	0.8%	1.2%	0.4%	0.0%	1.2%	2.0%	1.0%	0.3%
Ulcer Stage 2-3-4	956.65	0.0%	1.7%	1.8%	3.5%	1.7%	5.0%	4.9%	4.3%	2.0%	1.6%	2.2%	3.8%	5.3%	3.8%
Urinary	504.97	4.8%	1.2%	5.3%	3.7%	1.9%	6.5%	5.4%	4.8%	1.9%	2.6%	1.9%	1.8%	2.7%	4.4%
Wound	348.58	6.2%	1.7%	5.3%	3.6%	1.0%	3.6%	5.0%	3.6%	2.6%	3.0%	3.9%	4.1%	4.9%	4.8%
Diagnoses (Add-On)															
Alzheimers	156.55	13.2%	3.9%	2.1%	12.9%	9.1%	17.5%	12.8%	11.7%	9.6%	8.6%	15.3%	12.8%	11.8%	10.9%
Incidents															
Incidents_0	0.00	88.2%	96.6%	96.0%	96.9%	98.2%	96.1%	97.4%	96.7%	98.8%	99.9%	98.2%	98.2%	94.7%	98.3%
Incidents_1	586.22	11.8%	2.6%	3.6%	2.0%	1.8%	3.9%	2.2%	2.7%	1.0%	1.8%	1.8%	1.6%	4.1%	1.6%
Incidents_2+	1,190.44	0.0%	0.8%	0.4%	1.1%	0.0%	0.0%	0.4%	0.6%	0.2%	0.0%	0.0%	0.2%	1.2%	0.1%
Physically Disabled Composite	\$2,383.11	\$2,350.15	\$2,045.99	\$1,969.36	\$2,624.54	\$2,701.15	\$3,198.11	\$2,693.06	\$2,748.48	\$2,274.64	\$2,254.96	\$2,683.64	\$2,479.88	\$2,563.42	\$2,231.57
Implied Risk Score	0.9862	0.8585	0.8264	1.1013	1.1335	1.1301	1.1301	1.1533	0.9545	0.9462	1.1261	1.0406	1.0757	1.0757	0.9364
2016 Exposure Months	70	1,455	153	3,358	640	1,474	2,830	1,968	9,584	719	2,083	5,253	5,059	8,894	8,894

Exhibit D2AI
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 2015-2016 Base Cohort MCO/GSR Functional Screen Attribute Distribution
 Physically Disabled

Variable	Statewide Estimate	Inclusa (GSR 3)	Inclusa (GSR 4 - Non-Expansion Counties)	Inclusa (GSR 5)	Inclusa (GSR 5-6)	Inclusa (GSR 7)	LCI (GSR 9)	LCI (GSR 10)	MCFCI (GSR 6)	MCFCI (GSR 5-6)	MCFCI (GSR 8)	MCFCI (GSR 11)
Intercept (Grid Component)	651.44	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)												
SNF	418.23	24.0%	25.1%	29.2%	12.4%	27.9%	23.2%	22.7%	51.8%	27.5%	20.6%	30.1%
Vent Dependent	5,201.32	0.1%	0.7%	1.2%	0.0%	0.0%	0.2%	3.6%	0.0%	1.3%	0.2%	0.0%
Number of IADLs (Grid Component)												
IADL_1	0.00	24.8%	17.7%	19.1%	18.5%	11.1%	13.4%	16.5%	4.3%	8.0%	14.1%	14.3%
IADL_2	144.78	21.1%	19.8%	32.6%	21.8%	19.4%	14.7%	23.9%	0.0%	30.0%	21.7%	13.0%
IADL_3	312.31	16.1%	19.4%	21.8%	21.9%	18.7%	20.4%	7.3%	37.4%	16.6%	19.5%	32.0%
IADL_4	482.59	12.8%	14.1%	14.8%	21.4%	20.4%	19.0%	22.4%	7.9%	19.1%	17.2%	16.9%
IADL_5	778.87	17.4%	19.8%	8.4%	10.4%	22.2%	24.9%	31.7%	24.9%	23.1%	18.7%	13.9%
IADL_6	864.03	7.9%	9.2%	3.3%	6.1%	8.7%	10.2%	5.1%	18.7%	3.1%	8.7%	10.0%
Specific ADLs / Equipment Used (Add-On)												
Bathing_2	266.24	36.4%	33.8%	17.4%	26.9%	37.9%	32.8%	44.7%	84.2%	37.6%	35.3%	29.2%
Toileting_1	42.67	27.4%	30.9%	11.2%	31.1%	29.2%	30.8%	23.0%	39.5%	24.6%	36.9%	32.7%
Transfer_2	829.70	22.0%	20.3%	10.5%	8.5%	19.8%	20.4%	25.2%	61.1%	28.7%	17.5%	22.3%
Interaction Terms (Add-On)												
Dress_Bath	208.38	63.4%	59.0%	61.1%	49.9%	54.7%	55.5%	67.0%	41.0%	72.5%	69.9%	69.6%
Injury_Overnight	1,025.39	0.3%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	1.7%
Injury_Overnight_Mental_Age Under 30	7,060.44	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%
Offensive_2_Mobility_1_Age 60 and Under	528.14	0.2%	1.1%	0.0%	0.0%	0.5%	0.4%	0.0%	0.0%	0.0%	0.2%	0.0%
Overnight_Alzheimers_Dementia_Decision Mal	315.99	15.8%	15.4%	9.5%	16.5%	18.4%	20.7%	15.5%	25.9%	9.7%	17.8%	14.5%
Overnight_Mental Illness	471.28	5.4%	5.9%	6.9%	3.8%	8.9%	8.4%	8.9%	23.0%	4.4%	5.8%	7.6%
Spinal Injury_Alcohol/Drug Abuse	578.62	0.8%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	4.9%	0.4%	0.0%
Transfer_Equip_Mobility	564.94	7.1%	5.9%	0.0%	0.0%	6.5%	6.6%	5.4%	32.3%	10.5%	4.3%	5.9%
Trauma BI Post-22_Exercise	2,748.68	0.1%	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	366.42	1.0%	0.8%	0.3%	0.0%	1.8%	1.9%	0.0%	0.0%	1.3%	0.6%	0.9%
Vent Dependent_Tracheostomy	5,066.64	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Behavioral Variables (Add-On)												
Alcohol Drug Abuse	176.70	15.3%	14.7%	34.9%	11.0%	25.2%	21.1%	11.9%	2.1%	9.6%	15.3%	8.2%
Mental Health_2	114.61	77.0%	78.5%	78.0%	94.8%	81.2%	80.5%	75.6%	59.0%	84.7%	62.3%	68.8%
Offensive_1	591.34	2.7%	2.2%	0.0%	0.0%	4.1%	3.6%	7.2%	5.3%	5.3%	2.5%	1.4%
Offensive_2	847.11	1.6%	2.9%	0.0%	0.0%	3.5%	2.2%	0.7%	0.0%	0.0%	1.6%	0.0%
Offensive_3	1,771.17	0.5%	1.2%	3.6%	0.0%	1.9%	0.5%	1.8%	15.8%	0.0%	1.0%	1.3%
Wander_2	585.30	2.4%	1.3%	0.7%	0.0%	1.1%	2.0%	0.6%	17.3%	0.0%	0.8%	1.1%
Medication Use (Add-On)												
Meds_2B	241.45	29.8%	35.2%	24.6%	47.0%	45.8%	34.9%	26.6%	53.9%	23.6%	39.5%	33.6%
Health Related Services (Add-On)												
Exercise	254.93	14.1%	14.0%	6.6%	0.9%	12.6%	7.9%	16.6%	23.0%	11.7%	4.5%	5.8%
Overnight	275.70	50.1%	57.2%	46.9%	37.9%	51.9%	53.3%	58.5%	97.1%	51.9%	53.6%	66.0%
Reposition	702.74	6.6%	10.5%	3.6%	0.0%	7.6%	8.7%	15.0%	27.4%	26.8%	6.7%	10.5%
Respirate	145.00	5.1%	8.0%	6.5%	3.8%	7.7%	8.2%	14.8%	13.0%	17.2%	3.9%	5.5%
Tracheostomy	4,111.63	0.1%	1.1%	1.2%	0.0%	0.1%	0.5%	7.1%	0.0%	0.0%	0.5%	1.2%
Ulcer Stage 2-3-4	956.65	2.0%	3.9%	1.1%	0.0%	5.4%	2.0%	3.4%	17.3%	8.2%	2.6%	2.8%
Urinary	504.97	3.9%	4.3%	0.0%	0.0%	3.3%	1.4%	1.3%	11.5%	4.4%	1.3%	3.5%
Wound	348.58	7.1%	5.0%	3.9%	0.9%	4.2%	6.4%	4.0%	0.0%	2.3%	2.9%	5.1%
Diagnoses (Add-On)												
Alzheimers	156.55	10.7%	8.7%	3.9%	14.6%	13.3%	14.3%	13.3%	25.9%	4.3%	10.6%	7.9%
Incidents												
Incidents_0	0.00	95.3%	95.7%	89.9%	100.0%	93.7%	96.0%	94.4%	92.8%	100.0%	98.8%	98.3%
Incidents_1	586.22	2.6%	3.1%	6.1%	0.0%	4.7%	2.2%	5.6%	0.0%	0.0%	1.1%	1.7%
Incidents_2+	1,190.44	2.1%	1.2%	3.9%	0.0%	1.6%	1.8%	0.0%	7.2%	0.0%	0.1%	0.0%
Physically Disabled Composite	\$2,383.11	\$2,245.04	\$2,421.23	\$2,065.79	\$1,749.05	\$2,462.59	\$2,382.87	\$2,895.29	\$4,150.99	\$2,578.86	\$2,200.99	\$2,410.54
Implied Risk Score		0.9421	1.0160	0.8668	0.7339	1.0334	0.9999	1.2149	1.7418	1.0821	0.9236	1.0115
2016 Exposure Months		4,821	6,501	304	106	4,110	5,106	334	69	226	16,090	950

Exhibit D2Aii
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 2015-2016 Non-Base Cohort MCO/GSR Functional Screen Attribute Distribution
 Physically Disabled

Variable	Statewide Estimate	Care WI (GSR 11)	Care WI (GSR 13)	LCI (GSR 4 - Non-Expansion Counties)	LCI (GSR 13)	MCFCI (GSR 2)	MCFCI (GSR 3)
Intercept (Grid Component)	651.44	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)							
SNF	418.23	26.2%	23.0%	25.1%	26.4%	23.3%	24.0%
Vent Dependent	5,201.32	1.0%	1.4%	0.7%	0.5%	0.3%	0.1%
Number of IADLs (Grid Component)							
IADL_1	0.00	14.8%	9.3%	17.7%	8.8%	18.2%	25.0%
IADL_2	144.78	19.1%	17.8%	19.8%	10.0%	20.8%	21.0%
IADL_3	312.31	19.6%	21.1%	19.4%	22.0%	19.1%	16.3%
IADL_4	482.59	17.3%	22.4%	14.1%	17.7%	16.4%	12.7%
IADL_5	778.87	18.5%	19.2%	19.8%	27.9%	18.6%	17.2%
IADL_6	864.03	10.7%	10.3%	9.2%	13.6%	7.0%	7.8%
Specific ADLs / Equipment Used (Add-On)							
Bathing_2	266.24	35.6%	49.7%	33.8%	51.7%	25.1%	36.2%
Toileting_1	42.67	27.1%	19.9%	30.9%	32.2%	26.1%	27.2%
Transfer_2	829.70	22.1%	32.2%	20.3%	32.9%	14.4%	22.0%
Interaction Terms (Add-On)							
Dress_Bath	208.38	68.1%	70.9%	59.0%	70.6%	51.3%	63.2%
Injury_Overnight	1,025.39	0.3%	0.3%	0.2%	0.0%	0.3%	0.3%
Injury_Overnight_Mental_Age Under 30	7,060.44	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Offensive_2_Mobility_1_Age 60 and Under	528.14	0.0%	0.0%	1.1%	1.0%	0.8%	0.2%
Overnight_Alzheimers_Dementia_Decision M	315.99	15.8%	17.3%	15.4%	25.3%	16.9%	15.6%
Overnight_Mental Illness	471.28	5.8%	3.9%	5.9%	6.7%	5.2%	5.2%
Spinal Injury_Alcohol/Drug Abuse	578.62	0.5%	0.9%	0.9%	0.1%	0.5%	0.7%
Transfer_Equip_Mobility	564.94	6.2%	8.6%	5.9%	7.6%	5.6%	6.9%
Trauma BI Post-22_Exercise	2,748.68	0.0%	0.0%	0.0%	0.5%	0.1%	0.1%
Trauma BI Post-22_Other Mental Illness	366.42	0.5%	0.8%	0.8%	1.6%	1.5%	1.0%
Vent Dependent_Tracheostomy	5,066.64	0.4%	0.8%	0.1%	0.0%	0.2%	0.0%
Behavioral Variables (Add-On)							
Alcohol Drug Abuse	176.70	13.6%	12.7%	14.7%	9.3%	20.7%	15.4%
Mental Health_2	114.61	63.7%	70.0%	78.5%	69.0%	79.0%	76.9%
Offensive_1	591.34	1.8%	3.2%	2.2%	4.4%	2.8%	2.6%
Offensive_2	847.11	1.5%	2.4%	2.9%	2.5%	2.4%	1.5%
Offensive_3	1,771.17	1.0%	0.4%	1.2%	0.7%	1.1%	0.5%
Wander_2	585.30	0.8%	1.7%	1.3%	2.0%	1.4%	2.3%
Medication Use (Add-On)							
Meds_2B	241.45	41.3%	30.9%	35.2%	36.3%	38.2%	29.8%
Health Related Services (Add-On)							
Exercise	254.93	9.6%	15.5%	14.0%	19.0%	10.4%	14.0%
Overnight	275.70	56.3%	55.7%	57.2%	71.7%	52.2%	49.9%
Reposition	702.74	9.5%	11.5%	10.5%	14.1%	7.0%	6.6%
Respirate	145.00	6.4%	8.4%	8.0%	9.4%	6.6%	5.0%
Tracheostomy	4,111.63	1.9%	1.8%	1.1%	1.2%	0.4%	0.1%
Ulcer Stage 2-3-4	956.65	3.7%	2.7%	3.9%	3.8%	3.5%	2.0%
Urinary	504.97	2.1%	3.8%	4.3%	5.0%	4.0%	3.9%
Wound	348.58	4.3%	4.1%	5.0%	6.3%	4.4%	7.0%
Diagnoses (Add-On)							
Alzheimers	156.55	12.0%	9.6%	8.7%	9.4%	9.9%	10.4%
Incidents							
Incidents_0	0.00	98.2%	99.1%	95.7%	92.2%	98.1%	95.3%
Incidents_1	586.22	1.6%	0.4%	3.1%	5.7%	1.7%	2.6%
Incidents_2+	1,190.44	0.2%	0.5%	1.2%	2.1%	0.2%	2.1%
Physically Disabled Composite	\$2,383.11	\$2,469.26	\$2,663.15	\$2,421.23	\$2,859.82	\$2,205.47	\$2,236.57
Implied Risk Score		1.0361	1.1175	1.0160	1.2000	0.9255	0.9385
2016 Exposure Months		0	2,781	0	2,561	0	0

Exhibit D2Aiii
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 2015-2016 Expansion Cohort MCO/GSR Functional Screen Attribute Distribution
 Physically Disabled

Variable	Statewide Estimate	Care WI (GSR 1 - Expansion Counties)	Care WI (GSR 12)	Inclusa (GSR 1 - Expansion Counties)	Inclusa (GSR 4 - Expansion Counties)	Inclusa (GSR 14)	LCI (GSR 4 - Expansion Counties)	MCFCI (GSR 12)	MCFCI (GSR 14)
Intercept (Grid Component)	651.44	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)									
SNF	418.23	6.2%	36.8%	6.2%	15.9%	18.3%	15.9%	36.8%	22.6%
Vent Dependent	5,201.32	0.0%	2.4%	0.0%	0.0%	1.4%	0.0%	2.4%	3.9%
Number of IADLs (Grid Component)									
IADL_1	0.00	43.1%	11.0%	43.1%	23.7%	11.0%	23.7%	11.0%	18.3%
IADL_2	144.78	25.1%	15.8%	25.1%	22.6%	11.8%	22.6%	15.8%	13.1%
IADL_3	312.31	9.7%	16.4%	9.7%	19.0%	18.3%	19.0%	16.4%	1.2%
IADL_4	482.59	15.9%	22.1%	15.9%	14.8%	20.5%	14.8%	22.1%	20.2%
IADL_5	778.87	0.0%	22.2%	0.0%	12.3%	24.5%	12.3%	22.2%	31.4%
IADL_6	864.03	6.2%	12.6%	6.2%	7.7%	14.0%	7.7%	12.6%	15.7%
Specific ADLs / Equipment Used (Add-On)									
Bathing_2	266.24	30.8%	49.3%	30.8%	33.6%	43.8%	33.6%	49.3%	43.9%
Toileting_1	42.67	21.0%	30.4%	21.0%	16.7%	20.5%	16.7%	30.4%	25.1%
Transfer_2	829.70	12.3%	35.2%	12.3%	21.2%	27.2%	21.2%	35.2%	30.8%
Interaction Terms (Add-On)									
Dress_Bath	208.38	59.5%	63.7%	59.5%	53.3%	65.0%	53.3%	63.7%	61.1%
Injury_Overnight	1,025.39	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
Injury_Overnight_Mental_Age Under 30	7,060.44	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Offensive_2_Mobility_1_Age 60 and Under	528.14	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%
Overnight_Alzheimers_Dementia_Decision M	315.99	0.0%	23.7%	0.0%	8.2%	21.6%	8.2%	23.7%	17.0%
Overnight_Mental Illness	471.28	0.0%	5.9%	0.0%	0.1%	0.7%	0.1%	5.9%	0.0%
Spinal Injury_Alcohol/Drug Abuse	578.62	0.0%	1.0%	0.0%	1.4%	0.0%	1.4%	1.0%	0.0%
Transfer_Equip_Mobility	564.94	12.3%	13.3%	12.3%	5.9%	4.4%	5.9%	13.3%	11.8%
Trauma BI Post-22_Exercise	2,748.68	0.0%	0.0%	0.0%	1.2%	0.7%	1.2%	0.0%	0.0%
Trauma BI Post-22_Other Mental Illness	366.42	0.0%	1.3%	0.0%	1.9%	0.9%	1.9%	1.3%	0.0%
Vent Dependent_Tracheostomy	5,066.64	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%
Behavioral Variables (Add-On)									
Alcohol Drug Abuse	176.70	12.3%	16.5%	12.3%	14.3%	10.9%	14.3%	16.5%	13.1%
Mental Health_2	114.61	71.3%	60.3%	71.3%	59.9%	66.4%	59.9%	60.3%	51.8%
Offensive_1	591.34	0.0%	3.0%	0.0%	2.6%	2.1%	2.6%	3.0%	7.9%
Offensive_2	847.11	0.0%	3.7%	0.0%	0.4%	3.3%	0.4%	3.7%	0.0%
Offensive_3	1,771.17	0.0%	0.9%	0.0%	0.0%	1.9%	0.0%	0.9%	0.0%
Wander_2	585.30	0.0%	3.5%	0.0%	0.1%	1.6%	0.1%	3.5%	0.0%
Medication Use (Add-On)									
Meds_2B	241.45	6.2%	40.1%	6.2%	20.4%	29.8%	20.4%	40.1%	34.6%
Health Related Services (Add-On)									
Exercise	254.93	0.0%	28.3%	0.0%	8.1%	14.7%	8.1%	28.3%	18.3%
Overnight	275.70	12.3%	62.2%	12.3%	38.8%	50.1%	38.8%	62.2%	54.2%
Reposition	702.74	0.0%	21.4%	0.0%	10.1%	14.2%	10.1%	21.4%	13.1%
Respirate	145.00	0.0%	14.1%	0.0%	9.5%	11.7%	9.5%	14.1%	6.6%
Tracheostomy	4,111.63	0.0%	3.1%	0.0%	0.0%	1.4%	0.0%	3.1%	0.0%
Ulcer Stage 2-3-4	956.65	0.0%	4.3%	0.0%	4.7%	4.7%	4.7%	4.3%	0.0%
Urinary	504.97	6.2%	7.0%	6.2%	3.2%	1.9%	3.2%	7.0%	10.5%
Wound	348.58	6.2%	7.6%	6.2%	1.9%	3.3%	1.9%	7.6%	2.6%
Diagnoses (Add-On)									
Alzheimers	156.55	0.0%	10.6%	0.0%	5.5%	12.1%	5.5%	10.6%	9.8%
Incidents									
Incidents_0	0.00	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%
Incidents_1	586.22	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
Incidents_2+	1,190.44	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physically Disabled Composite	\$2,383.11	\$1,465.14	\$3,140.97	\$1,465.14	\$1,985.35	\$2,576.82	\$1,985.35	\$3,140.97	\$2,670.26
Implied Risk Score		0.6148	1.3180	0.6148	0.8331	1.0813	0.8331	1.3180	1.1205
2016 Exposure Months		0	0	0	0	429	0	0	153

Exhibit D2Bi
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 June 2017 Base Cohort MCO/GSR Functional Screen Attribute Distribution
 Physically Disabled

Variable	Statewide Estimate	Care WI (GSR 1 - Non-Expansion Counties)	Care WI (GSR 2)	Care WI (GSR 3)	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 9)	CCI (GSR 10)	CCI (GSR 11)	Inclusa (GSR 1 - Non-Expansion Counties)	Inclusa (GSR 2)
Intercept (Grid Component)	651.44	100.0%	100.0%	100.0%	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)															
SNF	418.23	28.1%	20.5%	24.3%	22.9%	23.2%	28.1%	24.5%	29.7%	18.5%	25.3%	25.7%	24.3%	29.1%	21.2%
Vent Dependent	5,201.32	0.2%	0.2%	0.0%	1.1%	1.5%	3.8%	1.0%	0.7%	0.1%	0.0%	0.6%	1.2%	0.3%	0.1%
Number of IADLs (Grid Component)															
IADL_1	0.00	17.6%	18.1%	22.4%	15.7%	13.0%	10.6%	15.6%	12.3%	14.3%	15.9%	16.7%	19.5%	18.2%	18.1%
IADL_2	144.78	16.5%	21.2%	25.1%	20.3%	17.5%	16.8%	16.7%	18.2%	23.6%	17.1%	23.6%	21.5%	16.6%	19.9%
IADL_3	312.31	22.4%	21.1%	16.9%	19.8%	21.2%	14.5%	19.9%	16.9%	21.4%	19.3%	17.9%	18.2%	21.8%	21.3%
IADL_4	482.59	16.5%	17.1%	12.7%	15.7%	17.9%	19.7%	18.4%	19.2%	17.5%	17.7%	14.1%	15.1%	15.4%	17.2%
IADL_5	778.87	19.0%	16.2%	16.7%	19.7%	22.1%	22.5%	22.1%	26.9%	18.1%	20.6%	17.4%	16.6%	19.4%	16.7%
IADL_6	864.03	8.0%	6.3%	6.1%	8.8%	8.4%	16.0%	7.4%	6.4%	5.1%	9.3%	10.2%	9.1%	8.6%	6.8%
Specific ADLs / Equipment Used (Add-On)															
Bathing_2	266.24	37.6%	23.4%	32.7%	41.1%	44.9%	53.0%	45.6%	41.5%	31.3%	27.2%	26.9%	33.6%	37.1%	23.2%
Toileting_1	42.67	29.7%	24.2%	27.7%	25.7%	29.5%	26.6%	31.3%	29.7%	35.2%	35.1%	36.0%	28.0%	28.3%	22.8%
Transfer_2	829.70	20.9%	13.7%	18.3%	23.3%	25.3%	32.4%	27.4%	23.3%	16.7%	17.4%	22.5%	23.7%	21.1%	14.1%
Interaction Terms (Add-On)															
Dress_Bath	208.38	68.2%	50.3%	65.0%	65.1%	66.6%	63.5%	67.2%	67.4%	65.3%	54.9%	61.5%	67.4%	69.5%	50.5%
Injury_Overnight	1,025.39	0.7%	0.5%	0.5%	0.3%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.8%	0.3%
Injury_Overnight_Mental_Age Under 30	7,060.44	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Offensive_2_Mobility_1_Age 60 and Under	528.14	1.0%	0.5%	0.5%	0.7%	0.4%	0.0%	0.0%	0.7%	0.1%	0.5%	0.0%	0.6%	1.1%	0.4%
Overnight_Alzheimers_Dementia_Decision Ma	315.99	20.8%	15.7%	13.8%	14.2%	19.5%	28.2%	20.1%	15.7%	13.2%	18.1%	17.3%	13.7%	22.1%	16.5%
Overnight_Mental Illness	471.28	7.2%	6.7%	5.6%	8.4%	10.9%	8.0%	11.8%	11.9%	7.3%	8.8%	10.4%	6.8%	7.6%	7.4%
Spinal Injury_Alcohol/Drug Abuse	578.62	0.7%	0.8%	0.9%	0.7%	0.4%	0.8%	0.5%	0.0%	0.7%	1.4%	1.3%	0.2%	0.8%	0.6%
Transfer_Equip_Mobility	564.94	9.0%	6.0%	5.1%	9.2%	6.5%	6.1%	6.4%	7.8%	4.1%	4.6%	5.1%	5.4%	8.3%	6.4%
Trauma BI Post-22_Exercise	2,748.68	0.0%	0.0%	0.0%	0.0%	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	366.42	0.5%	1.2%	0.2%	1.1%	0.0%	0.0%	0.0%	0.7%	0.1%	0.9%	0.0%	0.0%	0.6%	1.2%
Vent Dependent_Tracheostomy	5,066.64	0.0%	0.1%	0.0%	0.4%	0.4%	1.5%	0.5%	0.7%	0.0%	0.0%	0.0%	0.7%	0.0%	0.1%
Behavioral Variables (Add-On)															
Alcohol Drug Abuse	176.70	20.2%	24.1%	18.8%	17.0%	13.8%	14.4%	14.2%	19.9%	20.8%	25.7%	22.3%	16.2%	19.2%	24.8%
Mental Health_2	114.61	80.0%	81.6%	77.0%	76.9%	77.0%	81.1%	76.9%	76.1%	64.2%	81.0%	80.5%	71.2%	81.7%	81.3%
Offensive_1	591.34	3.0%	2.4%	1.2%	3.7%	3.2%	6.9%	2.9%	0.5%	1.4%	1.9%	4.5%	0.9%	3.4%	2.6%
Offensive_2	847.11	3.7%	2.0%	1.6%	3.0%	1.8%	2.3%	3.6%	1.3%	1.4%	2.6%	2.9%	4.2%	2.3%	0.4%
Offensive_3	1,771.17	2.2%	0.8%	1.2%	1.7%	1.5%	2.3%	1.5%	4.3%	0.2%	0.6%	1.9%	0.2%	2.5%	0.6%
Wander_2	585.30	1.7%	0.4%	2.1%	0.7%	1.1%	2.3%	1.0%	1.4%	0.1%	1.1%	2.6%	0.5%	1.7%	0.4%
Medication Use (Add-On)															
Meds_2B	241.45	36.4%	35.7%	29.4%	29.3%	39.5%	38.3%	39.2%	37.8%	41.4%	31.5%	33.3%	37.4%	37.7%	37.5%
Health Related Services (Add-On)															
Exercise	254.93	14.9%	10.3%	11.9%	16.7%	13.1%	16.4%	14.2%	16.4%	10.7%	6.2%	10.9%	10.4%	15.0%	10.6%
Overnight	275.70	68.3%	51.7%	52.9%	57.5%	61.9%	65.0%	63.7%	52.6%	57.2%	52.6%	61.0%	57.0%	70.2%	52.2%
Reposition	702.74	9.2%	7.6%	6.0%	9.9%	12.2%	12.2%	14.2%	10.0%	6.1%	6.2%	5.8%	7.8%	9.2%	7.9%
Respirate	145.00	9.9%	5.4%	5.5%	6.2%	7.2%	11.4%	6.9%	6.4%	7.7%	5.3%	7.7%	6.3%	9.6%	5.9%
Tracheostomy	4,111.63	0.2%	0.5%	0.0%	1.1%	1.5%	5.3%	1.5%	1.4%	0.3%	0.5%	0.6%	1.9%	0.3%	0.4%
Ulcer Stage 2-3-4	956.65	3.7%	2.4%	2.7%	2.8%	4.4%	7.9%	4.4%	2.9%	1.9%	2.3%	1.3%	4.0%	3.7%	2.8%
Urinary	504.97	3.2%	4.0%	4.6%	4.6%	4.7%	6.1%	5.9%	3.6%	1.4%	1.8%	0.6%	2.1%	3.4%	4.7%
Wound	348.58	6.0%	4.3%	6.7%	4.6%	2.9%	1.9%	3.4%	5.4%	2.0%	5.9%	5.1%	2.8%	5.8%	4.9%
Diagnoses (Add-On)															
Alzheimers	156.55	11.6%	9.1%	8.7%	10.2%	10.2%	18.3%	9.8%	10.0%	6.3%	13.0%	14.1%	9.4%	12.5%	9.8%
Incidents															
Incidents_0	0.00	96.0%	98.6%	96.2%	98.6%	98.2%	96.2%	98.0%	98.6%	99.4%	97.7%	98.1%	98.4%	96.0%	98.7%
Incidents_1	586.22	3.0%	1.3%	1.9%	1.1%	1.8%	3.8%	2.0%	1.4%	0.5%	1.2%	1.9%	1.6%	3.1%	1.3%
Incidents_2+	1,190.44	1.0%	0.1%	1.9%	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%	1.1%	0.0%	0.0%	0.8%	0.0%
Physically Disabled Composite	\$2,327.04	\$2,519.68	\$2,139.81	\$2,177.90	\$2,502.84	\$2,643.60	\$3,272.62	\$2,667.45	\$2,641.70	\$2,111.84	\$2,232.17	\$2,363.39	\$2,414.43	\$2,556.42	\$2,170.04

Exhibit D2Bi
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
June 2017 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Physically Disabled

Variable	Statewide Estimate	Inclusa (GSR 3)	Inclusa (GSR 4 - Non-Expansion Counties)	Inclusa (GSR 5)	Inclusa (GSR 5-6)	Inclusa (GSR 7)	LCI (GSR 9)	LCI (GSR 10)	MCFCI (GSR 6)	MCFCI (GSR 5-6)	MCFCI (GSR 8)	MCFCI (GSR 11)
Intercept (Grid Component)	651.44	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)												
SNF	418.23	24.5%	25.1%	23.3%	28.2%	29.7%	25.3%	23.5%	23.2%	28.2%	19.0%	23.3%
Vent Dependent	5,201.32	0.0%	0.8%	1.0%	2.0%	0.0%	0.0%	1.0%	1.5%	2.0%	0.2%	1.0%
Number of IADLs (Grid Component)												
IADL_1	0.00	21.8%	16.5%	15.5%	11.3%	8.5%	16.1%	14.5%	13.0%	11.3%	13.9%	18.5%
IADL_2	144.78	25.3%	20.5%	21.0%	18.0%	19.1%	15.4%	24.8%	17.5%	18.0%	23.5%	21.6%
IADL_3	312.31	16.7%	17.0%	20.8%	15.2%	19.5%	18.2%	16.9%	21.2%	15.2%	19.9%	18.6%
IADL_4	482.59	13.1%	17.5%	15.2%	20.8%	18.8%	19.0%	14.4%	17.9%	20.8%	19.2%	15.7%
IADL_5	778.87	17.0%	19.7%	19.1%	24.5%	24.9%	21.1%	20.5%	22.1%	24.5%	16.7%	16.5%
IADL_6	864.03	6.0%	8.7%	8.5%	10.2%	9.2%	10.3%	8.9%	8.4%	10.2%	6.8%	9.1%
Specific ADLs / Equipment Used (Add-On)												
Bathing_2	266.24	33.1%	35.0%	39.8%	45.5%	35.4%	28.9%	28.8%	44.9%	45.5%	31.7%	31.8%
Toileting_1	42.67	28.4%	30.6%	25.7%	28.6%	33.2%	34.5%	35.9%	29.5%	28.6%	44.5%	30.0%
Transfer_2	829.70	18.6%	21.1%	22.5%	26.8%	19.9%	19.5%	21.5%	25.3%	26.8%	16.4%	23.0%
Interaction Terms (Add-On)												
Dress_Bath	208.38	67.3%	59.3%	64.2%	65.5%	51.9%	54.4%	61.7%	66.6%	65.5%	73.4%	67.8%
Injury_Overnight	1,025.39	0.5%	0.2%	0.3%	0.0%	0.0%	0.0%	1.0%	0.4%	0.0%	0.2%	0.0%
Injury_Overnight_Mental_Age Under 30	7,060.44	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Offensive_2_Mobility_1_Age 60 and Under	528.14	0.5%	0.4%	0.7%	0.3%	0.8%	0.5%	0.0%	0.4%	0.3%	0.2%	0.5%
Overnight_Alzheimers_Dementia_Decision Ma	315.99	13.8%	16.0%	13.8%	20.8%	18.0%	18.9%	16.9%	19.5%	20.8%	16.0%	13.7%
Overnight_Mental Illness	471.28	5.8%	7.7%	8.4%	9.6%	11.7%	9.8%	9.0%	10.9%	9.6%	6.8%	6.8%
Spinal Injury_Alcohol/Drug Abuse	578.62	1.1%	1.3%	0.7%	1.0%	1.4%	1.0%	1.0%	0.4%	0.7%	0.5%	0.7%
Transfer_Equip_Mobility	564.94	5.5%	5.5%	9.1%	6.6%	6.8%	5.0%	4.5%	6.5%	6.6%	4.5%	4.9%
Trauma BI Post-22_Exercise	2,748.68	0.0%	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	366.42	0.3%	1.1%	1.0%	0.3%	0.3%	1.0%	0.0%	0.0%	0.3%	0.2%	0.0%
Vent Dependent_Tracheostomy	5,066.64	0.0%	0.4%	0.3%	1.0%	0.0%	0.0%	0.0%	0.4%	1.0%	0.0%	0.6%
Behavioral Variables (Add-On)												
Alcohol Drug Abuse	176.70	19.0%	20.6%	17.3%	16.5%	28.9%	26.7%	20.8%	13.8%	16.5%	18.0%	15.6%
Mental Health_2	114.61	78.1%	80.6%	77.7%	79.7%	80.7%	80.9%	80.4%	77.0%	79.7%	66.4%	71.3%
Offensive_1	591.34	1.3%	1.9%	3.4%	3.2%	1.2%	2.3%	3.5%	3.2%	3.2%	2.1%	1.4%
Offensive_2	847.11	1.6%	2.7%	2.7%	2.6%	3.3%	1.6%	0.5%	1.8%	2.6%	1.4%	2.6%
Offensive_3	1,771.17	1.1%	1.1%	1.6%	3.0%	1.6%	0.5%	1.5%	1.5%	3.0%	0.7%	0.2%
Wander_2	585.30	2.1%	0.8%	0.6%	1.6%	1.4%	1.1%	3.0%	1.1%	1.6%	0.6%	0.6%
Medication Use (Add-On)												
Meds_2B	241.45	29.2%	35.4%	29.9%	38.8%	46.8%	31.4%	31.8%	39.5%	38.8%	35.5%	36.3%
Health Related Services (Add-On)												
Exercise	254.93	12.6%	14.3%	16.0%	15.0%	11.8%	7.4%	11.9%	13.1%	15.0%	4.2%	10.2%
Overnight	275.70	54.4%	61.0%	57.6%	59.2%	56.3%	53.9%	62.2%	61.9%	59.2%	61.0%	59.8%
Reposition	702.74	6.3%	9.7%	9.4%	10.9%	7.2%	6.8%	5.5%	12.7%	10.9%	5.6%	7.5%
Respirate	145.00	6.0%	8.0%	6.7%	8.3%	7.3%	6.3%	8.0%	7.2%	8.3%	4.0%	5.4%
Tracheostomy	4,111.63	0.0%	1.0%	1.0%	3.0%	0.0%	0.5%	1.5%	3.0%	3.0%	0.5%	1.8%
Ulcer Stage 2-3-4	956.65	2.8%	3.6%	2.9%	5.1%	4.7%	2.5%	1.0%	4.4%	5.1%	2.9%	3.7%
Urinary	504.97	4.4%	4.0%	4.6%	4.6%	4.0%	1.9%	1.0%	4.7%	4.6%	1.5%	2.1%
Wound	348.58	6.9%	5.5%	4.6%	3.7%	4.1%	6.2%	5.0%	2.9%	3.7%	2.4%	2.5%
Diagnoses (Add-On)												
Alzheimers	156.55	8.8%	9.6%	9.7%	13.5%	12.0%	14.2%	14.4%	10.2%	13.5%	8.8%	9.4%
Incidents												
Incidents_0	0.00	96.3%	96.2%	98.4%	97.7%	95.3%	97.5%	98.0%	98.2%	97.7%	99.0%	98.6%
Incidents_1	586.22	1.9%	2.7%	1.0%	2.3%	4.4%	1.1%	2.0%	1.8%	2.3%	0.8%	1.4%
Incidents_2+	1,190.44	1.8%	1.1%	0.6%	0.0%	0.3%	1.4%	0.0%	0.0%	0.0%	0.2%	0.0%
Physically Disabled Composite	\$2,327.04	\$2,203.92	\$2,463.86	\$2,470.47	\$2,872.64	\$2,475.23	\$2,301.16	\$2,386.11	\$2,643.60	\$2,872.64	\$2,170.85	\$2,373.54

Exhibit D2Bii
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
June 2017 Non-Base Cohort MCO/GSR Functional Screen Attribute Distribution
Physically Disabled

Variable	Statewide Estimate	Care WI (GSR 11)	Care WI (GSR 13)	LCI (GSR 4 - Non-Expansion Counties)	LCI (GSR 13)	MCFCI (GSR 2)	MCFCI (GSR 3)
Intercept (Grid Component)	651.44	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)							
SNF	418.23	23.3%	20.3%	25.1%	29.9%	20.5%	24.3%
Vent Dependent	5,201.32	1.0%	1.1%	0.8%	0.5%	0.2%	0.0%
Number of IADLs (Grid Component)							
IADL_1	0.00	18.5%	9.8%	16.5%	7.8%	18.1%	22.4%
IADL_2	144.78	21.6%	20.4%	20.5%	13.5%	21.2%	25.1%
IADL_3	312.31	18.6%	21.1%	17.0%	19.2%	21.1%	16.9%
IADL_4	482.59	15.7%	20.0%	17.5%	18.2%	17.1%	12.7%
IADL_5	778.87	16.5%	21.5%	19.7%	28.1%	16.2%	16.7%
IADL_6	864.03	9.1%	7.2%	8.7%	13.1%	6.3%	6.1%
Specific ADLs / Equipment Used (Add-On)							
Bathing_2	266.24	31.8%	44.9%	35.0%	48.7%	23.4%	32.7%
Toileting_1	42.67	30.0%	32.2%	30.6%	36.3%	24.2%	27.7%
Transfer_2	829.70	23.0%	24.2%	21.1%	29.8%	13.7%	18.3%
Interaction Terms (Add-On)							
Dress_Bath	208.38	67.8%	69.2%	59.3%	68.3%	50.3%	65.0%
Injury_Overnight	1,025.39	0.0%	0.0%	0.2%	0.5%	0.5%	0.5%
Injury_Overnight_Mental_Age Under 30	7,060.44	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Offensive_2_Mobility_1_Age 60 and Under	528.14	0.5%	0.0%	0.4%	0.5%	0.5%	0.5%
Overnight_Alzheimers_Dementia_Decision M	315.99	13.7%	12.8%	16.0%	22.6%	15.7%	13.8%
Overnight_Mental Illness	471.28	6.8%	3.4%	7.7%	7.0%	6.7%	5.6%
Spinal Injury_Alcohol/Drug Abuse	578.62	0.2%	0.8%	1.3%	0.0%	0.8%	0.8%
Transfer_Equip_Mobility	564.94	4.9%	4.9%	5.5%	6.3%	6.0%	5.1%
Trauma BI Post-22_Exercise	2,748.68	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Trauma BI Post-22_Other Mental Illness	366.42	0.0%	0.8%	1.1%	0.5%	1.2%	0.2%
Vent Dependent_Tracheostomy	5,066.64	0.6%	0.8%	0.4%	0.0%	0.1%	0.0%
Behavioral Variables (Add-On)							
Alcohol Drug Abuse	176.70	15.6%	12.1%	20.6%	10.1%	24.1%	18.8%
Mental Health_2	114.61	71.3%	74.9%	80.6%	74.2%	81.6%	77.0%
Offensive_1	591.34	1.4%	1.5%	1.9%	2.7%	2.4%	1.2%
Offensive_2	847.11	2.6%	1.1%	2.7%	2.6%	2.0%	1.6%
Offensive_3	1,771.17	0.2%	0.4%	1.1%	0.9%	0.8%	1.2%
Wander_2	585.30	0.6%	0.8%	0.8%	1.5%	0.4%	2.1%
Medication Use (Add-On)							
Meds_2B	241.45	36.3%	30.8%	35.4%	33.5%	35.7%	29.4%
Health Related Services (Add-On)							
Exercise	254.93	10.2%	12.1%	14.3%	15.5%	10.3%	11.9%
Overnight	275.70	59.8%	55.5%	61.0%	75.8%	51.7%	52.9%
Reposition	702.74	7.5%	10.6%	9.7%	11.6%	7.6%	6.0%
Respirate	145.00	5.4%	7.6%	8.0%	8.2%	5.4%	5.5%
Tracheostomy	4,111.63	1.8%	1.5%	1.0%	1.4%	0.5%	0.0%
Ulcer Stage 2-3-4	956.65	3.7%	4.2%	3.6%	3.7%	2.4%	2.7%
Urinary	504.97	2.1%	3.0%	4.0%	2.7%	4.0%	4.6%
Wound	348.58	2.5%	2.3%	5.5%	5.8%	4.3%	6.7%
Diagnoses (Add-On)							
Alzheimers	156.55	9.4%	7.9%	9.6%	7.5%	9.1%	8.7%
Incidents							
Incidents_0	0.00	98.6%	98.9%	96.2%	94.5%	98.6%	96.2%
Incidents_1	586.22	1.4%	0.8%	2.7%	4.1%	1.3%	1.9%
Incidents_2+	1,190.44	0.0%	0.4%	1.1%	1.4%	0.1%	1.9%
Physically Disabled Composite	\$2,327.04	\$2,373.54	\$2,451.04	\$2,463.86	\$2,750.78	\$2,139.81	\$2,177.90

Exhibit D2Biii
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 June 2017 Expansion Cohort MCO/GSR Functional Screen Attribute Distribution
 Physically Disabled

Variable	Statewide Estimate	Care WI (GSR 1 - Expansion Counties)	Care WI (GSR 12)	Inclusa (GSR 1 - Expansion Counties)	Inclusa (GSR 4 - Expansion Counties)	Inclusa (GSR 14)	LCI (GSR 4 - Expansion Counties)	MCFCI (GSR 12)	MCFCI (GSR 14)
Intercept (Grid Component)	651.44	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)									
SNF	418.23	7.7%	35.8%	7.7%	15.3%	27.6%	15.3%	35.8%	19.5%
Vent Dependent	5,201.32	0.0%	2.6%	0.0%	0.0%	1.3%	0.0%	2.6%	2.8%
Number of IADLs (Grid Component)									
IADL_1	0.00	38.5%	10.0%	38.5%	25.9%	9.2%	25.9%	10.0%	19.5%
IADL_2	144.78	30.8%	14.8%	30.8%	17.6%	7.9%	17.6%	14.8%	18.2%
IADL_3	312.31	7.7%	19.6%	7.7%	22.4%	25.3%	22.4%	19.6%	5.6%
IADL_4	482.59	15.4%	21.4%	15.4%	14.1%	17.4%	14.1%	21.4%	22.3%
IADL_5	778.87	0.0%	21.4%	0.0%	10.6%	23.6%	10.6%	21.4%	19.5%
IADL_6	864.03	7.7%	12.9%	7.7%	9.4%	16.5%	9.4%	12.9%	15.0%
Specific ADLs / Equipment Used (Add-On)									
Bathing_2	266.24	30.8%	50.6%	30.8%	31.8%	56.0%	31.8%	50.6%	37.3%
Toileting_1	42.67	15.4%	31.4%	15.4%	17.6%	30.5%	17.6%	31.4%	40.4%
Transfer_2	829.70	15.4%	36.5%	15.4%	21.2%	37.9%	21.2%	36.5%	31.7%
Interaction Terms (Add-On)									
Dress_Bath	208.38	69.2%	63.8%	69.2%	56.5%	74.7%	56.5%	63.8%	54.0%
Injury_Overnight	1,025.39	0.0%	1.1%	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%
Injury_Overnight_Mental_Age Under 30	7,060.44	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Offensive_2_Mobility_1_Age 60 and Under	528.14	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%
Overnight_Alzheimers_Dementia_Decision I	315.99	0.0%	25.1%	0.0%	7.1%	29.2%	7.1%	25.1%	13.9%
Overnight_Mental Illness	471.28	0.0%	7.4%	0.0%	0.0%	9.2%	0.0%	7.4%	0.0%
Spinal Injury_Alcohol/Drug Abuse	578.62	0.0%	1.1%	0.0%	1.2%	0.0%	1.2%	1.1%	0.0%
Transfer_Equip_Mobility	564.94	15.4%	14.4%	15.4%	5.9%	7.9%	5.9%	14.4%	8.3%
Trauma BI Post-22_Exercise	2,748.68	0.0%	0.0%	0.0%	1.2%	1.3%	1.2%	0.0%	0.0%
Trauma BI Post-22_Other Mental Illness	366.42	0.0%	1.8%	0.0%	1.2%	1.3%	1.2%	1.8%	0.0%
Vent Dependent_Tracheostomy	5,066.64	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%
Behavioral Variables (Add-On)									
Alcohol Drug Abuse	176.70	15.4%	15.9%	15.4%	14.1%	19.7%	14.1%	15.9%	11.1%
Mental Health_2	114.61	69.2%	63.1%	69.2%	57.6%	70.3%	57.6%	63.1%	46.0%
Offensive_1	591.34	0.0%	4.1%	0.0%	2.4%	1.3%	2.4%	4.1%	8.3%
Offensive_2	847.11	0.0%	3.7%	0.0%	0.0%	2.6%	0.0%	3.7%	0.0%
Offensive_3	1,771.17	0.0%	1.1%	0.0%	0.0%	2.6%	0.0%	1.1%	0.0%
Wander_2	585.30	0.0%	4.4%	0.0%	0.0%	0.0%	0.0%	4.4%	0.0%
Medication Use (Add-On)									
Meds_2B	241.45	7.7%	40.6%	7.7%	16.5%	43.7%	16.5%	40.6%	27.8%
Health Related Services (Add-On)									
Exercise	254.93	0.0%	29.2%	0.0%	7.1%	24.4%	7.1%	29.2%	15.0%
Overnight	275.70	15.4%	65.3%	15.4%	40.0%	73.7%	40.0%	65.3%	67.9%
Reposition	702.74	0.0%	21.8%	0.0%	9.4%	16.5%	9.4%	21.8%	12.2%
Respirate	145.00	0.0%	15.1%	0.0%	9.4%	12.6%	9.4%	15.1%	6.7%
Tracheostomy	4,111.63	0.0%	3.3%	0.0%	0.0%	1.3%	0.0%	3.3%	0.0%
Ulcer Stage 2-3-4	956.65	0.0%	5.5%	0.0%	4.7%	6.6%	4.7%	5.5%	0.0%
Urinary	504.97	7.7%	7.0%	7.7%	3.5%	2.6%	3.5%	7.0%	8.3%
Wound	348.58	7.7%	7.7%	7.7%	1.2%	2.6%	1.2%	7.7%	5.6%
Diagnoses (Add-On)									
Alzheimers	156.55	0.0%	11.4%	0.0%	4.7%	15.8%	4.7%	11.4%	11.1%
Incidents									
Incidents_0	0.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Incidents_1	586.22	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Incidents_2+	1,190.44	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physically Disabled Composite	\$2,327.04	\$1,573.38	\$3,222.44	\$1,573.38	\$1,954.23	\$3,051.27	\$1,954.23	\$3,222.44	\$2,483.00

Exhibit D3Ai
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 2015-2016 Base Cohort MCO/GSR Functional Screen Attribute Distribution
 Frail Elderly

Variable	Statewide Estimate	Care WI (GSR 1 - Non-Expansion Counties)	Care WI (GSR 2)	Care WI (GSR 3)	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 9)	CCI (GSR 10)	CCI (GSR 11)	Inclusa (GSR 1 - Non-Expansion Counties)	Inclusa (GSR 2)
Intercept (Grid Component)	623.12	100.0%	100.0%	100.0%	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)															
SNF	385.55	25.1%	25.3%	14.6%	24.7%	25.8%	28.5%	22.9%	31.9%	22.5%	28.3%	20.3%	19.6%	25.5%	27.4%
Vent Dependent	2,908.11	0.0%	0.2%	0.0%	0.1%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%
Number of IADLs (Grid Component)															
IADL_1	0.00	9.4%	11.5%	14.8%	5.9%	4.3%	3.2%	3.3%	2.8%	6.1%	6.3%	6.0%	8.2%	7.7%	9.7%
IADL_2	232.48	16.1%	19.4%	24.5%	8.6%	9.3%	5.9%	7.6%	7.2%	10.0%	8.4%	11.3%	9.3%	11.3%	13.2%
IADL_3	425.81	11.9%	18.8%	14.3%	11.3%	9.1%	8.3%	11.3%	11.0%	14.5%	11.5%	9.9%	10.7%	13.8%	14.2%
IADL_4-5-6	674.87	62.7%	50.3%	46.4%	74.2%	77.4%	82.6%	77.8%	79.0%	69.4%	73.7%	72.8%	71.8%	67.2%	63.0%
Specific ADLs / Equipment Used (Add-On)															
Transfer_2	639.00	15.4%	19.4%	17.5%	33.8%	35.3%	39.3%	34.6%	30.3%	27.5%	29.6%	27.5%	27.8%	25.3%	24.1%
Interaction Terms (Add-On)															
Dress_Bath	155.83	54.4%	66.2%	69.8%	80.0%	74.5%	78.2%	81.8%	76.2%	77.0%	76.2%	76.6%	79.8%	74.7%	63.7%
Dress_Toilet	334.16	49.5%	52.0%	49.5%	65.0%	67.0%	65.4%	64.9%	53.5%	59.2%	59.3%	53.7%	57.8%	52.2%	45.5%
Injury_Overnight	752.76	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.4%	0.4%	0.0%	0.0%	0.0%	0.1%	0.3%	0.2%
Overnight_Mental Illness	412.05	6.8%	6.1%	3.3%	7.2%	4.9%	5.3%	5.2%	6.0%	3.8%	5.5%	3.2%	3.8%	5.1%	5.9%
Transfer_Equip_Mobility	668.80	2.7%	7.3%	0.0%	9.2%	9.3%	7.8%	6.5%	7.0%	6.0%	7.4%	6.8%	6.2%	6.7%	9.1%
Trauma BI Post-22_Other Mental Illness	801.80	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.4%	0.4%	0.4%	0.0%	0.2%	0.3%	0.5%	0.4%
Behavioral Variables (Add-On)															
Alcohol Drug Abuse	225.81	2.5%	6.3%	8.9%	4.0%	1.7%	2.0%	3.3%	4.7%	6.4%	4.0%	6.7%	5.6%	6.2%	7.2%
Cognition_2	49.98	17.4%	21.7%	13.0%	30.4%	19.1%	31.9%	30.8%	32.3%	28.2%	33.5%	29.6%	30.2%	24.0%	22.5%
Mental Health_2	156.76	36.3%	56.0%	40.2%	56.1%	51.6%	56.1%	56.6%	58.3%	41.9%	60.5%	55.8%	51.6%	62.0%	62.4%
Offensive_1-2	290.97	6.0%	5.5%	1.5%	10.9%	6.8%	8.9%	3.5%	6.1%	3.8%	5.0%	5.2%	3.7%	6.5%	8.4%
Offensive_3	503.06	2.3%	1.9%	4.8%	3.0%	1.9%	2.2%	3.4%	1.0%	1.9%	1.8%	1.2%	1.2%	1.9%	1.5%
Wander_2	90.24	7.6%	5.8%	7.6%	4.0%	4.0%	5.5%	3.3%	4.8%	3.2%	6.5%	2.7%	1.7%	4.1%	2.5%
Medication Use (Add-On)															
Meds_2B	187.35	49.9%	51.0%	43.1%	65.6%	71.4%	75.3%	76.8%	77.6%	68.5%	76.3%	70.8%	71.4%	62.9%	64.5%
Health Related Services (Add-On)															
Exercise	140.23	6.1%	9.8%	5.7%	20.6%	9.4%	14.3%	5.5%	11.6%	9.1%	6.6%	6.7%	4.7%	12.0%	15.6%
Med Management	70.89	16.3%	14.9%	13.3%	23.5%	24.4%	30.7%	23.0%	35.0%	27.5%	21.6%	20.7%	21.1%	27.1%	25.9%
Mental Illness	148.19	11.0%	21.4%	6.1%	14.3%	10.4%	10.8%	13.5%	14.3%	11.9%	17.3%	12.0%	10.8%	14.2%	15.0%
Overnight	355.79	65.5%	63.0%	62.3%	83.7%	83.2%	87.5%	83.2%	80.3%	69.9%	79.4%	74.2%	75.2%	72.8%	74.8%
Reposition	407.48	0.0%	2.4%	2.7%	8.3%	8.0%	8.6%	9.4%	10.9%	10.1%	3.3%	5.2%	6.4%	4.8%	11.2%
Respirate	124.50	9.6%	5.8%	10.9%	10.9%	6.9%	8.2%	8.9%	9.7%	6.6%	11.2%	11.3%	6.5%	10.6%	8.2%
Tracheostomy	2,457.40	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%
Ulcer Stage 3-4	652.85	1.2%	0.5%	1.6%	0.7%	0.7%	0.7%	0.4%	0.6%	1.0%	0.8%	0.5%	0.6%	0.6%	0.7%
Diagnoses (Add-On)															
Alzheimers	198.63	35.4%	27.9%	32.1%	43.0%	41.7%	50.4%	45.9%	49.0%	40.1%	38.1%	40.6%	49.4%	40.9%	35.3%
Incidents															
Incidents_0	0.00	100.0%	98.7%	95.6%	99.3%	100.0%	99.6%	98.6%	99.6%	99.2%	98.8%	99.5%	99.8%	98.2%	99.2%
Incidents_1+	308.92	0.0%	1.3%	4.4%	0.7%	0.0%	0.4%	1.4%	0.4%	0.8%	1.2%	0.5%	0.2%	1.8%	0.8%
Frail Elderly Composite	\$2,533.16	\$2,185.52	\$2,263.77	\$2,076.84	\$2,729.28	\$2,683.72	\$2,828.49	\$2,707.26	\$2,723.23	\$2,494.60	\$2,614.63	\$2,500.15	\$2,517.84	\$2,502.09	\$2,483.23
Implied Risk Score	0.8628	0.8937	0.8937	0.8199	1.0774	1.0594	1.1166	1.0687	1.0750	0.9848	1.0322	0.9870	0.9940	0.9877	0.9803
2016 Exposure Months	135	1,290	241	8,552	1,669	8,067	7,844	5,815	6,523	1,064	6,896	8,408	12,368	17,763	

Exhibit D3Ai
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2015-2016 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Inclusa (GSR 3)	Inclusa (GSR 4 - Non-Expansion Counties)	Inclusa (GSR 5)	Inclusa (GSR 5-6)	Inclusa (GSR 7)	LCI (GSR 9)	LCI (GSR 10)	MCFCI (GSR 6)	MCFCI (GSR 5-6)	MCFCI (GSR 8)	MCFCI (GSR 11)
Intercept (Grid Component)	623.12	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)												
SNF	385.55	24.8%	24.8%	26.3%	24.4%	21.7%	23.1%	22.7%	17.3%	27.6%	21.5%	17.1%
Vent Dependent	2,908.11	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.1%	0.0%
Number of IADLs (Grid Component)												
IADL_1	0.00	12.0%	6.2%	15.0%	5.8%	7.1%	4.3%	5.7%	28.9%	9.4%	7.4%	3.4%
IADL_2	232.48	13.5%	11.2%	5.8%	28.8%	10.4%	7.7%	12.4%	22.2%	12.5%	15.7%	6.8%
IADL_3	425.81	14.4%	10.3%	10.9%	16.3%	15.4%	11.3%	7.5%	17.6%	4.8%	15.1%	22.3%
IADL_4-5-6	674.87	60.2%	72.4%	68.3%	49.0%	67.1%	76.7%	74.3%	31.4%	73.2%	61.8%	67.5%
Specific ADLs / Equipment Used (Add-On)												
Transfer_2	639.00	29.1%	29.4%	19.3%	15.7%	25.6%	29.1%	30.5%	12.2%	41.7%	26.0%	29.8%
Interaction Terms (Add-On)												
Dress_Bath	155.83	71.4%	73.3%	67.5%	44.2%	71.2%	66.5%	76.5%	55.7%	79.6%	80.9%	85.9%
Dress_Toilet	334.16	53.8%	62.1%	58.3%	29.3%	50.0%	53.8%	52.8%	33.7%	60.9%	57.0%	72.4%
Injury_Overnight	752.76	0.2%	0.2%	0.0%	0.0%	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	0.5%
Overnight_Mental Illness	412.05	4.4%	4.2%	6.7%	0.0%	6.5%	9.7%	2.8%	0.0%	9.3%	4.7%	12.0%
Transfer_Equip_Mobility	668.80	10.0%	8.2%	4.1%	9.9%	6.6%	8.9%	9.1%	0.7%	11.7%	7.2%	4.8%
Trauma BI Post-22_Other Mental Illness	801.80	0.4%	0.1%	0.9%	0.0%	0.6%	0.4%	0.0%	0.0%	0.0%	0.2%	0.5%
Behavioral Variables (Add-On)												
Alcohol Drug Abuse	225.81	3.9%	3.8%	9.4%	14.0%	5.4%	6.4%	4.1%	0.0%	5.1%	5.0%	3.4%
Cognition_2	49.98	21.2%	27.6%	27.9%	13.2%	24.5%	29.0%	28.1%	1.2%	25.0%	21.9%	20.7%
Mental Health_2	156.76	61.1%	62.7%	58.3%	61.9%	60.5%	57.1%	53.2%	60.7%	62.6%	56.1%	52.9%
Offensive_1-2	290.97	5.9%	6.5%	8.1%	0.0%	4.5%	5.3%	5.6%	8.3%	3.5%	3.4%	0.8%
Offensive_3	503.06	0.4%	1.9%	0.2%	0.0%	1.3%	0.9%	0.0%	0.0%	2.4%	0.7%	3.0%
Wander_2	90.24	3.4%	3.7%	2.4%	2.7%	3.3%	3.1%	4.3%	0.0%	0.7%	1.9%	1.8%
Medication Use (Add-On)												
Meds_2B	187.35	55.5%	68.8%	62.5%	65.6%	64.6%	64.1%	62.2%	38.1%	69.6%	60.7%	68.9%
Health Related Services (Add-On)												
Exercise	140.23	12.6%	11.0%	3.8%	0.0%	13.0%	5.2%	8.2%	0.0%	5.8%	4.6%	0.7%
Med Management	70.89	19.9%	29.7%	28.6%	49.7%	23.4%	24.6%	22.0%	20.8%	31.4%	25.3%	22.3%
Mental Illness	148.19	11.7%	11.4%	21.1%	0.0%	15.1%	25.9%	7.3%	33.7%	20.2%	17.3%	21.7%
Overnight	355.79	66.5%	78.9%	78.0%	57.2%	69.9%	80.4%	81.5%	53.1%	76.1%	66.5%	80.7%
Reposition	407.48	6.9%	7.6%	2.0%	0.0%	5.8%	8.6%	7.7%	9.2%	11.5%	8.9%	7.3%
Respirate	124.50	10.2%	8.5%	8.1%	18.3%	9.4%	8.4%	6.5%	3.7%	7.8%	6.0%	8.6%
Tracheostomy	2,457.40	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.0%
Ulcer Stage 3-4	652.85	0.7%	1.1%	0.0%	0.0%	0.7%	0.4%	0.0%	0.0%	0.2%	0.7%	0.4%
Diagnoses (Add-On)												
Alzheimers	198.63	35.7%	40.2%	36.2%	24.9%	38.0%	40.7%	42.3%	4.4%	44.3%	39.6%	40.8%
Incidents												
Incidents_0	0.00	98.7%	98.2%	97.8%	97.7%	97.9%	99.3%	98.5%	100.0%	99.7%	99.7%	98.2%
Incidents_1+	308.92	1.3%	1.8%	2.2%	2.3%	2.1%	0.7%	1.5%	0.0%	0.3%	0.3%	1.8%
Frail Elderly Composite	\$2,533.16	\$2,434.66	\$2,619.25	\$2,432.35	\$2,096.09	\$2,458.79	\$2,611.62	\$2,535.39	\$1,806.51	\$2,745.27	\$2,438.20	\$2,624.21
Implied Risk Score		0.9611	1.0340	0.9602	0.8275	0.9706	1.0310	1.0009	0.7131	1.0837	0.9625	1.0359
2016 Exposure Months		9,108	16,016	546	86	10,438	10,333	851	87	598	53,221	878

Exhibit D3Aii
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2015-2016 Non-Base Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Care WI (GSR 11)	Care WI (GSR 13)	LCI (GSR 4 - Non-Expansion Counties)	LCI (GSR 13)	MCFCI (GSR 2)	MCFCI (GSR 3)
Intercept (Grid Component)	623.12	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)							
SNF	385.55	19.4%	21.4%	24.8%	25.3%	27.3%	24.6%
Vent Dependent	2,908.11	0.2%	0.2%	0.2%	0.2%	0.0%	0.0%
Number of IADLs (Grid Component)							
IADL_1	0.00	7.7%	4.6%	6.2%	5.5%	9.8%	12.1%
IADL_2	232.48	9.0%	12.4%	11.2%	8.3%	13.6%	13.7%
IADL_3	425.81	11.8%	16.4%	10.3%	13.7%	14.5%	14.4%
IADL_4-5-6	674.87	71.4%	66.5%	72.4%	72.5%	62.1%	59.8%
Specific ADLs / Equipment Used (Add-On)							
Transfer_2	639.00	28.0%	25.6%	29.4%	27.9%	23.7%	28.8%
Interaction Terms (Add-On)							
Dress_Bath	155.83	80.4%	73.3%	73.3%	76.5%	63.8%	71.4%
Dress_Toilet	334.16	59.2%	52.5%	62.1%	63.1%	45.9%	53.7%
Injury_Overnight	752.76	0.2%	0.0%	0.2%	0.0%	0.2%	0.1%
Overnight_Mental Illness	412.05	4.5%	4.9%	4.2%	6.0%	5.9%	4.4%
Transfer_Equip_Mobility	668.80	6.1%	6.4%	8.2%	8.4%	9.0%	9.7%
Trauma BI Post-22_Other Mental Illness	801.80	0.3%	0.2%	0.1%	0.4%	0.4%	0.4%
Behavioral Variables (Add-On)							
Alcohol Drug Abuse	225.81	5.4%	4.1%	3.8%	4.5%	7.1%	4.0%
Cognition_2	49.98	29.3%	25.9%	27.6%	30.8%	22.5%	20.9%
Mental Health_2	156.76	51.7%	56.5%	62.7%	54.3%	61.9%	60.6%
Offensive_1-2	290.97	3.5%	6.9%	6.5%	7.3%	8.2%	5.8%
Offensive_3	503.06	1.3%	1.0%	1.9%	1.1%	1.5%	0.5%
Wander_2	90.24	1.7%	3.5%	3.7%	3.6%	2.7%	3.6%
Medication Use (Add-On)							
Meds_2B	187.35	71.2%	62.7%	68.8%	64.5%	63.6%	55.2%
Health Related Services (Add-On)							
Exercise	140.23	4.3%	6.2%	11.0%	10.9%	15.2%	12.5%
Med Management	70.89	21.2%	23.6%	29.7%	22.8%	25.2%	19.7%
Mental Illness	148.19	11.8%	13.2%	11.4%	14.8%	15.4%	11.6%
Overnight	355.79	75.7%	72.1%	78.9%	78.6%	74.0%	66.4%
Reposition	407.48	6.5%	4.0%	7.6%	8.1%	10.6%	6.8%
Respirate	124.50	6.7%	8.5%	8.5%	8.3%	8.0%	10.2%
Tracheostomy	2,457.40	0.1%	0.2%	0.0%	0.3%	0.1%	0.1%
Ulcer Stage 3-4	652.85	0.6%	0.8%	1.1%	0.9%	0.7%	0.7%
Diagnoses (Add-On)							
Alzheimers	198.63	48.6%	32.9%	40.2%	42.4%	34.8%	35.6%
Incidents							
Incidents_0	0.00	99.6%	99.3%	98.2%	97.8%	99.2%	98.6%
Incidents_1+	308.92	0.4%	0.7%	1.8%	2.2%	0.8%	1.4%
Frail Elderly Composite							
Implied Risk Score	\$2,533.16	\$2,527.89	\$2,439.94	\$2,619.25	\$2,627.77	\$2,468.37	\$2,425.44
2016 Exposure Months		0.9979	0.9632	1.0340	1.0373	0.9744	0.9575
		0	5,869	0	6,522	0	0

Exhibit D3Aiii
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2015-2016 Expansion Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Care WI (GSR 1 - Expansion Counties)	Care WI (GSR 12)	Inclusa (GSR 1 - Expansion Counties)	Inclusa (GSR 4 - Expansion Counties)	Inclusa (GSR 14)	LCI (GSR 4 - Expansion Counties)	MCFCI (GSR 12)	MCFCI (GSR 14)
Intercept (Grid Component)	623.12	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)									
SNF	385.55	12.7%	28.4%	12.7%	13.2%	11.4%	13.2%	28.4%	9.2%
Vent Dependent	2,908.11	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%
Number of IADLs (Grid Component)									
IADL_1	0.00	23.4%	4.6%	23.4%	11.6%	7.8%	11.6%	4.6%	18.7%
IADL_2	232.48	11.7%	9.3%	11.7%	17.5%	11.8%	17.5%	9.3%	18.4%
IADL_3	425.81	18.5%	13.5%	18.5%	22.9%	12.8%	22.9%	13.5%	6.7%
IADL_4-5-6	674.87	46.3%	72.6%	46.3%	48.0%	67.6%	48.0%	72.6%	56.3%
Specific ADLs / Equipment Used (Add-On)									
Transfer_2	639.00	10.2%	30.7%	10.2%	14.9%	23.6%	14.9%	30.7%	18.7%
Interaction Terms (Add-On)									
Dress_Bath	155.83	63.2%	73.1%	63.2%	59.4%	63.8%	59.4%	73.1%	72.5%
Dress_Toilet	334.16	33.4%	62.0%	33.4%	36.9%	53.9%	36.9%	62.0%	44.3%
Injury_Overnight	752.76	0.0%	0.8%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%
Overnight_Mental Illness	412.05	1.4%	6.2%	1.4%	0.0%	2.4%	0.0%	6.2%	0.9%
Transfer_Equip_Mobility	668.80	1.4%	6.6%	1.4%	2.6%	7.3%	2.6%	6.6%	11.3%
Trauma BI Post-22_Other Mental Illness	801.80	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%
Behavioral Variables (Add-On)									
Alcohol Drug Abuse	225.81	1.4%	4.3%	1.4%	3.0%	4.8%	3.0%	4.3%	0.0%
Cognition_2	49.98	13.4%	31.0%	13.4%	18.4%	24.9%	18.4%	31.0%	18.8%
Mental Health_2	156.76	41.9%	53.8%	41.9%	40.6%	41.0%	40.6%	53.8%	40.4%
Offensive_1-2	290.97	0.4%	6.6%	0.4%	6.1%	5.2%	6.1%	6.6%	3.9%
Offensive_3	503.06	0.0%	0.9%	0.0%	0.0%	0.3%	0.0%	0.9%	0.0%
Wander_2	90.24	1.4%	3.8%	1.4%	2.2%	2.6%	2.2%	3.8%	0.4%
Medication Use (Add-On)									
Meds_2B	187.35	38.3%	66.1%	38.3%	37.4%	56.7%	37.4%	66.1%	54.5%
Health Related Services (Add-On)									
Exercise	140.23	0.0%	13.5%	0.0%	4.8%	1.8%	4.8%	13.5%	3.1%
Med Management	70.89	9.1%	21.9%	9.1%	16.4%	13.9%	16.4%	21.9%	13.3%
Mental Illness	148.19	7.4%	14.9%	7.4%	6.2%	11.3%	6.2%	14.9%	7.1%
Overnight	355.79	32.1%	78.6%	32.1%	45.9%	58.4%	45.9%	78.6%	46.5%
Reposition	407.48	1.4%	5.7%	1.4%	1.5%	5.3%	1.5%	5.7%	3.7%
Respirate	124.50	1.9%	6.0%	1.9%	2.8%	6.6%	2.8%	6.0%	0.0%
Tracheostomy	2,457.40	0.0%	0.0%	0.0%	0.0%	2.8%	0.0%	0.0%	0.0%
Ulcer Stage 3-4	652.85	0.0%	0.9%	0.0%	1.1%	0.0%	1.1%	0.9%	0.0%
Diagnoses (Add-On)									
Alzheimers	198.63	24.2%	44.3%	24.2%	33.0%	35.9%	33.0%	44.3%	30.6%
Incidents									
Incidents_0	0.00	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%
Incidents_1+	308.92	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%
Frail Elderly Composite	\$2,533.16	\$1,718.40	\$2,615.57	\$1,718.40	\$1,906.82	\$2,334.91	\$1,906.82	\$2,615.57	\$2,021.65
Implied Risk Score	0.6784	0.6784	1.0325	0.6784	0.7527	0.9217	0.7527	1.0325	0.7981
2016 Exposure Months	0	0	0	0	0	708	0	0	225

Exhibit D3Bi
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 June 2017 Base Cohort MCO/GSR Functional Screen Attribute Distribution
 Frail Elderly

Variable	Statewide Estimate	Care WI (GSR 1 - Non-Expansion Counties)	Care WI (GSR 2)	Care WI (GSR 3)	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 9)	CCI (GSR 10)	CCI (GSR 11)	Inclusa (GSR 1 - Non-Expansion Counties)	Inclusa (GSR 2)
Intercept (Grid Component)	623.12	100.0%	100.0%	100.0%	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)															
SNF	385.55	25.9%	23.9%	28.4%	23.1%	20.1%	22.8%	19.7%	24.9%	21.6%	22.0%	20.8%	18.9%	27.0%	24.2%
Vent Dependent	2,908.11	0.1%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%
Number of IADLs (Grid Component)															
IADL_1	0.00	6.7%	9.4%	10.6%	5.2%	4.0%	4.2%	3.5%	3.1%	7.3%	4.3%	6.1%	8.8%	6.3%	8.8%
IADL_2	232.48	11.3%	13.1%	12.0%	12.0%	8.9%	7.5%	8.4%	7.5%	13.9%	8.5%	9.9%	9.2%	10.9%	12.7%
IADL_3	425.81	12.8%	13.6%	15.0%	11.8%	10.9%	9.5%	11.8%	11.6%	12.2%	10.3%	12.3%	12.7%	12.5%	13.2%
IADL_4-5-6	674.87	69.2%	63.9%	62.3%	71.0%	76.1%	78.8%	76.3%	77.8%	66.6%	76.9%	71.7%	69.3%	70.3%	65.3%
Specific ADLs / Equipment Used (Add-On)															
Transfer_2	639.00	26.6%	21.3%	27.0%	29.6%	32.4%	35.7%	33.3%	28.7%	25.5%	28.6%	28.6%	24.9%	27.2%	21.9%
Interaction Terms (Add-On)															
Dress_Bath	155.83	76.4%	65.0%	75.0%	78.4%	80.8%	77.7%	83.4%	80.4%	75.2%	71.4%	79.1%	77.3%	77.0%	65.0%
Dress_Toilet	334.16	59.6%	45.9%	54.2%	63.5%	63.0%	66.0%	63.4%	55.9%	57.7%	57.7%	56.2%	55.6%	60.2%	45.6%
Injury_Overnight	752.76	0.5%	0.1%	0.4%	0.0%	0.3%	0.2%	0.3%	0.6%	0.0%	0.1%	0.1%	0.4%	0.5%	0.1%
Overnight_Mental Illness	412.05	9.6%	8.1%	6.7%	12.7%	12.5%	8.3%	13.4%	15.8%	7.2%	12.9%	7.7%	6.9%	10.0%	9.3%
Transfer_Equip_Mobility	668.80	6.4%	8.6%	10.3%	8.0%	7.1%	8.0%	6.8%	8.3%	4.7%	8.1%	8.2%	5.9%	6.7%	8.8%
Trauma BI Post-22_Other Mental Illness	801.80	0.2%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.2%	0.3%
Behavioral Variables (Add-On)															
Alcohol Drug Abuse	225.81	7.1%	8.3%	5.8%	5.2%	4.2%	3.3%	5.1%	5.4%	8.5%	8.1%	6.9%	7.3%	7.4%	8.4%
Cognition_2	49.98	27.5%	22.7%	21.9%	30.6%	27.1%	30.7%	29.0%	35.7%	26.7%	32.2%	25.4%	30.4%	28.1%	22.8%
Mental Health_2	156.76	63.6%	62.1%	62.5%	59.4%	59.8%	57.0%	60.5%	59.6%	48.8%	61.1%	60.7%	60.8%	64.4%	62.7%
Offensive_1-2	290.97	7.5%	7.9%	5.1%	8.6%	4.4%	6.2%	3.3%	5.2%	2.3%	4.8%	4.3%	3.7%	7.6%	8.2%
Offensive_3	503.06	2.4%	1.7%	1.2%	1.5%	1.5%	0.6%	1.8%	1.9%	1.0%	0.7%	1.7%	1.6%	2.5%	1.8%
Wander_2	90.24	5.2%	3.2%	3.8%	3.9%	2.9%	4.2%	3.1%	2.7%	2.6%	2.7%	3.0%	1.8%	5.2%	3.2%
Medication Use (Add-On)															
Meds_2B	187.35	61.3%	61.7%	55.7%	63.1%	73.8%	71.3%	75.3%	74.9%	65.1%	67.5%	68.2%	70.3%	62.8%	62.6%
Health Related Services (Add-On)															
Exercise	140.23	9.4%	13.3%	12.5%	12.5%	4.4%	6.8%	4.1%	7.4%	8.2%	5.9%	5.4%	5.0%	9.6%	13.8%
Med Management	70.89	24.5%	19.8%	23.3%	21.9%	20.8%	25.6%	21.2%	25.9%	26.3%	22.7%	22.9%	20.9%	25.2%	20.3%
Mental Illness	148.19	22.5%	23.2%	15.8%	22.9%	27.9%	18.3%	30.5%	40.0%	21.3%	32.1%	20.0%	18.9%	23.1%	23.1%
Overnight	355.79	81.9%	74.4%	74.8%	83.9%	82.6%	87.0%	82.2%	80.6%	72.9%	83.8%	77.5%	75.1%	82.8%	75.2%
Reposition	407.48	5.3%	8.4%	8.5%	6.2%	7.3%	6.3%	8.2%	9.0%	7.9%	7.2%	5.7%	5.6%	5.5%	8.9%
Respirate	124.50	9.0%	7.2%	9.9%	10.1%	9.0%	7.7%	9.8%	8.6%	6.1%	8.8%	9.2%	6.4%	9.4%	7.2%
Tracheostomy	2,457.40	0.2%	0.1%	0.1%	0.0%	0.0%	0.2%	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.2%	0.1%
Ulcer Stage 3-4	652.85	0.3%	0.4%	1.0%	0.3%	0.5%	0.5%	0.3%	0.9%	0.5%	0.4%	0.6%	0.6%	0.3%	0.4%
Diagnoses (Add-On)															
Alzheimers	198.63	43.9%	34.9%	35.9%	42.9%	44.9%	50.0%	45.8%	47.2%	38.9%	41.1%	41.7%	50.0%	44.3%	35.6%
Incidents															
Incidents_0	0.00	98.3%	98.8%	98.4%	99.1%	99.0%	99.8%	98.9%	99.8%	99.3%	99.0%	99.6%	99.7%	98.2%	98.8%
Incidents_1+	308.92	1.7%	1.2%	1.6%	0.9%	1.0%	0.2%	1.1%	0.2%	0.7%	1.0%	0.4%	0.3%	1.8%	1.2%
Frail Elderly Composite	\$2,570.04	\$2,619.32	\$2,452.51	\$2,523.85	\$2,667.01	\$2,696.26	\$2,744.39	\$2,726.29	\$2,744.30	\$2,468.36	\$2,663.66	\$2,570.15	\$2,514.55	\$2,654.79	\$2,477.41

Exhibit D3Bi
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
June 2017 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Inclusa (GSR 3)	Inclusa (GSR 4 - Non-Expansion Counties)	Inclusa (GSR 5)	Inclusa (GSR 5-6)	Inclusa (GSR 7)	LCI (GSR 9)	LCI (GSR 10)	MCFCI (GSR 6)	MCFCI (GSR 5-6)	MCFCI (GSR 8)	MCFCI (GSR 11)
Intercept (Grid Component)	623.12	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)												
SNF	385.55	29.4%	24.8%	23.9%	24.0%	21.5%	22.2%	21.9%	20.1%	24.0%	20.4%	18.6%
Vent Dependent	2,908.11	0.0%	0.2%	0.0%	0.2%	0.1%	0.0%	0.0%	0.0%	0.2%	0.1%	0.1%
Number of IADLs (Grid Component)												
IADL_1	0.00	9.8%	5.9%	5.8%	4.4%	5.7%	4.3%	6.0%	4.0%	4.4%	8.4%	8.3%
IADL_2	232.48	11.4%	11.4%	11.7%	7.4%	10.0%	8.5%	10.2%	8.9%	7.4%	17.2%	9.0%
IADL_3	425.81	14.9%	9.6%	12.0%	10.2%	14.2%	10.1%	11.6%	10.9%	10.2%	14.2%	13.3%
IADL_4-5-6	674.87	63.9%	73.1%	70.5%	78.0%	70.0%	77.2%	72.2%	76.1%	78.0%	60.2%	69.5%
Specific ADLs / Equipment Used (Add-On)												
Transfer_2	639.00	28.1%	28.2%	29.5%	32.8%	27.1%	28.8%	28.6%	32.4%	32.8%	26.4%	25.1%
Interaction Terms (Add-On)												
Dress_Bath	155.83	75.8%	73.3%	77.8%	78.6%	72.9%	70.6%	79.1%	80.8%	78.6%	82.1%	77.7%
Dress_Toilet	334.16	55.0%	59.9%	62.9%	61.6%	53.0%	57.2%	56.1%	63.0%	61.6%	59.8%	56.8%
Injury_Overnight	752.76	0.4%	0.1%	0.0%	0.3%	0.2%	0.1%	0.2%	0.3%	0.3%	0.1%	0.5%
Overnight_Mental Illness	412.05	6.9%	7.7%	12.4%	11.6%	9.8%	12.9%	7.6%	12.5%	11.6%	7.4%	8.1%
Transfer_Equip_Mobility	668.80	11.2%	7.8%	7.9%	8.2%	7.2%	8.6%	7.6%	7.1%	8.2%	7.5%	5.7%
Trauma BI Post-22_Other Mental Illness	801.80	0.1%	0.2%	0.0%	0.0%	0.3%	0.1%	0.0%	0.0%	0.0%	0.1%	0.2%
Behavioral Variables (Add-On)												
Alcohol Drug Abuse	225.81	4.6%	5.9%	5.3%	4.7%	7.9%	8.4%	6.7%	4.2%	4.7%	6.2%	7.3%
Cognition_2	49.98	22.2%	28.5%	30.1%	32.6%	25.2%	32.1%	25.7%	27.1%	32.6%	22.3%	29.7%
Mental Health_2	156.76	64.2%	62.1%	59.2%	58.5%	60.1%	60.9%	62.1%	59.8%	58.5%	59.7%	60.2%
Offensive_1-2	290.97	5.0%	6.7%	8.4%	5.8%	4.4%	5.3%	5.2%	4.4%	5.8%	3.4%	3.9%
Offensive_3	503.06	1.1%	2.1%	1.5%	1.2%	1.7%	0.6%	1.5%	1.2%	1.5%	0.8%	1.9%
Wander_2	90.24	3.5%	4.0%	3.8%	3.7%	3.4%	2.6%	3.1%	2.9%	3.7%	1.8%	2.1%
Medication Use (Add-On)												
Meds_2B	187.35	56.2%	69.1%	63.0%	72.6%	65.3%	66.7%	65.8%	73.8%	72.6%	58.8%	70.5%
Health Related Services (Add-On)												
Exercise	140.23	13.2%	9.6%	12.0%	6.6%	11.3%	6.0%	6.2%	4.4%	6.6%	3.9%	4.9%
Med Management	70.89	23.8%	30.0%	22.7%	25.6%	23.4%	23.5%	22.4%	20.8%	25.6%	23.7%	21.2%
Mental Illness	148.19	15.5%	18.1%	22.7%	27.5%	20.1%	32.1%	20.1%	27.9%	27.5%	26.6%	20.2%
Overnight	355.79	76.0%	79.0%	83.9%	83.9%	73.3%	84.2%	80.3%	82.6%	83.9%	70.5%	76.2%
Reposition	407.48	9.5%	6.9%	6.3%	7.6%	5.0%	7.6%	5.4%	7.3%	7.6%	8.4%	5.7%
Respirate	124.50	10.4%	9.7%	10.1%	7.9%	9.2%	8.9%	9.4%	9.0%	7.9%	5.9%	6.4%
Tracheostomy	2,457.40	0.1%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%	0.0%	0.2%	0.2%	0.1%
Ulcer Stage 3-4	652.85	1.0%	0.8%	0.3%	0.6%	0.2%	0.5%	0.5%	0.5%	0.6%	0.7%	0.7%
Diagnoses (Add-On)												
Alzheimers	198.63	36.1%	39.6%	42.2%	49.0%	37.9%	41.8%	41.6%	44.9%	49.0%	38.9%	49.0%
Incidents												
Incidents_0	0.00	98.4%	98.1%	99.0%	99.7%	97.4%	99.2%	99.5%	99.0%	99.7%	99.7%	99.4%
Incidents_1+	308.92	1.6%	1.9%	1.0%	0.3%	2.6%	0.8%	0.5%	1.0%	0.3%	0.3%	0.6%
Frail Elderly Composite	\$2,570.04	\$2,564.11	\$2,627.28	\$2,657.99	\$2,747.04	\$2,533.49	\$2,671.87	\$2,579.52	\$2,696.26	\$2,747.04	\$2,475.79	\$2,535.76

Exhibit D3Bii
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
June 2017 Non-Base Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Care WI (GSR 11)	Care WI (GSR 13)	LCI (GSR 4 - Non-Expansion Counties)	LCI (GSR 13)	MCFCI (GSR 2)	MCFCI (GSR 3)
Intercept (Grid Component)	623.12	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)							
SNF	385.55	18.6%	20.2%	24.8%	26.6%	23.9%	28.4%
Vent Dependent	2,908.11	0.1%	0.2%	0.2%	0.2%	0.0%	0.0%
Number of IADLs (Grid Component)							
IADL_1	0.00	8.3%	5.0%	5.9%	5.5%	9.4%	10.6%
IADL_2	232.48	9.0%	13.7%	11.4%	9.7%	13.1%	12.0%
IADL_3	425.81	13.3%	14.6%	9.6%	12.2%	13.6%	15.0%
IADL_4-5-6	674.87	69.5%	66.7%	73.1%	72.6%	63.9%	62.3%
Specific ADLs / Equipment Used (Add-On)							
Transfer_2	639.00	25.1%	27.0%	28.2%	29.0%	21.3%	27.0%
Interaction Terms (Add-On)							
Dress_Bath	155.83	77.7%	74.1%	73.3%	77.3%	65.0%	75.0%
Dress_Toilet	334.16	56.8%	54.2%	59.9%	67.1%	45.9%	54.2%
Injury_Overnight	752.76	0.5%	0.0%	0.1%	0.0%	0.1%	0.4%
Overnight_Mental Illness	412.05	8.1%	3.9%	7.7%	9.6%	8.9%	6.7%
Transfer_Equip_Mobility	668.80	5.7%	7.2%	7.8%	6.6%	8.6%	10.3%
Trauma BI Post-22_Other Mental Illness	801.80	0.2%	0.0%	0.2%	0.3%	0.3%	0.1%
Behavioral Variables (Add-On)							
Alcohol Drug Abuse	225.81	7.3%	3.9%	5.9%	6.4%	8.3%	5.8%
Cognition_2	49.98	29.7%	24.0%	28.5%	30.1%	22.7%	21.9%
Mental Health_2	156.76	60.2%	60.6%	62.1%	58.1%	62.1%	62.5%
Offensive_1-2	290.97	3.9%	4.9%	6.7%	7.7%	7.9%	5.1%
Offensive_3	503.06	1.9%	0.3%	2.1%	0.8%	1.7%	1.2%
Wander_2	90.24	2.1%	3.4%	4.0%	2.8%	3.2%	3.8%
Medication Use (Add-On)							
Meds_2B	187.35	70.5%	64.0%	69.1%	62.5%	61.7%	55.7%
Health Related Services (Add-On)							
Exercise	140.23	4.9%	6.3%	9.6%	9.6%	13.3%	12.5%
Med Management	70.89	21.2%	21.3%	30.0%	21.8%	19.8%	23.3%
Mental Illness	148.19	20.2%	17.2%	18.1%	20.4%	23.2%	15.8%
Overnight	355.79	76.2%	75.9%	79.0%	84.1%	74.4%	74.8%
Reposition	407.48	5.7%	6.5%	6.9%	6.4%	8.4%	8.5%
Respirate	124.50	6.4%	9.7%	9.7%	8.9%	7.2%	9.9%
Tracheostomy	2,457.40	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%
Ulcer Stage 3-4	652.85	0.7%	1.2%	0.8%	0.8%	0.4%	1.0%
Diagnoses (Add-On)							
Alzheimers	198.63	49.0%	32.9%	39.6%	41.0%	34.9%	35.9%
Incidents							
Incidents_0	0.00	99.4%	99.4%	98.1%	98.1%	98.8%	98.4%
Incidents_1+	308.92	0.6%	0.6%	1.9%	1.9%	1.2%	1.6%
Frail Elderly Composite	\$2,570.04	\$2,535.76	\$2,472.06	\$2,627.28	\$2,666.34	\$2,452.51	\$2,523.85

Exhibit D3Biii
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
June 2017 Expansion Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Care WI (GSR 1 - Expansion Counties)	Care WI (GSR 12)	Inclusa (GSR 1 - Expansion Counties)	Inclusa (GSR 4 - Expansion Counties)	Inclusa (GSR 14)	LCI (GSR 4 - Expansion Counties)	MCFCI (GSR 12)	MCFCI (GSR 14)
Intercept (Grid Component)	623.12	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)									
SNF	385.55	11.6%	29.4%	11.6%	11.3%	13.5%	11.3%	29.4%	17.1%
Vent Dependent	2,908.11	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%
Number of IADLs (Grid Component)									
IADL_1	0.00	21.7%	4.2%	21.7%	12.6%	5.8%	12.6%	4.2%	21.5%
IADL_2	232.48	11.6%	8.3%	11.6%	17.3%	11.7%	17.3%	8.3%	20.7%
IADL_3	425.81	14.5%	12.9%	14.5%	21.6%	7.4%	21.6%	12.9%	17.5%
IADL_4-5-6	674.87	52.2%	74.6%	52.2%	48.5%	75.1%	48.5%	74.6%	40.3%
Specific ADLs / Equipment Used (Add-On)									
Transfer_2	639.00	11.6%	32.8%	11.6%	13.4%	38.8%	13.4%	32.8%	12.7%
Interaction Terms (Add-On)									
Dress_Bath	155.83	65.2%	75.9%	65.2%	59.7%	73.6%	59.7%	75.9%	70.7%
Dress_Toilet	334.16	39.1%	65.4%	39.1%	37.7%	67.7%	37.7%	65.4%	43.8%
Injury_Overnight	752.76	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
Overnight_Mental Illness	412.05	1.4%	7.0%	1.4%	0.0%	8.4%	0.0%	7.0%	0.0%
Transfer_Equip_Mobility	668.80	1.4%	6.6%	1.4%	2.6%	8.1%	2.6%	6.6%	3.8%
Trauma BI Post-22_Other Mental Illness	801.80	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%
Behavioral Variables (Add-On)									
Alcohol Drug Abuse	225.81	1.4%	3.8%	1.4%	3.5%	6.8%	3.5%	3.8%	1.9%
Cognition_2	49.98	14.5%	32.6%	14.5%	19.9%	24.7%	19.9%	32.6%	19.3%
Mental Health_2	156.76	47.8%	53.9%	47.8%	47.8%	50.4%	42.0%	53.9%	51.9%
Offensive_1-2	290.97	1.4%	6.2%	1.4%	4.8%	3.0%	4.8%	6.2%	5.7%
Offensive_3	503.06	0.0%	1.0%	0.0%	0.0%	2.0%	0.0%	1.0%	1.9%
Wander_2	90.24	1.4%	3.8%	1.4%	1.7%	5.7%	1.7%	3.8%	1.9%
Medication Use (Add-On)									
Meds_2B	187.35	40.6%	66.8%	40.6%	37.2%	66.3%	37.2%	66.8%	46.0%
Health Related Services (Add-On)									
Exercise	140.23	0.0%	12.7%	0.0%	3.0%	8.1%	3.0%	12.7%	1.9%
Med Management	70.89	2.9%	23.1%	2.9%	14.7%	15.6%	14.7%	23.1%	14.6%
Mental Illness	148.19	7.2%	14.7%	7.2%	7.4%	16.5%	7.4%	14.7%	15.3%
Overnight	355.79	42.0%	82.5%	42.0%	47.2%	85.4%	47.2%	82.5%	47.6%
Reposition	407.48	1.4%	4.8%	1.4%	0.9%	10.1%	0.9%	4.8%	1.9%
Respirate	124.50	1.4%	6.0%	1.4%	3.0%	12.8%	3.0%	6.0%	1.9%
Tracheostomy	2,457.40	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%
Ulcer Stage 3-4	652.85	0.0%	1.0%	0.0%	0.9%	0.7%	0.9%	1.0%	1.8%
Diagnoses (Add-On)									
Alzheimers	198.63	26.1%	45.3%	26.1%	35.1%	41.2%	35.1%	45.3%	29.2%
Incidents									
Incidents_0	0.00	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	98.1%
Incidents_1+	308.92	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	1.9%
Frail Elderly Composite	\$2,570.04	\$1,819.63	\$2,674.40	\$1,819.63	\$1,893.07	\$2,745.15	\$1,893.07	\$2,674.40	\$1,947.08

Exhibit E1
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 Development of Service Portion of LTC Rate
 Nursing Home Level of Care

Base Cohort DD Development	2018 Exposure Months	(A) MCO/GSR Specific Base Rate Development			MCO/GSR Specific Risk Adjusted Rate	(D1) Projection to CY 2018						Projected Per Capita Monthly Costs
		Regression Results		Risk Score - June 2017 Enrollment		2018 DD Adjustment Factors						
		DD Base Cohort Costs				Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Phase-In	Personal Care Rate Increase	
Care WI (GSR 1 - Non-Expansion Counties)	676	\$3,556.13		1.0753	\$3,824.06	0.9943	0.9965	1.0323	1.0118	1.0000	1.0001	\$3,957.83
Care WI (GSR 2)	1,884	3,556.13		1.0128	3,601.57	0.9943	0.9965	1.0323	0.9947	1.0000	1.0001	3,664.42
Care WI (GSR 3)	639	3,556.13		0.9393	3,340.29	0.9943	0.9965	1.0323	0.9850	1.0000	1.0001	3,365.53
Care WI (GSR 5)	15,601	3,556.13		1.0228	3,637.05	0.9943	0.9965	1.0323	0.9766	1.0000	1.0001	3,633.10
Care WI (GSR 6)	1,201	3,556.13		1.0020	3,563.28	0.9943	0.9965	1.0323	0.9887	1.0000	1.0001	3,603.59
Care WI (GSR 5-6)	9,086	3,556.13		1.0471	3,723.77	0.9943	0.9965	1.0323	1.0171	1.0000	1.0001	3,874.32
CCI (GSR 6)	11,729	3,556.13		1.0076	3,582.98	0.9943	0.9965	1.0323	0.9887	1.0000	1.0001	3,623.51
CCI (GSR 5-6)	7,560	3,556.13		1.0654	3,788.83	0.9943	0.9965	1.0323	1.0171	1.0000	1.0001	3,942.02
CCI (GSR 8)	12,883	3,556.13		0.9485	3,372.88	0.9943	0.9965	1.0323	1.0171	1.0000	1.0001	3,509.24
CCI (GSR 9)	1,110	3,556.13		0.9104	3,237.59	0.9943	0.9965	1.0323	0.9896	1.0000	1.0001	3,277.12
CCI (GSR 10)	9,772	3,556.13		1.0038	3,569.81	0.9943	0.9965	1.0323	0.9772	1.0000	1.0001	3,568.35
CCI (GSR 11)	13,953	3,556.13		1.0015	3,561.60	0.9943	0.9965	1.0323	1.0210	1.0000	1.0001	3,719.53
Inclusa (GSR 1 - Non-Expansion Counties)	13,268	3,556.13		1.0790	3,837.07	0.9943	0.9965	1.0323	1.0118	1.0000	1.0001	3,971.29
Inclusa (GSR 2)	18,104	3,556.13		1.0363	3,685.19	0.9943	0.9965	1.0323	0.9947	1.0000	1.0001	3,749.49
Inclusa (GSR 3)	11,055	3,556.13		0.9435	3,355.35	0.9943	0.9965	1.0323	0.9850	1.0000	1.0001	3,380.70
Inclusa (GSR 4 - Non-Expansion Counties)	18,201	3,556.13		0.9535	3,390.68	0.9943	0.9965	1.0323	0.9748	1.0000	1.0001	3,380.74
Inclusa (GSR 5)	464	3,556.13		1.0227	3,636.99	0.9943	0.9965	1.0323	0.9766	1.0000	1.0001	3,633.04
Inclusa (GSR 5-6)	283	3,556.13		1.0531	3,744.95	0.9943	0.9965	1.0323	1.0171	1.0000	1.0001	3,896.35
Inclusa (GSR 7)	12,187	3,556.13		1.0129	3,601.94	0.9943	0.9965	1.0323	0.9809	1.0000	1.0001	3,614.19
LCI (GSR 9)	14,639	3,556.13		0.9141	3,250.49	0.9943	0.9965	1.0323	0.9896	1.0000	1.0001	3,290.18
LCI (GSR 10)	871	3,556.13		0.9972	3,546.28	0.9943	0.9965	1.0323	0.9772	1.0000	1.0001	3,544.84
MCFCI (GSR 6)	425	3,556.13		1.0020	3,563.28	0.9943	0.9965	1.0323	0.9887	1.0000	1.0001	3,603.59
MCFCI (GSR 5-6)	572	3,556.13		1.0531	3,744.95	0.9943	0.9965	1.0323	1.0171	1.0000	1.0001	3,896.35
MCFCI (GSR 8)	26,644	3,556.13		1.0041	3,570.84	0.9943	0.9965	1.0323	1.0171	1.0000	1.0001	3,715.21
MCFCI (GSR 11)	1,309	3,556.13		1.0010	3,559.66	0.9943	0.9965	1.0323	1.0210	1.0000	1.0001	3,717.50
Total DD Base Cohort	204,114	\$3,556.13		1.0000	\$3,556.13	0.9943	0.9965	1.0323	0.9981	1.0000	1.0001	\$3,630.47

Non-Base Cohort DD Development	2018 Exposure Months	(A) MCO/GSR Specific Expansion Rate Development			MCO/GSR Specific Risk Adjusted Rate	(D1) Projection to CY 2018						Projected Per Capita Monthly Costs
		Regression Results		Risk Score - June 2017 Enrollment		2018 DD Adjustment Factors						
		DD Non-Base Cohort Costs				Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Phase-In	Personal Care Rate Increase	
Care WI (GSR 11)	0	\$3,556.13		1.0010	\$3,559.66	0.9943	0.9965	1.0323	1.0210	1.0000	1.0001	\$3,717.50
Care WI (GSR 13)	10,428	3,556.13		0.8746	3,110.07	0.9943	0.9965	1.0323	0.9768	1.0000	1.0001	3,107.59
LCI (GSR 4 - Non-Expansion Counties)	864	3,556.13		0.9535	3,390.68	0.9943	0.9965	1.0323	0.9748	1.0000	1.0001	3,380.74
LCI (GSR 13)	11,466	3,556.13		0.9936	3,533.33	0.9943	0.9965	1.0323	0.9768	1.0000	1.0001	3,530.51
MCFCI (GSR 2)	0	3,556.13		1.0128	3,601.57	0.9943	0.9965	1.0323	0.9947	1.0000	1.0001	3,664.42
MCFCI (GSR 3)	0	3,556.13		0.9393	3,340.29	0.9943	0.9965	1.0323	0.9850	1.0000	1.0001	3,365.53
Total DD Non-Base Cohort	22,759	\$3,556.13		0.9375	\$3,333.98	0.9943	0.9965	1.0323	0.9768	1.0000	1.0001	\$3,331.04

Expansion Cohort DD Development	2018 Exposure Months	(A) MCO/GSR Specific Waiver/Waitlist Rate Development			MCO/GSR Specific Risk Adjusted Rate	(D1) Projection to CY 2018						Projected Per Capita Monthly Costs
		Regression Results		Risk Score - June 2017 Enrollment		2018 DD Adjustment Factors						
		DD Expansion Cohort Costs				Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Phase-In	Personal Care Rate Increase	
Care WI (GSR 1 Expansion - Taylor)	379	\$3,556.13		0.7069	\$2,513.89	0.9943	0.9965	1.0323	1.0118	1.0000	1.0001	\$2,601.82
Care WI (GSR 12)	5,038	3,556.13		0.9151	3,254.31	0.9943	0.9965	1.0323	1.0503	1.3349	1.0001	4,667.12
Inclusa (GSR 1 Expansion - Taylor)	379	3,556.13		0.7069	2,513.89	0.9943	0.9965	1.0323	1.0118	1.0000	1.0001	2,601.82
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	1,257	3,556.13		0.8943	3,180.27	0.9943	0.9965	1.0323	0.9748	1.0824	1.0001	3,432.33
Inclusa (GSR 14)	4,547	3,556.13		1.0533	3,745.69	0.9943	0.9965	1.0323	0.9753	1.0793	1.0001	4,033.08
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	1,257	3,556.13		0.8943	3,180.27	0.9943	0.9965	1.0323	0.9748	1.0824	1.0001	3,432.33
MCFCI (GSR 12)	5,038	3,556.13		0.9151	3,254.31	0.9943	0.9965	1.0323	1.0503	1.3349	1.0001	4,667.12
MCFCI (GSR 14)	2,138	3,556.13		0.7900	2,809.26	0.9943	0.9965	1.0323	0.9753	1.0793	1.0001	3,024.80
Total DD Expansion Cohort	20,033	\$3,556.13		0.9226	\$3,281.04	0.9943	0.9965	1.0323	1.0137	1.2095	1.0001	\$4,114.80

Total DD Population		(A)	(B)	(C) = (A) x (B)	(D1)	(D2)	(D3)	(D4)	(D5)	(D6)	(E) = (C) x (D)
Total DD Population		246,906	\$3,556.13	0.9880	0.9943	0.9965	1.0323	0.9974	1.0161	1.0001	\$3,642.17

Exhibit E1
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 Development of Service Portion of LTC Rate
 Nursing Home Level of Care

Base Cohort PD Development	2018 Exposure Months	(A) MCO/GSR Specific Base Rate Development			MCO/GSR Specific Risk Adjusted Rate	(D1) Projection to CY 2018						Projected Per Capita Monthly Costs
		Regression Results		Risk Score - June 2017 Enrollment		2018 PD Adjustment Factors						
		PD Base Cohort Costs	Risk Score - June 2017 Enrollment			Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Phase-In	Personal Care Rate Increase	
Care WI (GSR 1 - Non-Expansion Counties)	691	\$2,383.11	1.0828		0.9913	1.0083	1.0201	1.0118	1.0000	1.0003	\$2,662.76	
Care WI (GSR 2)	1,921	2,383.11	0.9195		0.9913	1.0083	1.0201	0.9947	1.0000	1.0003	2,223.02	
Care WI (GSR 3)	678	2,383.11	0.9359		0.9913	1.0083	1.0201	0.9850	1.0000	1.0003	2,240.59	
Care WI (GSR 5)	3,697	2,383.11	1.0755		0.9913	1.0083	1.0201	0.9766	1.0000	1.0003	2,552.79	
Care WI (GSR 6)	856	2,383.11	1.1360		0.9913	1.0083	1.0201	0.9887	1.0000	1.0003	2,729.83	
Care WI (GSR 5-6)	1,667	2,383.11	1.4063		0.9913	1.0083	1.0201	1.0171	1.0000	1.0003	3,476.67	
CCI (GSR 6)	2,588	2,383.11	1.1463		0.9913	1.0083	1.0201	0.9887	1.0000	1.0003	2,754.46	
CCI (GSR 5-6)	1,827	2,383.11	1.1352		0.9913	1.0083	1.0201	1.0171	1.0000	1.0003	2,806.41	
CCI (GSR 8)	11,257	2,383.11	0.9075		0.9913	1.0083	1.0201	1.0171	1.0000	1.0003	2,243.52	
CCI (GSR 9)	983	2,383.11	0.9592		0.9913	1.0083	1.0201	0.9896	1.0000	1.0003	2,307.03	
CCI (GSR 10)	2,024	2,383.11	1.0156		0.9913	1.0083	1.0201	0.9772	1.0000	1.0003	2,412.20	
CCI (GSR 11)	5,470	2,383.11	1.0376		0.9913	1.0083	1.0201	1.0210	1.0000	1.0003	2,574.61	
Inclusa (GSR 1 - Non-Expansion Counties)	4,502	2,383.11	1.0986		0.9913	1.0083	1.0201	1.0118	1.0000	1.0003	2,701.59	
Inclusa (GSR 2)	9,029	2,383.11	0.9325		0.9913	1.0083	1.0201	0.9947	1.0000	1.0003	2,254.43	
Inclusa (GSR 3)	4,957	2,383.11	0.9471		0.9913	1.0083	1.0201	0.9850	1.0000	1.0003	2,267.36	
Inclusa (GSR 4 - Non-Expansion Counties)	6,421	2,383.11	1.0588		0.9913	1.0083	1.0201	0.9748	1.0000	1.0003	2,508.40	
Inclusa (GSR 5)	363	2,383.11	1.0616		0.9913	1.0083	1.0201	0.9766	1.0000	1.0003	2,519.79	
Inclusa (GSR 5-6)	162	2,383.11	1.2345		0.9913	1.0083	1.0201	1.0171	1.0000	1.0003	3,051.75	
Inclusa (GSR 7)	4,326	2,383.11	1.0637		0.9913	1.0083	1.0201	0.9809	1.0000	1.0003	2,535.98	
LCI (GSR 9)	4,801	2,383.11	0.9889		0.9913	1.0083	1.0201	0.9896	1.0000	1.0003	2,378.33	
LCI (GSR 10)	599	2,383.11	1.0254		0.9913	1.0083	1.0201	0.9772	1.0000	1.0003	2,435.39	
MCFCI (GSR 6)	168	2,383.11	1.1360		0.9913	1.0083	1.0201	0.9887	1.0000	1.0003	2,729.83	
MCFCI (GSR 5-6)	370	2,383.11	1.2345		0.9913	1.0083	1.0201	1.0171	1.0000	1.0003	3,051.75	
MCFCI (GSR 8)	16,309	2,383.11	0.9329		0.9913	1.0083	1.0201	1.0171	1.0000	1.0003	2,306.20	
MCFCI (GSR 11)	1,179	2,383.11	1.0200		0.9913	1.0083	1.0201	1.0210	1.0000	1.0003	2,531.01	
Total PD Base Cohort	86,845	\$2,383.11	1.0000		0.9913	1.0083	1.0201	1.0008	1.0000	1.0003	\$2,432.48	

Non-Base Cohort PD Development	2018 Exposure Months	(A) MCO/GSR Specific Expansion Rate Development			MCO/GSR Specific Risk Adjusted Rate	(D1) Projection to CY 2018						Projected Per Capita Monthly Costs
		Regression Results		Risk Score - June 2017 Enrollment		2018 PD Adjustment Factors						
		PD Non-Base Cohort Costs	Risk Score - June 2017 Enrollment			Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Phase-In	Personal Care Rate Increase	
Care WI (GSR 11)	0	\$2,383.11	1.0200		0.9913	1.0083	1.0201	1.0210	1.0000	1.0003	\$2,531.01	
Care WI (GSR 13)	3,896	2,383.11	1.0533		0.9913	1.0083	1.0201	0.9768	1.0000	1.0003	2,500.68	
LCI (GSR 4 - Non-Expansion Counties)	315	2,383.11	1.0588		0.9913	1.0083	1.0201	0.9748	1.0000	1.0003	2,508.40	
LCI (GSR 13)	3,387	2,383.11	1.1821		0.9913	1.0083	1.0201	0.9768	1.0000	1.0003	2,806.50	
MCFCI (GSR 2)	0	2,383.11	0.9195		0.9913	1.0083	1.0201	0.9947	1.0000	1.0003	2,223.02	
MCFCI (GSR 3)	0	2,383.11	0.9359		0.9913	1.0083	1.0201	0.9850	1.0000	1.0003	2,240.59	
Total PD Non-Base Cohort	7,598	\$2,383.11	1.1109		0.9913	1.0083	1.0201	0.9768	1.0000	1.0003	\$2,637.33	

Expansion Cohort PD Development	2018 Exposure Months	(A) MCO/GSR Specific Waiver/Waitlist Rate Development			MCO/GSR Specific Risk Adjusted Rate	(D1) Projection to CY 2018						Projected Per Capita Monthly Costs
		Regression Results		Risk Score - June 2017 Enrollment		2018 PD Adjustment Factors						
		PD Expansion Cohort Costs	Risk Score - June 2017 Enrollment			Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Phase-In	Personal Care Rate Increase	
Care WI (GSR 1 Expansion - Taylor)	179	\$2,383.11	0.6761		0.9913	1.0083	1.0201	1.0118	1.0000	1.0003	\$1,662.73	
Care WI (GSR 12)	1,378	2,383.11	1.3848		0.9913	1.0083	1.0201	1.0503	1.3349	1.0003	4,718.79	
Inclusa (GSR 1 Expansion - Taylor)	179	2,383.11	0.6761		0.9913	1.0083	1.0201	1.0118	1.0000	1.0003	1,662.73	
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	1,000	2,383.11	0.8398		0.9913	1.0083	1.0201	0.9748	1.0824	1.0003	2,153.55	
Inclusa (GSR 14)	1,115	2,383.11	1.3112		0.9913	1.0083	1.0201	0.9753	1.0793	1.0003	3,354.60	
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	1,000	2,383.11	0.8398		0.9913	1.0083	1.0201	0.9748	1.0824	1.0003	2,153.55	
MCFCI (GSR 12)	1,378	2,383.11	1.3848		0.9913	1.0083	1.0201	1.0503	1.3349	1.0003	4,718.79	
MCFCI (GSR 14)	466	2,383.11	1.0670		0.9913	1.0083	1.0201	0.9753	1.0793	1.0003	2,729.84	
Total PD Expansion Cohort	6,694	\$2,383.11	1.1497		0.9913	1.0083	1.0201	1.0135	1.2088	1.0003	\$3,423.33	

Total PD Population		(A)	(B)	(C) = (A) x (B)	(D1)	(D2)	(D3)	(D4)	(D5)	(D6)	(E) = (C) x (D)
	101,138	\$2,383.11	1.0182	\$2,426.58	0.9913	1.0083	1.0201	0.9998	1.0158	1.0003	\$2,513.45

Exhibit E1
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 Development of Service Portion of LTC Rate
 Nursing Home Level of Care

Base Cohort FE Development	2018 Exposure Months	(A) MCO/GSR Specific Base Rate Development			MCO/GSR Specific Risk Adjusted Rate	(D1) - (D6) Projection to CY 2018						Projected Per Capita Monthly Costs
		(B) Regression Results		Risk Score - June 2017 Enrollment		(D2) - (D6) 2018 FE Adjustment Factors						
		FE Base Cohort Costs				Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Phase-In	Personal Care Rate Increase	
Care WI (GSR 1 - Non-Expansion Counties)	1,246	\$2,533.16		1.0192	\$2,581.73	0.9971	1.0196	1.0241	1.0118	1.0000	1.0001	\$2,719.86
Care WI (GSR 2)	1,855	2,533.16		0.9543	2,417.32	0.9971	1.0196	1.0241	0.9947	1.0000	1.0001	2,503.52
Care WI (GSR 3)	1,227	2,533.16		0.9820	2,487.63	0.9971	1.0196	1.0241	0.9850	1.0000	1.0001	2,551.28
Care WI (GSR 5)	9,347	2,533.16		1.0377	2,628.73	0.9971	1.0196	1.0241	0.9766	1.0000	1.0001	2,672.87
Care WI (GSR 6)	2,321	2,533.16		1.0491	2,657.57	0.9971	1.0196	1.0241	0.9887	1.0000	1.0001	2,735.73
Care WI (GSR 5-6)	8,562	2,533.16		1.0678	2,705.01	0.9971	1.0196	1.0241	1.0171	1.0000	1.0001	2,864.74
CCI (GSR 6)	8,094	2,533.16		1.0608	2,687.17	0.9971	1.0196	1.0241	0.9887	1.0000	1.0001	2,766.20
CCI (GSR 5-6)	6,306	2,533.16		1.0678	2,704.92	0.9971	1.0196	1.0241	1.0171	1.0000	1.0001	2,864.65
CCI (GSR 8)	9,144	2,533.16		0.9604	2,432.94	0.9971	1.0196	1.0241	1.0171	1.0000	1.0001	2,576.61
CCI (GSR 9)	1,693	2,533.16		1.0364	2,625.43	0.9971	1.0196	1.0241	0.9896	1.0000	1.0001	2,705.05
CCI (GSR 10)	7,027	2,533.16		1.0000	2,533.27	0.9971	1.0196	1.0241	0.9772	1.0000	1.0001	2,577.56
CCI (GSR 11)	9,306	2,533.16		0.9784	2,478.46	0.9971	1.0196	1.0241	1.0210	1.0000	1.0001	2,634.68
Inclusa (GSR 1 - Non-Expansion Counties)	12,175	2,533.16		1.0330	2,616.69	0.9971	1.0196	1.0241	1.0118	1.0000	1.0001	2,756.70
Inclusa (GSR 2)	18,323	2,533.16		0.9640	2,441.86	0.9971	1.0196	1.0241	0.9947	1.0000	1.0001	2,528.93
Inclusa (GSR 3)	8,983	2,533.16		0.9977	2,527.31	0.9971	1.0196	1.0241	0.9850	1.0000	1.0001	2,591.98
Inclusa (GSR 4 - Non-Expansion Counties)	15,944	2,533.16		1.0223	2,589.58	0.9971	1.0196	1.0241	0.9748	1.0000	1.0001	2,628.20
Inclusa (GSR 5)	832	2,533.16		1.0342	2,619.84	0.9971	1.0196	1.0241	0.9766	1.0000	1.0001	2,663.83
Inclusa (GSR 5-6)	331	2,533.16		1.0689	2,707.62	0.9971	1.0196	1.0241	1.0171	1.0000	1.0001	2,867.51
Inclusa (GSR 7)	11,644	2,533.16		0.9858	2,497.13	0.9971	1.0196	1.0241	0.9809	1.0000	1.0001	2,550.47
LCI (GSR 9)	10,717	2,533.16		1.0396	2,633.52	0.9971	1.0196	1.0241	0.9896	1.0000	1.0001	2,713.38
LCI (GSR 10)	1,640	2,533.16		1.0037	2,542.50	0.9971	1.0196	1.0241	0.9772	1.0000	1.0001	2,586.95
MCFCI (GSR 6)	329	2,533.16		1.0491	2,657.57	0.9971	1.0196	1.0241	0.9887	1.0000	1.0001	2,735.73
MCFCI (GSR 5-6)	1,002	2,533.16		1.0689	2,707.62	0.9971	1.0196	1.0241	1.0171	1.0000	1.0001	2,867.51
MCFCI (GSR 8)	50,317	2,533.16		0.9633	2,440.26	0.9971	1.0196	1.0241	1.0171	1.0000	1.0001	2,584.36
MCFCI (GSR 11)	1,120	2,533.16		0.9867	2,499.37	0.9971	1.0196	1.0241	1.0210	1.0000	1.0001	2,656.91
Total FE Base Cohort	199,487	\$2,533.16		1.0000	\$2,533.16	0.9971	1.0196	1.0241	1.0003	1.0000	1.0001	\$2,638.34

Non-Base Cohort FE Development	2018 Exposure Months	(A) MCO/GSR Specific Expansion Rate Development			MCO/GSR Specific Risk Adjusted Rate	(D1) - (D6) Projection to CY 2018						Projected Per Capita Monthly Costs
		(B) Regression Results		Risk Score - June 2017 Enrollment		(D2) - (D6) 2018 FE Adjustment Factors						
		FE Non-Base Cohort Costs				Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Phase-In	Personal Care Rate Increase	
Care WI (GSR 11)	0	\$2,533.16		0.9867	\$2,499.37	0.9971	1.0196	1.0241	1.0210	1.0000	1.0001	\$2,656.91
Care WI (GSR 13)	7,607	2,533.16		0.9619	2,436.58	0.9971	1.0196	1.0241	0.9768	1.0000	1.0001	2,478.21
LCI (GSR 4 - Non-Expansion Counties)	756	2,533.16		1.0223	2,589.58	0.9971	1.0196	1.0241	0.9748	1.0000	1.0001	2,628.20
LCI (GSR 13)	8,352	2,533.16		1.0375	2,628.08	0.9971	1.0196	1.0241	0.9768	1.0000	1.0001	2,672.98
MCFCI (GSR 2)	0	2,533.16		0.9543	2,417.32	0.9971	1.0196	1.0241	0.9947	1.0000	1.0001	2,503.52
MCFCI (GSR 3)	0	2,533.16		0.9820	2,487.63	0.9971	1.0196	1.0241	0.9850	1.0000	1.0001	2,551.28
Total FE Non-Base Cohort	16,714	\$2,533.16		1.0024	\$2,539.19	0.9971	1.0196	1.0241	0.9767	1.0000	1.0001	\$2,582.31

Expansion Cohort FE Development	2018 Exposure Months	(A) MCO/GSR Specific Waiver/Waitlist Rate Development			MCO/GSR Specific Risk Adjusted Rate	(D1) - (D6) Projection to CY 2018						Projected Per Capita Monthly Costs
		(B) Regression Results		Risk Score - June 2017 Enrollment		(D2) - (D6) 2018 FE Adjustment Factors						
		FE Expansion Cohort Costs				Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Phase-In	Personal Care Rate Increase	
Care WI (GSR 1 Expansion - Taylor)	376	\$2,533.16		0.7080	\$1,793.52	0.9971	1.0196	1.0241	1.0118	1.0000	1.0001	\$1,889.48
Care WI (GSR 12)	1,180	2,533.16		1.0406	2,636.02	0.9971	1.0196	1.0241	1.0503	1.3349	1.0001	3,848.06
Inclusa (GSR 1 Expansion - Taylor)	376	2,533.16		0.7080	1,793.52	0.9971	1.0196	1.0241	1.0118	1.0000	1.0001	1,889.48
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	1,125	2,533.16		0.7366	1,865.90	0.9971	1.0196	1.0241	0.9748	1.0824	1.0001	2,049.83
Inclusa (GSR 14)	2,031	2,533.16		1.0681	2,705.76	0.9971	1.0196	1.0241	0.9753	1.0793	1.0001	2,965.49
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	1,125	2,533.16		0.7366	1,865.90	0.9971	1.0196	1.0241	0.9748	1.0824	1.0001	2,049.83
MCFCI (GSR 12)	1,180	2,533.16		1.0406	2,636.02	0.9971	1.0196	1.0241	1.0503	1.3349	1.0001	3,848.06
MCFCI (GSR 14)	750	2,533.16		0.7576	1,919.14	0.9971	1.0196	1.0241	0.9753	1.0793	1.0001	2,103.37
Total FE Expansion Cohort	8,142	\$2,533.16		0.9067	\$2,296.78	0.9971	1.0196	1.0241	1.0028	1.1632	1.0001	\$2,789.41

Total FE Population		(A)	(B)	(C) = (A) x (B)	(D1)	(D2)	(D3)	(D4)	(D5)	(D6)	(E) = (C) x (D)
	224,344	\$2,533.16	0.9968	\$2,525.03	0.9971	1.0196	1.0241	0.9986	1.0054	1.0001	\$2,639.65

Exhibit E1
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 Development of Service Portion of LTC Rate
 Nursing Home Level of Care

Base Cohort Composite	2018 Exposure Months	(A) MCO/GSR Specific Waiver/Waitlist Rate Development			(C) = (A) x (B) MCO/GSR Specific Risk Adjusted Rate	(D1) - (D6) Projection to CY 2018						(E) = (C) x (D) Projected Per Capita Monthly Costs
		Regression Results		Risk Score - June 2017 Enrollment		2018 Base Cohort Adjustment Factors						
		Composite Base Cohort Costs	Risk Score - June 2017 Enrollment			Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Phase-In	Personal Care Rate Increase	
Care WI (GSR 1 - Non-Expansion Counties)	2,613	\$2,758.21	1.0524	\$2,902.86	0.9948	1.0091	1.0259	1.0118	1.0000	1.0001	\$3,025.12	
Care WI (GSR 2)	5,661	2,822.67	0.9688	2,734.73	0.9943	1.0064	1.0266	0.9947	1.0000	1.0001	2,794.65	
Care WI (GSR 3)	2,543	2,750.12	0.9575	2,633.25	0.9949	1.0097	1.0258	0.9850	1.0000	1.0001	2,673.01	
Care WI (GSR 5)	28,645	3,070.95	1.0321	3,169.44	0.9948	1.0040	1.0288	0.9766	1.0000	1.0001	3,180.36	
Care WI (GSR 6)	4,379	2,784.47	1.0472	2,915.77	0.9951	1.0098	1.0261	0.9887	1.0000	1.0001	2,972.67	
Care WI (GSR 5-6)	19,316	3,001.40	1.0795	3,240.03	0.9951	1.0061	1.0281	1.0171	1.0000	1.0001	3,392.46	
CCI (GSR 6)	22,411	3,051.21	1.0360	3,161.14	0.9949	1.0048	1.0285	0.9887	1.0000	1.0001	3,213.52	
CCI (GSR 5-6)	15,694	3,008.50	1.0727	3,227.14	0.9950	1.0054	1.0283	1.0171	1.0000	1.0001	3,376.89	
CCI (GSR 8)	33,283	2,878.37	0.9399	2,705.37	0.9942	1.0054	1.0269	1.0171	1.0000	1.0001	2,824.94	
CCI (GSR 9)	3,786	2,794.06	0.9723	2,716.71	0.9948	1.0091	1.0261	0.9896	1.0000	1.0001	2,769.37	
CCI (GSR 10)	18,823	3,048.09	1.0037	3,059.23	0.9949	1.0047	1.0287	0.9772	1.0000	1.0001	3,074.14	
CCI (GSR 11)	28,729	3,001.42	1.0007	3,003.40	0.9946	1.0045	1.0281	1.0210	1.0000	1.0001	3,150.13	
Inclusa (GSR 1 - Non-Expansion Counties)	29,944	2,963.86	1.0654	3,157.62	0.9949	1.0058	1.0280	1.0118	1.0000	1.0001	3,286.58	
Inclusa (GSR 2)	45,456	2,910.77	0.9940	2,893.43	0.9948	1.0062	1.0276	0.9947	1.0000	1.0001	2,960.52	
Inclusa (GSR 3)	24,995	2,955.84	0.9608	2,839.93	0.9947	1.0057	1.0277	0.9850	1.0000	1.0001	2,876.43	
Inclusa (GSR 4 - Non-Expansion Counties)	40,567	2,988.39	0.9899	2,938.51	0.9949	1.0061	1.0278	0.9748	1.0000	1.0001	2,946.88	
Inclusa (GSR 5)	1,659	2,786.49	1.0353	2,884.73	0.9950	1.0093	1.0262	0.9766	1.0000	1.0001	2,903.44	
Inclusa (GSR 5-6)	776	2,874.29	1.0905	3,134.37	0.9947	1.0073	1.0268	1.0171	1.0000	1.0001	3,280.71	
Inclusa (GSR 7)	28,157	2,952.86	1.0096	2,981.11	0.9949	1.0060	1.0278	0.9809	1.0000	1.0001	3,008.63	
LCI (GSR 9)	30,156	3,005.86	0.9611	2,888.94	0.9948	1.0055	1.0280	0.9896	1.0000	1.0001	2,940.04	
LCI (GSR 10)	3,110	2,790.79	1.0050	2,804.61	0.9951	1.0095	1.0263	0.9772	1.0000	1.0001	2,826.06	
MCFCI (GSR 6)	921	2,977.15	1.0358	3,083.87	0.9947	1.0055	1.0278	0.9887	1.0000	1.0001	3,134.48	
MCFCI (GSR 5-6)	1,944	2,805.52	1.0898	3,057.34	0.9950	1.0092	1.0263	1.0171	1.0000	1.0001	3,205.22	
MCFCI (GSR 8)	93,270	2,799.15	0.9736	2,725.26	0.9952	1.0093	1.0266	1.0171	1.0000	1.0001	2,858.76	
MCFCI (GSR 11)	3,608	2,855.31	1.0022	2,861.66	0.9942	1.0060	1.0266	1.0210	1.0000	1.0001	3,000.60	
Total Base Cohort	490,447	\$2,932.33	1.0000	\$2,932.33	0.9949	1.0063	1.0276	0.9993	1.0000	1.0001	\$3,014.79	

Non-Base Cohort Composite	2018 Exposure Months	(A) MCO/GSR Specific Expansion Rate Development			(C) = (A) x (B) MCO/GSR Specific Risk Adjusted Rate	(D1) - (D6) Projection to CY 2018						(E) = (C) x (D) Projected Per Capita Monthly Costs
		Regression Results		Risk Score - June 2017 Enrollment		2018 Non-Base Cohort Adjustment Factors						
		Composite Non-Base Cohort Costs	Risk Score - June 2017 Enrollment			Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Phase-In	Personal Care Rate Increase	
Care WI (GSR 11)	0	\$2,985.12	1.0008	\$2,985.68	0.9946	1.0047	1.0280	1.0210	1.0000	1.0001	\$3,131.59	
Care WI (GSR 13)	21,931	2,992.91	0.9255	2,769.88	0.9947	1.0054	1.0278	0.9768	1.0000	1.0001	2,781.47	
LCI (GSR 4 - Non-Expansion Counties)	1,935	2,965.79	0.9902	2,936.70	0.9948	1.0061	1.0277	0.9748	1.0000	1.0001	2,944.93	
LCI (GSR 13)	23,205	3,016.74	1.0286	3,102.97	0.9948	1.0051	1.0281	0.9768	1.0000	1.0001	3,116.20	
MCFCI (GSR 2)	0	2,901.02	0.9913	2,831.98	0.9947	1.0062	1.0275	0.9947	1.0000	1.0001	2,897.36	
MCFCI (GSR 3)	0	2,936.84	0.9605	2,797.06	0.9947	1.0060	1.0276	0.9850	1.0000	1.0001	2,833.46	
Total Non-Base Cohort	47,071	\$3,003.54	0.9792	\$2,940.94	0.9947	1.0053	1.0280	0.9768	1.0000	1.0001	\$2,953.20	

Expansion Cohort Composite	2018 Exposure Months	(A) MCO/GSR Specific Waiver/Waitlist Rate Development			(C) = (A) x (B) MCO/GSR Specific Risk Adjusted Rate	(D1) - (D6) Projection to CY 2018						(E) = (C) x (D) Projected Per Capita Monthly Costs
		Regression Results		Risk Score - June 2017 Enrollment		2018 Expansion Cohort Adjustment Factors						
		Composite Expansion Cohort Costs	Risk Score - June 2017 Enrollment			Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Phase-In	Personal Care Rate Increase	
Care WI (GSR 1 Expansion - Taylor)	934	\$2,919.56	0.7025	\$2,050.92	0.9948	1.0064	1.0275	1.0118	1.0000	1.0001	\$2,135.08	
Care WI (GSR 12)	7,595	3,184.47	0.9944	3,166.60	0.9941	1.0017	1.0289	1.0503	1.3349	1.0001	4,549.30	
Inclusa (GSR 1 Expansion - Taylor)	934	2,919.56	0.7025	2,050.92	0.9948	1.0064	1.0275	1.0118	1.0000	1.0001	2,135.08	
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	3,382	2,869.03	0.8346	2,394.46	0.9943	1.0054	1.0271	0.9748	1.0824	1.0001	2,594.35	
Inclusa (GSR 14)	7,693	3,116.07	1.0851	3,381.14	0.9945	1.0030	1.0289	0.9753	1.0793	1.0001	3,652.88	
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	3,382	2,869.03	0.8346	2,394.46	0.9943	1.0054	1.0271	0.9748	1.0824	1.0001	2,594.35	
MCFCI (GSR 12)	7,595	3,184.47	0.9944	3,166.60	0.9941	1.0017	1.0289	1.0503	1.3349	1.0001	4,549.30	
MCFCI (GSR 14)	3,354	3,164.46	0.8132	2,573.26	0.9944	1.0020	1.0292	0.9753	1.0793	1.0001	2,777.83	
Total Expansion Cohort	34,870	\$3,092.07	0.9532	\$2,947.31	0.9943	1.0028	1.0286	1.0117	1.2009	1.0001	\$3,672.57	

Grand Total	572,388	\$2,947.92	0.9953	\$2,933.95	0.9948	1.0060	1.0277	0.9982	1.0124	1.0001	\$3,049.80
-------------	---------	------------	--------	------------	--------	--------	--------	--------	--------	--------	------------

Exhibit E2
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Development of Service Portion of LTC Rate
Nursing Home Level of Care

Base Cohort DD Development	Application of HCRP			Market Variability Adjustment	2018 Service Costs
	(A) Projected Per Capita Monthly Costs	(B) HCRP Pooled Claims	(C) = (A) + (B) Projected Per Capita Monthly Costs w/ HCRP		
Care WI (GSR 1 - Non-Expansion Counties)	\$3,957.83	\$77.67	\$4,035.50	1.000	\$4,035.50
Care WI (GSR 2)	3,664.42	77.67	3,742.09	1.000	3,742.09
Care WI (GSR 3)	3,365.53	77.67	3,443.20	1.000	3,443.20
Care WI (GSR 5)	3,633.10	77.67	3,710.77	1.000	3,710.77
Care WI (GSR 6)	3,603.59	77.67	3,681.26	1.000	3,681.26
Care WI (GSR 5-6)	3,874.32	77.67	3,951.99	1.000	3,951.99
CCI (GSR 6)	3,623.51	77.67	3,701.18	1.000	3,701.18
CCI (GSR 5-6)	3,942.02	77.67	4,019.69	1.000	4,019.69
CCI (GSR 8)	3,509.24	77.67	3,586.91	1.000	3,586.91
CCI (GSR 9)	3,277.12	77.67	3,354.79	1.000	3,354.79
CCI (GSR 10)	3,568.35	77.67	3,646.02	1.000	3,646.02
CCI (GSR 11)	3,719.53	77.67	3,797.20	1.000	3,797.20
Inclusa (GSR 1 - Non-Expansion Counties)	3,971.29	77.67	4,048.96	1.014	4,106.46
Inclusa (GSR 2)	3,749.49	77.67	3,827.16	1.014	3,881.51
Inclusa (GSR 3)	3,380.70	77.67	3,458.37	1.014	3,507.48
Inclusa (GSR 4 - Non-Expansion Counties)	3,380.74	77.67	3,458.41	1.014	3,507.52
Inclusa (GSR 5)	3,633.04	77.67	3,710.71	1.014	3,763.40
Inclusa (GSR 5-6)	3,896.35	77.67	3,974.02	1.014	4,030.45
Inclusa (GSR 7)	3,614.19	77.67	3,691.86	1.014	3,744.28
LCI (GSR 9)	3,290.18	77.67	3,367.85	1.048	3,530.33
LCI (GSR 10)	3,544.84	77.67	3,622.51	1.048	3,797.28
MCFCI (GSR 6)	3,603.59	77.67	3,681.26	1.000	3,681.26
MCFCI (GSR 5-6)	3,896.35	77.67	3,974.02	1.000	3,974.02
MCFCI (GSR 8)	3,715.21	77.67	3,792.88	1.000	3,792.88
MCFCI (GSR 11)	3,717.50	77.67	3,795.17	1.000	3,795.17
Total DD Base Cohort	\$3,630.47	\$77.67	\$3,708.14	1.008	\$3,739.46
Non-Base Cohort					
Non-Base Cohort DD Development	Application of HCRP			Market Variability Adjustment	2018 Service Costs
	(A) Projected Per Capita Monthly Costs	(B) HCRP Pooled Claims	(C) = (A) + (B) Projected Per Capita Monthly Costs w/ HCRP		
Care WI (GSR 11)	\$3,717.50	\$77.67	\$3,795.17	1.000	\$3,795.17
Care WI (GSR 13)	3,107.59	77.67	3,185.26	1.000	3,185.26
LCI (GSR 4 - Non-Expansion Counties)	3,380.74	77.67	3,458.41	1.048	3,625.26
LCI (GSR 13)	3,530.51	77.67	3,608.18	1.048	3,782.26
MCFCI (GSR 2)	3,664.42	77.67	3,742.09	1.000	3,742.09
MCFCI (GSR 3)	3,365.53	77.67	3,443.20	1.000	3,443.20
Total DD Non-Base Cohort	\$3,331.04	\$77.67	\$3,408.71	1.028	\$3,502.75
Expansion Cohort					
Expansion Cohort DD Development	Application of HCRP			Market Variability Adjustment	2018 Service Costs
	(A) Projected Per Capita Monthly Costs	(B) HCRP Pooled Claims	(C) = (A) + (B) Projected Per Capita Monthly Costs w/ HCRP		
Care WI (GSR 1 Expansion - Taylor)	\$2,601.82	\$77.67	\$2,679.49	1.000	\$2,679.49
Care WI (GSR 12)	4,667.12	77.67	4,744.79	1.000	4,744.79
Inclusa (GSR 1 Expansion - Taylor)	2,601.82	77.67	2,679.49	1.000	2,679.49
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	3,432.33	77.67	3,510.00	1.000	3,510.00
Inclusa (GSR 14)	4,033.08	77.67	4,110.75	1.000	4,110.75
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	3,432.33	77.67	3,510.00	1.000	3,510.00
MCFCI (GSR 12)	4,667.12	77.67	4,744.79	1.000	4,744.79
MCFCI (GSR 14)	3,024.80	77.67	3,102.47	1.000	3,102.47
Total DD Expansion Cohort	\$4,114.80	\$77.67	\$4,192.47	1.000	\$4,192.47
Total DD Population	\$3,642.17	\$77.67	\$3,719.84	1.009	\$3,754.40

Exhibit E2
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Development of Service Portion of LTC Rate
Nursing Home Level of Care

Base Cohort PD Development	Application of HCRP			Market Variability Adjustment	2018 Service Costs
	(A) Projected Per Capita Monthly Costs	(B) HCRP Pooled Claims	(C) = (A) + (B) Projected Per Capita Monthly Costs w/ HCRP		
Care WI (GSR 1 - Non-Expansion Counties)	\$2,662.76	\$20.43	\$2,683.19	1.000	\$2,683.19
Care WI (GSR 2)	2,223.02	20.43	2,243.45	1.000	2,243.45
Care WI (GSR 3)	2,240.59	20.43	2,261.02	1.000	2,261.02
Care WI (GSR 5)	2,552.79	20.43	2,573.22	1.000	2,573.22
Care WI (GSR 6)	2,729.83	20.43	2,750.26	1.000	2,750.26
Care WI (GSR 5-6)	3,476.67	20.43	3,497.10	1.000	3,497.10
CCI (GSR 6)	2,754.46	20.43	2,774.89	1.000	2,774.89
CCI (GSR 5-6)	2,806.41	20.43	2,826.84	1.000	2,826.84
CCI (GSR 8)	2,243.52	20.43	2,263.95	1.000	2,263.95
CCI (GSR 9)	2,307.03	20.43	2,327.46	1.000	2,327.46
CCI (GSR 10)	2,412.20	20.43	2,432.63	1.000	2,432.63
CCI (GSR 11)	2,574.61	20.43	2,595.04	1.000	2,595.04
Inclusa (GSR 1 - Non-Expansion Counties)	2,701.59	20.43	2,722.02	1.014	2,760.67
Inclusa (GSR 2)	2,254.43	20.43	2,274.86	1.014	2,307.16
Inclusa (GSR 3)	2,267.36	20.43	2,287.79	1.014	2,320.28
Inclusa (GSR 4 - Non-Expansion Counties)	2,508.40	20.43	2,528.83	1.014	2,564.74
Inclusa (GSR 5)	2,519.79	20.43	2,540.22	1.014	2,576.29
Inclusa (GSR 5-6)	3,051.75	20.43	3,072.18	1.014	3,115.81
Inclusa (GSR 7)	2,535.98	20.43	2,556.41	1.014	2,592.71
LCI (GSR 9)	2,378.33	20.43	2,398.76	1.048	2,514.49
LCI (GSR 10)	2,435.39	20.43	2,455.82	1.048	2,574.30
MCFCI (GSR 6)	2,729.83	20.43	2,750.26	1.000	2,750.26
MCFCI (GSR 5-6)	3,051.75	20.43	3,072.18	1.000	3,072.18
MCFCI (GSR 8)	2,306.20	20.43	2,326.63	1.000	2,326.63
MCFCI (GSR 11)	2,531.01	20.43	2,551.44	1.000	2,551.44
Total PD Base Cohort	\$2,432.48	\$20.43	\$2,452.91	1.008	\$2,472.03
Non-Base Cohort					
Non-Base Cohort PD Development	Application of HCRP			Market Variability Adjustment	2018 Service Costs
	(A) Projected Per Capita Monthly Costs	(B) HCRP Pooled Claims	(C) = (A) + (B) Projected Per Capita Monthly Costs w/ HCRP		
Care WI (GSR 11)	\$2,531.01	\$20.43	\$2,551.44	1.000	\$2,551.44
Care WI (GSR 13)	2,500.68	20.43	2,521.11	1.000	2,521.11
LCI (GSR 4 - Non-Expansion Counties)	2,508.40	20.43	2,528.83	1.048	2,650.83
LCI (GSR 13)	2,806.50	20.43	2,826.93	1.048	2,963.32
MCFCI (GSR 2)	2,223.02	20.43	2,243.45	1.000	2,243.45
MCFCI (GSR 3)	2,240.59	20.43	2,261.02	1.000	2,261.02
Total PD Non-Base Cohort	\$2,637.33	\$20.43	\$2,657.76	1.025	\$2,723.61
Expansion Cohort					
Expansion Cohort PD Development	Application of HCRP			Market Variability Adjustment	2018 Service Costs
	(A) Projected Per Capita Monthly Costs	(B) HCRP Pooled Claims	(C) = (A) + (B) Projected Per Capita Monthly Costs w/ HCRP		
Care WI (GSR 1 Expansion - Taylor)	\$1,662.73	\$20.43	\$1,683.16	1.000	\$1,683.16
Care WI (GSR 12)	4,718.79	20.43	4,739.22	1.000	4,739.22
Inclusa (GSR 1 Expansion - Taylor)	1,662.73	20.43	1,683.16	1.000	1,683.16
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	2,153.55	20.43	2,173.98	1.000	2,173.98
Inclusa (GSR 14)	3,354.60	20.43	3,375.03	1.000	3,375.03
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	2,153.55	20.43	2,173.98	1.000	2,173.98
MCFCI (GSR 12)	4,718.79	20.43	4,739.22	1.000	4,739.22
MCFCI (GSR 14)	2,729.84	20.43	2,750.27	1.000	2,750.27
Total PD Expansion Cohort	\$3,423.33	\$20.43	\$3,443.76	1.000	\$3,443.76
Total PD Population	\$2,513.45	\$20.43	\$2,533.88	1.008	\$2,555.25

Exhibit E2
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Development of Service Portion of LTC Rate
Nursing Home Level of Care

Base Cohort FE Development	(A) (B) (C) = (A) + (B)			(D)	(E) = (C) x (D)
	Application of HCRP			Market Variability Adjustment	2018 Service Costs
	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP		
Care WI (GSR 1 - Non-Expansion Counties)	\$2,719.86	\$0.61	\$2,720.47	1.000	\$2,720.47
Care WI (GSR 2)	2,503.52	0.61	2,504.13	1.000	2,504.13
Care WI (GSR 3)	2,551.28	0.61	2,551.89	1.000	2,551.89
Care WI (GSR 5)	2,672.87	0.61	2,673.48	1.000	2,673.48
Care WI (GSR 6)	2,735.73	0.61	2,736.34	1.000	2,736.34
Care WI (GSR 5-6)	2,864.74	0.61	2,865.35	1.000	2,865.35
CCI (GSR 6)	2,766.20	0.61	2,766.81	1.000	2,766.81
CCI (GSR 5-6)	2,864.65	0.61	2,865.26	1.000	2,865.26
CCI (GSR 8)	2,576.61	0.61	2,577.22	1.000	2,577.22
CCI (GSR 9)	2,705.05	0.61	2,705.66	1.000	2,705.66
CCI (GSR 10)	2,577.56	0.61	2,578.17	1.000	2,578.17
CCI (GSR 11)	2,634.68	0.61	2,635.29	1.000	2,635.29
Inclusa (GSR 1 - Non-Expansion Counties)	2,756.70	0.61	2,757.31	1.014	2,796.46
Inclusa (GSR 2)	2,528.93	0.61	2,529.54	1.014	2,565.46
Inclusa (GSR 3)	2,591.98	0.61	2,592.59	1.014	2,629.40
Inclusa (GSR 4 - Non-Expansion Counties)	2,628.20	0.61	2,628.81	1.014	2,666.14
Inclusa (GSR 5)	2,663.83	0.61	2,664.44	1.014	2,702.28
Inclusa (GSR 5-6)	2,867.51	0.61	2,868.12	1.014	2,908.85
Inclusa (GSR 7)	2,550.47	0.61	2,551.08	1.014	2,587.31
LCI (GSR 9)	2,713.38	0.61	2,713.99	1.048	2,844.93
LCI (GSR 10)	2,586.95	0.61	2,587.56	1.048	2,712.40
MCFCI (GSR 6)	2,735.73	0.61	2,736.34	1.000	2,736.34
MCFCI (GSR 5-6)	2,867.51	0.61	2,868.12	1.000	2,868.12
MCFCI (GSR 8)	2,584.36	0.61	2,584.97	1.000	2,584.97
MCFCI (GSR 11)	2,656.91	0.61	2,657.52	1.000	2,657.52
Total FE Base Cohort	\$2,638.34	\$0.61	\$2,638.95	1.008	\$2,659.68
Non-Base Cohort FE Development	Application of HCRP			Market Variability Adjustment	2018 Service Costs
	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP		
Care WI (GSR 11)	\$2,656.91	\$0.61	\$2,657.52	1.000	\$2,657.52
Care WI (GSR 13)	2,478.21	0.61	2,478.82	1.000	2,478.82
LCI (GSR 4 - Non-Expansion Counties)	2,628.20	0.61	2,628.81	1.048	2,755.64
LCI (GSR 13)	2,672.98	0.61	2,673.59	1.048	2,802.58
MCFCI (GSR 2)	2,503.52	0.61	2,504.13	1.000	2,504.13
MCFCI (GSR 3)	2,551.28	0.61	2,551.89	1.000	2,551.89
Total FE Non-Base Cohort	\$2,582.31	\$0.61	\$2,582.92	1.027	\$2,653.11
Expansion Cohort FE Development	Application of HCRP			Market Variability Adjustment	2018 Service Costs
	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP		
Care WI (GSR 1 Expansion - Taylor)	\$1,889.48	\$0.61	\$1,890.09	1.000	\$1,890.09
Care WI (GSR 12)	3,848.06	0.61	3,848.67	1.000	3,848.67
Inclusa (GSR 1 Expansion - Taylor)	1,889.48	0.61	1,890.09	1.000	1,890.09
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	2,049.83	0.61	2,050.44	1.000	2,050.44
Inclusa (GSR 14)	2,965.49	0.61	2,966.10	1.000	2,966.10
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	2,049.83	0.61	2,050.44	1.000	2,050.44
MCFCI (GSR 12)	3,848.06	0.61	3,848.67	1.000	3,848.67
MCFCI (GSR 14)	2,103.37	0.61	2,103.98	1.000	2,103.98
Total FE Expansion Cohort	\$2,789.41	\$0.61	\$2,790.02	1.000	\$2,790.02
Total FE Population	\$2,639.65	\$0.61	\$2,640.26	1.009	\$2,663.92

Exhibit E2
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Development of Service Portion of LTC Rate
Nursing Home Level of Care

Base Cohort Composite	Application of HCRP			Market Variability Adjustment	2018 Service Costs
	(A) Projected Per Capita Monthly Costs	(B) HCRP Pooled Claims	(C) = (A) + (B) Projected Per Capita Monthly Costs w/ HCRP		
Care WI (GSR 1 - Non-Expansion Counties)	\$3,025.12	\$25.79	\$3,050.91	1.000	\$3,050.91
Care WI (GSR 2)	2,794.65	32.98	2,827.63	1.000	2,827.63
Care WI (GSR 3)	2,673.01	25.25	2,698.26	1.000	2,698.26
Care WI (GSR 5)	3,180.36	45.14	3,225.50	1.000	3,225.50
Care WI (GSR 6)	2,972.67	25.63	2,998.30	1.000	2,998.30
Care WI (GSR 5-6)	3,392.46	38.57	3,431.03	1.000	3,431.03
CCI (GSR 6)	3,213.52	43.23	3,256.75	1.000	3,256.75
CCI (GSR 5-6)	3,376.89	40.04	3,416.93	1.000	3,416.93
CCI (GSR 8)	2,824.94	37.14	2,862.08	1.000	2,862.08
CCI (GSR 9)	2,769.37	28.35	2,797.72	1.000	2,797.72
CCI (GSR 10)	3,074.14	42.75	3,116.89	1.000	3,116.89
CCI (GSR 11)	3,150.13	41.81	3,191.94	1.000	3,191.94
Inclusa (GSR 1 - Non-Expansion Counties)	3,286.58	37.73	3,324.31	1.014	3,371.52
Inclusa (GSR 2)	2,960.52	35.24	2,995.76	1.014	3,038.30
Inclusa (GSR 3)	2,876.43	38.62	2,915.05	1.014	2,956.44
Inclusa (GSR 4 - Non-Expansion Counties)	2,946.88	38.32	2,985.20	1.014	3,027.59
Inclusa (GSR 5)	2,903.44	26.51	2,929.95	1.014	2,971.56
Inclusa (GSR 5-6)	3,280.71	32.82	3,313.53	1.014	3,360.58
Inclusa (GSR 7)	3,008.63	37.01	3,045.64	1.014	3,088.89
LCI (GSR 9)	2,940.04	41.17	2,981.21	1.048	3,125.04
LCI (GSR 10)	2,826.06	26.01	2,852.07	1.048	2,989.67
MCFCI (GSR 6)	3,134.48	39.72	3,174.20	1.000	3,174.20
MCFCI (GSR 5-6)	3,205.22	27.05	3,232.27	1.000	3,232.27
MCFCI (GSR 8)	2,858.76	26.09	2,884.85	1.000	2,884.85
MCFCI (GSR 11)	3,000.60	35.05	3,035.65	1.000	3,035.65
Total Base Cohort	\$3,014.79	\$36.19	\$3,050.98	1.008	\$3,075.84

Non-Base Cohort Composite	Application of HCRP			Market Variability Adjustment	2018 Service Costs
	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP		
Care WI (GSR 11)	\$3,131.59	\$41.05	\$3,172.64	1.000	\$3,172.64
Care WI (GSR 13)	2,781.47	40.77	2,822.24	1.000	2,822.24
LCI (GSR 4 - Non-Expansion Counties)	2,944.93	38.26	2,983.19	1.048	3,127.11
LCI (GSR 13)	3,116.20	41.58	3,157.78	1.048	3,310.13
MCFCI (GSR 2)	2,897.36	34.99	2,932.35	1.000	2,932.35
MCFCI (GSR 3)	2,833.46	37.39	2,870.85	1.000	2,870.85
Total Non-Base Cohort	\$2,953.20	\$41.07	\$2,994.27	1.027	\$3,075.28

Expansion Cohort Composite	Application of HCRP			Market Variability Adjustment	2018 Service Costs
	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP		
Care WI (GSR 1 Expansion - Taylor)	\$2,135.08	\$35.69	\$2,170.77	1.000	\$2,170.77
Care WI (GSR 12)	4,549.30	55.32	4,604.62	1.000	4,604.62
Inclusa (GSR 1 Expansion - Taylor)	2,135.08	35.69	2,170.77	1.000	2,170.77
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	2,594.35	35.11	2,629.46	1.000	2,629.46
Inclusa (GSR 14)	3,652.88	49.03	3,701.91	1.000	3,701.91
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	2,594.35	35.11	2,629.46	1.000	2,629.46
MCFCI (GSR 12)	4,549.30	55.32	4,604.62	1.000	4,604.62
MCFCI (GSR 14)	2,777.83	52.49	2,830.32	1.000	2,830.32
Total Expansion Cohort	\$3,672.57	\$48.69	\$3,721.26	1.000	\$3,721.26

Grand Total	\$3,049.80	\$37.35	\$3,087.15	1.009	\$3,115.11
--------------------	-------------------	----------------	-------------------	--------------	-------------------

Exhibit F
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 Development of Non-Service Portion of Rates, MCE, and Capitation Rates
 Nursing Home Level of Care

Base Cohort DD Development	2018 Exposure Months	(A)	(B)	(C)	(D) = (B) - (C)	(E)	(F)	(G) = (E) + (F)	(H) = (G) / (K)	(I) = (J) / (L)	(J)	(K) = (A) + (G)	(L) = (B) + (G) + (J)	(M) = (D) + (G) + (J)	(N) = (L) x 0.005	(O) = (M) - (N)
		MCE Service Costs	2018 Gross Service Costs	2018 HCRP Pooled Claims	2018 Net Service Costs ¹	2018 Administrative Expense	OCI Add-On	Administrative Allowance	Implied Administrative Percentage	Targeted Margin	Targeted Margin P4MP	MCE Rates	2018 Capitation Rate	2018 Capitation Rate Less HCRP ¹	P4P Withhold	2018 Capitation Rate Less HCRP and P4P Withhold ¹
Care WI (GSR 1 - Non-Expansion Counties)	676	\$4,035.50	\$4,035.50	\$77.67	\$3,957.83	\$129.81	\$0.12	\$129.93	3.1%	1.5%	\$63.43	\$4,165.43	\$4,226.86	\$4,151.19	\$21.14	\$4,130.05
Care WI (GSR 2)	1,884	3,742.09	3,742.09	77.67	3,664.42	129.81	0.12	129.93	3.4%	1.5%	59.96	3,872.02	3,930.98	3,853.31	18.65	3,833.66
Care WI (GSR 3)	639	3,443.20	3,443.20	77.67	3,365.53	129.81	0.12	129.93	3.6%	1.5%	54.41	3,573.13	3,627.54	3,549.87	18.14	3,531.73
Care WI (GSR 5)	15,601	3,710.77	3,710.77	77.67	3,633.10	129.81	0.12	129.93	3.4%	1.5%	58.49	3,840.70	3,899.19	3,821.52	19.50	3,802.02
Care WI (GSR 8)	1,201	3,691.26	3,691.26	77.67	3,613.59	129.81	0.12	129.93	3.4%	1.5%	58.94	3,811.19	3,869.23	3,791.56	19.35	3,772.21
Care WI (GSR 5-6)	9,086	3,951.99	3,951.99	77.67	3,874.32	129.81	0.12	129.93	3.2%	1.5%	62.16	4,081.92	4,144.08	4,066.41	20.72	4,045.69
CCI (GSR 6)	11,729	3,701.18	3,701.18	77.67	3,623.51	114.48	0.12	114.60	3.0%	1.5%	58.11	3,815.78	3,873.89	3,796.22	19.37	3,776.85
CCI (GSR 5-6)	7,560	4,019.69	4,019.69	77.67	3,942.02	114.48	0.12	114.60	2.8%	1.5%	62.96	4,134.29	4,197.25	4,119.58	20.99	4,098.59
CCI (GSR 8)	12,883	3,586.91	3,586.91	77.67	3,509.24	114.48	0.12	114.60	3.1%	1.5%	56.37	3,701.51	3,757.88	3,680.21	18.79	3,661.42
CCI (GSR 9)	1,110	3,354.79	3,354.79	77.67	3,277.12	114.48	0.12	114.60	3.3%	1.5%	52.83	3,489.39	3,522.22	3,444.55	17.61	3,426.94
CCI (GSR 10)	9,772	3,646.02	3,646.02	77.67	3,568.35	114.48	0.12	114.60	3.0%	1.5%	57.27	3,760.62	3,817.89	3,740.22	18.09	3,721.13
CCI (GSR 11)	13,563	3,797.20	3,797.20	77.67	3,719.53	114.48	0.12	114.60	2.9%	1.5%	59.57	3,911.80	3,971.37	3,893.70	19.86	3,873.84
Inclusa (GSR 1 - Non-Expansion Counties)	13,268	4,048.96	4,048.96	77.67	3,971.29	114.04	0.12	114.16	2.7%	1.5%	64.27	4,163.12	4,284.89	4,207.22	21.42	4,181.80
Inclusa (GSR 2)	18,104	3,827.16	3,827.16	77.67	3,749.49	114.04	0.12	114.16	2.9%	1.5%	60.85	3,941.32	4,056.52	3,978.85	20.28	3,958.57
Inclusa (GSR 3)	11,055	3,458.37	3,458.37	77.67	3,380.70	114.04	0.12	114.16	3.2%	1.5%	55.15	3,572.53	3,679.79	3,599.12	18.38	3,580.74
Inclusa (GSR 4 - Non-Expansion Counties)	18,201	3,458.41	3,458.41	77.67	3,380.74	114.04	0.12	114.16	3.2%	1.5%	55.15	3,572.57	3,679.83	3,599.16	18.38	3,580.78
Inclusa (GSR 5)	464	3,710.71	3,710.71	77.67	3,633.04	114.04	0.12	114.16	3.0%	1.5%	59.05	3,824.87	3,930.61	3,852.94	19.88	3,833.06
Inclusa (GSR 5-6)	283	3,974.02	3,974.02	77.67	3,896.35	114.04	0.12	114.16	2.8%	1.5%	63.12	4,088.18	4,207.73	4,130.06	21.04	4,109.02
Inclusa (GSR 7)	12,187	3,691.86	3,691.86	77.67	3,614.19	114.04	0.12	114.16	3.0%	1.5%	58.76	3,806.02	3,917.20	3,839.53	19.59	3,819.94
LCI (GSR 9)	14,639	3,367.85	3,367.85	77.67	3,290.18	141.21	0.12	141.33	4.0%	1.5%	55.91	3,509.18	3,727.57	3,649.90	18.64	3,631.26
LCI (GSR 10)	871	3,622.51	3,622.51	77.67	3,544.84	141.21	0.12	141.33	3.8%	1.5%	59.98	3,763.84	3,999.59	3,920.92	19.99	3,900.93
MCFCI (GSR 6)	425	3,681.26	3,681.26	77.67	3,603.59	120.00	0.12	120.12	3.2%	1.5%	57.89	3,801.38	3,859.27	3,781.60	18.30	3,763.30
MCFCI (GSR 5-6)	572	3,974.02	3,974.02	77.67	3,896.35	120.00	0.12	120.12	2.9%	1.5%	62.35	4,094.14	4,156.49	4,078.82	20.78	4,058.04
MCFCI (GSR 8)	26,644	3,792.88	3,792.88	77.67	3,715.21	120.00	0.12	120.12	3.1%	1.5%	59.59	3,913.00	3,972.59	3,894.92	19.86	3,875.06
MCFCI (GSR 11)	1,309	3,795.17	3,795.17	77.67	3,717.50	120.00	0.12	120.12	3.1%	1.5%	59.62	3,915.29	3,974.91	3,897.24	19.87	3,877.37
Total DD Base Cohort	204,114	\$3,708.14	\$3,739.46	\$77.67	\$3,661.79	\$119.32	\$0.12	\$119.44	3.1%	1.5%	\$58.77	\$3,827.58	\$3,917.67	\$3,840.00	\$19.59	\$3,820.41

Non-Base Cohort DD Development	2018 Exposure Months	MCE Service Costs	2018 Gross Service Costs	2018 HCRP Pooled Claims	2018 Net Service Costs ¹	2018 Administrative Expense	OCI Add-On	Administrative Allowance	Implied Administrative Percentage	Targeted Margin	Targeted Margin P4MP	MCE Rates	2018 Capitation Rate	2018 Capitation Rate Less HCRP ¹	P4P Withhold	2018 Capitation Rate Less HCRP and P4P Withhold ¹
Care WI (GSR 11)	0	\$3,795.17	\$3,795.17	\$77.67	\$3,717.50	\$129.81	\$0.12	\$129.93	3.3%	1.5%	\$59.77	\$3,925.10	\$3,984.87	\$3,907.20	\$19.92	\$3,887.28
Care WI (GSR 13)	10,428	3,185.26	3,185.26	77.67	3,107.59	129.81	0.12	129.93	3.9%	1.5%	50.49	3,315.19	3,365.68	3,286.01	16.83	3,271.18
LCI (GSR 4 - Non-Expansion Counties)	864	3,458.41	3,458.41	77.67	3,380.74	141.21	0.12	141.33	3.9%	1.5%	57.36	3,599.74	3,823.95	3,746.28	19.12	3,727.16
LCI (GSR 13)	11,466	3,608.18	3,608.18	77.67	3,530.51	141.21	0.12	141.33	3.8%	1.5%	59.75	3,748.51	3,983.34	3,905.67	19.92	3,885.75
MCFCI (GSR 2)	0	3,742.09	3,742.09	77.67	3,664.42	120.00	0.12	120.12	3.1%	1.5%	58.82	3,862.21	3,921.03	3,843.36	19.61	3,823.75
MCFCI (GSR 3)	0	3,443.20	3,443.20	77.67	3,365.53	120.00	0.12	120.12	3.4%	1.5%	54.26	3,563.32	3,621.58	3,539.91	18.09	3,521.82
Total DD Non-Base Cohort	22,759	\$3,408.71	\$3,502.75	\$77.67	\$3,425.08	\$135.99	\$0.12	\$136.11	3.8%	1.5%	\$55.41	\$3,544.82	\$3,694.27	\$3,616.60	\$18.47	\$3,598.13

Expansion Cohort DD Development	2018 Exposure Months	MCE Service Costs	2018 Gross Service Costs	2018 HCRP Pooled Claims	2018 Net Service Costs ¹	2018 Administrative Expense	OCI Add-On	Administrative Allowance	Implied Administrative Percentage	Targeted Margin	Targeted Margin P4MP	MCE Rates	2018 Capitation Rate	2018 Capitation Rate Less HCRP ¹	P4P Withhold	2018 Capitation Rate Less HCRP and P4P Withhold ¹
Care WI (GSR 1 Expansion - Taylor)	379	\$2,679.49	\$2,679.49	\$77.67	\$2,601.82	\$129.81	\$0.12	\$129.93	4.6%	1.5%	\$42.78	\$2,809.42	\$2,852.20	\$2,774.53	\$14.26	\$2,760.27
Care WI (GSR 12)	5,038	4,744.79	4,744.79	0.00	4,744.79	129.81	0.12	129.93	2.7%	1.5%	74.23	4,874.72	4,948.95	4,948.95	24.74	4,924.21
Inclusa (GSR 1 Expansion - Taylor)	379	\$2,679.49	\$2,679.49	\$77.67	\$2,601.82	114.04	0.12	114.16	4.1%	1.5%	42.54	2,793.65	2,836.19	2,759.52	14.16	2,744.34
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	1,257	3,510.00	3,510.00	77.67	3,432.33	114.04	0.12	114.16	3.1%	1.5%	55.19	3,624.16	3,679.35	3,601.68	18.40	3,583.28
Inclusa (GSR 14)	4,547	4,110.75	4,110.75	77.67	4,033.08	114.04	0.12	114.16	2.7%	1.5%	64.34	4,224.91	4,289.25	4,211.58	21.45	4,190.13
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	1,257	3,510.00	3,510.00	77.67	3,432.33	141.21	0.12	141.33	3.9%	1.5%	56.60	3,651.33	3,706.93	3,629.26	18.53	3,610.73
MCFCI (GSR 12)	5,038	4,744.79	4,744.79	0.00	4,744.79	120.00	0.12	120.12	2.5%	1.5%	74.08	4,864.91	4,938.99	4,938.99	24.69	4,914.30
MCFCI (GSR 14)	2,138	3,102.47	3,102.47	77.67	3,024.80	120.00	0.12	120.12	3.7%	1.5%	49.07	3,222.59	3,277.66	3,199.99	16.36	3,177.63
Total DD Expansion Cohort	20,833	\$4,192.47	\$4,192.47	\$38.61	\$4,153.86	\$122.14	\$0.12	\$122.26	2.8%	1.5%	\$65.72	\$4,314.73	\$4,380.45	\$4,341.84	\$21.90	\$4,318.94
Total DD Population	246,896	\$3,719.84	\$3,754.40	\$74.50	\$3,679.90	\$121.09	\$0.12	\$121.21	3.2%	1.5%	\$59.02	\$3,841.04	\$3,934.63	\$3,861.13	\$19.67	\$3,841.45

¹Expansion counties beginning on or after January 1, 2018 will not participate in the high cost risk pool. Amounts above the HCRP Threshold are not excluded from this column for these populations.

Exhibit F
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 Development of Non-Service Portion of Rates, MCE, and Capitation Rates
 Nursing Home Level of Care

Base Cohort PD Development	2018 Exposure Months	(A) MCE Service Costs	(B) 2018 Gross Service Costs	(C) 2018 HCRP Pooled Claims	(D) = (B) - (C) 2018 Net Service Costs ¹	(E) 2018 Administrative Expense	(F) OCI Add-On	(G) = (E) + (F) Administrative Allowance	(H) = (G) / (K) Implied Administrative Percentage	(I) = (J) / (L)		(K) = (A) + (G) MCE Rates	(L) = (B) + (G) + (J) 2018 Capitation Rate	(M) = (D) + (G) + (J) 2018 Capitation Rate Less HCRP ¹	(N) = (L) x 0.005 P4P Withhold	(O) = (M) - (N) 2018 Capitation Rate Less HCRP and P4P Withhold ¹
										Targeted Margin	Targeted Margin PPM					
Care WI (GSR 1 - Non-Expansion Counties)	691	\$2,683.19	\$2,683.19	\$20.43	\$2,662.76	\$129.81	\$0.12	\$129.93	4.6%	1.5%	\$42.84	\$2,813.12	\$2,856.96	\$2,835.53	\$14.28	\$2,821.25
Care WI (GSR 2)	1,921	2,243.45	2,243.45	20.43	2,223.02	129.81	0.12	129.93	5.5%	1.5%	36.14	2,373.38	2,409.52	2,389.09	12.05	2,377.04
Care WI (GSR 3)	678	2,261.02	2,261.02	20.43	2,240.59	129.81	0.12	129.93	5.4%	1.5%	36.41	2,390.95	2,427.36	2,400.93	12.14	2,394.79
Care WI (GSR 5)	3,697	2,673.22	2,673.22	20.43	2,652.79	129.81	0.12	129.93	4.8%	1.5%	41.16	2,703.15	2,744.31	2,723.88	13.72	2,710.16
Care WI (GSR 8)	856	2,750.26	2,750.26	20.43	2,729.83	129.81	0.12	129.93	4.5%	1.5%	43.86	2,880.19	2,924.05	2,903.62	14.62	2,889.00
Care WI (GSR 5-6)	1,667	3,487.10	3,487.10	20.43	3,476.67	129.81	0.12	129.93	3.6%	1.5%	55.23	3,627.03	3,682.26	3,661.83	18.41	3,643.42
CCI (GSR 6)	2,588	2,774.89	2,774.89	20.43	2,754.46	114.48	0.12	114.60	4.0%	1.5%	44.00	2,889.49	2,933.49	2,913.06	14.67	2,898.39
CCI (GSR 5-6)	1,827	2,826.84	2,826.84	20.43	2,806.41	114.48	0.12	114.60	3.9%	1.5%	44.79	2,941.44	2,986.23	2,965.80	14.93	2,950.87
OCI (GSR 8)	11,257	2,263.95	2,263.95	20.43	2,243.52	114.48	0.12	114.60	4.8%	1.5%	36.22	2,378.55	2,414.77	2,394.34	12.07	2,382.27
OCI (GSR 9)	983	2,327.46	2,327.46	20.43	2,307.03	114.48	0.12	114.60	4.7%	1.5%	37.19	2,442.06	2,478.25	2,458.82	12.40	2,446.42
OCI (GSR 10)	2,024	2,432.63	2,432.63	20.43	2,412.20	114.48	0.12	114.60	4.5%	1.5%	38.79	2,547.23	2,585.02	2,565.59	12.93	2,552.66
OCI (GSR 11)	5,470	2,595.04	2,595.04	20.43	2,574.61	114.48	0.12	114.60	4.2%	1.5%	41.26	2,709.64	2,750.90	2,730.47	13.75	2,716.72
Inclusa (GSR 1 - Non-Expansion Counties)	4,502	2,722.02	2,722.02	20.43	2,701.59	114.04	0.12	114.16	4.0%	1.5%	43.78	2,836.18	2,878.61	2,858.18	14.59	2,843.59
Inclusa (GSR 2)	9,029	2,274.86	2,274.86	20.43	2,254.43	114.04	0.12	114.16	4.8%	1.5%	36.87	2,389.02	2,428.19	2,407.76	12.29	2,420.47
Inclusa (GSR 3)	4,957	2,287.79	2,287.79	20.43	2,267.36	114.04	0.12	114.16	4.8%	1.5%	37.07	2,401.95	2,441.51	2,421.08	12.36	2,433.72
Inclusa (GSR 4 - Non-Expansion Counties)	6,421	2,526.83	2,526.83	20.43	2,506.40	114.04	0.12	114.16	4.3%	1.5%	40.80	2,642.99	2,719.70	2,699.27	13.60	2,685.67
Inclusa (GSR 5)	363	2,540.22	2,540.22	20.43	2,519.79	114.04	0.12	114.16	4.3%	1.5%	40.97	2,654.38	2,731.42	2,710.99	13.66	2,697.33
Inclusa (GSR 5-6)	162	3,072.18	3,072.18	20.43	3,051.75	114.04	0.12	114.16	3.6%	1.5%	49.19	3,186.34	3,271.16	3,250.73	16.40	3,234.33
Inclusa (GSR 7)	4,326	2,556.41	2,556.41	20.43	2,535.98	114.04	0.12	114.16	4.3%	1.5%	41.22	2,670.57	2,748.09	2,727.66	13.74	2,713.92
LCI (GSR 9)	4,801	2,398.76	2,398.76	20.43	2,378.33	141.21	0.12	141.33	5.6%	1.5%	40.44	2,540.09	2,626.26	2,605.83	13.48	2,620.35
LCI (GSR 10)	599	2,455.82	2,455.82	20.43	2,435.39	141.21	0.12	141.33	5.4%	1.5%	41.35	2,597.15	2,756.98	2,736.55	13.78	2,722.77
MCFCI (GSR 6)	166	2,750.26	2,750.26	20.43	2,729.83	120.00	0.12	120.12	4.2%	1.5%	42.52	2,870.38	2,914.09	2,893.66	14.57	2,879.09
MCFCI (GSR 5-6)	370	3,072.18	3,072.18	20.43	3,051.75	120.00	0.12	120.12	3.8%	1.5%	48.61	3,192.30	3,240.91	3,220.48	16.20	3,204.28
MCFCI (GSR 8)	16,309	2,326.63	2,326.63	20.43	2,306.20	120.00	0.12	120.12	4.9%	1.5%	37.26	2,446.75	2,484.01	2,463.58	12.42	2,451.16
MCFCI (GSR 11)	1,179	2,551.44	2,551.44	20.43	2,531.01	120.00	0.12	120.12	4.5%	1.5%	40.68	2,671.56	2,712.24	2,691.81	13.56	2,678.25
Total PD Base Cohort	86,845	\$2,452.91	\$2,472.03	\$20.43	\$2,451.60	\$118.82	\$0.12	\$118.94	4.6%	1.5%	\$39.45	\$2,571.85	\$2,630.42	\$2,609.99	\$13.15	\$2,596.84

Non-Base Cohort PD Development	2018 Exposure Months	MCE Service Costs	2018 Gross Service Costs	2018 HCRP Pooled Claims	2018 Net Service Costs ¹	2018 Administrative Expense	OCI Add-On	Administrative Allowance	Implied Administrative Percentage	Targeted Margin	Targeted Margin PPM	MCE Rates	2018 Capitation Rate	2018 Capitation Rate Less HCRP ¹	P4P Withhold	2018 Capitation Rate Less HCRP and P4P Withhold ¹
Care WI (GSR 11)	0	\$2,551.44	\$2,551.44	\$20.43	\$2,531.01	\$129.81	\$0.12	\$129.93	4.8%	1.5%	\$40.83	\$2,681.37	\$2,722.20	\$2,701.77	\$13.61	\$2,688.16
Care WI (GSR 13)	3,896	2,521.11	2,521.11	20.43	2,500.68	129.81	0.12	129.93	4.9%	1.5%	40.37	2,651.04	2,691.41	2,670.98	13.46	2,657.52
LCI (GSR 4 - Non-Expansion Counties)	315	2,526.83	2,526.83	20.43	2,506.40	141.21	0.12	141.33	5.3%	1.5%	42.52	2,670.16	2,834.68	2,814.25	14.17	2,800.08
LCI (GSR 13)	3,387	2,826.93	2,826.93	20.43	2,806.50	141.21	0.12	141.33	4.8%	1.5%	47.28	2,968.26	3,151.93	3,131.50	15.76	3,115.74
MCFCI (GSR 2)	0	2,243.45	2,243.45	20.43	2,223.02	120.00	0.12	120.12	5.1%	1.5%	35.99	2,363.57	2,399.56	2,379.13	12.00	2,367.13
MCFCI (GSR 3)	0	2,261.02	2,261.02	20.43	2,240.59	120.00	0.12	120.12	5.0%	1.5%	36.26	2,381.14	2,417.40	2,396.97	12.09	2,384.88
Total PD Non-Base Cohort	7,598	\$2,657.76	\$2,723.61	\$20.43	\$2,703.18	\$135.36	\$0.12	\$135.48	4.9%	1.5%	\$43.54	\$2,793.24	\$2,902.63	\$2,882.20	\$14.51	\$2,867.69

Expansion Cohort PD Development	2018 Exposure Months	MCE Service Costs	2018 Gross Service Costs	2018 HCRP Pooled Claims	2018 Net Service Costs ¹	2018 Administrative Expense	OCI Add-On	Administrative Allowance	Implied Administrative Percentage	Targeted Margin	Targeted Margin PPM	MCE Rates	2018 Capitation Rate	2018 Capitation Rate Less HCRP ¹	P4P Withhold	2018 Capitation Rate Less HCRP and P4P Withhold ¹
Care WI (GSR 1 Expansion - Taylor)	179	\$1,683.16	\$1,683.16	\$20.43	\$1,662.73	\$129.81	\$0.12	\$129.93	7.2%	1.5%	\$27.61	\$1,813.09	\$1,840.70	\$1,820.27	\$9.20	\$1,811.07
Care WI (GSR 12)	1,378	4,739.22	4,739.22	0.00	4,739.22	129.81	0.12	129.93	2.7%	1.5%	74.15	4,869.15	4,943.30	4,943.30	24.72	4,918.58
Inclusa (GSR 1 Expansion - Taylor)	179	\$1,683.16	\$1,683.16	20.43	1,662.73	114.04	0.12	114.16	6.4%	1.5%	27.37	1,797.32	1,824.69	1,804.26	9.12	1,795.14
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	1,000	2,173.98	2,173.98	20.43	2,153.55	114.04	0.12	114.16	5.0%	1.5%	34.84	2,288.14	2,322.98	2,302.55	11.61	2,290.94
Inclusa (GSR 14)	1,115	3,375.03	3,375.03	20.43	3,354.60	114.04	0.12	114.16	3.3%	1.5%	53.13	3,489.19	3,542.32	3,521.89	17.71	3,504.18
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	1,000	2,173.98	2,173.98	20.43	2,153.55	141.21	0.12	141.33	6.1%	1.5%	35.26	2,315.31	2,350.57	2,330.14	11.75	2,318.39
MCFCI (GSR 12)	1,378	4,739.22	4,739.22	0.00	4,739.22	120.00	0.12	120.12	2.5%	1.5%	74.00	4,859.34	4,933.34	4,933.34	24.67	4,908.67
MCFCI (GSR 14)	466	2,750.27	2,750.27	20.43	2,729.84	120.00	0.12	120.12	4.2%	1.5%	43.71	2,870.39	2,914.10	2,893.67	14.57	2,879.10
Total PD Expansion Cohort	6,694	\$3,443.76	\$3,443.76	\$12.02	\$3,431.74	\$123.41	\$0.12	\$123.53	3.9%	1.5%	\$54.32	\$3,567.29	\$3,621.61	\$3,600.69	\$18.11	\$3,582.58
Total PD Population	101,138	\$2,533.88	\$2,555.25	\$19.87	\$2,535.38	\$120.36	\$0.12	\$120.48	4.6%	1.5%	\$40.75	\$2,654.37	\$2,716.46	\$2,696.61	\$13.58	\$2,682.03

¹Expansion counties beginning on or after January 1, 2018 will not participate in the high cost risk pool. Amounts above the HCRP Threshold are not excluded from this column for these populations.

Exhibit F
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 Development of Non-Service Portion of Rates, MCE, and Capitation Rates
 Nursing Home Level of Care

Base Cohort FE Development	2018 Exposure Months	(A) MCE Service Costs	(B) 2018 Gross Service Costs	(C) 2018 HCRP Pooled Claims	(D) = (B) - (C) 2018 Net Service Costs ¹	(E) 2018 Administrative Expense	(F) OCI Add-On	(G) = (E) + (F) Administrative Allowance	(H) = (G) / (K) Implied Administrative Percentage	(I) = (J) / (L)		(K) = (A) + (G) MCE Rates	(L) = (B) + (G) + (J) 2018 Capitation Rate	(M) = (D) + (G) + (J) 2018 Capitation Rate Less HCRP ¹	(N) = (L) x 0.005 P4P Withhold	(O) = (M) - (N) 2018 Capitation Rate Less HCRP and P4P Withhold ¹
										Targeted Margin	Targeted Margin P4P					
Care WI (GSR 1 - Non-Expansion Counties)	1,246	\$2,720.47	\$2,720.47	\$0.61	\$2,719.86	\$129.81	\$0.12	\$129.93	4.0%	1.5%	\$43.41	\$2,850.40	\$2,850.81	\$2,850.20	\$14.47	\$2,873.73
Care WI (GSR 2)	1,855	2,504.13	2,504.13	0.61	2,503.52	129.81	0.12	129.93	4.9%	1.5%	40.11	2,634.06	2,674.17	2,673.56	13.37	2,660.19
Care WI (GSR 3)	1,227	2,551.89	2,551.89	0.61	2,551.28	129.81	0.12	129.93	4.8%	1.5%	40.84	2,681.82	2,722.66	2,722.05	13.61	2,708.44
Care WI (GSR 5)	9,347	2,673.48	2,673.48	0.61	2,672.87	129.81	0.12	129.93	4.6%	1.5%	42.69	2,803.41	2,846.10	2,845.49	14.23	2,831.26
Care WI (GSR 8)	2,321	2,736.34	2,736.34	0.61	2,735.73	129.81	0.12	129.93	4.5%	1.5%	43.55	2,865.27	2,909.92	2,909.31	14.55	2,894.76
Care WI (GSR 5-6)	8,562	2,865.35	2,865.35	0.61	2,864.74	129.81	0.12	129.93	4.3%	1.5%	45.61	2,995.28	3,040.89	3,040.28	15.20	3,025.08
CCI (GSR 6)	8,094	2,766.81	2,766.81	0.61	2,766.20	114.48	0.12	114.60	4.0%	1.5%	43.88	2,881.41	2,925.29	2,924.68	14.63	2,910.05
CCI (GSR 5-6)	6,306	2,865.26	2,865.26	0.61	2,864.65	114.48	0.12	114.60	3.8%	1.5%	45.38	2,979.86	3,025.24	3,024.63	15.13	3,009.50
CCI (GSR 8)	9,144	2,577.22	2,577.22	0.61	2,576.61	114.48	0.12	114.60	4.3%	1.5%	40.99	2,691.82	2,732.81	2,732.20	13.66	2,718.54
CCI (GSR 9)	1,693	2,705.66	2,705.66	0.61	2,705.05	114.48	0.12	114.60	4.1%	1.5%	42.95	2,820.26	2,863.21	2,862.60	14.32	2,848.28
CCI (GSR 10)	7,027	2,576.17	2,576.17	0.61	2,575.56	114.48	0.12	114.60	4.3%	1.5%	41.01	2,692.77	2,733.76	2,733.17	13.67	2,719.50
CCI (GSR 11)	9,306	2,635.29	2,635.29	0.61	2,634.68	114.48	0.12	114.60	4.2%	1.5%	41.88	2,749.89	2,791.77	2,791.16	13.96	2,777.20
Inclusa (GSR 1 - Non-Expansion Counties)	12,175	2,757.31	2,756.46	0.61	2,755.85	114.04	0.12	114.16	4.0%	1.5%	44.32	2,871.47	2,954.94	2,954.33	14.77	2,939.56
Inclusa (GSR 2)	18,323	2,529.54	2,529.54	0.61	2,528.93	114.04	0.12	114.16	4.3%	1.5%	40.81	2,643.70	2,720.43	2,719.82	13.60	2,706.22
Inclusa (GSR 3)	8,983	2,592.59	2,592.59	0.61	2,592.00	114.04	0.12	114.16	4.2%	1.5%	41.78	2,706.75	2,786.34	2,785.73	13.93	2,770.80
Inclusa (GSR 4 - Non-Expansion Counties)	15,844	2,628.81	2,628.81	0.61	2,628.20	114.04	0.12	114.16	4.2%	1.5%	42.34	2,742.97	2,822.64	2,822.03	14.11	2,807.92
Inclusa (GSR 5)	632	2,864.44	2,864.44	0.61	2,863.83	114.04	0.12	114.16	4.1%	1.5%	42.89	2,778.60	2,858.33	2,857.72	14.30	2,843.42
Inclusa (GSR 5-6)	331	2,868.12	2,868.12	0.61	2,867.51	114.04	0.12	114.16	3.8%	1.5%	46.04	2,982.28	3,069.05	3,068.44	15.35	3,053.09
Inclusa (GSR 7)	11,644	2,551.08	2,551.08	0.61	2,550.47	114.04	0.12	114.16	4.3%	1.5%	41.14	2,665.24	2,742.61	2,742.00	13.71	2,728.29
LCI (GSR 9)	10,717	2,713.99	2,713.99	0.61	2,713.38	141.21	0.12	141.33	4.9%	1.5%	45.48	2,855.32	3,031.74	3,031.13	15.16	3,015.97
LCI (GSR 10)	1,640	2,587.56	2,587.56	0.61	2,586.95	141.21	0.12	141.33	5.2%	1.5%	43.46	2,728.89	2,897.19	2,896.58	14.49	2,882.09
MCFCI (GSR 6)	329	2,736.34	2,736.34	0.61	2,735.73	120.00	0.12	120.12	4.2%	1.5%	43.50	2,856.46	2,899.96	2,899.35	14.50	2,884.85
MCFCI (GSR 5-6)	1,002	2,868.12	2,868.12	0.61	2,867.51	120.00	0.12	120.12	4.0%	1.5%	45.51	2,988.24	3,033.75	3,033.14	15.17	3,017.97
MCFCI (GSR 8)	50,317	2,584.97	2,584.97	0.61	2,584.36	120.00	0.12	120.12	4.4%	1.5%	41.19	2,705.09	2,746.28	2,745.67	13.73	2,731.94
MCFCI (GSR 11)	1,120	2,657.52	2,657.52	0.61	2,656.91	120.00	0.12	120.12	4.3%	1.5%	42.30	2,777.64	2,819.94	2,819.33	14.10	2,805.23
Total FE Base Cohort	199,487	\$2,638.95	\$2,659.68	\$0.61	\$2,659.07	\$119.33	\$0.12	\$119.45	4.3%	1.5%	\$42.32	\$2,758.40	\$2,821.45	\$2,820.84	\$14.11	\$2,805.73

Non-Base Cohort FE Development	2018 Exposure Months	MCE Service Costs	2018 Gross Service Costs	2018 HCRP Pooled Claims	2018 Net Service Costs ¹	2018 Administrative Expense	OCI Add-On	Administrative Allowance	Implied Administrative Percentage	Targeted Margin	Targeted Margin P4P	MCE Rates	2018 Capitation Rate	2018 Capitation Rate Less HCRP ¹	P4P Withhold	2018 Capitation Rate Less HCRP and P4P Withhold ¹
Care WI (GSR 11)	0	\$2,657.52	\$2,657.52	\$0.61	\$2,656.91	\$129.81	\$0.12	\$129.93	4.7%	1.5%	\$42.45	\$2,787.45	\$2,829.90	\$2,829.29	\$14.15	\$2,815.14
Care WI (GSR 13)	7,607	2,478.82	2,478.82	0.61	2,478.21	129.81	0.12	129.93	5.0%	1.5%	39.73	2,608.75	2,648.48	2,647.87	13.24	2,634.63
LCI (GSR 4 - Non-Expansion Counties)	756	2,628.81	2,628.81	0.61	2,628.20	141.21	0.12	141.33	5.1%	1.5%	44.12	2,770.14	2,941.09	2,940.48	14.71	2,925.77
LCI (GSR 13)	8,352	2,873.59	2,873.59	0.61	2,872.98	141.21	0.12	141.33	5.0%	1.5%	44.83	2,814.92	2,985.74	2,985.13	14.94	2,970.19
MCFCI (GSR 2)	0	2,504.13	2,504.13	0.61	2,503.52	120.00	0.12	120.12	4.6%	1.5%	39.96	2,624.25	2,664.21	2,663.60	13.32	2,650.28
MCFCI (GSR 3)	0	2,551.89	2,551.89	0.61	2,551.28	120.00	0.12	120.12	4.5%	1.5%	40.69	2,672.01	2,712.70	2,712.09	13.56	2,698.53
Total FE Non-Base Cohort	16,114	\$2,582.92	\$2,653.11	\$0.61	\$2,652.50	\$136.02	\$0.12	\$136.14	5.0%	1.5%	\$42.48	\$2,719.06	\$2,831.73	\$2,831.12	\$14.16	\$2,816.96

Expansion Cohort FE Development	2018 Exposure Months	MCE Service Costs	2018 Gross Service Costs	2018 HCRP Pooled Claims	2018 Net Service Costs ¹	2018 Administrative Expense	OCI Add-On	Administrative Allowance	Implied Administrative Percentage	Targeted Margin	Targeted Margin P4P	MCE Rates	2018 Capitation Rate	2018 Capitation Rate Less HCRP ¹	P4P Withhold	2018 Capitation Rate Less HCRP and P4P Withhold ¹
Care WI (GSR 1 Expansion - Taylor)	376	\$1,890.09	\$1,890.09	\$0.61	\$1,889.48	\$129.81	\$0.12	\$129.93	6.4%	1.5%	\$30.76	\$2,020.02	\$2,050.78	\$2,050.17	\$10.25	\$2,039.92
Care WI (GSR 12)	1,180	3,848.67	3,848.67	0.00	3,848.67	129.81	0.12	129.93	3.3%	1.5%	60.59	3,978.60	4,039.19	4,038.19	20.20	4,018.99
Inclusa (GSR 1 Expansion - Taylor)	376	1,890.09	1,890.09	0.61	1,889.48	114.04	0.12	114.16	5.3%	1.5%	30.52	2,004.25	2,034.77	2,034.16	10.17	2,023.99
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	1,125	2,050.44	2,050.44	0.61	2,049.83	114.04	0.12	114.16	5.3%	1.5%	32.96	2,164.60	2,197.56	2,196.95	10.99	2,185.96
Inclusa (GSR 14)	2,031	2,966.10	2,966.10	0.61	2,965.49	114.04	0.12	114.16	3.7%	1.5%	46.91	3,080.26	3,127.17	3,126.56	15.64	3,110.92
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	1,125	2,050.44	2,050.44	0.61	2,049.83	141.21	0.12	141.33	6.4%	1.5%	33.38	2,191.77	2,225.15	2,224.54	11.13	2,213.41
MCFCI (GSR 12)	1,180	3,848.67	3,848.67	0.00	3,848.67	120.00	0.12	120.12	3.0%	1.5%	60.44	3,968.79	4,029.23	4,028.23	20.15	4,009.08
MCFCI (GSR 14)	750	2,103.98	2,103.98	0.61	2,103.37	120.00	0.12	120.12	5.4%	1.5%	33.87	2,224.10	2,257.97	2,257.36	11.29	2,246.07
Total FE Expansion Cohort	8,142	\$2,790.02	\$2,790.02	\$0.43	\$2,789.59	\$122.32	\$0.12	\$122.34	4.2%	1.5%	\$44.34	\$2,912.36	\$2,956.70	\$2,956.27	\$14.78	\$2,941.49
Total FE Population	224,344	\$2,640.26	\$2,663.92	\$0.60	\$2,663.32	\$120.68	\$0.12	\$120.80	4.4%	1.5%	\$42.40	\$2,761.06	\$2,827.12	\$2,826.52	\$14.14	\$2,812.39

¹Expansion counties beginning on or after January 1, 2018 will not participate in the high cost risk pool. Amounts above the HCRP Threshold are not excluded from this column for these populations.

Exhibit F
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 Development of Non-Service Portion of Rates, MCE, and Capitation Rates
 Nursing Home Level of Care

Base Cohort Composite	2018 Exposure Months	MCE Service Costs	2018 Gross Service Costs	2018 HCRP Pooled Claims	2018 Net Service Costs ¹	2018 Administrative Expense	OCI Add-On	Administrative Allowance	Implied Administrative Percentage	Targeted Margin	Targeted Margin PMPM	MCE Rates	2018 Capitation Rate	2018 Capitation Rate Less HCRP ¹	P4P Withhold	2018 Capitation Rate Less HCRP and P4P Withhold ¹
Care WI (GSR 1 - Non-Expansion Counties)	2,613	\$3,050.91	\$3,050.91	\$25.79	\$3,025.12	\$129.81	\$0.12	\$129.93	4.1%	1.5%	\$48.44	\$3,180.84	\$3,229.28	\$3,203.49	\$16.15	\$3,187.34
Care WI (GSR 2)	5,661	2,827.63	2,827.63	32.98	2,794.65	129.81	0.12	129.93	4.4%	1.5%	45.04	2,957.56	3,002.60	2,969.62	15.01	2,954.61
Care WI (GSR 3)	2,543	2,698.26	2,698.26	25.25	2,673.01	129.81	0.12	129.93	4.6%	1.5%	43.07	2,828.19	2,871.26	2,844.01	14.36	2,831.65
Care WI (GSR 5)	28,645	3,225.50	3,225.50	45.14	3,180.36	129.81	0.12	129.93	3.9%	1.5%	51.10	3,356.43	3,406.53	3,381.39	17.03	3,344.36
Care WI (GSR 8)	4,379	2,998.30	2,998.30	25.63	2,972.67	129.81	0.12	129.93	4.2%	1.5%	47.64	3,128.23	3,175.87	3,150.24	15.88	3,134.36
Care WI (GSR 5-6)	19,316	3,431.03	3,431.03	38.57	3,392.46	129.81	0.12	129.93	3.6%	1.5%	54.23	3,560.98	3,615.19	3,576.62	18.08	3,558.54
CCI (GSR 6)	22,411	3,256.75	3,256.75	43.23	3,213.52	114.48	0.12	114.60	3.4%	1.5%	51.34	3,371.35	3,422.69	3,379.46	17.11	3,362.35
CCI (GSR 5-6)	15,694	3,416.93	3,416.93	40.04	3,376.89	114.48	0.12	114.60	3.2%	1.5%	53.78	3,531.53	3,585.31	3,545.27	17.93	3,527.34
CCI (GSR 8)	33,283	2,862.08	2,862.08	37.14	2,824.94	114.48	0.12	114.60	3.8%	1.5%	45.33	2,976.68	3,022.01	2,984.87	15.11	2,969.76
CCI (GSR 9)	3,786	2,797.72	2,797.72	28.35	2,769.37	114.48	0.12	114.60	3.9%	1.5%	44.35	2,912.32	2,956.67	2,929.32	14.78	2,915.54
CCI (GSR 10)	18,823	3,116.89	3,116.89	42.75	3,074.14	114.48	0.12	114.60	3.5%	1.5%	49.21	3,231.49	3,280.70	3,237.95	16.40	3,221.55
CCI (GSR 11)	28,729	3,191.94	3,191.94	41.81	3,150.13	114.48	0.12	114.60	3.5%	1.5%	50.35	3,306.54	3,356.89	3,315.08	16.78	3,298.30
Inclusa (GSR 1 - Non-Expansion Counties)	29,944	3,324.31	3,324.31	37.73	3,286.58	114.04	0.12	114.16	3.3%	1.5%	53.08	3,438.47	3,538.76	3,501.03	17.69	3,483.34
Inclusa (GSR 2)	45,456	2,995.76	2,995.76	35.24	2,960.52	114.04	0.12	114.16	3.7%	1.5%	48.01	3,109.22	3,200.47	3,165.23	16.00	3,149.23
Inclusa (GSR 3)	24,995	2,915.05	2,915.05	38.62	2,876.43	114.04	0.12	114.16	3.8%	1.5%	46.76	3,029.21	3,117.36	3,079.74	15.59	3,063.15
Inclusa (GSR 4 - Non-Expansion Counties)	40,967	2,985.20	2,985.20	38.32	2,946.88	114.04	0.12	114.16	3.7%	1.5%	47.84	3,099.36	3,189.59	3,151.27	15.95	3,135.32
Inclusa (GSR 5)	1,659	2,929.95	2,929.95	26.51	2,903.44	114.04	0.12	114.16	3.8%	1.5%	46.99	3,044.11	3,132.71	3,106.20	15.66	3,090.54
Inclusa (GSR 5-6)	776	3,313.53	3,313.53	32.82	3,280.71	114.04	0.12	114.16	3.3%	1.5%	52.91	3,427.69	3,527.65	3,494.83	17.64	3,477.19
Inclusa (GSR 7)	28,157	3,045.64	3,045.64	37.01	3,008.63	114.04	0.12	114.16	3.6%	1.5%	48.78	3,159.80	3,251.83	3,214.82	16.26	3,198.56
LCI (GSR 9)	30,156	2,981.21	2,981.21	41.17	2,940.04	141.21	0.12	141.33	4.5%	1.5%	49.74	3,122.54	3,216.11	3,179.44	16.58	3,258.36
LCI (GSR 10)	3,110	2,852.07	2,852.07	26.01	2,826.06	141.21	0.12	141.33	4.7%	1.5%	47.68	2,993.40	3,078.68	3,032.67	15.89	3,016.78
MCFCI (GSR 6)	921	3,174.20	3,174.20	39.72	3,134.48	120.00	0.12	120.12	3.6%	1.5%	50.17	3,294.32	3,344.49	3,304.77	16.72	3,288.05
MCFCI (GSR 5-6)	1,944	3,232.27	3,232.27	27.05	3,205.22	120.00	0.12	120.12	3.6%	1.5%	51.05	3,352.39	3,403.44	3,359.37	17.02	3,359.37
MCFCI (GSR 8)	93,270	2,884.85	2,884.85	26.09	2,858.76	120.00	0.12	120.12	4.0%	1.5%	45.76	3,004.97	3,050.73	3,024.64	15.25	3,009.39
MCFCI (GSR 11)	3,608	3,035.65	3,035.65	35.05	3,000.60	120.00	0.12	120.12	3.8%	1.5%	48.06	3,155.77	3,203.83	3,168.78	16.02	3,152.76
Total Base Cohort	490,447	\$3,050.98	\$3,050.98	\$36.19	\$3,014.79	\$119.24	\$0.12	\$119.36	3.8%	1.5%	\$48.65	\$3,170.34	\$3,243.85	\$3,207.66	\$16.22	\$3,191.44

Non-Base Cohort Composite	2018 Exposure Months	MCE Service Costs	2018 Gross Service Costs	2018 HCRP Pooled Claims	2018 Net Service Costs ¹	2018 Administrative Expense	OCI Add-On	Administrative Allowance	Implied Administrative Percentage	Targeted Margin	Targeted Margin PMPM	MCE Rates	2018 Capitation Rate	2018 Capitation Rate Less HCRP ¹	P4P Withhold	2018 Capitation Rate Less HCRP and P4P Withhold ¹
Care WI (GSR 11)	0	\$3,172.64	\$3,172.64	\$41.05	\$3,131.59	\$129.81	\$0.12	\$129.93	3.9%	1.5%	\$50.29	\$3,302.57	\$3,352.86	\$3,311.81	\$16.76	\$3,295.05
Care WI (GSR 13)	21,931	2,822.24	2,822.24	40.77	2,781.47	129.81	0.12	129.93	4.4%	1.5%	44.96	2,952.17	2,997.13	2,959.36	14.99	2,944.37
LCI (GSR 4 - Non-Expansion Counties)	1,305	2,983.19	2,983.19	38.26	2,944.93	141.21	0.12	141.33	4.5%	1.5%	49.77	3,124.52	3,216.21	3,279.95	16.59	3,263.36
LCI (GSR 13)	23,205	3,157.78	3,157.78	41.58	3,116.20	141.21	0.12	141.33	4.3%	1.5%	52.56	3,289.11	3,340.42	3,302.44	17.52	3,444.92
MCFCI (GSR 2)	0	2,932.35	2,932.35	34.99	2,897.36	120.00	0.12	120.12	3.9%	1.5%	46.48	3,052.47	3,098.95	3,062.96	15.49	3,047.47
MCFCI (GSR 3)	0	2,870.85	2,870.85	37.39	2,833.46	120.00	0.12	120.12	4.0%	1.5%	45.55	2,990.97	3,036.22	2,999.13	15.18	2,983.95
Total Non-Base Cohort	47,071	\$2,994.27	\$2,994.27	\$41.07	\$2,953.20	\$135.90	\$0.12	\$136.02	4.3%	1.5%	\$48.91	\$3,130.29	\$3,206.21	\$3,219.15	\$16.30	\$3,202.85

Expansion Cohort Composite	2018 Exposure Months	MCE Service Costs	2018 Gross Service Costs	2018 HCRP Pooled Claims	2018 Net Service Costs ¹	2018 Administrative Expense	OCI Add-On	Administrative Allowance	Implied Administrative Percentage	Targeted Margin	Targeted Margin PMPM	MCE Rates	2018 Capitation Rate	2018 Capitation Rate Less HCRP ¹	P4P Withhold	2018 Capitation Rate Less HCRP and P4P Withhold ¹
Care WI (GSR 1 Expansion - Taylor)	934	\$2,170.77	\$2,170.77	\$35.69	\$2,135.08	\$129.81	\$0.12	\$129.93	5.6%	1.5%	\$35.04	\$2,300.70	\$2,335.74	\$2,300.05	\$11.68	\$2,288.37
Care WI (GSR 12)	7,595	4,604.62	4,604.62	0.00	4,604.62	129.81	0.12	129.93	2.7%	1.5%	72.10	4,734.55	4,806.65	4,806.65	24.03	4,782.62
Inclusa (GSR 1 Expansion - Taylor)	934	2,170.77	2,170.77	35.69	2,135.08	114.04	0.12	114.16	5.0%	1.5%	34.80	2,284.93	2,318.73	2,284.04	11.60	2,273.44
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	3,382	2,629.46	2,629.46	35.11	2,594.35	114.04	0.12	114.16	4.2%	1.5%	41.78	2,743.62	2,785.40	2,750.20	13.93	2,736.36
Inclusa (GSR 14)	7,693	3,701.91	3,701.91	49.03	3,652.88	114.04	0.12	114.16	3.0%	1.5%	58.11	3,816.07	3,874.18	3,825.15	19.37	3,805.78
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	3,382	2,629.46	2,629.46	35.11	2,594.35	141.21	0.12	141.33	5.1%	1.5%	42.19	2,770.79	2,812.98	2,777.87	14.06	2,763.81
MCFCI (GSR 12)	7,595	4,604.62	4,604.62	0.00	4,604.62	120.00	0.12	120.12	2.5%	1.5%	71.95	4,724.74	4,796.69	4,796.69	23.98	4,772.71
MCFCI (GSR 14)	3,354	2,830.32	2,830.32	\$2.49	2,777.83	120.00	0.12	120.12	4.1%	1.5%	44.93	2,950.44	2,995.37	2,947.88	14.98	2,927.90
Total Expansion Cohort	34,870	\$3,721.26	\$3,721.26	\$34.59	\$3,686.67	\$122.40	\$0.12	\$122.52	3.2%	1.5%	\$58.54	\$3,843.78	\$3,902.32	\$3,877.73	\$19.51	\$3,858.22

Grand Total	2018 Exposure Months	MCE Service Costs	2018 Gross Service Costs	2018 HCRP Pooled Claims	2018 Net Service Costs ¹	2018 Administrative Expense	OCI Add-On	Administrative Allowance	Implied Administrative Percentage	Targeted Margin	Targeted Margin PMPM	MCE Rates	2018 Capitation Rate	2018 Capitation Rate Less HCRP ¹	P4P Withhold	2018 Capitation Rate Less HCRP and P4P Withhold ¹
Grand Total	572,388	\$3,087.15	\$3,115.11	\$35.88	\$3,079.23	\$120.80	\$0.12	\$120.92	3.8%	1.5%	\$49.28	\$3,208.07	\$3,285.31	\$3,249.43	\$16.43	\$3,233.00

¹Expansion counties beginning on or after January 1, 2018 will not participate in the high cost risk pool. Amounts above the HCRP Threshold are not excluded from this column for these populations.

Exhibit G
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Development of Final Blended Capitation Rates
Nursing Home Level of Care
Developmentally Disabled

	(A)	(B)	(C)	(D) = (A) + (B) + (C)	(E)	(F) = (D) - (E)	
	Developmentally Disabled						
	2018 Exposure Months	2018 Net DD Service Costs	Administrative Allowance	Targeted Margin PMPM	2018 Net DD Capitation Rate	P4P Withhold	2018 Net Capitation Rate Less P4P Withhold
GSR 1							
<u>Care WI</u>							
Non-Expansion Counties	676	\$3,957.83	\$129.93	\$63.43	\$4,151.19	\$21.14	\$4,130.05
Expansion Counties	379	2,601.82	129.93	42.78	2,774.53	14.26	2,760.27
GSR Rate	1,055	\$3,470.72	\$129.93	\$56.01	\$3,656.66	\$18.67	\$3,637.99
<u>Inclusa</u>							
Non-Expansion Counties	13,268	\$4,028.79	\$114.16	\$64.27	\$4,207.22	\$21.42	\$4,185.80
Expansion Counties	379	2,601.82	114.16	42.54	2,758.52	14.18	2,744.34
GSR Rate	13,647	\$3,989.16	\$114.16	\$63.66	\$4,166.98	\$21.22	\$4,145.76
GSR 4							
<u>Inclusa</u>							
Non-Expansion Counties	18,201	\$3,429.85	\$114.16	\$55.15	\$3,599.16	\$18.38	\$3,580.78
Expansion Counties	1,257	3,432.33	114.16	55.19	3,601.68	18.40	3,583.28
GSR Rate	19,459	\$3,430.01	\$114.16	\$55.15	\$3,599.32	\$18.38	\$3,580.94
<u>LCI</u>							
Non-Expansion Counties	864	\$3,547.59	\$141.33	\$57.36	\$3,746.28	\$19.12	\$3,727.16
Expansion Counties	1,257	3,432.33	141.33	55.60	3,629.26	18.53	3,610.73
GSR Rate	2,122	\$3,479.29	\$141.33	\$56.32	\$3,676.94	\$18.78	\$3,658.16

Exhibit G
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Development of Final Blended Capitation Rates
Nursing Home Level of Care
Physically Disabled

	(A)	(B)	(C)	(D) = (A) + (B) + (C)	(E)	(F) = (D) - (E)	
	Physically Disabled						
2018 Exposure Months	2018 Net PD Service Costs	Administrative Allowance	Targeted Margin PMPM	2018 Net PD Capitation Rate	P4P Withhold	2018 Net Capitation Rate Less P4P Withhold	
GSR 1							
<u>Care WI</u>							
Non-Expansion Counties	691	\$2,662.76	\$129.93	\$42.84	\$2,835.53	\$14.28	\$2,821.25
Expansion Counties	179	1,662.73	129.93	27.61	1,820.27	9.20	1,811.07
GSR Rate	870	\$2,456.74	\$129.93	\$39.70	\$2,626.37	\$13.23	\$2,613.14
<u>Inclusa</u>							
Non-Expansion Counties	4,502	\$2,740.24	\$114.16	\$43.78	\$2,898.18	\$14.59	\$2,883.59
Expansion Counties	179	1,662.73	114.16	27.37	1,804.26	9.12	1,795.14
GSR Rate	4,681	\$2,698.99	\$114.16	\$43.15	\$2,856.30	\$14.38	\$2,841.92
GSR 4							
<u>Inclusa</u>							
Non-Expansion Counties	6,421	\$2,544.31	\$114.16	\$40.80	\$2,699.27	\$13.60	\$2,685.67
Expansion Counties	1,000	2,153.55	114.16	34.84	2,302.55	11.61	2,290.94
GSR Rate	7,421	\$2,491.66	\$114.16	\$40.00	\$2,645.82	\$13.33	\$2,632.49
<u>LCI</u>							
Non-Expansion Counties	315	\$2,630.40	\$141.33	\$42.52	\$2,814.25	\$14.17	\$2,800.08
Expansion Counties	1,000	2,153.55	141.33	35.26	2,330.14	11.75	2,318.39
GSR Rate	1,314	\$2,267.69	\$141.33	\$37.00	\$2,446.02	\$12.33	\$2,433.69

Exhibit G
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Development of Final Blended Capitation Rates
Nursing Home Level of Care
Frail Elderly

	(A)	(B)	(C)	(D) = (A) + (B) + (C)	(E)	(F) = (D) - (E)	
	Frail Elderly						
	2018 Exposure Months	2018 Net FE Service Costs	Administrative Allowance	Targeted Margin PMPM	2018 Net FE Capitation Rate	P4P Withhold	2018 Net Capitation Rate Less P4P Withhold
GSR 1							
<u>Care WI</u>							
Non-Expansion Counties	1,246	\$2,719.86	\$129.93	\$43.41	\$2,893.20	\$14.47	\$2,878.73
Expansion Counties	376	1,889.48	129.93	30.76	2,050.17	10.25	2,039.92
GSR Rate	1,622	\$2,527.50	\$129.93	\$40.48	\$2,697.91	\$13.49	\$2,684.42
<u>Inclusa</u>							
Non-Expansion Counties	12,175	\$2,795.85	\$114.16	\$44.32	\$2,954.33	\$14.77	\$2,939.56
Expansion Counties	376	1,889.48	114.16	30.52	2,034.16	10.17	2,023.99
GSR Rate	12,550	\$2,768.72	\$114.16	\$43.91	\$2,926.79	\$14.63	\$2,912.16
GSR 4							
<u>Inclusa</u>							
Non-Expansion Counties	15,944	\$2,665.53	\$114.16	\$42.34	\$2,822.03	\$14.11	\$2,807.92
Expansion Counties	1,125	2,049.83	114.16	32.96	2,196.95	10.99	2,185.96
GSR Rate	17,069	\$2,624.94	\$114.16	\$41.72	\$2,780.82	\$13.91	\$2,766.91
<u>LCI</u>							
Non-Expansion Counties	756	\$2,755.03	\$141.33	\$44.12	\$2,940.48	\$14.71	\$2,925.77
Expansion Counties	1,125	2,049.83	141.33	33.38	2,224.54	11.13	2,213.41
GSR Rate	1,881	\$2,333.13	\$141.33	\$37.70	\$2,512.16	\$12.57	\$2,499.59

Exhibit G
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Development of Final Blended Capitation Rates
Nursing Home Level of Care
Composite Population

	(A)	(B)	(C)	(D) = (A) + (B) + (C)	(E)	(F) = (D) - (E)	
	Composite Population						
	2018 Exposure Months	2018 Net Composite Service Costs	Administrative Allowance	Targeted Margin PMPM	2018 Net Composite Capitation Rate	P4P Withhold	2018 Net Capitation Rate Less P4P Withhold
GSR 1							
<u>Care WI</u>							
Non-Expansion Counties	2,613	\$3,025.12	\$129.93	\$48.44	\$3,203.49	\$16.15	\$3,187.34
Expansion Counties	934	2,135.08	129.93	35.04	2,300.05	11.68	2,288.37
GSR Rate	3,547	\$2,790.76	\$129.93	\$44.91	\$2,965.60	\$14.97	\$2,950.63
<u>Inclusa</u>							
Non-Expansion Counties	29,944	\$3,333.79	\$114.16	\$53.08	\$3,501.03	\$17.69	\$3,483.34
Expansion Counties	934	2,135.08	114.16	34.80	2,284.04	11.60	2,272.44
GSR Rate	30,878	\$3,297.54	\$114.16	\$52.52	\$3,464.22	\$17.50	\$3,446.72
GSR 4							
<u>Inclusa</u>							
Non-Expansion Counties	40,567	\$2,989.27	\$114.16	\$47.84	\$3,151.27	\$15.95	\$3,135.32
Expansion Counties	3,382	2,594.35	114.16	41.78	2,750.29	13.93	2,736.36
GSR Rate	43,949	\$2,958.88	\$114.16	\$47.37	\$3,120.41	\$15.80	\$3,104.61
<u>LCI</u>							
Non-Expansion Counties	1,935	\$3,088.85	\$141.33	\$49.77	\$3,279.95	\$16.59	\$3,263.36
Expansion Counties	3,382	2,594.35	141.33	42.19	2,777.87	14.06	2,763.81
GSR Rate	5,317	\$2,774.28	\$141.33	\$44.95	\$2,960.56	\$14.99	\$2,945.57

Exhibit H
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 Monthly Rates Net of HCRP Paid to MCOs
 Nursing Home Level of Care

MCO / GSR	2018 Exposure Months				Developmentally Disabled						Physically Disabled					
	DD	PD	FE	Total	(A)	(B)	(C)	(D) = (A) + (B) + (C)	(E)	(F) = (D) - (E)	(A)	(B)	(C)	(D) = (A) + (B) + (C)	(E)	(F) = (D) - (E)
	2018 Net Service Costs ¹	Administrative Allowance	Targeted Margin PMPM	2018 Net Capitation Rate ¹	P4P Withhold	2018 Net Capitation Rate Less P4P Withhold ¹	2018 Net Service Costs ¹	Administrative Allowance	Targeted Margin PMPM	2018 Net Capitation Rate ¹	P4P Withhold	2018 Net Service Costs ¹	Administrative Allowance	Targeted Margin PMPM	2018 Net Capitation Rate ¹	P4P Withhold
Care WI (GSR 1)	1,055	870	1,622	3,547	\$3,470.72	\$129.93	\$56.01	\$3,656.66	\$18.67	\$3,637.99	\$2,456.74	\$129.93	\$39.70	\$2,626.37	\$13.23	\$2,613.14
Care WI (GSR 2)	1,884	1,921	1,855	5,661	3,664.42	129.93	58.96	3,853.31	19.65	3,833.66	2,223.02	129.93	36.14	2,389.09	12.05	2,377.04
Care WI (GSR 3)	639	678	1,227	2,543	3,365.53	129.93	54.41	3,549.87	18.14	3,531.73	2,240.59	129.93	36.41	2,406.93	12.14	2,394.79
Care WI (GSR 5)	15,601	3,697	9,347	28,645	3,633.10	129.93	58.49	3,821.52	19.50	3,802.02	2,552.79	129.93	41.16	2,723.88	13.72	2,710.16
Care WI (GSR 6)	1,201	856	2,321	4,379	3,603.59	129.93	58.04	3,791.56	19.35	3,772.21	2,729.83	129.93	43.86	2,903.62	14.62	2,889.00
Care WI (GSR 5-6)	9,086	1,667	8,562	19,316	3,874.32	129.93	62.16	4,066.41	20.72	4,045.69	3,476.67	129.93	55.23	3,661.83	18.41	3,643.42
Care WI (GSR 11)	0	0	0	0	3,717.50	129.93	59.77	3,907.20	19.92	3,887.28	2,531.01	129.93	40.83	2,701.77	13.61	2,688.16
Care WI (GSR 12)	5,038	1,378	1,180	7,595	4,744.79	129.93	74.23	4,948.95	24.74	4,924.21	4,739.22	129.93	74.15	4,943.30	24.72	4,918.58
Care WI (GSR 13)	10,428	3,896	7,607	21,931	3,107.59	129.93	50.49	3,288.01	16.83	3,271.18	2,500.68	129.93	40.37	2,670.98	13.46	2,657.52
CCI (GSR 6)	11,729	2,588	8,094	22,411	3,623.51	114.60	58.11	3,796.22	19.37	3,776.85	2,754.46	114.60	44.00	2,913.06	14.67	2,898.39
CCI (GSR 5-6)	7,560	1,827	6,306	15,694	3,942.02	114.60	62.95	4,119.58	20.99	4,098.59	2,936.41	114.60	44.79	2,955.60	14.53	2,950.87
CCI (GSR 8)	12,883	11,257	9,144	33,283	3,509.24	114.60	56.37	3,680.21	18.79	3,661.42	2,243.52	114.60	36.22	2,394.34	12.07	2,382.27
CCI (GSR 9)	1,110	983	1,693	3,786	3,277.12	114.60	52.83	3,444.55	17.61	3,426.94	2,307.03	114.60	37.19	2,458.82	12.40	2,446.42
CCI (GSR 10)	9,772	2,024	7,027	18,823	3,568.35	114.60	57.27	3,740.22	19.09	3,721.13	2,412.20	114.60	38.79	2,565.59	12.93	2,552.66
CCI (GSR 11)	13,953	5,470	9,306	28,729	3,719.53	114.60	59.57	3,893.70	19.86	3,873.84	2,574.61	114.60	41.26	2,730.47	13.75	2,716.72
Inclusa (GSR 1)	13,647	4,881	12,550	30,878	3,989.16	114.16	63.66	4,166.98	21.22	4,145.76	2,898.99	114.16	43.15	2,856.30	14.38	2,841.92
Inclusa (GSR 2)	18,104	9,029	18,323	45,456	3,803.84	114.16	60.85	3,978.85	20.28	3,958.57	2,236.73	114.16	36.87	2,437.76	12.29	2,425.47
Inclusa (GSR 3)	11,055	4,957	8,983	24,995	3,429.81	114.16	55.15	3,599.12	18.38	3,580.74	2,209.85	114.16	37.07	2,451.08	12.36	2,438.72
Inclusa (GSR 4)	19,459	7,421	17,069	43,949	3,430.01	114.16	55.15	3,599.32	18.38	3,580.94	2,491.66	114.16	40.00	2,645.82	13.33	2,632.49
Inclusa (GSR 5)	464	363	832	1,659	3,685.73	114.16	59.05	3,858.94	19.68	3,839.26	2,555.86	114.16	40.97	2,710.99	13.66	2,697.33
Inclusa (GSR 5-6)	283	162	331	776	3,952.78	114.16	63.12	4,130.06	21.04	4,109.02	3,095.38	114.16	49.19	3,258.73	16.40	3,242.33
Inclusa (GSR 7)	12,187	4,326	11,844	28,157	3,666.61	114.16	58.76	3,839.53	19.59	3,819.94	2,572.28	114.16	41.22	2,727.66	13.74	2,713.92
Inclusa (GSR 14)	4,547	1,115	2,031	7,693	4,033.08	114.16	64.34	4,211.58	21.45	4,190.13	3,354.60	114.16	53.13	3,522.89	17.71	3,505.18
LCI (GSR 4)	2,122	1,314	1,881	5,317	3,479.29	141.33	56.32	3,676.94	18.78	3,658.16	2,267.69	141.33	37.00	2,446.02	12.33	2,433.69
LCI (GSR 9)	14,639	4,801	10,717	30,156	3,452.66	141.33	55.91	3,649.90	18.64	3,631.26	2,494.06	141.33	40.44	2,675.83	13.48	2,662.35
LCI (GSR 10)	871	599	1,640	3,110	3,719.61	141.33	59.98	3,920.92	19.99	3,900.93	2,553.87	141.33	41.35	2,736.55	13.78	2,722.77
LCI (GSR 13)	11,466	3,387	8,352	23,205	3,704.59	141.33	59.75	3,905.67	19.92	3,885.75	2,942.89	141.33	47.28	3,131.50	15.76	3,115.74
MCFCI (GSR 2)	0	0	0	0	3,664.42	120.12	58.82	3,843.36	19.61	3,823.75	2,223.02	120.12	35.99	2,379.13	12.00	2,367.13
MCFCI (GSR 3)	0	0	0	0	3,365.53	120.12	54.26	3,539.91	18.09	3,521.82	2,240.59	120.12	36.26	2,336.97	12.09	2,324.88
MCFCI (GSR 6)	425	168	329	921	3,603.59	120.12	57.89	3,781.60	19.30	3,762.30	2,729.83	120.12	43.71	2,893.66	14.57	2,879.09
MCFCI (GSR 5-6)	572	370	1,002	1,944	3,896.35	120.12	62.35	4,078.82	20.78	4,058.04	3,051.75	120.12	48.61	3,220.48	16.20	3,204.28
MCFCI (GSR 11)	26,644	16,309	50,317	93,270	3,715.21	120.12	59.59	3,894.92	19.86	3,875.06	2,306.20	120.12	37.26	2,463.58	12.42	2,451.16
MCFCI (GSR 12)	1,309	1,179	1,120	3,608	3,717.50	120.12	59.62	3,897.24	19.87	3,877.37	2,531.01	120.12	40.88	2,691.81	13.56	2,678.25
MCFCI (GSR 14)	5,038	1,378	1,180	7,595	4,744.79	120.12	74.08	4,938.99	24.69	4,914.30	4,739.22	120.12	74.00	4,933.34	24.67	4,908.67
MCFCI (GSR 14)	2,138	496	750	3,384	3,024.80	120.12	49.07	3,193.99	16.36	3,177.63	2,729.84	120.12	43.71	2,893.67	14.57	2,879.10

¹Expansion counties beginning on or after January 1, 2018 will not participate in the high cost risk pool. Amounts above the HCRP Threshold are not excluded from this column for these populations.

Exhibit H
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 Monthly Rates Net of HCRP Paid to MCOs
 Nursing Home Level of Care

MCO / GSR	2018 Exposure Months				Frail Elderly					Composite Population						
	DD	PD	FE	Total	(A)	(B)	(C)	(D) = (A) + (B) + (C)	(E)	(F) = (D) - (E)	(A)	(B)	(C)	(D) = (A) + (B) + (C)	(E)	(F) = (D) - (E)
					2018 Net Service Costs ¹	Administrative Allowance	Targeted Margin PMPM	2018 Net Capitation Rate ¹	P4P Withhold	2018 Net Capitation Rate Less P4P Withhold ¹	2018 Net Service Costs ¹	Administrative Allowance	Targeted Margin PMPM	2018 Net Capitation Rate ¹	P4P Withhold	2018 Net Capitation Rate Less P4P Withhold ¹
Care WI (GSR 1)	1,055	870	1,822	3,547	\$2,527.50	\$129.93	\$40.48	\$2,697.91	\$13.49	\$2,684.42	\$2,790.76	\$129.93	\$44.91	\$2,965.60	\$14.97	\$2,950.63
Care WI (GSR 2)	1,884	1,921	1,855	5,661	2,503.52	129.93	40.11	2,673.56	13.37	2,660.19	2,794.65	129.93	45.94	2,969.62	15.01	2,954.61
Care WI (GSR 3)	630	678	1,227	2,543	2,551.28	129.93	40.84	2,722.05	13.61	2,708.44	2,673.01	129.93	43.07	2,846.01	14.36	2,831.65
Care WI (GSR 5)	15,601	3,697	9,347	28,645	2,672.87	129.93	42.69	2,845.49	14.23	2,831.26	3,180.36	129.93	51.10	3,361.39	17.03	3,344.36
Care WI (GSR 6)	1,201	856	2,321	4,379	2,735.73	129.93	43.65	2,909.31	14.55	2,894.76	2,972.67	129.93	47.64	3,150.24	15.88	3,134.36
Care WI (GSR 5-6)	9,086	1,667	8,562	19,316	2,864.74	129.93	45.61	3,040.28	15.20	3,025.08	3,392.46	129.93	54.23	3,576.62	18.08	3,558.54
Care WI (GSR 11)	0	0	0	0	2,656.91	129.93	42.45	2,829.29	14.15	2,815.14	3,131.59	129.93	50.29	3,311.81	16.76	3,295.05
Care WI (GSR 12)	5,038	1,378	1,180	7,595	3,848.67	129.93	60.59	4,039.19	20.20	4,018.99	4,604.62	129.93	72.10	4,806.65	24.03	4,782.62
Care WI (GSR 13)	10,428	3,896	7,607	21,931	2,478.21	129.93	39.73	2,647.87	13.24	2,634.63	2,781.47	129.93	44.96	2,956.36	14.99	2,941.37
CCI (GSR 6)	11,729	2,588	8,094	22,411	2,766.20	114.60	43.88	2,924.68	14.63	2,910.05	3,213.52	114.60	51.34	3,379.46	17.11	3,362.35
CCI (GSR 5-6)	7,560	1,827	6,306	15,694	2,864.65	114.60	45.38	3,024.63	15.13	3,009.50	3,376.89	114.60	53.78	3,545.27	17.93	3,527.34
CCI (GSR 8)	12,883	11,257	9,144	33,283	2,576.61	114.60	40.99	2,732.20	13.66	2,718.54	2,824.94	114.60	45.33	2,984.87	15.11	2,969.76
CCI (GSR 9)	1,110	983	1,893	3,786	2,705.05	114.60	42.95	2,862.60	14.32	2,848.28	2,769.37	114.60	44.35	2,928.32	14.78	2,913.54
CCI (GSR 10)	9,772	2,024	7,027	18,823	2,577.56	114.60	41.01	2,733.17	13.67	2,719.50	3,074.14	114.60	49.21	3,237.95	16.40	3,221.55
CCI (GSR 11)	13,953	5,470	9,306	28,729	2,634.68	114.60	41.88	2,791.16	13.96	2,777.20	3,150.13	114.60	50.35	3,315.08	16.78	3,298.30
Inclusa (GSR 1)	13,647	4,681	12,550	30,878	2,768.72	114.16	43.91	2,926.79	14.63	2,912.16	3,297.54	114.16	52.52	3,464.22	17.50	3,446.72
Inclusa (GSR 2)	18,104	9,029	18,323	45,456	2,564.85	114.16	40.81	2,719.82	13.60	2,706.22	3,003.06	114.16	48.01	3,165.23	16.00	3,149.23
Inclusa (GSR 3)	11,055	4,957	8,983	24,995	2,628.79	114.16	41.78	2,784.73	13.93	2,770.80	2,917.82	114.16	46.76	3,078.74	15.59	3,063.15
Inclusa (GSR 4)	19,459	7,421	17,069	43,949	2,624.94	114.16	41.72	2,780.82	13.91	2,766.91	2,958.88	114.16	47.37	3,120.41	15.80	3,104.61
Inclusa (GSR 5)	464	363	832	1,659	2,701.67	114.16	42.89	2,858.72	14.30	2,844.42	2,945.05	114.16	46.99	3,106.20	15.66	3,090.54
Inclusa (GSR 5-6)	283	162	331	776	2,908.24	114.16	46.04	3,068.44	15.35	3,053.09	3,327.76	114.16	52.91	3,494.83	17.64	3,477.19
Inclusa (GSR 7)	12,187	4,326	11,644	28,157	2,586.70	114.16	41.14	2,742.00	13.71	2,728.29	3,051.88	114.16	48.78	3,214.82	16.26	3,198.56
Inclusa (GSR 14)	4,547	1,115	2,031	7,693	2,965.49	114.16	46.91	3,126.56	15.64	3,110.92	3,652.88	114.16	58.11	3,825.15	19.37	3,805.78
LCI (GSR 4)	2,122	1,314	1,881	5,317	2,333.13	141.33	37.70	2,499.59	12.57	2,487.02	2,774.28	141.33	44.95	2,960.56	14.99	2,945.57
LCI (GSR 9)	14,639	4,801	10,717	30,156	2,844.32	141.33	45.48	3,031.13	15.16	3,015.97	3,083.87	141.33	49.74	3,274.94	16.58	3,258.36
LCI (GSR 10)	871	599	1,640	3,110	2,711.79	141.33	43.46	2,896.58	14.49	2,882.09	2,963.66	141.33	47.68	3,152.67	15.89	3,136.78
LCI (GSR 13)	11,466	3,367	6,352	21,205	2,801.97	141.33	44.83	2,988.13	14.94	2,973.19	3,268.55	141.33	52.56	3,462.44	17.52	3,444.92
MCFCI (GSR 2)	0	0	0	0	2,503.52	120.12	39.96	2,663.60	13.32	2,650.28	2,897.36	120.12	46.48	3,063.96	15.49	3,048.47
MCFCI (GSR 3)	0	0	0	0	2,551.28	120.12	40.69	2,712.09	13.56	2,698.53	2,833.46	120.12	45.55	2,999.13	15.18	2,983.95
MCFCI (GSR 6)	425	168	329	921	2,735.73	120.12	43.50	2,899.35	14.50	2,884.85	3,134.48	120.12	50.17	3,304.77	16.72	3,288.05
MCFCI (GSR 5-6)	572	370	1,002	1,944	2,867.51	120.12	45.51	3,033.14	15.17	3,017.97	3,205.22	120.12	51.05	3,376.39	17.02	3,359.37
MCFCI (GSR 8)	26,644	16,309	50,317	93,270	2,584.36	120.12	41.19	2,745.67	13.73	2,731.94	2,858.76	120.12	45.76	3,024.64	15.25	3,009.39
MCFCI (GSR 11)	1,309	1,179	1,120	3,608	2,656.91	120.12	42.30	2,819.33	14.10	2,805.23	3,000.60	120.12	46.06	3,168.78	16.02	3,152.76
MCFCI (GSR 12)	5,038	1,378	1,180	7,595	3,848.67	120.12	60.44	4,029.23	20.15	4,009.08	4,604.62	120.12	71.95	4,796.69	23.98	4,772.71
MCFCI (GSR 14)	2,138	466	750	3,354	2,103.37	120.12	33.87	2,257.36	11.29	2,246.07	2,777.83	120.12	44.93	2,942.88	14.98	2,927.90

¹Expansion counties beginning on or after January 1, 2018 will not participate in the high cost risk pool. Amounts above the HCRP Threshold are not excluded from this column for these populations.



EXHIBITS I – P

Capitation Rate Development – Non-Nursing Home Level of Care

State of Wisconsin Department of Health Services
CY 2018 Capitation Rate Development for Family Care Program

December 19, 2017

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 2018 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 I
 Wisconsin Department of Health Services
 CY 2018 Family Care Capitation Rate Development
 Summary of 2016 Actual Experience by MCO¹
 Non-Nursing Home Level of Care

	Care WI (GSR 1 - Non-Expansion Counties)			Care WI (GSR 2)			Care WI (GSR 3)			Care WI (GSR 5)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	7	2	1	83	277	105	11	44	2	355	266	52
Category of Service												
Adaptive Equipment	\$1.99	\$21.91	\$0.00	\$4.80	\$52.37	\$13.12	\$2.66	\$4.50	\$0.00	\$1.49	\$35.29	\$21.20
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	0.00	0.00	0.00	224.79	218.27	193.43	0.00	0.00	0.00	246.70	395.15	373.68
Financial Management	0.00	0.00	0.00	1.15	10.81	12.53	0.00	0.00	0.00	18.87	11.66	1.31
Habilitation/Health	0.00	0.00	0.00	11.57	8.17	6.64	34.69	31.69	0.00	7.63	89.22	0.08
Home Care	0.00	0.00	0.00	136.55	66.51	82.84	40.37	11.77	0.00	50.05	35.30	65.52
Home Health Care	0.00	0.00	0.00	0.00	2.46	0.00	0.00	4.57	0.00	2.64	0.00	0.00
Institutional	0.00	0.00	0.00	0.00	3.55	92.96	367.31	0.00	0.00	0.00	64.36	0.00
Other	0.00	0.00	0.00	0.00	2.37	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	25.44	0.00	0.00	0.00	0.00	0.00	0.00	2.32	0.00
Transportation	0.00	9.12	0.00	25.91	48.93	47.13	61.46	74.64	0.00	60.99	98.33	54.27
Vocational	0.00	0.00	0.00	3.47	15.05	0.00	0.00	0.00	0.00	13.94	0.42	0.00
Grand Total	\$1.99	\$31.02	\$0.00	\$433.68	\$428.49	\$448.64	\$506.50	\$127.16	\$0.00	\$402.30	\$732.05	\$516.07
Composite PMPM		\$6.71		\$433.98			\$196.85			\$541.25		

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 2018 Family Care Capitation Rate Development
Summary of 2016 Actual Experience by MCO¹
Non-Nursing Home Level of Care

	Care WI (GSR 6)			Care WI (GSR 5-6)			CCI (GSR 6)			CCI (GSR 5-6)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	42	52	8	80	130	11	215	123	25	146	180	26
Category of Service												
Adaptive Equipment	\$0.00	\$66.90	\$16.35	\$6.31	\$27.25	\$43.07	\$2.58	\$37.24	\$16.96	\$7.36	\$35.82	\$4.70
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	269.95	476.24	282.12	264.95	366.44	572.04	147.05	287.71	155.74	207.12	383.54	506.36
Financial Management	0.00	13.48	0.00	21.51	18.62	0.00	6.95	9.23	0.00	2.12	4.59	15.03
Habilitation/Health	0.00	38.93	0.00	6.28	8.30	16.23	2.77	1.39	8.30	0.00	16.94	0.00
Home Care	0.00	107.21	0.00	0.00	44.16	110.55	26.02	88.91	20.68	25.92	92.24	141.69
Home Health Care	0.00	7.72	0.00	0.00	24.99	0.00	0.00	0.00	0.00	0.00	4.10	0.00
Institutional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	185.73	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	89.40	2.25	83.51	0.00	0.00	0.00
Respite Care	0.00	0.00	0.00	0.00	0.00	0.00	4.73	0.00	0.00	1.32	0.00	0.00
Transportation	13.18	35.30	0.00	24.76	82.60	6.56	59.61	81.82	23.99	47.01	43.26	36.70
Vocational	0.00	0.00	0.00	16.15	0.00	0.00	12.53	0.00	0.00	30.40	0.00	0.00
Grand Total	\$283.13	\$745.79	\$298.47	\$339.96	\$572.37	\$748.45	\$351.63	\$508.56	\$494.91	\$321.24	\$580.49	\$704.48
Composite PMPM		\$520.51		\$496.64			\$414.62			\$482.33		

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 2018 Family Care Capitation Rate Development
Summary of 2016 Actual Experience by MCO¹
Non-Nursing Home Level of Care

	CCI (GSR 8)			CCI (GSR 9)			CCI (GSR 10)			CCI (GSR 11)		
	DD	PD	FE									
Exposure Months	175	742	76	32	140	55	184	357	89	97	277	82
Category of Service												
Adaptive Equipment	\$2.72	\$24.76	\$9.40	\$1.76	\$25.35	\$25.61	\$29.66	\$23.60	\$35.99	\$7.47	\$15.60	\$11.43
Adult Day Activities	0.00	0.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Case Management	218.37	257.53	249.48	462.14	387.97	396.85	154.07	198.79	303.44	244.36	256.11	199.58
Financial Management	10.32	13.55	1.02	3.58	23.33	18.49	1.11	3.34	5.18	6.08	3.73	0.00
Habilitation/Health	35.41	12.01	0.33	7.97	13.18	0.27	5.73	6.85	0.61	28.16	5.55	0.00
Home Care	17.44	124.32	30.58	42.04	124.44	94.38	66.13	60.96	135.55	0.00	38.56	105.82
Home Health Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.70	0.00	11.28	0.00	0.00
Institutional	0.00	21.21	35.90	0.00	0.00	191.15	0.00	24.07	0.00	0.00	0.00	0.00
Other	0.00	1.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Residential Care	33.18	0.00	0.00	0.00	0.00	52.73	0.00	0.00	219.06	0.00	0.48	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	42.53	68.58	17.25	26.26	13.72	2.37	12.90	24.23	50.44	0.00	49.58	48.96
Vocational	0.00	0.00	0.00	0.00	0.00	0.00	18.35	0.00	0.00	0.00	0.00	0.00
Grand Total	\$359.96	\$523.97	\$343.96	\$543.75	\$588.00	\$781.85	\$287.95	\$342.54	\$750.26	\$297.35	\$369.63	\$365.79
Composite PMPM		\$481.28		\$628.59			\$384.11			\$353.50		

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 2018 Family Care Capitation Rate Development
Summary of 2016 Actual Experience by MCO¹
Non-Nursing Home Level of Care

	Inclusa (GSR 1 - Non-Expansion Counties)			Inclusa (GSR 2)			Inclusa (GSR 3)			Inclusa (GSR 4 - Non-Expansion Counties)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	272	459	133	384	672	179	616	1,308	642	865	878	338
Category of Service												
Adaptive Equipment	\$4.35	\$39.49	\$14.42	\$1.48	\$41.81	\$5.36	\$7.54	\$66.73	\$24.80	\$4.56	\$39.18	\$29.31
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	201.45	256.45	248.09	191.44	193.40	265.81	240.42	289.24	272.09	325.10	379.48	333.25
Financial Management	0.00	0.33	1.13	3.42	1.61	0.18	1.52	5.90	5.21	10.11	9.31	14.13
Habilitation/Health	13.21	21.95	0.90	20.44	14.60	1.59	14.70	43.15	6.54	18.99	31.25	10.23
Home Care	11.60	4.87	14.78	10.65	4.92	13.06	16.13	69.38	81.17	41.47	64.48	85.23
Home Health Care	0.59	0.00	0.00	0.00	0.00	0.00	0.00	11.73	2.45	0.53	1.51	8.23
Institutional	9.30	0.00	0.00	0.00	0.00	15.17	0.00	2.33	11.01	4.49	2.02	0.00
Other	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00	1.35	0.00
Residential Care	3.10	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	0.73	0.13	0.00
Transportation	22.26	59.52	9.27	50.41	43.00	20.13	31.03	66.14	33.71	29.36	93.40	35.28
Vocational	0.00	0.00	0.00	0.00	0.00	0.00	1.49	0.00	0.00	79.92	7.08	0.00
Grand Total	\$265.87	\$382.61	\$288.59	\$277.83	\$299.35	\$321.30	\$312.82	\$554.59	\$436.97	\$515.25	\$629.19	\$515.66
Composite PMPM		\$331.37		\$295.83			\$467.11			\$563.37		

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 2018 Family Care Capitation Rate Development
Summary of 2016 Actual Experience by MCO¹
Non-Nursing Home Level of Care

	Inclusa (GSR 5)			Inclusa (GSR 5-6)			Inclusa (GSR 7)			LCI (GSR 9)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	67	13	2	1	24	0	211	421	157	290	471	117
Category of Service												
Adaptive Equipment	\$2.32	\$4.05	\$10.46	\$0.00	\$8.20	\$184.31	\$5.22	\$45.51	\$44.31	\$3.73	\$21.53	\$14.33
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	274.62	296.19	486.92	377.60	215.58	0.00	394.59	396.68	335.75	239.11	293.15	307.05
Financial Management	0.00	5.71	0.00	0.00	0.00	0.00	10.53	14.17	14.54	0.14	0.16	0.00
Habilitation/Health	44.66	2.68	0.00	0.00	0.00	0.00	5.36	21.63	14.88	2.60	17.04	9.99
Home Care	25.48	0.00	70.83	340.73	78.77	0.00	27.81	58.15	53.43	0.07	0.97	0.85
Home Health Care	0.00	0.00	0.00	0.00	0.00	0.00	0.75	12.35	0.75	0.00	10.17	0.00
Institutional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.85	57.23
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	23.36	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	115.70	0.00	0.00	0.00	31.41	0.00	79.21	49.82	80.12	13.46	39.73	25.13
Vocational	0.00	0.00	0.00	0.00	0.00	0.00	39.26	5.46	0.00	0.05	0.00	0.00
Grand Total	\$462.78	\$308.63	\$568.21	\$718.33	\$333.96	\$184.31	\$586.10	\$603.77	\$543.78	\$259.16	\$387.60	\$414.59
Composite PMPM	\$440.49			\$345.75			\$587.09			\$348.80		

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 2018 Family Care Capitation Rate Development
Summary of 2016 Actual Experience by MCO¹
Non-Nursing Home Level of Care

	LCI (GSR 10)			MCFCI (GSR 6)			MCFCI (GSR 5-6)			MCFCI (GSR 8)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	0	6	1	0	3	0	0	18	19	565	1,191	681
Category of Service												
Adaptive Equipment	\$0.00	\$144.27	\$137.82	\$0.00	\$0.00	\$0.00	\$0.00	\$30.88	\$20.23	\$3.25	\$25.13	\$17.55
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	0.08
Case Management	0.00	585.86	749.55	0.00	208.86	0.00	8,008.33	589.98	222.91	258.99	327.62	260.65
Financial Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.10	1.27	0.81
Habilitation/Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61.62	202.59	23.07	26.63	3.59
Home Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.48	19.60	14.39
Home Health Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27.99	0.00	0.43	2.76	0.00
Institutional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	187.83	0.00	7.47	3.65	1.17
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	9.30	0.00	4.87
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	289.67	26.05	22.21	45.47	29.30
Vocational	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.09	0.00	0.00
Grand Total	\$0.00	\$730.12	\$887.36	\$0.00	\$208.86	\$0.00	\$8,008.33	\$1,187.98	\$471.77	\$348.40	\$452.13	\$332.41
Composite PMPM		\$751.61			\$208.86			\$839.78			\$394.63	

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 2018 Family Care Capitation Rate Development
 Summary of 2016 Actual Experience by MCO¹
 Non-Nursing Home Level of Care

	MCFCI (GSR 11)			Grand Total - Base Data		
	DD	PD	FE	DD	PD	FE
Exposure Months	24	43	0	4,721	8,095	2,799
Category of Service						
Adaptive Equipment	\$22.25	\$24.90	\$0.00	\$5.27	\$37.88	\$21.34
Adult Day Activities	0.00	0.00	0.00	0.00	0.05	0.02
Case Management	223.77	342.25	0.00	251.40	299.23	281.87
Financial Management	0.00	0.00	0.00	6.18	6.36	5.17
Habilitation/Health	18.74	101.81	0.00	14.97	25.51	6.82
Home Care	0.00	50.34	0.00	25.79	51.20	53.36
Home Health Care	0.00	0.00	0.00	0.65	4.44	1.60
Institutional	0.00	0.00	0.00	3.11	7.08	16.01
Other	0.00	0.00	0.00	0.00	0.36	0.00
Residential Care	0.00	0.00	0.00	7.63	0.05	9.90
Respite Care	0.00	0.00	0.00	0.84	0.09	0.00
Transportation	57.38	26.10	0.00	35.90	58.58	33.47
Vocational	0.00	0.00	0.00	21.29	1.58	0.00
Grand Total	\$322.14	\$545.40	\$0.00	\$373.01	\$492.42	\$429.56
Composite PMPM		\$466.09			\$445.05	

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 J
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2016 Base Data Development
Non-Nursing Home Level of Care

DD Development	CY 2016 Base Experience		IBNR Adjustment	2016 DD Completed Net Base Costs PMPM
	Exposure Months	Gross Service Costs PMPM		
Care WI (GSR 1 - Non-Expansion Counties)	7	\$1.99	1.0104	\$2.01
Care WI (GSR 2)	83	433.68	1.0104	438.18
Care WI (GSR 3)	11	506.50	1.0104	511.75
Care WI (GSR 5)	355	402.30	1.0104	406.47
Care WI (GSR 6)	42	283.13	1.0104	286.06
Care WI (GSR 5-6)	80	339.96	1.0104	343.48
CCI (GSR 6)	215	351.63	1.0033	352.80
CCI (GSR 5-6)	146	321.24	1.0033	322.32
CCI (GSR 8)	175	359.96	1.0033	361.17
CCI (GSR 9)	32	543.75	1.0033	545.57
CCI (GSR 10)	184	287.95	1.0033	288.91
CCI (GSR 11)	97	297.35	1.0033	298.35
Inclusa (GSR 1 - Non-Expansion Counties)	272	265.87	1.0012	266.19
Inclusa (GSR 2)	384	277.83	1.0028	278.62
Inclusa (GSR 3)	616	312.82	1.0012	313.20
Inclusa (GSR 4 - Non-Expansion Counties)	865	515.25	1.0053	517.97
Inclusa (GSR 5)	67	462.78	1.0012	463.33
Inclusa (GSR 5-6)	1	718.33	1.0012	719.19
Inclusa (GSR 7)	211	586.10	1.0053	589.21
LCI (GSR 9)	290	259.16	1.0014	259.52
LCI (GSR 10)	0	0.00	1.0014	0.00
MCFCI (GSR 6)	0	0.00	1.0007	0.00
MCFCI (GSR 5-6)	0	8,008.33	1.0007	8,014.24
MCFCI (GSR 8)	565	348.40	1.0007	348.65
MCFCI (GSR 11)	24	322.14	1.0007	322.37
Total DD Experience Data	4,721	\$373.01	1.0041	\$374.53

PD Development	CY 2016 Base Experience		IBNR Adjustment	2016 PD Completed Net Base Costs PMPM
	Exposure Months	Gross Service Costs PMPM		
Care WI (GSR 1 - Non-Expansion Counties)	2	\$31.02	1.0104	\$31.35
Care WI (GSR 2)	277	428.49	1.0104	432.93
Care WI (GSR 3)	44	127.16	1.0104	128.48
Care WI (GSR 5)	266	732.05	1.0104	739.64
Care WI (GSR 6)	52	745.79	1.0104	753.51
Care WI (GSR 5-6)	130	572.37	1.0104	578.30
CCI (GSR 6)	123	508.56	1.0033	510.27
CCI (GSR 5-6)	180	580.49	1.0033	582.43
CCI (GSR 8)	742	523.97	1.0033	525.73
CCI (GSR 9)	140	588.00	1.0033	589.97
CCI (GSR 10)	357	342.54	1.0033	343.69
CCI (GSR 11)	277	369.63	1.0033	370.86
Inclusa (GSR 1 - Non-Expansion Counties)	459	382.61	1.0012	383.06
Inclusa (GSR 2)	672	299.35	1.0028	300.20
Inclusa (GSR 3)	1,308	554.59	1.0012	555.25
Inclusa (GSR 4 - Non-Expansion Counties)	878	629.19	1.0053	632.52
Inclusa (GSR 5)	13	308.63	1.0012	309.00
Inclusa (GSR 5-6)	24	333.96	1.0012	334.36
Inclusa (GSR 7)	421	603.77	1.0053	606.97
LCI (GSR 9)	471	387.60	1.0014	388.14
LCI (GSR 10)	6	730.12	1.0014	731.15
MCFCI (GSR 6)	3	208.86	1.0007	209.02
MCFCI (GSR 5-6)	18	1,187.98	1.0007	1,188.86
MCFCI (GSR 8)	1,191	452.13	1.0007	452.46
MCFCI (GSR 11)	43	545.40	1.0007	545.80
Total PD Experience Data	8,095	\$492.42	1.0035	\$494.14

Exhibit J
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2016 Base Data Development
Non-Nursing Home Level of Care

FE Development	CY 2016 Base Experience		IBNR Adjustment	2016 FE Completed Net Base Costs PMPM
	Exposure Months	Gross Service Costs PMPM		
Care WI (GSR 1 - Non-Expansion Counties)	1	\$0.00	1.0104	\$0.00
Care WI (GSR 2)	105	448.64	1.0104	453.29
Care WI (GSR 3)	2	0.00	1.0104	0.00
Care WI (GSR 5)	52	516.07	1.0104	521.41
Care WI (GSR 6)	8	298.47	1.0104	301.56
Care WI (GSR 5-6)	11	748.45	1.0104	756.21
CCI (GSR 6)	25	494.91	1.0033	496.56
CCI (GSR 5-6)	26	704.48	1.0033	706.84
CCI (GSR 8)	76	343.96	1.0033	345.11
CCI (GSR 9)	55	781.85	1.0033	784.46
CCI (GSR 10)	89	750.26	1.0033	752.77
CCI (GSR 11)	82	365.79	1.0033	367.01
Inclusa (GSR 1 - Non-Expansion Counties)	133	288.59	1.0012	288.93
Inclusa (GSR 2)	179	321.30	1.0028	322.21
Inclusa (GSR 3)	642	436.97	1.0012	437.49
Inclusa (GSR 4 - Non-Expansion Counties)	338	515.66	1.0053	518.39
Inclusa (GSR 5)	2	568.21	1.0012	568.89
Inclusa (GSR 5-6)	0	184.31	1.0012	184.53
Inclusa (GSR 7)	157	543.78	1.0053	546.66
LCI (GSR 9)	117	414.59	1.0014	415.17
LCI (GSR 10)	1	887.36	1.0014	888.61
MCFCI (GSR 6)	0	0.00	1.0007	0.00
MCFCI (GSR 5-6)	19	471.77	1.0007	472.12
MCFCI (GSR 8)	681	332.41	1.0007	332.65
MCFCI (GSR 11)	0	0.00	1.0007	0.00
Total FE Experience Data	2,799	\$429.56	1.0031	\$430.88

Composite	CY 2016 Base Experience		IBNR Adjustment	2016 Composite Completed Net Base Costs PMPM
	Exposure Months	Gross Service Costs PMPM		
Care WI (GSR 1 - Non-Expansion Counties)	10	\$6.71	1.0104	\$6.78
Care WI (GSR 2)	465	433.98	1.0104	438.47
Care WI (GSR 3)	56	196.85	1.0104	198.89
Care WI (GSR 5)	673	541.25	1.0104	546.86
Care WI (GSR 6)	101	520.51	1.0104	525.90
Care WI (GSR 5-6)	220	496.64	1.0104	501.79
CCI (GSR 6)	362	414.62	1.0033	416.01
CCI (GSR 5-6)	352	482.33	1.0033	483.95
CCI (GSR 8)	993	481.28	1.0033	482.89
CCI (GSR 9)	227	628.59	1.0033	630.70
CCI (GSR 10)	630	384.11	1.0033	385.39
CCI (GSR 11)	456	353.50	1.0033	354.68
Inclusa (GSR 1 - Non-Expansion Counties)	863	331.37	1.0012	331.76
Inclusa (GSR 2)	1,234	295.83	1.0028	296.67
Inclusa (GSR 3)	2,566	467.11	1.0012	467.67
Inclusa (GSR 4 - Non-Expansion Counties)	2,081	563.37	1.0053	566.35
Inclusa (GSR 5)	82	440.49	1.0012	441.01
Inclusa (GSR 5-6)	25	345.75	1.0012	346.17
Inclusa (GSR 7)	789	587.09	1.0053	590.20
LCI (GSR 9)	877	348.80	1.0014	349.28
LCI (GSR 10)	7	751.61	1.0014	752.66
MCFCI (GSR 6)	3	208.86	1.0007	209.02
MCFCI (GSR 5-6)	38	839.78	1.0007	840.40
MCFCI (GSR 8)	2,437	394.63	1.0007	394.92
MCFCI (GSR 11)	67	466.09	1.0007	466.43
Total Experience Data	15,616	\$445.05	1.0036	\$446.64

Exhibit K
Wisconsin Department of Health Services
CY 2018 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 – 2016 MM Mix
Total Base Period Claims	\$5,398,029	\$852,926	\$849,282	\$240,529	\$7,340,767
Non Covered Services Adjustment	94.66%	95.55%	93.77%	95.09%	94.67%
Claims Adjusted for Covered Services	\$5,109,639	\$814,944	\$796,394	\$228,727	\$6,949,704
IBNR Adjustment	1.0036	1.0036	1.0036	1.0036	1.0036
Completed Claims	\$5,127,927	\$817,861	\$799,244	\$229,546	\$6,974,578
CY 2016 Member Months	12,562	1,240	1,676	138	15,616
CY 2015 Functional PMPM	\$409.15	\$477.49	\$494.99	\$626.05	\$425.71
CY 2016 Functional PMPM	\$408.22	\$659.71	\$476.85	\$1,660.38	\$446.64
Normalized CY 2015 Relativity	0.9611	1.1216	1.1627	1.4706	1.0000
Normalized CY 2016 Relativity	0.9140	1.4771	1.0676	3.7175	1.0000
Normalized Average Relativity	0.9375	1.2993	1.1152	2.5940	1.0000
Functional Based PMPM	\$418.74	\$580.34	\$498.09	\$1,158.60	\$446.64

Exhibit L
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Illustration of Functional Based PMPMs and 2018 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 – 2016 MM Mix
Functional Based PMPM	\$418.74	\$580.34	\$498.09	\$1,158.60	\$446.64

Base Cohort	2018 Exposure Months				Composite Functional PMPM
	Low IADL, Low ADL	Low IADL, High ADL	High IADL, Low ADL	High IADL, High ADL	
Care WI (GSR 1 - Non-Expansion Counties)	102	9	10	1	\$440.98
Care WI (GSR 2)	415	28	118	2	445.99
Care WI (GSR 3)	257	33	28	3	448.49
Care WI (GSR 5)	710	13	79	4	432.36
Care WI (GSR 6)	148	19	28	3	457.92
Care WI (GSR 5-6)	286	22	80	1	445.49
CCI (GSR 6)	407	23	62	10	450.43
CCI (GSR 5-6)	356	34	108	2	449.21
CCI (GSR 8)	1,124	205	153	28	462.32
CCI (GSR 9)	335	25	23	1	436.21
CCI (GSR 10)	712	42	91	1	436.25
CCI (GSR 11)	684	67	117	3	444.30
Inclusa (GSR 1 - Non-Expansion Counties)	668	61	60	4	440.60
Inclusa (GSR 2)	1,070	83	174	27	453.44
Inclusa (GSR 3)	1,799	223	195	19	447.98
Inclusa (GSR 4 - Non-Expansion Counties)	2,105	81	247	9	434.94
Inclusa (GSR 5)	90	2	10	1	432.46
Inclusa (GSR 5-6)	43	3	12	0	445.49
Inclusa (GSR 7)	676	77	158	17	458.94
LCI (GSR 9)	778	60	55	2	436.19
LCI (GSR 10)	10	1	1	0	437.37
MCFCI (GSR 6)	9	1	2	0	457.92
MCFCI (GSR 5-6)	48	4	13	0	445.49
MCFCI (GSR 8)	1,820	288	197	25	453.49
MCFCI (GSR 11)	56	5	9	0	442.72
Total Base Cohort	14,709	1,407	2,030	161	\$446.47

Non- Base Cohort	2018 Exposure Months				Composite Functional PMPM
	Low IADL, Low ADL	Low IADL, High ADL	High IADL, Low ADL	High IADL, High ADL	
Care WI (GSR 11)	0	0	0	0	\$442.72
Care WI (GSR 13)	505	34	51	3	438.80
LCI (GSR 4 - Non-Expansion Counties)	92	4	11	0	434.94
LCI (GSR 13)	235	45	67	3	461.31
MCFCI (GSR 2)	0	0	0	0	451.40
MCFCI (GSR 3)	0	0	0	0	448.49
Total Non- Base Cohort	832	82	129	7	\$445.91

Expansion	2018 Exposure Months				Composite Functional PMPM
	Low IADL, Low ADL	Low IADL, High ADL	High IADL, Low ADL	High IADL, High ADL	
Care WI (GSR 1 Expansion - Taylor)	1	0	0	0	\$446.47
Care WI (GSR 12)	7	1	1	0	446.47
Inclusa (GSR 1 Expansion - Taylor)	1	0	0	0	446.47
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	5	0	1	0	446.47
Inclusa (GSR 14)	568	54	78	6	446.47
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	5	0	1	0	446.47
MCFCI (GSR 12)	7	1	1	0	446.47
MCFCI (GSR 14)	226	22	31	2	446.47
Total Expansion	821	79	113	9	\$446.47

Exhibit M
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Development of Service Portion of LTC Rate
Non-Nursing Home Level of Care

Base Cohort	(A) MCO/GSR Specific Base Rate Development		(B) Projection to CY 2018					(C) = (A) x (B) 2018 Service Costs
	2018 Exposure Months	MCO/GSR Specific Functional Rate	2018 Composite Adjustment Factors					
			Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Personal Care Rate Increase	
Care WI (GSR 1 - Non-Expansion Counties)	122	\$440.98	0.9976	1.0047	1.0239	1.0118	1.0001	\$457.93
Care WI (GSR 2)	564	445.99	0.9976	1.0047	1.0239	0.9947	1.0001	455.28
Care WI (GSR 3)	320	448.49	0.9976	1.0047	1.0239	0.9850	1.0001	453.39
Care WI (GSR 5)	805	432.36	0.9976	1.0047	1.0239	0.9766	1.0001	433.33
Care WI (GSR 6)	198	457.92	0.9976	1.0047	1.0239	0.9887	1.0001	464.64
Care WI (GSR 5-6)	388	445.49	0.9976	1.0047	1.0239	1.0171	1.0001	465.04
CCI (GSR 6)	501	450.43	0.9976	1.0047	1.0239	0.9887	1.0001	457.04
CCI (GSR 5-6)	500	449.21	0.9976	1.0047	1.0239	1.0171	1.0001	468.93
CCI (GSR 8)	1,509	462.32	0.9976	1.0047	1.0239	1.0171	1.0001	482.61
CCI (GSR 9)	384	436.21	0.9976	1.0047	1.0239	0.9896	1.0001	443.01
CCI (GSR 10)	846	436.25	0.9976	1.0047	1.0239	0.9772	1.0001	437.52
CCI (GSR 11)	871	444.30	0.9976	1.0047	1.0239	1.0210	1.0001	465.54
Inclusa (GSR 1 - Non-Expansion Counties)	793	440.60	0.9976	1.0047	1.0239	1.0118	1.0001	457.53
Inclusa (GSR 2)	1,354	453.44	0.9976	1.0047	1.0239	0.9947	1.0001	462.89
Inclusa (GSR 3)	2,236	447.98	0.9976	1.0047	1.0239	0.9850	1.0001	452.87
Inclusa (GSR 4 - Non-Expansion Counties)	2,443	434.94	0.9976	1.0047	1.0239	0.9748	1.0001	435.11
Inclusa (GSR 5)	102	432.46	0.9976	1.0047	1.0239	0.9766	1.0001	433.43
Inclusa (GSR 5-6)	59	445.49	0.9976	1.0047	1.0239	1.0171	1.0001	465.04
Inclusa (GSR 7)	928	458.94	0.9976	1.0047	1.0239	0.9809	1.0001	462.04
LCI (GSR 9)	895	436.19	0.9976	1.0047	1.0239	0.9896	1.0001	442.99
LCI (GSR 10)	12	437.37	0.9976	1.0047	1.0239	0.9772	1.0001	438.64
MCFCI (GSR 6)	12	457.92	0.9976	1.0047	1.0239	0.9887	1.0001	464.64
MCFCI (GSR 5-6)	65	445.49	0.9976	1.0047	1.0239	1.0171	1.0001	465.04
MCFCI (GSR 8)	2,330	453.49	0.9976	1.0047	1.0239	1.0171	1.0001	473.40
MCFCI (GSR 11)	70	442.72	0.9976	1.0047	1.0239	1.0210	1.0001	463.90
Total Base Cohort	18,307	\$446.47	0.9976	1.0047	1.0239	0.9960	1.0001	\$456.39

Non-Base Cohort	(A) MCO/GSR Specific Base Rate Development		(B) Projection to CY 2018					(C) = (A) x (B) 2018 Service Costs
	2018 Exposure Months	MCO/GSR Specific Functional Rate	2018 Composite Adjustment Factors					
			Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Personal Care Rate Increase	
Care WI (GSR 11)	0	\$442.72	0.9976	1.0047	1.0239	1.0210	1.0001	\$463.90
Care WI (GSR 13)	593	438.80	0.9976	1.0047	1.0239	0.9768	1.0001	439.91
LCI (GSR 4 - Non-Expansion Counties)	107	434.94	0.9976	1.0047	1.0239	0.9748	1.0001	435.11
LCI (GSR 13)	350	461.31	0.9976	1.0047	1.0239	0.9768	1.0001	462.48
MCFCI (GSR 2)	0	451.40	0.9976	1.0047	1.0239	0.9947	1.0001	460.81
MCFCI (GSR 3)	0	448.49	0.9976	1.0047	1.0239	0.9850	1.0001	453.39
Total Non-Base Cohort	1,050	\$445.91	0.9976	1.0047	1.0239	0.9766	1.0001	\$446.94

Expansion Cohort	(A) MCO/GSR Specific Base Rate Development		(B) Projection to CY 2018					(C) = (A) x (B) 2018 Service Costs
	2018 Exposure Months	MCO/GSR Specific Functional Rate	2018 Composite Adjustment Factors					
			Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index	Personal Care Rate Increase	
Care WI (GSR 1 Expansion - Taylor)	2	\$446.47	0.9976	1.0047	1.0239	1.0118	1.0001	\$463.63
Care WI (GSR 12)	9	446.47	0.9976	1.0047	1.0239	1.0503	1.0001	481.25
Inclusa (GSR 1 Expansion - Taylor)	2	446.47	0.9976	1.0047	1.0239	1.0118	1.0001	463.63
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	6	446.47	0.9976	1.0047	1.0239	0.9748	1.0001	446.64
Inclusa (GSR 14)	706	446.47	0.9976	1.0047	1.0239	0.9753	1.0001	446.91
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	6	446.47	0.9976	1.0047	1.0239	0.9748	1.0001	446.64
MCFCI (GSR 12)	9	446.47	0.9976	1.0047	1.0239	1.0503	1.0001	481.25
MCFCI (GSR 14)	282	446.47	0.9976	1.0047	1.0239	0.9753	1.0001	446.91
Total Expansion Cohort	1,022	\$446.47	0.9976	1.0047	1.0239	0.9768	1.0001	\$447.57

Grand Total	20,378	\$446.44	0.9976	1.0047	1.0239	0.9941	1.0001	\$455.46
-------------	--------	----------	--------	--------	--------	--------	--------	----------

Exhibit N
Wisconsin Department of Health Services
CY 2018 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	2018 Exposure Months	(A)	(B)	(C)	(D) = (C) / (G)	(E) = (F) / (H)	(F)	(G) = (A) + (C)	(H) = (B) + (C) + (F)	(I) = (H) x 0.005	(J) = (H) - (I)
		MCE Service Costs	2018 Service Costs	Administrative Allowance	NH LOC Implied Administrative Percentage	Targeted Margin	Targeted Margin PMPM	MCE Rates	2018 Capitation Rate	P4P Withhold	2018 Capitation Rate Less P4P Withhold
Care WI (GSR 1 - Non-Expansion Counties)	122	\$457.93	\$457.93	\$19.50	4.1%	1.5%	\$7.27	\$477.43	\$484.70	\$2.42	\$482.28
Care WI (GSR 2)	564	455.28	455.28	20.92	4.4%	1.5%	7.25	476.20	483.45	2.42	481.03
Care WI (GSR 3)	320	453.39	453.39	21.83	4.6%	1.5%	7.24	475.22	482.46	2.41	480.05
Care WI (GSR 5)	805	433.33	433.33	17.46	3.9%	1.5%	6.86	450.79	457.65	2.29	455.36
Care WI (GSR 6)	198	464.64	464.64	20.13	4.2%	1.5%	7.38	484.77	492.15	2.46	489.69
Care WI (GSR 5-6)	388	465.04	465.04	17.61	3.6%	1.5%	7.35	482.65	490.00	2.45	487.55
CCI (GSR 6)	501	457.04	457.04	16.08	3.4%	1.5%	7.20	473.12	480.32	2.40	477.92
CCI (GSR 5-6)	500	468.93	468.93	15.73	3.2%	1.5%	7.38	484.66	492.04	2.46	489.58
CCI (GSR 8)	1,509	482.61	482.61	19.32	3.8%	1.5%	7.64	501.93	509.57	2.55	507.02
CCI (GSR 9)	384	443.01	443.01	18.15	3.9%	1.5%	7.02	461.16	468.18	2.34	465.84
CCI (GSR 10)	846	437.52	437.52	16.09	3.5%	1.5%	6.91	453.61	460.52	2.30	458.22
CCI (GSR 11)	871	465.54	465.54	16.71	3.5%	1.5%	7.34	482.25	489.59	2.45	487.14
Inclusa (GSR 1 - Non-Expansion Counties)	793	457.53	457.53	15.71	3.3%	1.5%	7.21	473.24	480.45	2.40	478.05
Inclusa (GSR 2)	1,354	462.89	462.89	17.64	3.7%	1.5%	7.32	480.53	487.95	2.44	485.41
Inclusa (GSR 3)	2,236	452.87	452.87	17.74	3.8%	1.5%	7.17	470.61	477.78	2.39	475.39
Inclusa (GSR 4 - Non-Expansion Counties)	2,443	435.11	435.11	16.64	3.7%	1.5%	6.88	451.75	458.63	2.29	456.34
Inclusa (GSR 5)	102	433.43	433.43	16.89	3.8%	1.5%	6.86	450.32	457.18	2.29	454.89
Inclusa (GSR 5-6)	59	465.04	465.04	16.02	3.3%	1.5%	7.33	481.06	488.39	2.44	485.95
Inclusa (GSR 7)	928	462.04	462.04	17.32	3.6%	1.5%	7.30	479.36	486.66	2.43	484.23
LCI (GSR 9)	895	442.99	442.99	21.00	4.5%	1.5%	7.07	463.99	471.06	2.36	468.70
LCI (GSR 10)	12	438.64	438.64	21.74	4.7%	1.5%	7.01	460.38	467.39	2.34	465.05
MCFCI (GSR 6)	12	464.64	464.64	17.58	3.6%	1.5%	7.34	482.22	489.56	2.45	487.11
MCFCI (GSR 5-6)	65	465.04	465.04	17.28	3.6%	1.5%	7.34	482.32	489.66	2.45	487.21
MCFCI (GSR 8)	2,330	473.40	473.40	19.71	4.0%	1.5%	7.51	493.11	500.62	2.50	498.12
MCFCI (GSR 11)	70	463.90	463.90	18.36	3.8%	1.5%	7.34	482.26	489.60	2.45	487.15
Total Base Cohort	18,307	\$456.39	\$456.39	\$17.99	3.8%	1.5%	\$7.22	\$474.38	\$481.60	\$2.41	\$479.19
Non-Base Cohort Development	2018 Exposure Months	MCE Service Costs	CY 2018 Service Costs	Administrative Allowance	NH LOC Implied Administrative Percentage	Targeted Margin	Targeted Margin PMPM	MCE Rates	2018 Capitation Rate	P4P Withhold	2018 Capitation Rate Less P4P Withhold
Care WI (GSR 11)	0	\$463.90	\$463.90	\$19.00	3.9%	1.5%	\$7.35	\$482.90	\$490.25	\$2.45	\$487.80
Care WI (GSR 13)	593	439.91	439.91	20.25	4.4%	1.5%	7.01	460.16	467.17	2.34	464.83
LCI (GSR 4 - Non-Expansion Counties)	107	435.11	435.11	20.61	4.5%	1.5%	6.94	455.72	462.66	2.31	460.35
LCI (GSR 13)	350	462.48	462.48	20.70	4.3%	1.5%	7.36	483.18	490.54	2.45	488.09
MCFCI (GSR 2)	0	460.81	460.81	18.88	3.9%	1.5%	7.30	479.69	486.99	2.43	484.56
MCFCI (GSR 3)	0	453.39	453.39	18.97	4.0%	1.5%	7.19	472.36	479.55	2.40	477.15
Total Non-Base Cohort	1,050	\$446.94	\$446.94	\$20.44	4.4%	1.5%	\$7.12	\$467.38	\$474.50	\$2.37	\$472.13
Expansion Cohort Development	2018 Exposure Months	MCE Service Costs	CY 2018 Service Costs	Administrative Allowance	NH LOC Implied Administrative Percentage	Targeted Margin	Targeted Margin PMPM	MCE Rates	2018 Capitation Rate	P4P Withhold	2018 Capitation Rate Less P4P Withhold
Care WI (GSR 1 Expansion - Taylor)	2	\$463.63	\$463.63	\$27.75	5.6%	1.5%	\$7.48	\$491.38	\$498.86	\$2.49	\$496.37
Care WI (GSR 12)	9	481.25	481.25	13.58	2.7%	1.5%	7.54	494.83	502.37	2.51	499.86
Inclusa (GSR 1 Expansion - Taylor)	2	463.63	463.63	24.38	5.0%	1.5%	7.43	488.01	495.44	2.48	492.96
Inclusa (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	6	446.64	446.64	19.39	4.2%	1.5%	7.10	466.03	473.13	2.37	470.76
Inclusa (GSR 14)	706	446.91	446.91	13.78	3.0%	1.5%	7.02	460.69	467.71	2.34	465.37
LCI (GSR 4 Expansion - Florence, Forest, Oneida, Vilas)	6	446.64	446.64	24.01	5.1%	1.5%	7.17	470.65	477.82	2.39	475.43
MCFCI (GSR 12)	9	481.25	481.25	12.55	2.5%	1.5%	7.52	493.80	501.32	2.51	498.81
MCFCI (GSR 14)	282	446.91	446.91	18.97	4.1%	1.5%	7.09	465.88	472.97	2.36	470.61
Total Expansion Cohort	1,022	\$447.57	\$447.57	\$15.33	3.3%	1.5%	\$7.05	\$462.90	\$469.95	\$2.35	\$467.60
Grand Total	20,378	\$455.46	\$455.46	\$17.98	3.8%	1.5%	\$7.21	\$473.44	\$480.65	\$2.40	\$478.25

Exhibit O
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Development of Final Blended Capitation Rates
Non-Nursing Home Level of Care

	(A)	(B)	(C)	(D) = (A) + (B) + (C)	(E)	(F) = (D) - (E)	
2018 Exposure Months	2018 Service Costs	Administrative Allowance	Targeted Margin PMPM	2018 Capitation Rate	P4P Withhold	2018 Capitation Rate Less P4P Withhold	
GSR 1							
Care WI							
Non-Expansion Counties	122	\$457.93	\$19.50	\$7.27	\$484.70	\$2.42	\$482.28
Expansion Counties	2	463.63	27.75	7.48	498.86	2.49	496.37
GSR Rate	123	\$458.00	\$19.60	\$7.27	\$484.87	\$2.42	\$482.45
Inclusa							
Non-Expansion Counties	793	\$457.53	\$15.71	\$7.21	\$480.45	\$2.40	\$478.05
Expansion Counties	2	463.63	24.38	7.43	495.44	2.48	492.96
GSR Rate	795	\$457.54	\$15.73	\$7.21	\$480.48	\$2.40	\$478.08
GSR 4							
Inclusa							
Non-Expansion Counties	2,443	\$435.11	\$16.64	\$6.88	\$458.63	\$2.29	\$456.34
Expansion Counties	6	446.64	19.39	7.10	473.13	2.37	470.76
GSR Rate	2,449	\$435.14	\$16.65	\$6.88	\$458.67	\$2.29	\$456.38
LCI							
Non-Expansion Counties	107	\$435.11	\$20.61	\$6.94	\$462.66	\$2.31	\$460.35
Expansion Counties	6	446.64	24.01	7.17	477.82	2.39	475.43
GSR Rate	113	\$435.73	\$20.79	\$6.95	\$463.47	\$2.31	\$461.16

Exhibit P
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Monthly Rates Paid to MCOs
Non-Nursing Home Level of Care

MCO / GSR	2018 Exposure Months	(A)	(B)	(C)	(D) = (A) + (B) + (C)	(E)	(F) = (D) - (E)
		Monthly Rates					
		2018 Service Costs	Administrative Allowance	Targeted Margin PMPM	2018 Capitation Rate	P4P Withhold	2018 Capitation Rate Less P4P Withhold
Care WI (GSR 1)	123	\$458.00	\$19.60	\$7.27	\$484.87	\$2.42	\$482.45
Care WI (GSR 2)	564	455.28	20.92	7.25	483.45	2.42	481.03
Care WI (GSR 3)	320	453.39	21.83	7.24	482.46	2.41	480.05
Care WI (GSR 5)	805	433.33	17.46	6.86	457.65	2.29	455.36
Care WI (GSR 6)	198	464.64	20.13	7.38	492.15	2.46	489.69
Care WI (GSR 5-6)	388	465.04	17.61	7.35	490.00	2.45	487.55
Care WI (GSR 11)	0	463.90	19.00	7.35	490.25	2.45	487.80
Care WI (GSR 12)	9	481.25	13.58	7.54	502.37	2.51	499.86
Care WI (GSR 13)	593	439.91	20.25	7.01	467.17	2.34	464.83
CCI (GSR 6)	501	457.04	16.08	7.20	480.32	2.40	477.92
CCI (GSR 5-6)	500	468.93	15.73	7.38	492.04	2.46	489.58
CCI (GSR 8)	1,509	482.61	19.32	7.64	509.57	2.55	507.02
CCI (GSR 9)	384	443.01	18.15	7.02	468.18	2.34	465.84
CCI (GSR 10)	846	437.52	16.09	6.91	460.52	2.30	458.22
CCI (GSR 11)	871	465.54	16.71	7.34	489.59	2.45	487.14
Inclusa (GSR 1)	795	457.54	15.73	7.21	480.48	2.40	478.08
Inclusa (GSR 2)	1,354	462.89	17.64	7.32	487.85	2.44	485.41
Inclusa (GSR 3)	2,236	452.87	17.74	7.17	477.78	2.39	475.39
Inclusa (GSR 4)	2,449	435.14	16.65	6.88	458.67	2.29	456.38
Inclusa (GSR 5)	102	433.43	16.89	6.86	457.18	2.29	454.89
Inclusa (GSR 5-6)	59	465.04	16.02	7.33	488.39	2.44	485.95
Inclusa (GSR 7)	928	462.04	17.32	7.30	486.66	2.43	484.23
Inclusa (GSR 14)	706	446.91	13.78	7.02	467.71	2.34	465.37
LCI (GSR 4)	113	435.73	20.79	6.95	463.47	2.31	461.16
LCI (GSR 9)	895	442.99	21.00	7.07	471.06	2.36	468.70
LCI (GSR 10)	12	438.64	21.74	7.01	467.39	2.34	465.05
LCI (GSR 13)	350	462.48	20.70	7.36	490.54	2.45	488.09
MCFCI (GSR 2)	0	460.81	18.88	7.30	486.99	2.43	484.56
MCFCI (GSR 3)	0	453.39	18.97	7.19	479.55	2.40	477.15
MCFCI (GSR 6)	12	464.64	17.58	7.34	489.56	2.45	487.11
MCFCI (GSR 5-6)	65	465.04	17.28	7.34	489.66	2.45	487.21
MCFCI (GSR 8)	2,330	473.40	19.71	7.51	500.62	2.50	498.12
MCFCI (GSR 11)	70	463.90	18.36	7.34	489.60	2.45	487.15
MCFCI (GSR 12)	9	481.25	12.55	7.52	501.32	2.51	498.81
MCFCI (GSR 14)	282	446.91	18.97	7.09	472.97	2.36	470.61



EXHIBIT Q

Actuarial Certification

State of Wisconsin Department of Health Services
CY 2018 Capitation Rate Development for Family Care Program

December 19, 2017

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 2018 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.



15800 Bluemound Road
Suite 100
Brookfield, WI 53005
USA
Tel +1 262 784 2250
Fax +1 262 923 3680

milliman.com

Michael C. Cook, FSA, MAAA
Principal and Consulting Actuary

michael.cook@milliman.com

December 19, 2017

**Wisconsin Department of Health Services
Capitated Contracts Ratesetting
Actuarial Certification
CY 2018 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 calendar year (CY) 2018 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 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 CY 2018. To the best of my information, knowledge and belief, for the period from CY 2018, the capitation rates offered by DHS are in compliance with 42 CFR §438.3(c), 438.3(e), 438.4 (excluding paragraphs (b)(3),(b)(4) and (b)(9)), 438.5, 438.6, and 438.7 (excluding paragraph (c)(3)). 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

December 19, 2017



RELIANCE LETTER

Scott Walker
Governor



DIVISION OF MEDICAID SERVICES

1 WEST WILSON STREET
PO BOX 309
MADISON WI 53701-0309

Linda Seemeyer
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-266-8922
Fax: 608-266-1096
TTY: 711

November 30, 2017

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 2018 Family Care and Family Care PACE / Partnership Capitation Rates

Dear Michael:

I, Dave Varana, Bureau Director of the Bureau of Long Term Care Finance in the Division of Medicaid Services, hereby affirm that the listings and summaries prepared and submitted to Milliman, Inc. for the development of the CY 2018 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) 2015 and 2016 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 2015 and 2016 for the Family Care program.
3. Long Term Care Functional Screen (LTCFS) data extracts through June 2017 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 2015, 2016, and YTD 2017 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 2018 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 2016 financials for health plans participating in the Family Care and Family Care Partnership / PACE programs.
9. An administrative cost model for CY 2018 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 goals of the PACE rate development for the Family Care Partnership / PACE program.
14. Information and direction regarding the Pay for Performance mechanism for the Family Care and Family Care Partnership / PACE programs.
15. 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.
16. Any other items provided to Milliman to support the 2018 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.



Name

11.30.17

Date



EXHIBITS R – S CMS Rate Setting Checklist Issues

CMS Medicaid Managed Care Rate Development Guide

State of Wisconsin Department of Health Services
CY 2018 Capitation Rate Development for Family Care Program

December 19, 2017

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 2018 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 R

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 calendar year (CY) 2018 managed care organization (MCO) capitation rates are developed using 2016 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 2018 capitation rates is included as Exhibit Q of this report. The CY 2018 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 2018 MCO enrollment and CY 2018 capitation rates. We used a 58.77% 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 2018 rates documented in this report are the initial capitation rates for the CY 2018 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 2018 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 R

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 2018 rates documented in this report are the initial capitation rates for the CY 2018 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 2018 rate methodology relies on CY 2016 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 2018 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 2018 capitation rates are developed using Wisconsin Medicaid long term care (LTC) MCO encounter, eligibility, and functional screen data for CY 2016 for the MCO eligible population as the primary data source.

Please refer to Section III of this report for more details.

AA.3.0 – Adjustments to Base Year Data

All adjustments to the base year data are discussed in Section III 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.

AA.3.2 – Administrative Cost Allowance Calculations

The MCO capitation rates include explicit administrative allowances by MCO. Please see Step 7 in Section III of the report for more details regarding the administrative cost calculation.

Exhibit R

Rate Setting Checklist

AA.3.3 – Special Populations' Adjustments

The CY 2018 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 2016 to CY 2018 were developed by rate category and type of service for Family Care eligible services and individuals using historical MCO encounter data from January 2014 to December 2016 and actuarial judgment.

The trend rates and inflation factors represent the expected change in per capita cost between CY 2016 and CY 2018, net of acuity changes.

Please see Section III and Appendix C for more details on the trend development.

Exhibit R

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 2018 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 gross of patient liability, and DHS adjusts capitation paid for each member to reflect that individual's specific patient liability. Encounter payment amounts are gross 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 Section III 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 Section III of this report for more information on the development of these adjustment factors.

AA.3.16 – Primary Care Rate Enhancement

The CY 2018 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 Section III 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 R

Rate Setting Checklist

AA.4.5 – Risk Adjustments

Acuity adjustment models are described in Step 3 of Section III.

AA.5.0 – Data Smoothing

While we did not perform any explicit data smoothing, the High Cost Risk Pool (HCRP) was implemented in 2016 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 2018 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 Section III 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, 2016, DHS implemented 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 2018 costs greater than \$225,000 reimbursed depending on whether actual CY 2018 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 2018 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.

Exhibit R

Rate Setting Checklist

The HCRP is not applicable to counties expanding after January 2018 since all of the member will have been enrolled for less than twelve months.

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.

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 2018 contract period.

Exhibit S

Response to 2018 Managed Care Rate Development Guide (April 2017)

I. MEDICAID MANAGED CARE RATES

1. General Information

A. Rate Development Standards

- i. The rate certification included herein is for the calendar year (CY) 2018 contract period. The previous certification was for January 2017 – December 2017 contract period.
- ii. This rate certification submission was prepared in accordance with 42 CFR §438.4, 438.5, and 438.7.
 - a) 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 (excluding paragraphs (b)(3), (b)(4), and (b)(9)), 438.5, 438.6, and 438.7 (excluding paragraph (c)(3)). The certification can be found in Exhibit Q.
 - b) The final and certified capitation rates for all rate cells and regions can be found in Exhibits H and P.
 - c) Rate ranges are not certified. Therefore, this requirement does not apply.
 - d) The items requested can be found in Sections I and II of this report.
- iii. Differences in capitation rates for covered the population are based on valid rate development standards and are not based on the rate of Federal financial participation associated with the covered population.
- iv. Each rate cell is developed independently to be actuarially sound and does not cross-subsidize payments for another rate cell.
- v. The effective dates of changes to the Medicaid program are consistent with the assumptions used to develop the capitation rates.
- vi. The rate certification submission does demonstrate that the capitation rates were developed using generally accepted actuarial practices and principles.
 - a) All adjustment to the capitation rates reflect reasonable, appropriate, and attainable costs.
 - b) No adjustments to the rates are performed outside of the initial rate setting process beyond those outlined in Section 5 of the report.
 - c) The final contracted rates in each cell match the capitation rates in the certification
- vii. The capitation rates included in this submission are certified for all time periods in which they are effective. No rates for a previous time period is used for a future time period.
- viii. This rate certification conforms to the procedure for rate certifications for rate and contract amendments. The CY 2018 rates documented in this report are the initial capitation rates for the CY 2018 Wisconsin Medicaid LTC managed care contracts.

Exhibit S

Response to 2018 Managed Care Rate Development Guide (April 2017)

B. Appropriate Documentation

- i. 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.
- ii. We detail within our responses in this guide the section of our report where each item described in the 2018 Medicaid Managed Care Rate Development Guide can be found.
 - iii. All services and populations included in this rate certification are subject to the regular state FMAP.
 - iv. Rate ranges are not certified. Therefore, this requirement does not apply.
 - v. Rate ranges are not certified. Therefore, this requirement does not apply.

2. Data

A. Rate Development Standards

- i. Our report includes a thorough description of the data used.
 - a. DHS provided Milliman with validated encounter data and financial reports for at least the three most recent and complete years prior to the rating period.
 - b. The rate development methodology uses current MCO encounter data.
 - c. The data used is derived from the Medicaid population served under the Family Care program.
 - d. The rate development methodology uses recent MCO encounter data.

B. Appropriate Documentation

- i. Milliman did request and receive a full claims and enrollment database from DHS. This information is summarized in Exhibits A and I.
- ii. A detailed description of the data used in the rate development methodology can be found in Section III of this report. Section III also includes comments on the availability and quality of the data used for rate development.
- iii. 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.

Exhibit S

Response to 2018 Managed Care Rate Development Guide (April 2017)

3. Projected Benefit Costs

A. Rate Development Standards

- i. The final capitation rates shown in Exhibits H and P are based only upon services described in 42 CFR 438.3(c)(1)(ii) and 438.3(e).
- ii. 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.
- iii. Each projected benefit cost trend assumption is reasonable and developed in accordance with generally accepted actuarial principles and practices using actual experience of the Medicaid population.
- iv. Please refer to Sections III and IV of this report for the details related to the treatment of in-lieu of services.
- v. The CY 2018 capitation rate methodology does not include any expenses for Institution for Mental Diseases (IMD).
- vi. The CY 2018 capitation rate methodology does not include any expenses for Institution for Mental Diseases (IMD).

B. Appropriate Documentation

- 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.
- ii. Please refer to Section III 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.
- iii. The rate certification include a section on projected benefit cost trends in compliance with 42 CFR §438.7(b)(2). See Step 4 of Section III for details related to the development of projected benefit cost trends.
- iv. This certification does not include additional services deemed by the state to be necessary to comply with the parity standards of the Mental Health Parity and Addiction Equity Act
- v. Please refer to Sections III and IV of this report for the details related to the treatment of in-lieu of services.
- vi. Sections III and IV includes a description of how retrospective eligibility periods are accounted for in rate development.
- vii. Section I documents the impact on projected costs for all material changes to covered benefits or services since the last rate certification.
- viii. The rate certification includes an estimated impact of the change on the amount of projected benefit costs and a description of the data, assumptions, and methodologies used to develop the adjustment for each change related to covered benefits or services.

Exhibit S

Response to 2018 Managed Care Rate Development Guide (April 2017)

4. Special Contract Provisions Related to Payment

A. Incentive Arrangements

i. Rate Development Standards

The pay for performance and the member relocation incentives are 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.

ii. Appropriate Documentation

The rate certification includes a description of the incentive arrangement. See Section V of the report.

B. Withhold Arrangements

i. Rate Development Standards

The pay for performance withhold is described in Section V of the report.

ii. Appropriate Documentation

The rate certification includes a description of the withhold arrangement. See Section V of the report.

C. Risk Sharing Mechanism

i. Rate Development Standards

The functional screen risk adjustment and High Cost Risk Pool mechanisms have been developed in accordance with generally accepted actuarial principles and practices and cost neutral to the state in total.

ii. Appropriate Documentation

The rate certification includes a description of the risk sharing mechanism. See Section III of the report.

D. Delivery System and Provider Payment Initiatives

i. Rate Development Standards

The CY 2018 capitation rate methodology does not include any delivery system or provider payment initiatives.

ii. Appropriate Documentation

The CY 2018 capitation rate methodology does not include any delivery system or provider payment initiatives.

Exhibit S

Response to 2018 Managed Care Rate Development Guide (April 2017)

E. Pass-Through Payments

i. Rate Development Standards

The CY 2018 capitation rate methodology does not include any pass-through payments.

ii. Appropriate Documentation

The CY 2018 capitation rate methodology does not include any pass-through payments.

5. Projected Non-Benefit Costs

A. Rate Development Standards

- i. The development of the non-benefit component of the CY 2018 rates is compliant with 42 CFR §438.5(e) and include reasonable, appropriate, and attainable expenses related to MCO administration, taxes, licensing and regulatory fees, contribution to reserves, risk margin, and cost of capital.
- ii. The non-benefit costs included in the CY 2018 capitation rates are developed as a per member per month for common categories of administrative expenses.
- iii. 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.
- iv. 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.

B. Appropriate Documentation

- i. Please refer to Step 7 in Section III 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.
- ii. The projected non-benefit costs include appropriate consideration for administrative costs, taxes, licensing and regulatory fees, other assessments and fees, contribution to reserves, risk margin, and cost of capital.
- iii. 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.

Exhibit S

Response to 2018 Managed Care Rate Development Guide (April 2017)

6. Risk Adjustment and Acuity Adjustment

A. Rate Development Standards

- i. The functional screen and risk adjustment detailed in Sections III and IV of the report are used for explaining costs of services covered under the contract for defined populations across MCOs.
- ii. The functional screen risk adjustment has been developed in accordance with generally accepted actuarial principles and practices and cost neutral to the state in total.
- iii. Section III of this report documents the use of acuity trends separate from benefit utilization and unit cost trends to consider the change in acuity for the Family Care population.

B. Appropriate Documentation

- i. The functional screen and risk adjustment process are detailed in Sections III and IV of the report.
- ii. Section V of the report documents the various retrospective risk adjustment mechanisms.
- iii. The rate certification and supporting documentation do specifically include a description of any changes that are made to risk adjustment models since the last rating period and documentation that the risk adjustment model is budget neutral in accordance with 42 CFR §438.5(g).
- iv. The rate certification includes a description of the acuity trend adjustment. This adjustment is developed according with generally accepted actuarial principles and practices.

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. Rate Development Standards

- i. 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.

C. Appropriate Documentation

- i. Sections I-IV of this report address the following items:
 - a) the structure of the capitation rates and rate cells or rating categories
 - b) the structure of the rates and the rate cells, and the data, assumptions, and methodology used to develop the rates in light of the overall rate setting approach
 - c) any other payment structures, incentives, or disincentives used to pay the MCOs

Exhibit S

Response to 2018 Managed Care Rate Development Guide (April 2017)

- d) the expected effect that managing LTSS has on the utilization and unit costs of services
 - e) any effect that the management of this care is expected to have within each care setting and any effect in managing the level of care that the beneficiary receives
- ii. Please refer to Step 7 in Section III 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.
 - iii. 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 2018 Capitation Rate Development for Family Care Program

December 19, 2017

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 2018 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.



APPENDIX B

State of Wisconsin Department of Health Services
CY 2018 Capitation Rate Development for Family Care Program

December 19, 2017

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 2018 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.

Appendix B1
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Projected 2018 Family Care Expenditures
Nursing Home Level of Care

Enrollment Matrix by Base Rate Cell		Fiscal Results Matrix by Base Rate Cell					
MCO / GSR	2018 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)	3,547	\$2,994.00	\$1,759.57	\$6,240,685	\$1,234.43	\$4,378,143	
Care WI (GSR 2)	5,661	3,002.60	1,764.63	9,988,715	1,237.97	7,007,567	
Care WI (GSR 3)	2,543	2,871.26	1,687.44	4,291,310	1,183.82	3,010,562	
Care WI (GSR 5)	28,645	3,406.53	2,002.02	57,347,279	1,404.51	40,231,892	
Care WI (GSR 6)	4,379	3,175.87	1,866.46	8,172,506	1,309.41	5,733,409	
Care WI (GSR 5-6)	19,316	3,615.19	2,124.65	41,038,647	1,490.54	28,790,598	
Care WI (GSR 11)	0	3,352.86	1,970.48	0	1,382.38	0	
Care WI (GSR 12)	7,595	4,806.65	2,824.87	21,455,688	1,981.78	15,052,204	
Care WI (GSR 13)	21,931	2,997.13	1,761.41	38,630,175	1,235.72	27,100,938	
CCI (GSR 6)	22,411	3,422.69	2,011.51	45,080,428	1,411.18	31,626,102	
CCI (GSR 5-6)	15,694	3,585.31	2,107.09	33,068,635	1,478.22	23,199,248	
CCI (GSR 8)	33,283	3,022.01	1,776.04	59,112,516	1,245.97	41,470,292	
CCI (GSR 9)	3,786	2,956.67	1,737.63	6,579,515	1,219.04	4,615,848	
CCI (GSR 10)	18,823	3,280.70	1,928.07	36,292,306	1,352.63	25,460,809	
CCI (GSR 11)	28,729	3,356.89	1,972.84	56,677,530	1,384.05	39,762,031	
Inclusa (GSR 1)	30,878	3,501.89	2,058.06	63,549,056	1,443.83	44,582,739	
Inclusa (GSR 2)	45,456	3,200.47	1,880.92	85,499,571	1,319.55	59,982,088	
Inclusa (GSR 3)	24,995	3,117.36	1,832.07	45,793,474	1,285.29	32,126,339	
Inclusa (GSR 4)	43,949	3,158.48	1,856.24	81,580,073	1,302.24	57,232,370	
Inclusa (GSR 5)	1,659	3,132.71	1,841.09	3,055,054	1,291.62	2,143,268	
Inclusa (GSR 5-6)	776	3,527.65	2,073.20	1,609,259	1,454.45	1,128,973	
Inclusa (GSR 7)	28,157	3,251.83	1,911.10	53,810,049	1,340.73	37,750,354	
Inclusa (GSR 14)	7,693	3,874.18	2,276.86	17,515,922	1,597.32	12,288,267	
LCI (GSR 4)	5,317	2,996.82	1,761.23	9,364,732	1,235.59	6,569,813	
LCI (GSR 9)	30,156	3,316.11	1,948.88	58,770,363	1,367.23	41,230,254	
LCI (GSR 10)	3,110	3,178.68	1,868.11	5,809,443	1,310.57	4,075,605	
LCI (GSR 13)	23,205	3,504.02	2,059.31	47,786,053	1,444.71	33,524,229	
MCFCI (GSR 2)	0	3,098.95	1,821.25	0	1,277.70	0	
MCFCI (GSR 3)	0	3,036.52	1,784.56	0	1,251.96	0	
MCFCI (GSR 6)	921	3,344.49	1,965.56	1,811,214	1,378.93	1,270,655	
MCFCI (GSR 5-6)	1,944	3,403.44	2,000.20	3,888,731	1,403.24	2,728,133	
MCFCI (GSR 8)	93,270	3,050.73	1,792.91	167,225,327	1,257.82	117,316,662	
MCFCI (GSR 11)	3,608	3,203.83	1,882.89	6,793,850	1,320.94	4,766,214	
MCFCI (GSR 12)	7,595	4,796.69	2,819.01	21,411,229	1,977.68	15,021,014	
MCFCI (GSR 14)	3,354	2,995.37	1,760.38	5,903,718	1,234.99	4,141,744	
Grand Total	572,388	\$3,285.31	\$1,930.78	\$1,105,153,050	\$1,354.53	\$775,318,364	

Assuming FFY 2018 Federal Medical Assistance Percentage of 58.77%

Appendix B2
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Projected 2018 Family Care Expenditures
Non-Nursing Home Level of Care

Enrollment Matrix by Base Rate Cell		Fiscal Results Matrix by Base Rate Cell					
MCO / GSR	2018 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)	123	\$484.87	\$284.96	\$35,181	\$199.91	\$24,681	
Care WI (GSR 2)	564	483.45	284.12	160,139	199.33	112,346	
Care WI (GSR 3)	320	482.46	283.54	90,868	198.92	63,748	
Care WI (GSR 5)	805	457.65	268.96	216,530	188.69	151,906	
Care WI (GSR 6)	198	492.15	289.24	57,351	202.91	40,235	
Care WI (GSR 5-6)	388	490.00	287.97	111,789	202.03	78,425	
Care WI (GSR 11)	0	490.25	288.12	0	202.13	0	
Care WI (GSR 12)	9	502.37	295.24	2,726	207.13	1,912	
Care WI (GSR 13)	593	467.17	274.56	162,788	192.61	114,204	
CCI (GSR 6)	501	480.32	282.28	141,516	198.04	99,281	
CCI (GSR 5-6)	500	492.04	289.17	144,540	202.87	101,402	
CCI (GSR 8)	1,509	509.57	299.47	452,006	210.10	317,104	
CCI (GSR 9)	384	468.18	275.15	105,642	193.03	74,113	
CCI (GSR 10)	846	460.52	270.65	229,038	189.87	160,681	
CCI (GSR 11)	871	489.59	287.73	250,562	201.86	175,782	
Inclusa (GSR 1)	795	480.48	282.38	224,483	198.10	157,485	
Inclusa (GSR 2)	1,354	487.85	286.71	388,100	201.14	272,271	
Inclusa (GSR 3)	2,236	477.78	280.79	627,761	196.99	440,405	
Inclusa (GSR 4)	2,449	458.67	269.56	660,081	189.11	463,079	
Inclusa (GSR 5)	102	457.18	268.68	27,306	188.50	19,156	
Inclusa (GSR 5-6)	59	488.39	287.03	16,925	201.36	11,873	
Inclusa (GSR 7)	928	486.66	286.01	265,288	200.65	186,112	
Inclusa (GSR 14)	706	467.71	274.87	194,167	192.84	136,218	
LCI (GSR 4)	113	463.47	272.38	30,814	191.09	21,617	
LCI (GSR 9)	895	471.06	276.84	247,830	194.22	173,865	
LCI (GSR 10)	12	467.39	274.69	3,401	192.70	2,386	
LCI (GSR 13)	350	490.54	288.29	100,789	202.25	70,709	
MCFCI (GSR 2)	0	486.99	286.20	0	200.79	0	
MCFCI (GSR 3)	0	479.55	281.83	0	197.72	0	
MCFCI (GSR 6)	12	489.56	287.71	3,456	201.85	2,424	
MCFCI (GSR 5-6)	65	489.66	287.77	18,582	201.89	13,036	
MCFCI (GSR 8)	2,330	500.62	294.21	685,491	206.41	480,905	
MCFCI (GSR 11)	70	489.60	287.74	20,130	201.86	14,122	
MCFCI (GSR 12)	9	501.32	294.63	2,720	206.69	1,908	
MCFCI (GSR 14)	282	472.97	277.96	78,266	195.01	54,907	
Grand Total	20,378	\$480.65	\$282.48	\$5,756,263	\$198.17	\$4,038,297	

Assuming FFY 2018 Federal Medical Assistance Percentage of 58.77%

Appendix B3
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Projected 2018 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	2018 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)	3,670	\$2,909.60	\$1,709.97	\$6,275,866	\$1,199.63	\$4,402,823	
Care WI (GSR 2)	6,224	2,774.48	1,630.56	10,148,855	1,143.92	7,119,913	
Care WI (GSR 3)	2,864	2,603.92	1,530.32	4,382,178	1,073.60	3,074,310	
Care WI (GSR 5)	29,450	3,325.92	1,954.64	57,563,809	1,371.28	40,383,799	
Care WI (GSR 6)	4,577	3,059.60	1,798.13	8,229,857	1,261.47	5,773,643	
Care WI (GSR 5-6)	19,704	3,553.62	2,088.46	41,150,436	1,465.16	28,869,023	
Care WI (GSR 11)	0	3,271.93	1,922.91	0	1,349.02	0	
Care WI (GSR 12)	7,605	4,801.42	2,821.80	21,458,413	1,979.63	15,054,116	
Care WI (GSR 13)	22,524	2,930.53	1,722.27	38,792,963	1,208.26	27,215,142	
CCI (GSR 6)	22,913	3,358.31	1,973.68	45,221,944	1,384.63	31,725,383	
CCI (GSR 5-6)	16,194	3,489.83	2,050.97	33,213,175	1,438.86	23,300,650	
CCI (GSR 8)	34,793	2,913.02	1,711.98	59,564,522	1,201.04	41,787,396	
CCI (GSR 9)	4,170	2,727.57	1,602.99	6,685,156	1,124.58	4,689,961	
CCI (GSR 10)	19,669	3,159.36	1,856.76	36,521,343	1,302.61	25,621,490	
CCI (GSR 11)	29,600	3,272.53	1,923.27	56,928,093	1,349.27	39,937,813	
Inclusa (GSR 1)	31,673	3,426.05	2,013.49	63,773,538	1,412.56	44,740,224	
Inclusa (GSR 2)	46,810	3,122.03	1,834.82	85,887,671	1,287.21	60,254,359	
Inclusa (GSR 3)	27,231	2,900.65	1,704.71	46,421,235	1,195.94	32,566,743	
Inclusa (GSR 4)	46,398	3,015.99	1,772.50	82,240,154	1,243.49	57,695,449	
Inclusa (GSR 5)	1,761	2,978.30	1,750.35	3,082,359	1,227.96	2,162,424	
Inclusa (GSR 5-6)	835	3,313.07	1,947.09	1,626,184	1,365.98	1,140,847	
Inclusa (GSR 7)	29,084	3,163.64	1,859.27	54,075,337	1,304.37	37,936,467	
Inclusa (GSR 14)	8,399	3,587.70	2,108.49	17,710,089	1,479.21	12,424,485	
LCI (GSR 4)	5,430	2,944.04	1,730.21	9,395,546	1,213.83	6,591,430	
LCI (GSR 9)	31,051	3,234.09	1,900.67	59,018,192	1,333.41	41,404,119	
LCI (GSR 10)	3,122	3,167.93	1,861.79	5,812,844	1,306.14	4,077,991	
LCI (GSR 13)	23,554	3,459.29	2,033.03	47,886,842	1,426.27	33,594,938	
MCFCI (GSR 2)	0	3,004.52	1,765.76	0	1,238.77	0	
MCFCI (GSR 3)	0	2,819.34	1,656.92	0	1,162.41	0	
MCFCI (GSR 6)	933	3,307.76	1,943.97	1,814,670	1,363.79	1,273,079	
MCFCI (GSR 5-6)	2,009	3,309.78	1,945.16	3,907,313	1,364.62	2,741,169	
MCFCI (GSR 8)	95,600	2,988.58	1,756.39	167,910,818	1,232.19	117,797,567	
MCFCI (GSR 11)	3,678	3,152.20	1,852.55	6,813,980	1,299.65	4,780,337	
MCFCI (GSR 12)	7,605	4,791.48	2,815.95	21,413,949	1,975.53	15,022,922	
MCFCI (GSR 14)	3,635	2,800.00	1,645.56	5,981,983	1,154.44	4,196,651	
Grand Total	592,766	\$3,188.89	\$1,874.11	\$1,110,909,314	\$1,314.78	\$779,356,662	

Assuming FFY 2018 Federal Medical Assistance Percentage of 58.77%



APPENDIX C

State of Wisconsin Department of Health Services
CY 2018 Capitation Rate Development for Family Care Program

December 19, 2017

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 2018 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.

Appendix C
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
Family Care Trend Development

	PMPM Costs			2014-2016 Annual Trend	Selected Trend ¹
	CY 2014	CY 2015	CY 2016		
Developmentally Disabled	\$3,447.98	\$3,498.27	\$3,540.49	1.33%	1.60%
Physically Disabled	2,220.31	2,262.18	2,266.65	1.04%	1.00%
Frail Elderly	2,411.70	2,475.85	2,502.52	1.87%	1.76%
	Acuity/Risk Scores				
	CY 2014	CY 2015	CY 2016		
Developmentally Disabled	0.9854	1.0048	1.0164	1.56%	1.60%
Physically Disabled	0.9900	1.0010	1.0101	1.01%	1.00%
Frail Elderly	0.9888	1.0040	1.0137	1.25%	1.20%
	Risk Adjusted PMPM Costs				
	CY 2014	CY 2015	CY 2016		
Developmentally Disabled	\$3,499.15	\$3,481.40	\$3,483.41	-0.23%	0.00%
Physically Disabled	2,242.66	2,260.01	2,243.89	0.03%	0.00%
Frail Elderly	2,439.00	2,466.01	2,468.67	0.61%	0.55%

¹ The final selected trends are based on the results of a regression analysis using monthly PMPM service costs from 2014 - 2016.



APPENDIX D

State of Wisconsin Department of Health Services
CY 2018 Capitation Rate Development for Family Care Program

December 19, 2017

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 2018 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.

Appendix D
Wisconsin Department of Health Services
CY 2018 Family Care Capitation Rate Development
2014 – 2016 Actual to Expected Average

MCO / GSR	Actual to Expected Ratio
Inclusa / GSR 5/6	-11.0%
Care WI / GSR 2	-7.7%
MCFCI / GSR 11	-7.0%
<hr style="border-top: 1px dashed black;"/>	
Care WI / GSR 5	-5.8%
Inclusa / GSR 2	-5.6%
CCI / GSR 5/6	-5.0%
Care WI / GSR 5/6	-4.4%
LCI / GSR 9	-4.0%
Inclusa / GSR 5	-3.8%
CCI / GSR 10	-3.6%
Inclusa / GSR 7	-2.2%
Inclusa / GSR 4	-1.2%
CCI / GSR 11	-1.2%
Inclusa / GSR 1	0.1%
MCFCI / GSR 8	0.4%
CCI / GSR 6	2.4%
CCI / GSR 8	4.6%
Inclusa / GSR 3	5.3%
<hr style="border-top: 1px dashed black;"/>	
MCFCI / GSR 5/6	5.7%
Care WI / GSR 6	11.4%
MCFCI / GSR 6	11.9%