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December 16, 2014

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

Ms. Jinn-Feng Lin, F.S.A., M.A.A.A.
PricewaterhouseCoopers LLP
One North Wacker
Chicago, IL 60606

Dear Ms. Hunt and Ms. Lin:

I, Curtis Cunningham, Director of the Bureau of Financial Management for the Wisconsin Department of Health Service's Division of Long-Term Care, hereby affirm that the following data prepared and submitted to PricewaterhouseCoopers LLP for the purpose of developing 2015 Family Care and Family Care Partnership/PACE capitation rates were prepared under my direction, and to the best of my knowledge and belief, are accurate and complete. These data include:

1. MA Card fee-for-service claim data files for 2011 through 2013, for the nursing home, managed care, and home and community-based waiver populations;
2. MA eligibility data files for 2011 through 2013, for the nursing home and home and community-based waiver populations;
3. Functional screen information for Family Care and Family Care Partnership/PACE members, as well as for home and community-based waiver and wait list clients;
4. Eligibility information for Family Care and Family Care Partnership/PACE members;
5. MCO encounter file containing units of service and program costs for Family Care and Family Care Partnership/PACE members;
6. Potential contracting agencies and anticipated start dates in regions of the state that are served by the program or to which the program is expected to be implemented;
7. Projected Family Care and Family Care Partnership/PACE enrollment months for CY 2015 in light of the program's anticipated implementation.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Curtis Cunningham'.

Curtis Cunningham
Bureau Director
DLTC/BLTC

Wisconsin Department of Health Services

Calendar Year 2015 Family Care Capitation Rates

Prepared by:
PricewaterhouseCoopers

December 2014



December 17, 2014

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

Re: 2015 Managed Care Capitation Rate Development for Family Care

Dear Curtis:

The enclosed report provides a detailed description of the methodology used to develop the 2015 managed care capitation rates for the Family Care program effective January 1, 2015 through December 31, 2015 in Wisconsin. The methods used for calculating these costs are consistent with Centers for Medicare and Medicaid Services requirements that the capitation rates be actuarially sound and appropriate for the population covered by the program.

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

Please call Sandra Hunt at 415-498-5365 or Pete Davidson at 415-498-5636 if you have any questions regarding these rates.

Very truly yours,

PricewaterhouseCoopers LLP

A handwritten signature in black ink that reads "Sandra S. Hunt".

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

A handwritten signature in black ink that reads "Peter B. Davidson".

Peter B. Davidson, F.S.A., M.A.A.A.
Director

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ACTUARIAL CERTIFICATION

Actuarial Certification of Proposed 2015 Family Care Capitated Rates State of Wisconsin Department of Health Services

I, Peter B Davidson, am associated with the firm of PricewaterhouseCoopers. I am a member of the American Academy of Actuaries and meet its Qualification Standards to certify as to the actuarial soundness of the 2015 capitation rates developed for the Medicaid managed care programs known as Family Care. I have been retained by the Wisconsin Department of Health Services (DHS) to perform an actuarial certification of the Family Care capitation rates for calendar year 2015 for filing with the Centers for Medicare and Medicaid Services (CMS). I have reviewed the capitation rates developed by DHS and am familiar with the Code of Federal Regulations, 42 CFR 438.6(c) and the CMS "Appendix A, PAHP, PIHP and MCO Contracts Financial Review Documentation for At-risk Capitated Contracts Ratesetting."

I have examined the actuarial assumptions and actuarial methods used by DHS in setting the capitation rates for calendar year 2015.

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

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

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

The capitation rates may not be appropriate for any specific MCO. Each MCO will need to review the rates in relation to the benefits provided. The MCOs should compare the rates with their own experience, expenses, capital and surplus, and profit requirements

ACTUARIAL CERTIFICATION

prior to agreeing to contract with the State. The MCO may require rates above, equal to, or below the proposed actuarially sound capitation rates.

This Opinion assumes the reader is familiar with the Family Care program, eligibility rules, and actuarial rating techniques. The Opinion is intended for the State of Wisconsin and Centers for Medicare and Medicaid Services and should not be relied on by other parties. The reader should be advised by actuaries or other professionals competent in the area of actuarial rate projections of the type in this Opinion, so as to properly interpret the projection results.

Peter B. Davidson

Peter B Davidson
Member, American Academy of Actuaries

December 17, 2014
Date

I. INTRODUCTION

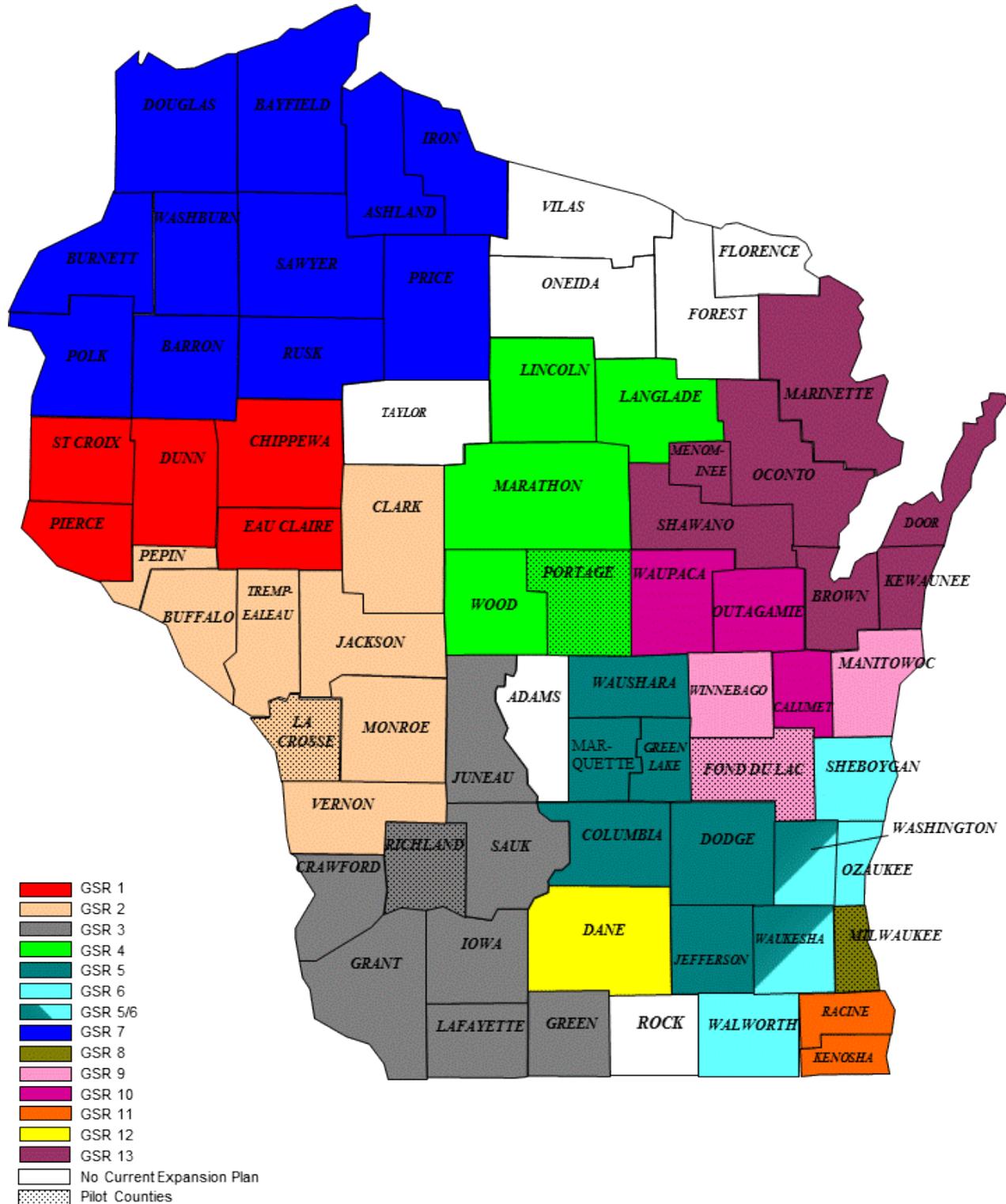
This report describes the methodology used to develop calendar year 2015 daily and monthly capitation payments for Family Care. This program is sponsored by the State of Wisconsin Department of Health Services (DHS) and covers long-term care (LTC) services previously provided through the Medicaid State Plan, the Medicaid Home and Community Based Waivers (Waiver), and the Community Options Program (COP). Primary and acute medical services are not covered under the Family Care program.

The following table shows the five original pilot Managed Care Organizations (MCOs) that have been operating in the Family Care program since 2000.

Table 1 Family Care Original Pilot MCOs		
MCO	Implementation Date	Covered Counties
Lakeland Care District (LCD)	Pilot MCO	Fond du Lac
Western Wisconsin Cares (WWC)	Pilot MCO	La Crosse
Milwaukee County Department of Family Care (MCDFC)	Pilot MCO	Milwaukee (Elderly)
Community Care of Central Wisconsin (CCCW)	Pilot MCO	Portage
ContinuUS (formerly Southwest Family Care Alliance)	Pilot MCO	Richland

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

I. INTRODUCTION



I. INTRODUCTION

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

Table 2 Family Care Expansion Details			
MCO (Implementation Date)	Expansion Counties in CY 2012 Base Data	Expansion Counties in CY 2013 Base Data	Expansion Counties Not in Base Data
Care Wisconsin (Mar. 1, 2008)	GSR 5 GSR 5-6	GSR 5 GSR 5-6	GSR 2 GSR 6 GSR 13
Community Care (Jan. 1, 2007)	GSR 5-6 GSR 10 GSR 11	GSR 6 GSR 5-6 GSR 8 GSR 10 GSR 11	GSR 9
Community Care of Central Wisconsin (Nov. 1, 2008)	GSR 4	GSR 4	GSR 7
ContinuUS (Sep. 1, 2008)	n/a	GSR 1 GSR 3	GSR 5 GSR 5-6
Lakeland Care District (Apr. 1, 2010)	n/a	GSR 9	GSR 10 GSR 13
Milwaukee County Department of Family Care (Nov. 1, 2009)	n/a	GSR 8 (Disabled) GSR 11	GSR 6 GSR 5-6
Western Wisconsin Cares (Nov. 1, 2008)	n/a	GSR 2	n/a

Historical rate development has relied on the base data for the five pilot counties since there was no readily available or sufficiently credible managed care claim experience for the expansion areas. However, over calendar years 2012 and 2013, MCO's enrolled a sufficiently stable population to be included in the rate development for select counties. An analysis was performed that supported that the MCOs had achieved reasonable managed care efficiencies; therefore the data for the managed care populations within these counties was included in the rate development for the CY 2015 rate setting process.

I. INTRODUCTION

Throughout the remainder of the report, the experience of the 5 pilot counties plus expansion counties included in the base data will be referred to as the “base cohort counties”. For other expansion areas, managed care claim experience was deemed unreliable and was not used for rate development. The capitation rates for the other expansion areas were developed based on encounter data reported from the base cohort counties for calendar years 2012 and 2013.

As noted in the above table, some MCOs currently participating in the Family Care program have expanded coverage to additional counties. As a result, the capitation rates for these providers were calculated by MCO and region using a blend of the following three rates:

1. Capitation rate for the base cohort MCO population
2. Capitation rate for an MCO's known expansion population in a non-base cohort county
3. Capitation rate developed for those individuals not currently participating in the Family Care program that are eligible to enroll in expansion counties (applies to GSR 13)

The rates were based on the base cohort counties' encounter data, with the following adjustments:

- An adjustment for variation in functional status as measured by each recipient's Long-Term Care Functional Screen (LTCFS) based on enrollees from the expansion regions
- The encounter data is adjusted to remove costs for non-state plan services and the waiver services contained in the baseline claims experience that were not cost effective in comparison with their in-lieu-of substitute state plan service
- An adjustment is made to account for the differences in cost by geography between a region and the base cohort county experience used as the basis for the rate development
- Baseline experience data is adjusted for trend
- An allowance is made for administrative costs and the claims data is adjusted to account for incomplete claims
- A phase-in adjustment is applied to the GSR 13 rates to recognize that plans will need time to improve the utilization profile and realize other efficiencies
- Several policy adjustments were applied in order to develop the final capitation rates

I. INTRODUCTION

Nursing Home Level of Care Functional Status Model

The Nursing Home (NH) level of care rates were based on three regression models of functional status developed from MCO-reported experience for calendar years 2012 and 2013. Historically, experience for a single calendar year was used for the development of the model. However, for CY 2015 rate development, two years of data was used in order to improve the credibility and stability of the models. The CY 2012 data was trended to CY 2013 based on actual unit cost trends from 2012 to 2013. The trend rates applied to the CY 2012 data were 0.08% for the Developmentally Disabled population, 1.18% for the Physically Disabled Population, and 0.63% for the Frail Elderly population.

Regression is a statistical technique that produces an estimate of the effect of each factor individually on the cost for an individual. A regression model is independently developed for each of the three target groups (Developmentally Disabled, Physically Disabled, and Frail Elderly) using corresponding population's claim and eligibility data. The structure of the three regression models therefore varies based on the characteristics that are most prevalent to a population. Following are the "functional" measures that were used to develop the models:

- Skilled Nursing Facility (SNF) level of care for the elderly
- Type of developmental disability for the disabled, if any
- Number of Instrumental Activities of Daily Living (IADLs)
- Activities of Daily Living (ADLs) and their levels of help
- Interaction terms among various ADLs
- Behavioral indicators
- Medication management
- Health Related Services
- Specific Diagnoses
- Interaction terms among various specific diagnoses
- Restrictive Measures
- Dual eligibility for Medicare and Medicaid
- Parameters associated with high cost individuals

Trend was developed separately for the Developmentally Disabled, Physically Disabled, and Elderly populations based on an analysis of managed care claims experience. An annual trend of 0.75% for the Developmentally Disabled population, 1.00% for the Physically Disabled and 2.00% for the Frail Elderly population, was developed using

I. INTRODUCTION

managed care claim and eligibility data, which measures the annual mix, cost, and utilization trend. The current mix of participants was used to determine the two-year trend rates for each county. These rates are aggregated to develop a regional trend rate for each of the participating MCOs.

The rates include an allowance for health plan administrative expenses and are adjusted for regional variation in costs and incomplete claims.

Non-Nursing Home Level of Care Functional Status Model

The non-NH level of care rates are based on the base cohort MCO-reported experience for calendar year 2013. The non-NH level of care rates were developed using a functional status based model that stratifies claims experience based on an individual's level of need, using their sum of ADLs and IADLs. The ADLs and IADLs are each separated into "low" and "high" levels of need. A "low" level of need corresponds to an individual that has an ADL/IADL count of two or less. A "high" level of need corresponds to an individual that has an ADL/IADL count of three or more. The rates are developed based on four distinct cohorts:

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

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

For a Family Care MCO with limited enrollment in a particular region, the non-NH capitation rate is based on the characteristics of the non-NH enrollees in that region across all MCO's. This applies to Care Wisconsin in GSR 2 and GSR 6, Community Care in GSR 9, ContinuUs in GSR 5 and GSR 5-6, LCD in GSR 10, and MCDFC in GSR 6, GSR 5-6, and GSR 11. In regions with no current Family Care enrollment, a program-wide non-NH level of care capitation rate applies to all providers. This applies to Care Wisconsin and LCD in GSR 13.

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

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Disclaimer

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

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

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

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

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

II. DATA SOURCES

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

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

The capitation rates are developed separately for those individuals that meet a nursing home level of care criteria and those that do not. Managed care eligibility and claims experience data from the base cohort counties for calendar year 2013 is used to establish baseline costs for both populations. Experience data from the base cohort counties for calendar year 2012 for the nursing home level of care population is also used for the development of the nursing home regression models. In addition to claims and eligibility data, functional screen data were provided by the State. To correct for missing functional screen data, missing values were assumed to have a value of "0". In other words, we assumed that the individual did not have the characteristic addressed by the question unless it was affirmatively reported.

Each recipient's cost for 2012 and 2013 was matched to their corresponding eligible days. Therefore a per member per month (PMPM) cost was determined for each target group as the total payments divided by total eligibility days times 30.41667 (the average number of days in a month).

II. DATA SOURCES

Claims Experience

The claims data covers dates of service for calendar year 2013 with run out through April 2014. These data must be adjusted to reflect claims that were Incurred But Not Reported (IBNR) in order to “complete” the starting claims database. IBNR adjustments were made by MCO across the three target groups.

Table 3		
MCO	Region	IBNR Adjustment
Care Wisconsin	GSR 5	0.86%
	GSR 5-6	0.91%
CCCW	GSR 4	0.04%
Community Care (CCI)	GSR 6	0.13%
	GSR 5-6	0.19%
	GSR 8	0.19%
	GSR 10	0.53%
ContinuUs	GSR 11	0.23%
	GSR 1	0.39%
LCD	GSR 3	0.29%
	GSR 9	0.21%
MCDFC	GSR 8	0.04%
	GSR 11	0.26%
WWC	GSR 2	0.17%
Aggregate	All Base Cohort Counties	0.40%

Functional Status Information

All recipients were given health status and functional screens annually prior to 2013 or at the point of Family Care enrollment during 2013. Such information is readily available on the State's administrative system and is expected to continue to be available while the Family Care program is in effect.

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

- Type of living situation, level of care (e.g., skilled nursing)
- The presence of a developmental disability
- The level of assistance for each instrumental activity of daily living (i.e., IADLs)

II. DATA SOURCES

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

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

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

III. NURSING HOME LEVEL OF CARE METHODOLOGY

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

Base Data

The base data consists of calendar year 2013 encounter eligibility and claim data for the MCOs that were providing coverage in the 2013 base cohort counties. When comparing the care management encounter data costs with the care management costs contained in the MCOs financial statements, material variances were noted. An adjustment to the data was made by MCO to appropriately reflect the care management costs contained in the financial statements.

After making these adjustments to the base data, the resulting aggregate 2013 claims for the base cohort MCOs were \$1,159,225,921, and the exposure months totaled 405,479, resulting in a PMPM of \$2858.90 for the NH level of care population. Exhibit I-1 shows the experience by MCO, region, target group, and category of service for the NH population, after the care management adjustment described above was made. Based on discussions with DHS staff, we understand that reported costs are prior to any participant cost sharing and net of any third party liability.

Historically, the base data has been equivalent to the data used to develop the NH level of care regression models that are explained in further detail later on in this section. For calendar year 2015, encounter eligibility, claim, and functional screen data for 2012 (trended to 2013) was also included for the 2012 base cohort counties. The 2012 data was used in order to improve the credibility and stability of the models.

Non State Plan Services Adjustment

A non-state plan service included in the calendar year 2013 data is non-covered residential care services. Non-covered residential care services are provided in-lieu-of nursing home stays for nursing home eligible enrollees. A cost effectiveness analysis was completed for the non-residential care services. A service is cost effective if the cost of providing that service is less than or equal to the cost of its in-lieu-of substitute. We have utilized the data to determine the cost of residential care and the comparable institutional care which would be utilized by a proportion of those currently using residential care. The results of our analysis show that non-covered residential care is a cost effective substitute for nursing home stays, therefore no adjustment to the data was made.

III. NURSING HOME LEVEL OF CARE METHODOLOGY

Approach to NH Level of Care Rate Development

Estimated PMPM costs are determined by target group for recipients based on each recipient's IADL count, specific levels of ADL assistance needed, the presence of certain behavioral problems, detail on medication assistance provided, the level of care provided, the type of developmental disability (if any), certain combinations of ADLs and of diagnoses, use of restrictive measures, dual eligibility for Medicare and Medicaid, and health related services. Monthly screen information of the cost period (calendar year 2012 and calendar year 2013) is used, resulting in a concurrent risk adjustment model.¹

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

Exhibit II-1 shows the results of the regression analysis. The R-squared of the risk adjustment models is approximately 49% for the Developmentally Disabled population, 42% for the Physically Disabled population and 35% for the Frail Elderly populations.

When used with the 2012-2013 functional status indices, the regression models estimate a baseline cost by MCO for the NH population in 2013. To better assess the prospective cost in a region, we used the latest credible functional screens for the Family Care population enrolled in each region in 2014. This risk adjustment technique is discussed in further detail later in the report.

Regression Modeling Details

The calendar year 2012 and calendar year 2013 NH data for the base cohort MCOs is used as the basis to develop the target group specific regression models. Using this data, three ordinary least squares linear regression models are created to relate monthly costs to recipient functional characteristics; one model is developed for each of the target groups. Developmentally Disabled, Physically Disabled, and Frail Elderly regression models are developed to account for the material differences in costs and functional

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

III. NURSING HOME LEVEL OF CARE METHODOLOGY

needs between the populations. The data used to develop each of the models is based on the corresponding claim and eligibility for the population within a given target group.

For each model, the unit of analysis is the recipient month. That is, the monthly 2012-2013 cost and the recipient's corresponding functional screen constitute one observation. The statistical analyses weigh experience in proportion to each recipient's days of eligibility.

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

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

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

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

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

Exhibits II-1a, II-1b, and II-1c show the final statistical models for the Developmentally Disabled, Physically Disabled, and Frail Elderly populations, respectively.

III. NURSING HOME LEVEL OF CARE METHODOLOGY

The average effect of each variable shows how the aggregate PMPM costs are allocated among individual characteristics in the population. For example, referring to Exhibit II-1a, the model attributes \$453.25 PMPM of the aggregate Developmentally Disabled PMPM (\$3,449.16) to IADL-6. Thus to derive the average PMPM cost for a given population, one would cross-multiply all regression parameter estimates by the proportion of the population with the respective characteristic.

Factors to Reflect Regional Economic Differences

We developed base cohort region factors based on the relative wage levels paid in the base cohort counties. We used wage data reported by the U.S. Bureau of Labor Statistics for occupations involved in providing care: 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 levels were aggregated using the relative costs for these services for all MCOs combined. This process estimates the potential costs faced by the MCOs and the expansion regions.

Additionally, we have developed factors based on the wage levels paid in the expansion regions. Since the base data consists of encounter eligibility and claim data for the base cohort MCOs, the potential costs faced by the expansion regions were calculated relative to the current base cohort MCOs.

Regional wage factors were calculated for each county individually. Then these county factors were weighted based on projected CY 2015 enrollment in order to develop aggregate factors for each region.

Based on analyses performed by DHS, in collaboration with the MCOs, it was determined that the wage factor should apply to 70% of an MCO's cost on average.

The following table provides the final regional wage factors:

Region	Wage Factor	Region	Wage Factor
GSR 1	1.029	GSR 7	0.991
GSR 2	0.955	GSR 8	1.012
GSR 3	0.984	GSR 9	1.006
GSR 4	1.001	GSR 10	0.987
GSR 5	1.003	GSR 11	1.018
GSR 6	0.972	GSR 12	n/a
GSR 5-6	1.012	GSR 13	0.962

III. NURSING HOME LEVEL OF CARE METHODOLOGY

Application of the Model

The regression models were developed using 2012-2013 cost and functional screen data. To determine expected costs for the contract period, we obtained updated functional screen information as of June 2014. This June 2014 data was applied to the regression coefficients to derive costs by MCO, region, and target group for the following three distinct populations.

Base Cohort County Population

Using June 2014 functional screen data provides a snapshot of the estimated average cost for each of the base cohort MCOs at a point in time. Since this population is consistent with those individuals' claim and eligibility data used to develop the regression model, the acuity adjustment between the two periods (calendar year 2012-2013 and June 2014) is budget neutral. As a result, using the updated functional screen data does not have a direct impact on the aggregate baseline costs. This approach quantifies a relative change in acuity between the plans, and thus shifts expected costs among counties.

Known Expansion Population

For areas where the base cohort and new MCOs have already expanded coverage (outside of the base cohort counties), we obtained the latest functional screen information available, June 2014, for this population. This data was applied to the regression coefficients to derive costs by MCO, region, and target group. These costs are then weighted by projected CY 2015 enrollment to develop costs by MCO and region.

Waiver Population

For populations not currently enrolled by an MCO within an expansion region, we obtained the latest credible functional screen information for the Waiver and Waitlist populations to determine expected costs for the contract period. Similar to developing rates for the known expansion population, this data was applied to the regression coefficients to derive costs by county and by target group. These costs are then weighted by projected CY 2015 enrollment to develop costs by MCO and region.

For all three groups, costs are developed by target group. Aggregate rates by MCO and region are then developed using projected calendar year 2015 target group enrollment. For MCO's with limited enrollment in a particular region, the rate is based on the functional screens of enrollees in that region across all MCO's. Then projected calendar year 2015 target group enrollment for each MCO is used to develop aggregate rates by MCO. This applies to Care Wisconsin in GSR 2 and GSR 6, Community Care in GSR 9, ContinuUs in GSR 5 and GSR 5-6, LCD in GSR 10, and MCDFC in GSR 6, GSR 5-6, and GSR 11.

III. NURSING HOME LEVEL OF CARE METHODOLOGY

Exhibits II-2a, II-2b, and II-2c show the distribution of the population by target group, MCO, population type, and functional measure used to calculate the final base rates for the base cohort counties. Exhibits II-3a, II-3b, and II-3c provide similar information for the known expansion population. Exhibits II-4a, II-4b, and II-4c provide similar information for the waiver population. Using the functional screen data provides a snapshot of the estimated average cost for each of the MCOs at a point in time. The most recent functional screen information is used to better assess the relative prospective cost in a region.

IV. NON-NURSING HOME LEVEL OF CARE METHODOLOGY

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

Base Data

Aggregate 2013 claims were \$6,640,783, and the exposure months totaled 13,483, resulting in a PMPM of \$492.55 for the non-NH level of care population. However, an adjustment to the base data costs needed to be made to remove the costs of certain non-covered waiver services. The section below provides a complete description of the costs that were removed. Exhibit I-2 shows the experience by county, target group, and category of service for the Non-NH population after adjusting the baseline experience; the adjusted aggregate PMPM is \$483.90. Based on discussions with DHS staff, we understand that the non-nursing home level of care population is not subject to cost sharing.

Waiver Services Cost Adjustment

The non-NH population's calendar year 2013 claims data was adjusted to remove costs of non-covered waiver services that were not cost effective in comparison with their in-lieu-of substitute service.

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

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

IV. NON-NURSING HOME LEVEL OF CARE METHODOLOGY

The exclusion of costs for waiver services that are not cost effective or that do not have a comparable state plan service was done on an MCO basis:

Table 5		
MCO	Region	Exclusion of Costs for Waiver Services (decrease)
Care Wisconsin	GSR 5	\$2,488
	GSR 5-6	\$1,605
CCCW	GSR 4	\$19,268
Community Care	GSR 6	\$2,399
	GSR 5-6	\$1,442
	GSR 8	\$22,437
	GSR 10	\$7,206
	GSR 11	\$2,274
ContinuUs	GSR 1	\$3,497
	GSR 3	\$24,897
LCD	GSR 9	\$18,917
MCDFC	GSR 8	\$1,060
	GSR 11	\$0
WWC	GSR 2	\$9,107

The remainder of this section summarizes the methodology used to develop the proposed payment rates. The results include the regression analysis conducted on the MCO calendar year 2013 encounter data and the functional measures reported from the screens conducted by the Resource Centers and MCOs.

Approach to Non-NH Rate Development

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

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

IV. NON-NURSING HOME LEVEL OF CARE METHODOLOGY

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

Estimated costs PMPM were calculated by combining the claim and eligibility data for all individuals that correspond to a given cohort. The table below provides the cost PMPM for the four cohorts. To calculate rates for an MCO, the MCO's enrollees are bucketed into the four levels of need cohorts. The distribution of enrollees is then used to calculate a weighted average of the PMPM costs across the four cohorts. A similar methodology is used for all base cohort county MCOs.

For a Family Care MCO with limited enrollment in a particular region, the non-NH capitation rate is based on the characteristics of the non-NH enrollees in that region across all MCO's. This applies to Care Wisconsin in GSR 2 and GSR 6, Community Care in GSR 9, ContinuUs in GSR 5 and GSR 5-6, LCD in GSR 10, and MCDFC in GSR 6, GSR 5-6, and GSR 11. In regions with no current Family Care enrollment, a program-wide non-NH level of care capitation rate applies to all providers. This applies to Care Wisconsin and LCD in GSR 13.

Table 6	
Functional Based PMPM	
Low IADL, Low ADL	\$ 455.32
Low IADL, High ADL	\$ 592.35
High IADL, Low ADL	\$ 582.26
High IADL, High ADL	\$ 948.50

To better assess the prospective cost in a region, we used the functional screens active in June 2014 for the Family Care population enrolled in each region in 2013.

V. TREND DEVELOPMENT

Trend rates were used to project the 2013 baseline cost data beyond the base cost period to the 2015 contract period, to reflect changes in payment levels and utilization. To determine the annual trend rates the following information is assessed:

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

Trend was developed separately for the Developmentally Disabled, Physically Disabled, and Frail Elderly populations. An annual trend was developed analyzing Family Care encounter claim and eligibility data from calendar years 2011 through 2013. The trend over this period includes annual mix, fee increases, and utilization trend. The following table summarizes the trend by each target group.

Table 7	
Target Group	Annual Trend
Developmentally Disabled	0.75%
Physically Disabled	1.00%
Frail Elderly	2.00%

VI. ADMINISTRATIVE ALLOWANCE

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

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

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

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

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

Fixed Costs

The fixed cost portion of the administrative allowance decreases as a percentage of total revenue as MCOs increase the number of enrolled members. For example, as MCOs continue to expand there is no need to hire an additional CEO, although the demands on the CEO will increase, perhaps leading to the need for higher compensation. Therefore executive costs as a percentage of capitation revenue will decrease as MCOs become larger; a similar argument can be applied to the other five

VI. ADMINISTRATIVE ALLOWANCE

fixed cost components, which may increase somewhat with growth in the size of the enrolled population, but not in a direct way. As a result we have structured our approach to assess a reasonable number of personnel to have on staff for each component based on MCO size. To accommodate the personnel needs of different sized MCOs for their fixed administrative costs, we have developed three tiers within each component to account for different staffing expectations at small, medium, and large MCOs.

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

Once the number of personnel and corresponding cost were determined for the tiers, MCOs were assigned to a tier based on their projected calendar year 2015 enrollment. The resulting fixed PMPM costs were calculated for each MCO as the projected number of FTEs, and their corresponding expense, divided by the projected number of member months. In CY 2015, the methodology was refined in order to avoid large swings in admin rates when an MCO changes tiers. In CY 2015 the total fixed costs were calculated by linearly interpolating between tiers based on the projected enrollment in each MCO.

The fixed cost assumptions used to develop the calendar year 2015 capitation rates are summarized in the following table:

Table 8						
FTE Assumptions: Fixed Cost Component						
Tier	Admin/ Executive	Compliance	HR	Marketing	Provider Mgmt.	Claims Mgmt.
Small	4	1	1	1	6	1
Medium	6	2	2	1	8	2
Large	7	3	4	1	10	3
Expense per FTE Assumptions: Fixed Cost Component						
Small	130,000	100,000	90,000	100,000	85,000	90,292
Medium	150,000	100,000	100,000	100,000	85,000	71,542
Large	170,000	100,000	100,000	100,000	85,000	77,792
Total Expense Assumptions: Fixed Cost Component (Trended at CPI from 2009 to 2015)						
Small	585,575	112,610	101,349	112,610	574,313	101,678
Medium	1,013,494	225,221	225,221	112,610	765,751	161,128
Large	1,340,065	337,831	450,442	112,610	957,189	262,806

VI. ADMINISTRATIVE ALLOWANCE

Variable Costs

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

The variable cost assumptions used to develop the calendar 2015 capitation rates are summarized in the following table:

Variable Cost Component	Functional Based PMPM
Claims Management	\$ 15.90
Fiscal Management	\$ 39.41
Information Management	\$ 25.90
Quality Management	\$ 16.89

Based on CY 2015 projected enrollment, MCOs were classified into the small, mid-size, and large tiers. Determination of an MCO's tier classification considers participation in the FCP/PACE programs as well. The total administrative per capita cost for each MCO was calculated by summing the variable and the corresponding interpolated fixed cost components. In calendar year 2015, a policy adjustment was made to limit the total projected administrative expenditures at 105% of actual 2013 administrative expenditures (per financial statements), trended at CPI to 2015. As a result, a single adjustment factor of 0.9809 was applied to all MCO's.

Similar to last year, DHS is providing a modest amount of funding (\$0.59 PMPM) to be used as a provision for the Office of the Commissioner of Insurance's (OCI's) financial oversight function. This amount was derived by dividing the total contracted amount (\$270,800) by the total projected enrollment in CY 2015 (460,364). By contract, MCOs will be required to use 100% of these funds to pay for these OCI services, as a cost of doing business.

VII. RATE DEVELOPMENT FOR EXPANDING FAMILY CARE MCOs

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

- **Base Cohort Population:** Represents the enrollees in the base cohort counties whose data is used to develop the baseline costs and regression models.
- **Known Expansion Population:** Represents individuals in a non-base cohort county enrolled by an MCO on or before June 2014.
- **Waiver Population:** Represents individuals that are not currently enrolled (as of June 2014) in an MCO that are on the Waiver or Waitlist in a county participating in Family Care during CY 2015.

As discussed in Section II of the report, PMPM costs for the base cohort and known expansion populations were calculated using the functional screen information of individuals currently enrolled by an MCO as of June 2014. Per capita costs for the Waiver population were calculated for each region based on the individuals eligible to enroll in the region and their corresponding functional indices. The weighted average MCO capitation rate was calculated using projected managed care calendar year 2015 enrollment as provided by DHS for each of the populations.

A region specific capitation rate is calculated for each MCO. For example, Community Care began participating in GSR 11 (Kenosha and Racine counties) in 2007. Subsequently they expanded coverage to GSR 6, GSR 5-6, GSR 8, GSR 9, and GSR 10 with initial expansion beginning in 2008. Therefore, Community Care will be provided six capitation rates, one for each region where they are participating in the Family Care program.

VIII. PER MEMBER PER MONTH COST DEVELOPMENT

In summary, the 2015 per capita costs were developed as described below.

1. Determine functional status based costs for the NH and non-NH populations using the 2012-2013 MCO reported experience and functional screens as outlined in Section II and III. These cost estimates are adjusted to reflect an estimate for IBNR using payments through April 2014.
2. Replace care management costs to account for the difference between the plan financial experience and the level of costs contained in the encounter data.
3. Exclude costs for waiver services that were not fully cost effective or did not have a comparable state plan service that were included in the 2013 encounter data for the non-NH population.
4. Project adjusted 2012-2013 costs two years forward using the annualized Developmentally Disabled, Physically Disabled, and Elderly trend rates discussed in Section IV.
5. Increase costs to include an administration as discussed in Section V.
6. A blended capitation rate is calculated for the CY15 contract period, as discussed in Section VI.

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

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

IX. FINAL CAPITATION RATES

The Wisconsin Department of Health Services determined the final 2015 capitation rates for each MCO participating in a region that participates in the Family Care program. DHS developed the 2015 capitation rates with reference to the following:

- 2015 managed care equivalent (MCE) rates,
- 2014 capitation rates,
- Aggregate financial results as reported by the MCOs, and,
- Detailed business plan projections.

The capitation rates are effective for calendar year 2015 for all MCOs. Exhibits III-1c and III-2 provide the 2015 capitation rates.

DHS has included several additional policy adjustments to develop the 2015 capitation rates. These adjustments include the following:

Phase-in Adjustment for GSR 13: The intent of this adjustment is to recognize what, if any, significant cost variation exists between the GSR 13 fee-for-service costs and the estimated costs implied using the regression models and the population's functional indices. The regression model is developed using managed care experience for the base cohort counties that have been operating in the Family Care program for at least 3 years. Therefore an adjustment is applied to the GSR 13 costs since MCOs may not be able to realize full managed care savings at the onset of implementation; however the expectation is that the MCOs will continue their efforts to better manage care. The adjustment closes the gap between the fee-for-service equivalent rate and the expected costs predicted by the regression model over a continuous period of 3 years.

Risk Corridor: DHS has established a surplus corridor that would be applied to a MCO's financial position based on the most recent 3 years of completed financial reporting. No adjustment is made for surplus or loss within 2% of the MCO's revenue during this period. A surplus above 2% of revenue triggers a downward adjustment to the MCE rate unless this adjustment would undermine the MCO's ability to meet financial contract requirements or the threshold for sufficient resources to cover the cost of closure. If a MCO has experienced a loss greater than 2% of revenue, then the DHS would provide an upward policy adjustment. The size of the adjustment is based on the size of the surplus or loss. For a surplus or loss of 2% to 3% of revenue, the adjustment is 50% of the surplus/loss in excess of the 2% threshold. Any surplus or loss above 3% of revenue is fully recognized in the policy adjustment. The methodology is displayed in the following table:

IX. FINAL CAPITATION RATES

Table 10		
2011-2013 Financial Position		Exclusion of Costs for Waiver Services (decrease)
Surplus amount in excess of expenditures	3% or greater	MCE rate adjusted to reduce projected 2015 capitation revenue by 100% of amount
	2% to 3%	MCE rate adjusted to reduce projected 2015 capitation revenue by 50% of amount
	0% to 2%	No adjustment
Loss amount in deficit of expenditures	0% to -2%	No adjustment
	-2% to -3%	MCE rate adjusted to increase projected 2015 capitation revenue by 50% of amount
	-3% or less	MCE rate adjusted to increase projected 2015 capitation revenue by 100% of amount

Cap on Accumulated Surplus: DHS has used the accumulated net surplus since 2008 – The year Family Care expansion began – to determine the amount of funding that has been used to adjust the CY 2015 capitation rates. The amount of net surplus between 2008 and 2013 in excess of 7.5% of 2013 revenue has provided the basis for a reduction to the CY 2015 MCE rate. The reductions are net of any existing reduction for the risk corridor.

New Long-Term Care Benefits: An adjustment based on the anticipated financial impact of changes to the 2015 waiver benefit package based on the cost and utilization of similar waiver services. The unit rate for Counseling and Therapeutic Services was used as a proxy. The assumption that 3% of members will utilize these new services was made by using Counseling and Therapeutic Services and Consumer Education and Training as benchmarks and assuming that utilization will be slightly higher. Housing Counseling and Relocation Services, which are existing services that provide counseling for specific purposes, were used as benchmarks in making the assumption that the new services are also likely to be used infrequently at once per quarter.

Solvency Fund: The program maintains a pooled solvency fund for the purpose of funding arrangements for, or to pay expenses related to, services for enrollees of an insolvent or financially hazardous permittee. The department's assessment shall be allocated to each permittee's deposit in an amount that reflects the permittee's proportionate share of projected enrollment in the department's

IX. FINAL CAPITATION RATES

annual contracting period. This fund has been used during the MCO closures occurring in recent years. An add-on to the 2015 nursing home level of care rate was applied to replenish each Family Care MCO's portion of the assessment based on the MCO's proportion of 2014 program enrollment.

Relocations from Hilltop: The Department implemented an adjustment to the MCE to reflect additional costs to MCOs related to members relocating into the community as a result of the closing of Hilltop, a facility serving individuals with severe and complex care needs. The magnitude of the adjustment for the managed long-term care programs, \$10 million, was based on a combination of information regarding costs for these members the Department received from MCOs and the available funding within the programs. MCO-specific adjustments were based on the number of Hilltop relocations enrolled in the MCO and the relative acuity of each MCO's Hilltop relocations compared to overall population of Hilltop relocations. The Department used the predicted costs based on the 2014 long-term care capitation model and the most recent long-term care functional screen of each Hilltop relocation to calculate the relative acuity.

The 2015 per member per month costs developed in this report are within a reasonable range of rates for the Family Care population, as defined by reasonable ranges on several important assumptions including annual trend rates and appropriate administrative loadings, among others. For members that are enrolled for a partial month, per member per day costs for 2015 were developed based on the per member per month costs as follows:

$$\text{Daily Rate} = (\text{Monthly Rate} \times 12) / \text{days in calendar year}$$

The daily rates retain 4 decimal places of precision, ensuring their equivalence to the monthly rates.

Additionally, several adjustments will be made in the future on a retrospective basis and are not captured in the rate report. These adjustments, which are expected to be completed by December 31, 2016, include:

Target Group Retrospective Adjustment: There will be a retrospective adjustment to all CY 2015 capitation rates based on the difference in the assumed target group mix during rate development and the actual target group mix experienced during the rate year.

Ventilator Dependent Retrospective Adjustment: DHS will retrospectively adjust the CY 2015 capitation rate for a change in the number of

IX. FINAL CAPITATION RATES

members dependent on ventilators between the base year and the rate year for an MCO.

Retrospective Adjustment for Program Implementation in New Regions: In new service regions for a program (i.e. regions or target groups in which the program has not previously provided services) the long-term care component of the capitation rate may be adjusted for the actual acuity of an MCO's membership, as measured by the long-term care functional screen, relative to the acuity assumed in the prospective actuarial rate calculations.

Retrospective Adjustment for Nursing Home Closures: 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 meet both of the following conditions:

- Member has a nursing home stay greater than 100 consecutive days;
- Became a member during the contract period within 32 calendar days of their nursing home discharge date, or enrolled in the program while residing in a nursing home.

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

X. CMS CHECKLIST

Wisconsin Department of Health Services

Crosswalk from CMS Rate Setting Checklist to 2015 Family Care Program Report

Item	Location	Comments
AA.1.0	Overview of Rate setting Methodology	Entire Report
AA.1.1	Actuarial Certification	Pages 29-31
AA.1.2	Projection of Expenditures	NA
AA.1.3	Procurement, Prior Approval and Rate setting	NA
AA.1.5	Risk contracts	NA
AA.1.6	Limit on Payment to other providers	NA
AA.1.7	Rate Modifications	NA
AA.2.0	Base Year Utilization and Cost Data	Pages 8-10, 11-13, 17-19; Exh I-1, I-2
AA.2.1	Medicaid Eligibles under the Contract	Pages 1-7
AA.2.2	Dual Eligibles	Page 5
AA.2.3	Spenddown	NA
AA.2.4	State Plan Services only	Page 11
AA.2.5	Services that may be covered out of contract savings	Page 11
AA.3.0	Adjustments to Base Year Data	Pages 4, 9, 11-21; Exh II-1a-c, II-2a-c, II-3a-c
AA.3.1	Benefit Differences	NA
AA.3.2	Administrative Cost Allowance Calculations	Pages 20-23
AA.3.3	Special Populations' Adjustments	Page 24
AA.3.4	Eligibility Adjustments	NA
AA.3.5	DSH Payments	NA
AA.3.6	Third Party Liability	NA
AA.3.7	Co-payments, Coinsurance and Deductibles in Capitated Rates	NA
AA.3.8	Graduate Medical Education	NA

X. CMS CHECKLIST

Wisconsin Department of Health Services

Crosswalk from CMS Rate Setting Checklist to 2015 Family Care Program Report

Item	Location	Comments
AA.3.9	FQHC and RHC Reimbursement	NA
AA.3.10	Medical Cost / Trend Inflation	Page 20
AA.3.11	Utilization Adjustments	NA
AA.3.12	Utilization and Cost Assumptions	NA
AA.3.13	Post-Eligibility Treatment of Income	NA
AA.3.14	Incomplete Data Adjustment	Page 9
AA.4.0	Establish Rate Category Groupings	Pages 5-6
AA.4.1	Age	NA
AA.4.2	Gender	NA
AA.4.3	Locality / Region	Pages 1-3
AA.4.4	Eligibility Categories	Page 5-6
AA.5.0	Data Smoothing	NA
AA 5.1	Special Population and Assessment of the Data for Distortions	NA
AA.5.2	Cost-neutral data smoothing adjustment	NA
AA.5.3	Risk Adjustment	Pages 1-16, 17-18, Exh II-1a-c, II-2a-c, II-3a-c
AA.6.0	Stop Loss, Reinsurance or Risk Sharing arrangements	NA
AA.6.1	Commercial Reinsurance	NA
AA.6.2	Simple stop loss program	NA
AA.6.3	Risk corridor program	NA
AA.7.0	Incentive Arrangements	NA

Exhibits

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Summary of 2013 Actual Experience by MCO
Nursing Home Level of Care**

	Care WI (GSR 5)			Care WI (GSR 5-6)			CCCW (GSR 4)			CCI (GSR 6)			CCI (GSR 5-6)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	15,247	5,286	5,482	8,914	3,114	5,353	18,239	8,384	12,302	11,375	4,533	6,496	6,367	2,497	3,325
State Plan Services															
Adaptive Equipment	42.50	104.77	50.70	39.92	79.87	41.85	57.33	124.80	78.25	32.97	91.97	45.19	27.75	70.25	35.63
Adult Day Activities	314.66	17.89	14.50	357.05	25.33	16.56	273.43	17.30	12.62	442.11	31.02	8.88	291.26	26.93	32.68
Case Management	296.92	432.24	332.71	277.76	355.81	285.02	433.35	581.96	429.01	282.12	393.30	299.56	292.40	404.75	309.57
Habilitation / Health	43.97	36.37	9.04	6.70	27.78	6.52	24.55	44.66	11.54	17.56	37.58	5.50	6.29	27.51	7.02
Home Care	634.08	654.74	256.17	680.32	667.64	125.69	621.20	703.93	292.85	471.19	595.78	211.60	400.66	648.63	171.21
Home Health Care	4.50	25.66	9.48	2.12	6.24	1.07	24.16	109.62	31.57	22.69	69.19	4.52	7.60	66.36	7.17
Housing	6.42	0.22	-	-	0.10	-	0.33	0.51	0.02	-	0.46	-	0.10	0.63	0.25
Institutional	85.65	182.75	200.99	40.54	397.22	445.60	79.16	176.89	246.53	50.59	306.78	323.99	38.77	413.63	445.71
Other	-	-	-	-	-	-	0.13	0.14	-	-	-	-	-	-	-
Residential Care	1,787.35	744.78	1,397.98	1,640.73	862.05	1,290.22	1,517.62	564.20	1,320.31	1,914.81	870.31	1,529.55	1,688.77	835.38	1,337.98
Respite Care	11.84	10.87	5.89	5.68	-	0.43	24.40	10.93	3.97	14.22	3.72	3.69	21.48	6.66	13.64
Transportation	76.32	114.50	29.30	105.46	59.52	20.09	75.28	62.93	16.27	98.08	61.36	9.34	155.86	57.84	31.62
Vocational	305.63	10.78	0.02	219.81	8.47	-	251.42	12.79	0.64	179.36	18.90	1.25	239.85	7.88	1.61
Total State Plan Services	3,609.84	2,335.57	2,306.79	3,376.08	2,490.03	2,233.04	3,382.37	2,410.65	2,443.56	3,525.69	2,480.37	2,443.07	3,170.80	2,566.44	2,394.09
Room and Board															
Room and Board - Collections	(316.77)	(188.79)	(399.49)	(312.58)	(250.62)	(476.19)	(228.72)	(133.28)	(386.24)	(321.74)	(211.04)	(464.68)	(288.41)	(199.21)	(441.03)
Room and Board - Costs	330.73	239.43	470.48	323.63	326.67	571.65	233.69	151.38	431.65	333.10	242.65	523.93	289.84	234.81	493.96
Total Room and Board	13.96	50.64	70.99	11.05	76.06	95.46	4.97	18.09	45.41	11.36	31.60	59.26	1.43	35.61	52.93
Grand Total	3,623.80	2,386.21	2,377.78	3,387.14	2,566.08	2,328.50	3,387.35	2,428.75	2,488.97	3,537.05	2,511.97	2,502.32	3,172.23	2,602.05	2,447.02
Composite PMPM		3,109.76			2,913.99			2,896.95			3,029.62			2,857.60	

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Summary of 2013 Actual Experience by MCO
Nursing Home Level of Care**

	CCI (GSR 8)			CCI (GSR 10)			CCI (GSR 11)			ContinuUs (GSR 1)			ContinuUs (GSR 3)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	9,934	7,038	3,049	9,729	3,189	4,625	13,132	7,093	5,927	12,756	8,136	8,341	10,953	6,661	6,388
State Plan Services															
Adaptive Equipment	48.80	87.40	59.25	30.77	91.59	42.74	37.02	81.27	40.87	32.55	87.38	41.60	45.39	113.08	72.31
Adult Day Activities	399.69	56.45	43.47	216.76	14.47	0.38	294.72	11.09	9.95	215.52	16.58	8.17	227.45	24.49	7.22
Case Management	276.89	345.56	295.64	289.65	391.76	316.36	273.39	342.34	278.67	325.93	484.96	378.83	295.03	441.01	348.16
Habilitation / Health	12.06	32.97	7.75	3.34	18.18	5.02	39.10	59.46	2.51	19.67	27.58	5.28	24.28	55.65	17.29
Home Care	672.78	1,068.21	742.56	730.67	435.49	188.20	462.94	557.35	216.49	220.73	311.20	145.11	259.53	622.07	333.11
Home Health Care	26.10	58.54	23.73	12.09	36.61	6.20	21.68	57.84	3.44	28.28	151.41	37.40	11.25	106.66	14.69
Housing	1.29	2.58	0.27	-	-	-	0.06	0.41	0.05	-	-	-	-	-	-
Institutional	121.72	336.42	489.89	90.38	244.88	403.50	55.45	448.40	513.87	113.22	351.04	689.38	87.46	486.71	742.03
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Residential Care	1,587.17	418.06	735.97	1,595.85	878.40	1,319.49	2,091.58	751.71	1,372.65	2,379.44	899.52	1,241.39	1,467.16	665.86	1,261.34
Respite Care	26.64	16.58	10.19	31.27	15.90	12.65	35.34	12.31	3.31	8.52	10.38	1.44	18.17	8.08	5.43
Transportation	137.37	99.25	35.78	42.82	54.38	8.76	131.17	68.32	14.33	76.33	52.96	16.25	33.88	67.84	17.60
Vocational	171.84	8.90	2.29	229.43	12.80	0.03	227.67	21.10	4.09	256.67	14.21	1.04	349.46	20.89	2.38
Total State Plan Services	3,482.34	2,530.92	2,446.78	3,273.03	2,194.46	2,303.34	3,670.12	2,411.60	2,460.23	3,676.85	2,407.23	2,565.89	2,819.06	2,612.33	2,821.55
Room and Board															
Room and Board - Collections	(272.65)	(80.70)	(229.72)	(272.52)	(239.82)	(426.42)	(370.63)	(165.62)	(395.40)	(340.29)	(164.79)	(321.04)	(265.98)	(129.87)	(268.87)
Room and Board - Costs	276.95	92.82	253.70	277.51	275.49	507.41	370.69	184.98	445.82	358.21	184.12	361.36	270.22	146.10	315.01
Total Room and Board	4.29	12.11	23.98	4.99	35.67	80.99	0.06	19.37	50.42	17.92	19.33	40.32	4.24	16.24	46.14
Grand Total	3,486.63	2,543.03	2,470.76	3,278.02	2,230.13	2,384.33	3,670.18	2,430.96	2,510.65	3,694.77	2,426.56	2,606.21	2,823.30	2,628.57	2,867.69
Composite PMPM		3,000.22			2,851.90			3,071.27			3,031.20			2,781.07	

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Summary of 2013 Actual Experience by MCO
Nursing Home Level of Care**

	LCD (GSR 9)			MCDFC (GSR 8)			MCDFC (GSR 11)			WWC (GSR 2)			Grand Total		
	DD	PD	FE												
Exposure Months	14,000	10,317	6,696	21,747	46,037	26,896	299	384	233	17,554	14,721	12,725	170,247	127,393	107,839
State Plan Services															
Adaptive Equipment	39.85	77.42	43.00	58.19	85.81	64.93	75.58	108.88	60.83	59.88	111.54	56.50	45.12	92.80	56.32
Adult Day Activities	350.84	10.49	7.14	491.93	44.70	61.67	81.10	-	-	196.99	12.39	13.93	317.97	29.01	24.86
Case Management	392.96	444.19	348.67	322.45	349.19	310.20	387.87	476.40	395.85	331.60	420.06	338.90	322.92	401.00	334.62
Habilitation / Health	9.14	30.72	11.14	28.05	63.83	29.53	59.06	48.01	21.46	25.77	55.94	24.09	22.37	49.42	15.60
Home Care	227.03	391.70	284.31	175.54	503.48	419.16	162.21	340.55	525.56	187.55	339.73	199.71	416.10	531.04	289.51
Home Health Care	13.10	100.21	20.80	13.73	43.62	8.85	0.57	128.85	7.87	32.57	60.44	24.21	17.82	66.06	15.89
Housing	-	-	-	0.64	2.05	1.18	0.19	1.31	0.24	0.11	0.37	0.10	0.79	1.03	0.33
Institutional	65.85	506.23	530.22	161.02	528.97	682.33	34.93	317.76	263.13	97.03	372.28	982.84	89.81	421.65	570.05
Other	-	-	-	0.04	0.05	-	-	-	-	0.04	0.05	-	0.02	0.03	-
Residential Care	2,141.74	791.14	1,072.24	2,083.93	620.65	830.70	2,152.75	418.12	574.98	1,987.94	629.61	821.36	1,868.56	678.04	1,114.63
Respite Care	22.44	1.46	2.75	7.29	3.28	3.28	4.14	-	-	20.68	0.77	2.41	18.52	5.91	4.14
Transportation	93.72	53.92	13.97	144.51	76.14	56.73	111.60	53.70	23.49	147.30	72.98	30.66	102.83	71.72	29.04
Vocational	192.83	5.68	0.28	214.25	2.03	-	98.86	20.70	-	221.03	9.81	0.59	235.37	8.70	0.80
Total State Plan Services	3,549.50	2,413.15	2,334.53	3,701.56	2,323.79	2,468.54	3,168.86	1,914.28	1,873.40	3,308.49	2,085.96	2,495.32	3,458.20	2,356.42	2,455.78
Room and Board															
Room and Board - Collections	(269.46)	(209.49)	(336.53)	(275.40)	(123.20)	(214.13)	(293.76)	(64.72)	(132.77)	(316.54)	(85.69)	(153.60)	(294.69)	(142.73)	(309.59)
Room and Board - Costs	280.20	234.12	378.16	269.53	109.24	175.11	301.06	68.51	139.52	336.82	97.72	174.05	302.26	152.78	336.37
Total Room and Board	10.74	24.63	41.64	(5.87)	(13.96)	(39.02)	7.30	3.79	6.75	20.27	12.03	20.45	7.57	10.05	26.79
Grand Total	3,560.24	2,437.78	2,376.17	3,695.69	2,309.82	2,429.52	3,176.16	1,918.07	1,880.15	3,328.76	2,097.99	2,515.77	3,465.77	2,366.46	2,482.57
Composite PMPM		2,931.18			2,662.14			2,319.26			2,696.24			2,858.90	

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Summary of 2013 Actual Experience by MCO
Non-Nursing Home Level of Care**

	Care WI (GSR 5)			Care WI (GSR 5-6)			CCCW (GSR 4)			CCI (GSR 6)			CCI (GSR 5-6)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	128	186	32	85	56	-	535	1,079	189	69	148	17	91	76	5
State Plan Services															
Adaptive Equipment	2.82	29.63	0.26	15.20	27.47	-	14.31	33.52	20.46	10.98	27.09	13.74	11.21	52.90	-
Adult Day Activities	-	-	-	-	-	-	0.38	-	-	-	-	-	34.74	-	-
Case Management	267.89	329.71	190.35	258.67	492.85	-	352.18	385.67	393.15	263.85	291.22	294.57	330.43	363.39	548.14
Habilitation / Health	27.60	79.31	57.43	5.17	24.43	-	8.03	33.95	36.21	-	9.14	1.94	3.83	21.72	-
Home Care	-	32.90	2.70	-	0.17	-	85.81	84.08	96.12	8.36	32.77	104.63	47.02	102.95	200.04
Home Health Care	-	5.00	-	-	8.83	-	5.29	2.30	-	-	-	-	-	12.07	-
Housing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Residential Care	-	8.55	-	-	-	-	-	-	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	38.20	58.87	24.10	27.11	46.76	-	37.95	57.99	21.90	81.75	27.30	62.70	42.90	10.73	55.68
Vocational	-	-	-	-	-	-	18.12	9.91	-	1.52	3.78	-	-	-	-
Total State Plan Services	336.51	543.98	274.85	306.15	600.50	-	522.08	607.41	567.84	366.46	391.30	477.59	470.13	563.76	803.87
Room and Board															
Room and Board - Collections	-	-	-	-	-	-	-	-	(3.78)	-	-	-	-	-	-
Room and Board - Costs	-	6.97	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Room and Board	-	6.97	-	-	-	-	-	-	(3.78)	-	-	-	-	-	-
Grand Total	336.51	550.94	274.85	306.15	600.50	-	522.08	607.41	564.06	366.46	391.30	477.59	470.13	563.76	803.87
Composite PMPM		446.11			422.77			577.53			390.35			520.65	

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Summary of 2013 Actual Experience by MCO
Non-Nursing Home Level of Care**

	CCI (GSR 8)			CCI (GSR 10)			CCI (GSR 11)			ContinuUs (GSR 1)			ContinuUs (GSR 3)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	78	489	41	55	308	65	117	311	22	330	949	180	292	1,271	437
State Plan Services															
Adaptive Equipment	3.93	29.65	65.53	13.60	30.25	29.60	3.22	34.31	36.31	4.64	32.87	10.75	6.99	50.94	28.99
Adult Day Activities	38.84	-	-	-	-	-	27.58	-	-	-	-	-	-	-	-
Case Management	248.34	302.14	199.78	216.43	356.06	309.94	283.38	267.26	187.95	255.30	301.69	212.97	257.34	275.97	264.63
Habilitation / Health	16.32	19.50	-	2.08	11.00	4.66	5.98	21.09	-	5.64	10.07	0.08	11.52	31.64	11.19
Home Care	87.68	165.61	187.22	31.51	70.21	96.84	27.40	164.52	38.25	5.55	14.31	8.37	18.04	142.22	173.54
Home Health Care	-	15.99	-	-	5.15	-	-	-	-	8.30	8.55	7.18	-	8.15	0.37
Housing	-	2.19	-	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Residential Care	-	-	-	-	0.20	88.75	92.38	23.26	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	1.37	1.35	-	-	-	-	-	-	-
Transportation	40.72	45.47	5.62	17.72	16.39	10.87	86.05	62.59	6.43	12.65	39.48	10.80	22.08	31.38	27.85
Vocational	-	-	-	83.96	-	-	28.86	4.01	-	-	-	-	-	-	-
Total State Plan Services	435.83	580.55	458.16	365.29	489.26	540.65	556.22	578.38	268.94	292.07	406.97	250.14	315.96	540.31	506.57
Room and Board															
Room and Board - Collections	-	-	-	-	-	(40.14)	(11.85)	(2.07)	-	-	-	-	-	-	-
Room and Board - Costs	-	-	-	-	0.09	40.05	16.39	4.76	-	-	-	-	-	-	-
Total Room and Board	-	-	-	-	0.09	(0.09)	4.54	2.69	-	-	-	-	-	-	-
Grand Total	435.83	580.55	458.16	365.29	489.35	540.56	560.75	581.07	268.94	292.07	406.97	250.14	315.96	540.31	506.57
Composite PMPM		553.80			481.16			560.39			361.65			500.21	

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Summary of 2013 Actual Experience by MCO
Non-Nursing Home Level of Care**

	LCD (GSR 9)			MCDFC (GSR 8)			MCDFC (GSR 11)			WWC (GSR 2)			Grand Total		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	406	1,251	126	180	921	115	-	2	-	355	2,228	256	2,722	9,275	1,486
State Plan Services															
Adaptive Equipment	8.10	30.97	14.31	1.27	24.06	20.08	-	50.62	-	14.04	44.82	22.51	9.04	36.93	22.89
Adult Day Activities	-	-	-	-	-	4.13	-	-	-	0.96	2.75	8.93	3.67	0.66	1.86
Case Management	301.27	332.50	246.38	289.36	299.14	160.55	-	891.91	-	243.91	293.88	274.62	285.87	312.81	265.58
Habilitation / Health	8.46	14.50	43.05	21.95	38.01	-	-	-	-	15.75	40.99	6.30	10.62	29.06	14.11
Home Care	33.76	87.19	221.32	6.83	4.89	21.39	-	-	-	64.97	76.48	74.31	39.57	79.95	109.42
Home Health Care	0.27	0.51	-	-	12.11	-	-	-	-	-	2.40	11.82	2.09	5.37	3.02
Housing	-	-	-	-	0.16	-	-	-	-	-	0.09	-	-	0.15	-
Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	0.54	-	-	0.13	-
Residential Care	-	1.06	-	-	15.90	-	-	-	-	-	18.78	10.50	3.98	7.19	5.71
Respite Care	-	-	-	-	-	-	-	-	-	-	-	-	0.06	0.05	-
Transportation	34.21	45.75	18.57	35.33	31.11	15.68	-	-	-	24.32	40.44	16.88	33.37	41.09	20.14
Vocational	-	4.00	-	9.93	-	-	-	-	-	15.67	-	-	9.25	1.89	-
Total State Plan Services	386.08	516.48	543.62	364.68	425.39	221.84	-	942.52	-	379.62	521.17	425.85	397.51	515.28	442.73
Room and Board															
Room and Board - Collections	-	(0.13)	-	-	-	-	-	-	-	-	(3.11)	-	(0.51)	(0.83)	(2.24)
Room and Board - Costs	-	0.21	-	-	-	-	-	-	-	-	4.56	-	0.71	1.43	1.76
Total Room and Board	-	0.09	-	-	-	-	-	-	-	-	1.45	-	0.20	0.59	(0.49)
Grand Total	386.08	516.57	543.62	364.68	425.39	221.84	-	942.52	-	379.62	522.62	425.85	397.70	515.87	442.25
Composite PMPM		488.74			397.14			942.52			496.01			483.90	

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Developmentally Disabled**

Variable	Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	41.55			100.00%	41.55
DDNH Level of Care (Grid Component)					
Vent Dependent	5,791.96	0.0001	0.00798000	0.07%	4.32
DD1A	211.50	0.0001	0.01055000	3.26%	6.89
DD2	81.64	0.0001	0.05233000	62.01%	50.63
Restrictive Measures	1,521.80	0.0001	0.06596000	1.72%	26.13
High Cost (5 Parameters)	588.62	0.0001	0.01160000	1.02%	6.01
Number of IADLs (Grid Component)					
IADL_1-2	430.49	0.0010	0.00001086	8.42%	36.24
IADL_3	622.52	0.0001	0.05226000	12.42%	77.31
IADL_4	828.57	0.0001	0.02991000	17.02%	141.06
IADL_5	1,172.80	0.0001	0.00051971	27.40%	321.34
IADL_6	1,308.96	0.0001	0.11702000	34.63%	453.25
Specific ADLs / Equipment Used (Add-On)					
Eating_2	202.75	0.0001	0.01790000	19.46%	39.46
Toileting_1	99.66	0.0001	0.00000073	23.51%	23.43
Toileting_2	509.63	0.0001	0.01709000	20.76%	105.81
Transfer_1-2	251.13	0.0001	0.00132000	19.19%	48.18
Interaction Terms (Add-On)					
Bath_Equip_Eat	375.02	0.0001	0.00375000	29.87%	112.00
Dress_Bath_Equip	322.62	0.0001	0.00119000	36.65%	118.25
Transfer_Equip_Mobility	821.15	0.0001	0.00192000	4.92%	40.36
Autism_Schizophrenia	291.60	0.0001	0.00016763	0.71%	2.06
Brain Injury Pre-22_Schizophrenia	458.22	0.0001	0.00004536	0.28%	1.29
Cerebral Palsy_Depression	67.78	0.0241	0.00000507	2.88%	1.95
Mental Retardation_Anxiety Disorder	238.39	0.0001	0.00060650	20.44%	48.72
Mental Retardation_Bipolar	238.55	0.0001	0.00044416	4.71%	11.24
Mental Retardation_Other Mental Illness	401.86	0.0001	0.00275000	15.63%	62.82
Seizure Pre-22_Depression	302.01	0.0001	0.00035638	5.09%	15.36
Seizure Post-22_Bipolar	252.80	0.0006	0.00005017	0.37%	0.94
Seizure Post-22_Schizophrenia	177.26	0.0085	0.00002880	0.43%	0.77
Trauma BI Post-22_Depression	525.67	0.0001	0.00028104	1.36%	7.15
Other Federal DD_Bipolar	322.50	0.0001	0.00006689	0.61%	1.95
Other Federal DD_Schizophrenia	154.03	0.0052	0.00003089	0.65%	1.00
Behaviors_Autism	330.75	0.0001	0.00053993	3.89%	12.86
Injury_Mental Illness_Age Under 30	1,304.10	0.0001	0.00016238	0.44%	5.71
Injury_Overnight	646.08	0.0001	0.00111000	3.14%	20.31
Injury_Overnight_Mental Illness_Age Under 30	2,530.23	0.0001	0.00636000	0.28%	7.18
Muscular_Mental Illness_Age 60 and Under	308.17	0.0001	0.00015781	1.76%	5.41
Offensive2_Mobility1_Age 60 and Under	422.38	0.0001	0.00014858	0.85%	3.59
Overnight_Age Under 30	211.67	0.0001	0.00010940	4.70%	9.95
Overnight_Alzheimers_Dementia_Decision Making	200.80	0.0001	0.00048271	52.61%	105.64
Overnight_Mental Illness	617.08	0.0001	0.00143000	5.58%	34.41
Overnight_Mental Illness_Age Under 30	1,573.87	0.0001	0.00378000	1.08%	16.93
Restrictive Measures_Autism	1,448.42	0.0001	0.00039221	0.45%	6.54
Restrictive Measures_Behaviors	2,581.37	0.0001	0.00310000	0.93%	24.11
Behavioral Variables (Add-On)					
Communication_1	216.85	0.0001	0.00000040	1.14%	2.47
Mental Health_2-3	222.23	0.0001	0.01133000	48.15%	107.00
Offensive_1	546.57	0.0001	0.00164000	11.17%	61.04
Offensive_2	1,015.08	0.0001	0.00001327	10.22%	103.71
Offensive_3	2,028.32	0.0001	0.04069000	8.52%	172.80
Resistive_1	126.65	0.0001	0.00621000	9.18%	11.63
Substance Abuse Current	118.08	0.0001	0.00007712	3.59%	4.23
Wander_2	761.39	0.0001	0.00530000	3.55%	27.06
Medication Use (Add-On)					
Meds_2B	329.63	0.0001	0.00522000	60.52%	199.49
Health Related Services (Add-On)					
Dialysis	230.87	0.0118	0.00000053	0.24%	0.55
Exercise	249.08	0.0001	0.00119000	16.03%	39.93
Med Admin	463.67	0.0001	0.00140000	69.07%	320.26
Nursing	416.55	0.0001	0.00007978	0.25%	1.03
Ostomy	462.30	0.0001	0.00011159	0.65%	3.00
Overnight	395.13	0.0001	0.00354000	68.48%	270.58
Reposition	246.41	0.0001	0.00016732	6.63%	16.34
Respirate	349.06	0.0001	0.00072587	4.48%	15.65
Tracheostomy	2,080.38	0.0001	0.00079879	0.19%	3.96
Tube Feedings	232.01	0.0001	0.00006784	2.30%	5.34
Ulcer Stage 2	247.16	0.0006	0.00002856	0.38%	0.93
Ulcer Stage 3-4	457.58	0.0001	0.00005045	0.19%	0.86
Urinary	633.48	0.0001	0.00029652	0.76%	4.84
Diagnoses (Add-On)					
Brain Injury Pre-22	92.84	0.0001	0.00001160	5.30%	4.92
Cerebral Palsy	53.81	0.0004	0.00001333	14.03%	7.55
Prader Willi	696.68	0.0001	0.00016401	0.43%	2.98
Seizure Pre/Post-22	201.59	0.0023	0.00001804	0.44%	0.88

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Physically Disabled**

Variable	Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	372.74			100.00%	372.74
DD/NH Level of Care (Grid Component)					
Vent Dependent	3,819.10	0.0001	0.04368000	0.36%	13.85
SNF	373.67	0.0001	0.11444000	26.84%	100.30
Number of IADLs (Grid Component)					
IADL_1	165.45	0.0001	0.02190000	8.83%	14.61
IADL_2	371.40	0.0001	0.03100000	17.49%	64.97
IADL_3	439.68	0.0001	0.02885000	17.65%	77.62
IADL_4	659.55	0.0001	0.01403000	28.12%	185.46
IADL_5	748.10	0.0001	0.00011809	20.70%	154.86
IADL_6	1,013.65	0.0001	0.03015000	5.08%	51.48
Specific ADLs / Equipment Used (Add-On)					
Bathing_1	145.31	0.0001	0.00856000	35.13%	51.05
Bathing_2	296.46	0.0001	0.02055000	48.08%	142.54
Dressing_2	53.86	0.0001	0.01242000	33.15%	17.86
Eating_2	74.71	0.0001	0.00626000	8.17%	6.10
Toileting_1	147.59	0.0001	0.00016769	21.45%	31.65
Toileting_2	375.00	0.0001	0.01929000	23.66%	88.71
Transfer_2	426.88	0.0001	0.00663000	24.76%	105.68
Interaction Terms (Add-On)					
Dress_Bath_Equip	149.60	0.0001	0.00023306	62.24%	93.11
Transfer_Equip_Mobility	503.13	0.0001	0.00578000	7.24%	36.41
Seizure Post-22_Alcohol/Drug Abuse	123.21	0.0001	0.00004508	1.57%	1.93
Seizure Post-22_Other Mental Illness	262.45	0.0001	0.00068863	1.56%	4.09
Seizure Post-22_Schizophrenia	209.37	0.0001	0.00020848	0.88%	1.84
Trauma BI Post-22_Alcohol/Drug Abuse	306.69	0.0001	0.00080623	0.95%	2.93
Trauma BI Post-22_Depression	228.39	0.0001	0.00045937	1.94%	4.43
Trauma BI Post-22_Exercise	1,071.69	0.0001	0.00037547	0.09%	1.01
Trauma BI Post-22_Other Mental Illness	342.22	0.0001	0.00016476	0.68%	2.32
Disabled_Employment Assistance	180.02	0.0001	0.00128000	22.41%	40.35
Injury_Mental Illness	591.40	0.0001	0.00018847	0.19%	1.14
Mental Illness_3 or More Mental Disorders	96.40	0.0001	0.00017542	8.71%	8.39
Muscular_Mental Illness_Age 60 and Under	140.36	0.0001	0.00009142	2.07%	2.91
Offensive2_Mobility1_Age 60 and Under	1,037.59	0.0001	0.00050676	0.21%	2.15
Offensive3_Mobility2_Age 60 and Under	1,061.34	0.0001	0.00019890	0.10%	1.07
Overnight_Age Under 30	214.52	0.0001	0.00006204	0.47%	1.01
Overnight_Alzheimers_Dementia_Decision Making	51.49	0.0002	0.00001996	22.37%	11.52
Overnight_Mental Illness	250.20	0.0001	0.00047234	4.12%	10.30
Spinal Injury_Alcohol/Drug Abuse	928.36	0.0001	0.00069674	0.37%	3.44
Behavioral Variables (Add-On)					
Injury_1	149.68	0.0003	0.00034592	0.73%	1.09
Injury_2	428.69	0.0001	0.00071935	0.53%	2.27
Mental Health_2-3	112.29	0.0001	0.00348000	57.82%	64.93
Offensive_1-2	571.58	0.0001	0.00578000	5.12%	29.29
Offensive_3	1,274.80	0.0001	0.00396000	0.78%	9.97
Substance Abuse Current	255.29	0.0001	0.00287000	8.57%	21.88
Wander_2	300.43	0.0001	0.00017882	1.21%	3.63
Medication Use (Add-On)					
Meds_2A	61.19	0.0036	0.00030956	23.82%	14.58
Meds_2B	276.90	0.0001	0.00213000	38.06%	105.38
Health Related Services (Add-On)					
Dialysis	72.15	0.0007	0.00001798	3.26%	2.35
Exercise	105.75	0.0001	0.00138000	15.30%	16.18
Med Admin	100.03	0.0001	0.00007267	59.76%	59.78
Med Management	33.42	0.0006	0.00000145	31.69%	10.59
Ostomy	150.94	0.0001	0.00019349	1.01%	1.53
Overnight	322.38	0.0001	0.00472000	45.27%	145.96
Reposition	505.96	0.0001	0.00419000	9.32%	47.17
Respirate	208.75	0.0001	0.00146000	8.52%	17.79
Tracheostomy	2,937.47	0.0001	0.00892000	0.55%	16.25
Tube Feedings	168.88	0.0001	0.00006243	1.18%	2.00
Ulcer Stage 2	230.20	0.0001	0.00027023	1.79%	4.13
Ulcer Stage 3-4	656.43	0.0001	0.00140000	1.41%	9.25
Urinary	551.49	0.0001	0.00141000	1.98%	10.90
Wound	161.27	0.0001	0.00019636	5.01%	8.07
Diagnoses (Add-On)					
Alzheimers	117.36	0.0001	0.00002509	19.12%	22.44
Cerebral Palsy	268.84	0.0001	0.00015442	0.67%	1.81
Mental Illness	97.39	0.0001	0.00104000	23.10%	22.50
Seizure Pre-22	119.31	0.0001	0.00006444	1.40%	1.66

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Frail Elderly**

Variable	Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	260.29			100.00%	260.29
DD/NH Level of Care (Grid Component)					
Vent Dependent	1,169.87	0.0001	0.00111000	0.08%	0.96
Dual Enrollee	125.84	0.0009	0.00005900	99.36%	125.03
SNF	354.06	0.0001	0.09795000	26.41%	93.49
Number of IADLs (Grid Component)					
IADL_1	167.11	0.0001	0.02663000	3.84%	6.42
IADL_2	406.24	0.0001	0.04300000	9.27%	37.65
IADL_3	550.96	0.0001	0.03939000	12.90%	71.10
IADL_4-5-6	678.69	0.0001	0.00895000	73.37%	497.93
Specific ADLs / Equipment Used (Add-On)					
Bathing_1	160.23	0.0001	0.01335000	26.07%	41.77
Bathing_2	303.94	0.0001	0.02575000	62.35%	189.51
Eating_2	49.00	0.0001	0.01652000	10.76%	5.27
Toileting_1	221.98	0.0001	0.00027820	22.67%	50.33
Toileting_2	600.54	0.0001	0.04005000	29.43%	176.71
Transfer_1-2	103.69	0.0001	0.00099011	43.16%	44.76
Interaction Terms (Add-On)					
Bath_Equip_Eat	33.69	0.0001	0.00055561	34.57%	11.65
Dress_Bath_Equip	146.07	0.0001	0.00074443	68.10%	99.48
Transfer_Equip_Mobility	567.02	0.0001	0.01005000	5.79%	32.84
Seizure Post-22_Schizophrenia	585.29	0.0001	0.00146000	0.45%	2.61
Trauma BI Post-22_Anxiety Disorder	341.26	0.0001	0.00015735	0.15%	0.51
Mental Illness_3 or More Mental Disorders	155.63	0.0001	0.00167000	3.47%	5.40
Overnight_Mental Illness	47.50	0.0269	0.00001739	3.02%	1.44
Behavioral Variables (Add-On)					
Injury_1-2	93.49	0.0150	0.00015711	0.64%	0.60
Mental Health_2-3	141.34	0.0001	0.00375000	50.47%	71.34
Offensive_1-2-3	224.09	0.0001	0.00138000	6.86%	15.37
Substance Abuse Current	309.75	0.0001	0.00104000	2.13%	6.60
Wander_2	79.74	0.0001	0.00005433	3.70%	2.95
Medication Use (Add-On)					
Meds_2B	215.96	0.0001	0.00608000	63.46%	137.04
Health Related Services (Add-On)					
Dialysis	119.35	0.0001	0.00003865	1.30%	1.55
Exercise	26.68	0.0035	0.00019762	14.36%	3.83
Med Admin	183.43	0.0001	0.00074203	77.63%	142.40
Med Management	75.90	0.0001	0.00034564	34.01%	25.82
Overnight	264.84	0.0001	0.00339000	63.90%	169.23
Reposition	424.10	0.0001	0.00350000	7.48%	31.74
Respirate	53.10	0.0001	0.00007929	7.27%	3.86
Tube Feedings	419.82	0.0001	0.00035370	0.54%	2.28
Ulcer Stage 2	299.53	0.0001	0.00043077	1.23%	3.70
Ulcer Stage 3-4	368.98	0.0001	0.00019573	0.39%	1.45
Diagnoses (Add-On)					
Alzheimers	127.15	0.0001	0.00105000	50.10%	63.70
Mental Illness	153.43	0.0001	0.00069783	9.54%	14.63

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Developmentally Disabled - by MCO/GSR**

Variable	Proportion with Variable - Base Cohort Population						
	Care WI (GSR 5)	Care WI (GSR 5-6)	CCCW (GSR 4)	CCI (GSR 6)	CCI (GSR 5-6)	CCI (GSR 8)	CCI (GSR 10)
Intercept (Grid Component)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)							
Vent Dependent	0.08%	0.00%	0.07%	0.00%	0.00%	0.00%	0.12%
DD1A	3.26%	1.72%	2.87%	2.10%	1.30%	3.02%	2.37%
DD2	55.98%	55.56%	62.01%	61.09%	58.10%	56.45%	56.21%
Restrictive Measures	2.56%	1.72%	1.24%	1.16%	4.10%	0.81%	1.66%
High Cost (5 Parameters)	1.40%	2.91%	1.17%	1.26%	1.86%	1.16%	1.78%
Number of IADLs (Grid Component)							
IADL_1-2	6.52%	4.89%	11.10%	9.25%	5.59%	4.07%	9.70%
IADL_3	10.17%	8.33%	13.90%	16.09%	9.87%	11.03%	17.04%
IADL_4	15.37%	14.68%	16.84%	19.03%	17.13%	15.45%	19.41%
IADL_5	27.48%	32.01%	22.39%	26.81%	27.37%	26.71%	23.08%
IADL_6	40.30%	39.95%	35.57%	28.71%	40.04%	42.74%	30.77%
Specific ADLs / Equipment Used (Add-On)							
Eating_2	26.79%	25.93%	22.39%	17.77%	21.04%	18.58%	19.41%
Toileting_1	23.91%	25.79%	24.87%	26.71%	25.33%	27.41%	28.28%
Toileting_2	27.17%	25.53%	19.32%	15.77%	18.44%	21.37%	13.25%
Transfer_1-2	23.60%	19.84%	18.67%	17.46%	15.08%	19.40%	15.98%
Interaction Terms (Add-On)							
Bath_Equip_Eat	38.28%	32.94%	30.55%	27.44%	28.12%	25.55%	30.06%
Dress_Bath_Equip	45.73%	41.01%	35.70%	35.02%	35.01%	32.98%	34.44%
Transfer_Equip_Mobility	6.44%	5.56%	5.09%	3.36%	4.10%	4.99%	3.91%
Autism_Schizophrenia	0.93%	0.79%	0.20%	0.84%	0.56%	1.39%	0.36%
Brain Injury Pre-22_Schizophrenia	0.31%	0.26%	0.20%	0.32%	0.19%	0.93%	0.24%
Cerebral Palsy_Depression	3.03%	2.91%	2.61%	3.58%	1.49%	2.67%	1.66%
Mental Retardation_Anxiety Disorder	25.31%	20.90%	18.80%	21.14%	20.48%	17.07%	26.63%
Mental Retardation_Bipolar	7.30%	4.50%	4.31%	4.10%	3.72%	6.50%	5.33%
Mental Retardation_Other Mental Illness	13.74%	14.68%	14.69%	16.30%	16.76%	14.87%	15.50%
Seizure Pre-22_Depression	6.21%	5.03%	5.29%	4.52%	5.59%	3.95%	5.21%
Seizure Post-22_Bipolar	0.39%	0.40%	0.39%	0.21%	0.56%	0.81%	0.24%
Seizure Post-22_Schizophrenia	0.31%	0.26%	0.26%	0.11%	0.56%	0.46%	0.00%
Trauma BI Post-22_Depression	2.10%	3.17%	1.31%	1.89%	1.30%	3.14%	1.42%
Other Federal DD_Bipolar	0.85%	1.46%	1.31%	0.53%	1.68%	1.05%	0.95%
Other Federal DD_Schizophrenia	1.01%	0.00%	0.78%	0.21%	0.56%	0.46%	0.00%
Behaviors_Autism	4.04%	6.48%	2.74%	3.58%	8.01%	6.50%	6.15%
Injury_Mental Illness_Age Under 30	0.62%	1.59%	0.33%	1.05%	0.56%	0.12%	0.36%
Injury_Overnight	3.49%	4.76%	2.42%	3.68%	7.08%	3.72%	5.33%
Injury_Overnight_Mental Illness_Age Under 30	0.62%	1.19%	0.33%	0.63%	0.37%	0.12%	0.24%
Muscular_Mental Illness_Age 60 and Under	1.94%	2.12%	2.55%	1.58%	2.05%	1.63%	2.96%
Offensive2_Mobility1_Age 60 and Under	1.09%	1.06%	1.24%	0.21%	0.74%	0.70%	0.59%
Overnight_Age Under 30	5.12%	5.56%	5.22%	4.63%	6.89%	5.57%	4.38%
Overnight_Alzheimers_Dementia_Decision Making	58.85%	64.02%	51.89%	49.11%	64.80%	61.44%	53.37%
Overnight_Mental Illness	10.09%	9.13%	6.14%	5.68%	6.15%	8.01%	6.63%
Overnight_Mental Illness_Age Under 30	2.02%	1.98%	1.44%	1.68%	2.05%	1.39%	0.83%
Restrictive Measures_Autism	0.62%	0.40%	0.78%	0.63%	0.56%	0.35%	0.24%
Restrictive Measures_Behaviors	1.40%	0.93%	0.91%	0.84%	2.79%	0.70%	1.42%
Behavioral Variables (Add-On)							
Communication_1	0.78%	0.79%	1.31%	1.05%	1.12%	0.58%	0.71%
Mental Health_2-3	54.81%	53.31%	51.17%	48.90%	45.25%	45.99%	52.90%
Offensive_1	14.60%	15.21%	8.88%	4.10%	5.77%	7.67%	7.81%
Offensive_2	16.30%	13.23%	7.90%	7.05%	11.36%	9.87%	9.11%
Offensive_3	8.93%	12.57%	7.70%	12.09%	18.06%	13.24%	15.62%
Resistive_1	12.42%	13.10%	10.31%	4.42%	10.80%	5.69%	6.15%
Substance Abuse Current	3.65%	3.70%	3.52%	2.84%	1.49%	7.90%	3.08%
Wander_2	2.95%	4.76%	3.85%	2.52%	5.21%	2.67%	4.02%
Medication Use (Add-On)							
Meds_2B	68.32%	66.80%	53.79%	66.46%	72.07%	72.47%	64.50%
Health Related Services (Add-On)							
Dialysis	0.39%	0.00%	0.20%	0.00%	0.00%	0.58%	0.12%
Exercise	22.75%	23.41%	14.30%	8.62%	13.41%	8.94%	8.05%
Med Admin	75.08%	75.00%	62.86%	67.09%	74.67%	76.31%	66.98%
Nursing	0.47%	0.00%	0.00%	0.00%	0.00%	0.12%	0.00%
Ostomy	0.31%	0.13%	0.78%	0.32%	0.37%	0.58%	0.47%
Overnight	78.34%	81.08%	64.16%	67.19%	79.52%	73.87%	68.40%
Reposition	8.23%	7.14%	8.29%	5.68%	7.26%	7.67%	4.97%
Respirate	4.19%	4.50%	4.77%	4.31%	3.35%	4.30%	4.26%
Tracheostomy	0.16%	0.26%	0.39%	0.11%	0.00%	0.12%	0.00%
Tube Feedings	2.64%	2.38%	2.09%	1.68%	2.05%	2.79%	1.78%
Ulcer Stage 2	0.08%	0.53%	0.26%	0.11%	0.37%	0.35%	0.00%
Ulcer Stage 3-4	0.16%	0.13%	0.20%	0.00%	0.19%	0.58%	0.12%
Urinary	1.01%	0.93%	0.98%	1.16%	0.93%	0.58%	0.71%
Diagnoses (Add-On)							
Brain Injury Pre-22	4.89%	7.41%	4.83%	5.36%	4.84%	6.50%	6.63%
Cerebral Palsy	12.42%	12.96%	14.62%	14.09%	12.66%	14.40%	13.37%
Prader Willi	0.39%	0.26%	0.26%	0.84%	0.74%	0.23%	0.59%
Seizure Pre/Post-22	0.39%	0.40%	0.59%	0.11%	0.00%	0.23%	0.24%

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Developmentally Disabled - by MCO/GSR**

Variable	Proportion with Variable - Base Cohort Population						
	CCI (GSR 11)	ContinuUs (GSR 1)	ContinuUs (GSR 3)	LCD (GSR 9)	MCDFC (GSR 8)	MCDFC (GSR 11)	WWC (GSR 2)
Intercept (Grid Component)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)							
Vent Dependent	0.19%	0.00%	0.00%	0.00%	0.05%	0.18%	0.00%
DD1A	2.62%	3.14%	2.14%	3.36%	4.29%	2.69%	4.02%
DD2	61.12%	61.43%	66.60%	67.13%	72.49%	60.95%	58.46%
Restrictive Measures	1.31%	2.10%	1.18%	1.89%	1.34%	1.35%	2.50%
High Cost (5 Parameters)	1.21%	1.05%	0.86%	1.03%	0.70%	1.17%	1.18%
Number of IADLs (Grid Component)							
IADL_1-2	3.46%	9.62%	12.53%	7.57%	5.52%	3.50%	9.64%
IADL_3	12.80%	12.19%	14.78%	10.50%	10.19%	12.66%	11.86%
IADL_4	18.22%	17.14%	16.27%	16.27%	16.35%	18.40%	17.55%
IADL_5	25.33%	25.71%	26.98%	28.83%	34.32%	25.31%	29.40%
IADL_6	40.19%	35.14%	29.12%	36.83%	33.57%	40.13%	31.55%
Specific ADLs / Equipment Used (Add-On)							
Eating_2	20.09%	22.48%	18.20%	20.83%	16.25%	19.84%	20.39%
Toileting_1	28.79%	23.81%	17.45%	25.04%	23.38%	28.82%	23.23%
Toileting_2	18.97%	23.71%	20.99%	19.88%	22.84%	18.94%	21.29%
Transfer_1-2	19.44%	19.43%	19.70%	17.30%	21.45%	19.75%	20.32%
Interaction Terms (Add-On)							
Bath_Equip_Eat	33.18%	34.29%	24.95%	31.93%	29.17%	32.76%	31.14%
Dress_Bath_Equip	37.66%	42.67%	32.76%	37.09%	40.43%	37.52%	37.79%
Transfer_Equip_Mobility	4.39%	5.05%	4.07%	5.51%	5.63%	4.58%	5.76%
Autism_Schizophrenia	0.75%	0.67%	0.54%	0.77%	1.18%	0.72%	1.18%
Brain Injury Pre-22_Schizophrenia	0.28%	0.67%	0.21%	0.34%	0.75%	0.27%	0.42%
Cerebral Palsy_Depression	2.06%	3.52%	4.28%	3.36%	2.52%	2.24%	3.95%
Mental Retardation_Anxiety Disorder	12.80%	24.76%	24.09%	25.30%	18.61%	13.02%	23.23%
Mental Retardation_Bipolar	5.89%	5.05%	5.25%	5.77%	5.58%	6.10%	4.37%
Mental Retardation_Other Mental Illness	13.55%	20.38%	15.31%	16.01%	19.79%	13.55%	14.84%
Seizure Pre-22_Depression	3.27%	6.57%	6.10%	7.31%	5.42%	3.41%	5.27%
Seizure Post-22_Bipolar	0.84%	0.38%	0.21%	0.34%	0.54%	0.81%	0.14%
Seizure Post-22_Schizophrenia	0.56%	0.19%	0.75%	0.34%	0.97%	0.63%	0.42%
Trauma BI Post-22_Depression	2.90%	0.95%	0.86%	1.03%	1.72%	2.96%	0.55%
Other Federal DD_Bipolar	1.12%	1.90%	1.28%	0.43%	0.59%	1.08%	0.62%
Other Federal DD_Schizophrenia	1.12%	1.62%	1.50%	0.09%	0.64%	1.17%	0.62%
Behaviors_Autism	4.77%	3.33%	2.68%	2.67%	2.14%	4.67%	5.06%
Injury_Mental Illness_Age Under 30	0.65%	0.10%	0.21%	0.52%	0.27%	0.63%	0.42%
Injury_Overnight	5.05%	3.62%	1.28%	2.50%	1.82%	4.85%	3.81%
Injury_Overnight_Mental Illness_Age Under 30	0.56%	0.00%	0.11%	0.43%	0.21%	0.54%	0.28%
Muscular_Mental Illness_Age 60 and Under	1.50%	3.43%	2.57%	2.15%	2.63%	1.44%	3.26%
Offensive2_Mobility1_Age 60 and Under	0.47%	2.29%	0.75%	1.46%	0.48%	0.45%	1.80%
Overnight_Age Under 30	4.67%	4.38%	4.28%	4.73%	2.95%	4.76%	5.27%
Overnight_Alzheimers_Dementia_Decision Making	56.64%	58.67%	48.72%	56.28%	54.48%	57.09%	56.17%
Overnight_Mental Illness	4.95%	7.05%	5.35%	6.20%	8.58%	5.21%	5.48%
Overnight_Mental Illness_Age Under 30	1.21%	0.95%	1.07%	1.12%	1.02%	1.26%	1.39%
Restrictive Measures_Autism	0.37%	0.76%	0.32%	0.69%	0.11%	0.36%	0.76%
Restrictive Measures_Behaviors	0.93%	0.95%	0.54%	0.60%	0.80%	0.90%	1.73%
Behavioral Variables (Add-On)							
Communication_1	0.65%	1.24%	1.50%	0.95%	0.64%	0.63%	0.83%
Mental Health_2-3	42.43%	60.38%	51.71%	50.17%	49.06%	43.27%	52.91%
Offensive_1	6.07%	14.76%	15.85%	13.68%	10.99%	6.28%	9.92%
Offensive_2	7.57%	14.10%	9.21%	10.84%	5.79%	7.81%	12.41%
Offensive_3	12.43%	5.71%	4.71%	4.73%	3.86%	12.12%	9.57%
Resistive_1	6.82%	10.29%	9.21%	8.26%	5.74%	6.73%	12.76%
Substance Abuse Current	3.55%	5.24%	3.21%	2.93%	2.90%	3.68%	5.89%
Wander_2	3.93%	5.71%	3.85%	2.32%	3.16%	3.95%	4.58%
Medication Use (Add-On)							
Meds_2B	75.33%	61.81%	52.25%	59.81%	68.47%	74.78%	66.50%
Health Related Services (Add-On)							
Dialysis	0.28%	0.29%	0.32%	0.09%	0.43%	0.27%	0.62%
Exercise	7.38%	17.24%	11.46%	11.10%	6.86%	7.45%	16.23%
Med Admin	77.57%	70.19%	61.78%	68.67%	76.46%	77.20%	68.24%
Nursing	0.00%	0.00%	0.21%	0.00%	0.05%	0.00%	0.28%
Ostomy	0.28%	0.95%	0.43%	0.77%	0.80%	0.27%	0.90%
Overnight	74.58%	69.81%	65.10%	75.65%	69.92%	74.87%	70.25%
Reposition	6.26%	6.38%	5.78%	5.16%	7.88%	6.46%	6.38%
Respirate	3.08%	8.67%	4.39%	5.16%	3.59%	3.14%	7.00%
Tracheostomy	0.47%	0.19%	0.11%	0.26%	0.11%	0.45%	0.35%
Tube Feedings	2.71%	1.90%	1.61%	2.07%	2.73%	2.87%	2.36%
Ulcer Stage 2	0.37%	0.67%	0.21%	0.52%	0.32%	0.45%	1.04%
Ulcer Stage 3-4	0.09%	0.48%	0.21%	0.09%	0.16%	0.09%	0.21%
Urinary	0.56%	0.76%	0.54%	0.52%	0.86%	0.54%	1.18%
Diagnoses (Add-On)							
Brain Injury Pre-22	5.70%	7.33%	5.14%	3.27%	5.79%	5.75%	4.99%
Cerebral Palsy	14.30%	12.00%	14.03%	15.23%	13.14%	14.36%	15.88%
Prader Willi	0.65%	0.19%	0.64%	0.34%	0.27%	0.63%	0.62%
Seizure Pre/Post-22	0.19%	0.38%	1.07%	0.60%	0.54%	0.27%	0.49%

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Physically Disabled - by MCO/GSR**

Variable	Proportion with Variable - Base Cohort Population						
	Care WI (GSR 5)	Care WI (GSR 5-6)	CCCW (GSR 4)	CCI (GSR 6)	CCI (GSR 5-6)	CCI (GSR 8)	CCI (GSR 10)
Intercept (Grid Component)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)							
Vent Dependent	0.86%	0.73%	0.68%	0.87%	0.00%	0.42%	0.37%
SNF	27.59%	33.21%	24.18%	27.25%	32.02%	25.38%	24.72%
Number of IADLs (Grid Component)							
IADL_1	11.42%	4.38%	11.75%	15.07%	6.58%	9.07%	14.23%
IADL_2	12.93%	11.31%	17.35%	16.81%	16.23%	18.55%	20.97%
IADL_3	17.67%	14.60%	16.26%	15.07%	17.98%	18.13%	14.98%
IADL_4	22.41%	27.01%	18.31%	22.61%	29.39%	20.78%	20.22%
IADL_5	23.71%	32.12%	23.50%	18.84%	18.86%	23.99%	19.48%
IADL_6	8.41%	7.66%	10.66%	8.70%	9.21%	7.95%	6.74%
Specific ADLs / Equipment Used (Add-On)							
Bathing_1	33.84%	25.91%	34.56%	35.65%	39.04%	54.11%	53.93%
Bathing_2	53.88%	65.33%	45.22%	47.25%	48.68%	37.94%	34.83%
Dressing_2	37.50%	45.62%	28.14%	33.62%	37.28%	29.71%	23.22%
Eating_2	12.07%	14.23%	10.25%	9.86%	12.72%	7.53%	8.99%
Toileting_1	27.59%	21.17%	20.63%	24.06%	22.37%	29.85%	35.58%
Toileting_2	31.25%	39.42%	24.04%	26.38%	23.25%	18.13%	13.48%
Transfer_2	35.13%	41.61%	25.41%	33.62%	25.88%	22.04%	22.85%
Interaction Terms (Add-On)							
Dress_Bath_Equip	70.26%	64.96%	59.15%	59.13%	66.23%	65.13%	67.42%
Transfer_Equip_Mobility	10.34%	10.58%	7.65%	7.54%	7.46%	5.72%	4.87%
Seizure Post-22_Alcohol/Drug Abuse	1.08%	0.73%	1.50%	2.61%	1.75%	3.21%	2.25%
Seizure Post-22_Other Mental Illness	1.08%	0.73%	2.73%	1.74%	2.19%	2.09%	1.12%
Seizure Post-22_Schizophrenia	0.43%	0.36%	0.41%	0.00%	0.88%	1.39%	1.12%
Trauma BI Post-22_Alcohol/Drug Abuse	0.43%	0.36%	0.41%	1.16%	0.44%	0.98%	0.75%
Trauma BI Post-22_Depression	0.65%	2.19%	2.05%	2.61%	2.63%	1.12%	1.87%
Trauma BI Post-22_Exercise	0.00%	0.00%	0.27%	0.29%	0.44%	0.00%	0.00%
Trauma BI Post-22_Other Mental Illness	0.22%	0.00%	0.55%	0.87%	1.75%	0.42%	0.37%
Disabled_Employment Assistance	29.09%	24.09%	36.89%	31.88%	32.46%	46.30%	29.21%
Injury_Mental Illness	0.22%	0.00%	0.14%	0.00%	0.44%	0.00%	0.37%
Mental Illness_3 or More Mental Disorders	9.91%	8.03%	10.38%	10.14%	12.28%	7.67%	9.74%
Muscular_Mental Illness_Age 60 and Under	1.94%	2.55%	4.37%	2.90%	2.63%	2.09%	1.50%
Offensive2_Mobility1_Age 60 and Under	0.22%	0.73%	0.55%	0.00%	0.88%	0.00%	0.75%
Offensive3_Mobility2_Age 60 and Under	0.00%	0.00%	0.14%	0.00%	0.88%	0.00%	0.00%
Overnight_Age Under 30	0.86%	0.73%	0.82%	2.03%	0.88%	0.28%	1.12%
Overnight_Alzheimers_Dementia_Decision Making	24.35%	30.66%	19.81%	19.42%	27.63%	19.53%	22.47%
Overnight_Mental Illness	8.84%	6.93%	5.60%	3.77%	6.14%	3.91%	4.87%
Spinal Injury_Alcohol/Drug Abuse	0.22%	0.00%	0.82%	0.58%	0.88%	0.70%	0.75%
Behavioral Variables (Add-On)							
Injury_1	1.08%	1.09%	0.27%	1.16%	0.88%	0.70%	0.37%
Injury_2	0.86%	0.36%	1.37%	0.87%	0.44%	0.14%	0.75%
Mental Health_2-3	66.16%	70.07%	73.22%	62.32%	68.42%	47.14%	71.91%
Offensive_1-2	8.41%	6.93%	5.74%	4.06%	4.82%	3.21%	7.12%
Offensive_3	0.65%	0.36%	0.96%	2.03%	2.19%	0.28%	2.25%
Substance Abuse Current	8.62%	12.04%	11.48%	7.54%	10.09%	14.78%	15.36%
Wander_2	1.51%	2.19%	1.64%	0.00%	0.88%	1.67%	2.25%
Medication Use (Add-On)							
Meds_2A	19.61%	24.09%	18.72%	13.04%	17.98%	19.80%	16.10%
Meds_2B	38.58%	46.72%	37.02%	45.22%	44.30%	45.33%	41.95%
Health Related Services (Add-On)							
Dialysis	4.09%	5.11%	3.42%	4.93%	3.07%	7.11%	3.00%
Exercise	35.56%	28.10%	16.80%	16.81%	14.47%	13.11%	11.99%
Med Admin	57.54%	68.25%	54.37%	55.65%	61.84%	62.76%	55.81%
Med Management	24.14%	33.94%	21.72%	22.32%	37.28%	23.71%	19.48%
Ostomy	1.08%	1.09%	1.37%	1.45%	1.75%	0.84%	0.75%
Overnight	64.22%	74.82%	55.74%	59.13%	56.14%	50.21%	52.06%
Reposition	13.79%	13.14%	12.02%	15.07%	12.72%	8.09%	5.99%
Respirate	9.05%	11.31%	8.88%	9.28%	11.40%	8.09%	10.49%
Tracheostomy	0.65%	1.46%	0.96%	0.87%	0.44%	1.12%	0.37%
Tube Feedings	1.72%	1.82%	1.23%	1.16%	0.88%	1.53%	0.75%
Ulcer Stage 2	3.45%	2.92%	2.32%	2.03%	2.63%	1.26%	1.12%
Ulcer Stage 3-4	2.16%	2.19%	2.32%	2.61%	3.07%	1.26%	1.12%
Urinary	2.16%	4.01%	3.69%	5.51%	3.07%	3.21%	1.50%
Wound	3.88%	6.57%	5.33%	3.19%	4.39%	4.18%	5.24%
Diagnoses (Add-On)							
Alzheimers	16.16%	19.71%	12.16%	14.20%	22.37%	11.72%	14.61%
Cerebral Palsy	0.00%	0.73%	0.82%	1.16%	0.00%	0.14%	1.12%
Mental Illness	27.16%	20.44%	25.68%	22.90%	28.07%	20.08%	28.46%
Seizure Pre-22	1.51%	1.09%	1.78%	1.74%	0.88%	1.12%	0.75%

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Physically Disabled - by MCO/GSR**

Variable	Proportion with Variable - Base Cohort Population						
	CCI (GSR 11)	ContinuUs (GSR 1)	ContinuUs (GSR 3)	LCD (GSR 9)	MCDFC (GSR 8)	MCDFC (GSR 11)	WWC (GSR 2)
Intercept (Grid Component)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)							
Vent Dependent	0.54%	0.90%	0.00%	0.12%	0.14%	0.48%	0.00%
SNF	19.96%	24.47%	29.56%	27.76%	23.36%	20.48%	25.22%
Number of IADLs (Grid Component)							
IADL_1	12.59%	13.06%	13.30%	8.05%	8.19%	11.94%	12.73%
IADL_2	18.17%	19.67%	18.72%	13.22%	18.81%	18.06%	20.31%
IADL_3	18.17%	14.26%	19.87%	17.19%	18.78%	18.55%	19.50%
IADL_4	22.12%	23.12%	21.02%	30.77%	30.53%	22.58%	21.84%
IADL_5	19.78%	19.82%	15.44%	23.56%	20.11%	20.16%	17.24%
IADL_6	7.01%	7.21%	7.55%	6.01%	2.67%	6.61%	4.11%
Specific ADLs / Equipment Used (Add-On)							
Bathing_1	48.56%	42.04%	36.45%	39.78%	39.47%	48.39%	35.05%
Bathing_2	36.33%	42.49%	46.96%	44.47%	49.42%	37.10%	33.52%
Dressing_2	27.34%	30.93%	34.98%	31.13%	36.11%	28.87%	17.65%
Eating_2	8.45%	9.61%	7.72%	9.25%	7.50%	8.71%	5.24%
Toileting_1	27.16%	21.02%	22.82%	29.21%	22.94%	27.90%	19.10%
Toileting_2	18.53%	24.32%	24.30%	25.60%	23.47%	19.35%	14.59%
Transfer_2	21.40%	22.67%	25.45%	27.52%	22.61%	22.10%	16.28%
Interaction Terms (Add-On)							
Dress_Bath_Equip	66.55%	64.41%	64.37%	59.38%	68.50%	66.29%	48.03%
Transfer_Equip_Mobility	5.76%	7.96%	8.37%	9.01%	6.36%	5.48%	5.64%
Seizure Post-22_Alcohol/Drug Abuse	2.34%	2.40%	1.31%	2.04%	1.44%	2.26%	1.61%
Seizure Post-22_Other Mental Illness	1.44%	3.45%	1.97%	2.88%	1.53%	1.29%	2.10%
Seizure Post-22_Schizophrenia	0.72%	0.75%	0.33%	0.36%	1.25%	0.81%	0.97%
Trauma BI Post-22_Alcohol/Drug Abuse	0.54%	1.50%	0.99%	0.72%	0.67%	0.65%	2.10%
Trauma BI Post-22_Depression	0.90%	4.50%	3.61%	2.16%	1.22%	1.45%	4.27%
Trauma BI Post-22_Exercise	0.00%	0.15%	0.16%	0.00%	0.06%	0.00%	0.24%
Trauma BI Post-22_Other Mental Illness	0.00%	1.50%	0.99%	1.32%	0.39%	0.16%	1.61%
Disabled_Employment Assistance	42.81%	27.48%	27.91%	27.28%	12.28%	43.06%	37.79%
Injury_Mental Illness	0.36%	0.75%	0.49%	0.00%	0.06%	0.32%	0.56%
Mental Illness_3 or More Mental Disorders	12.77%	18.02%	8.21%	11.30%	7.86%	12.74%	14.91%
Muscular_Mental Illness_Age 60 and Under	3.96%	6.91%	2.46%	4.21%	1.11%	4.19%	5.40%
Offensive2_Mobility1_Age 60 and Under	0.00%	0.75%	0.00%	0.12%	0.06%	0.00%	0.16%
Offensive3_Mobility2_Age 60 and Under	0.18%	0.30%	0.00%	0.00%	0.00%	0.16%	0.08%
Overnight_Age Under 30	0.72%	1.05%	1.15%	0.48%	0.11%	0.65%	0.48%
Overnight_Alzheimers_Dementia_Decision Making	18.53%	20.42%	21.02%	25.00%	23.78%	18.55%	18.13%
Overnight_Mental Illness	4.14%	5.86%	5.42%	9.62%	3.81%	4.03%	6.04%
Spinal Injury_Alcohol/Drug Abuse	0.90%	0.75%	0.33%	0.60%	0.36%	0.81%	0.16%
Behavioral Variables (Add-On)							
Injury_1	0.36%	1.05%	1.48%	1.56%	0.42%	0.32%	1.21%
Injury_2	0.18%	0.75%	0.66%	0.24%	0.14%	0.16%	0.73%
Mental Health_2-3	55.76%	72.07%	58.13%	72.72%	50.97%	55.48%	73.65%
Offensive_1-2	3.06%	7.96%	7.39%	5.41%	3.67%	3.23%	3.71%
Offensive_3	1.26%	1.05%	0.99%	0.96%	0.28%	1.29%	1.37%
Substance Abuse Current	8.09%	12.91%	9.69%	11.78%	6.94%	7.74%	16.20%
Wander_2	0.18%	1.20%	1.97%	1.20%	1.14%	0.16%	1.37%
Medication Use (Add-On)							
Meds_2A	12.59%	21.77%	26.44%	24.76%	22.11%	14.35%	8.62%
Meds_2B	43.88%	37.99%	30.71%	43.87%	41.92%	42.58%	42.47%
Health Related Services (Add-On)							
Dialysis	2.88%	3.60%	4.11%	2.28%	3.92%	2.90%	3.30%
Exercise	10.43%	17.12%	17.08%	10.58%	7.64%	10.97%	12.49%
Med Admin	56.12%	56.31%	54.35%	66.95%	62.53%	56.45%	49.88%
Med Management	20.68%	26.43%	22.33%	27.28%	31.28%	20.97%	20.47%
Ostomy	1.44%	1.35%	0.99%	1.32%	0.81%	1.45%	1.29%
Overnight	48.74%	50.45%	49.75%	61.54%	40.28%	49.35%	45.12%
Reposition	8.63%	9.76%	7.22%	8.77%	8.28%	8.71%	7.17%
Respirate	7.19%	11.11%	9.52%	9.50%	6.92%	7.10%	7.98%
Tracheostomy	1.26%	0.90%	0.99%	0.60%	0.33%	1.13%	0.32%
Tube Feedings	1.44%	1.80%	0.66%	1.20%	1.08%	1.61%	0.48%
Ulcer Stage 2	0.72%	2.85%	2.46%	0.96%	1.36%	0.81%	1.37%
Ulcer Stage 3-4	1.26%	2.10%	2.30%	1.08%	1.19%	1.29%	1.53%
Urinary	1.44%	1.65%	3.61%	1.08%	0.97%	1.45%	3.30%
Wound	4.14%	4.65%	8.37%	7.45%	3.28%	4.35%	6.69%
Diagnoses (Add-On)							
Alzheimers	14.93%	12.31%	14.12%	18.27%	23.00%	14.35%	12.57%
Cerebral Palsy	0.54%	1.50%	0.82%	1.80%	0.36%	0.48%	0.32%
Mental Illness	25.90%	28.08%	20.85%	39.18%	20.89%	26.77%	33.28%
Seizure Pre-22	1.62%	1.05%	1.48%	1.08%	1.56%	1.61%	1.21%

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Frail Elderly - by MCO/GSR**

Variable	Proportion with Variable - Base Cohort Population						
	Care WI (GSR 5)	Care WI (GSR 5-6)	CCCW (GSR 4)	CCI (GSR 6)	CCI (GSR 5-6)	CCI (GSR 8)	CCI (GSR 10)
Intercept (Grid Component)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)							
Vent Dependent	0.00%	0.00%	0.09%	0.00%	0.00%	0.00%	0.00%
Dual Enrollee	99.14%	99.55%	99.62%	98.67%	99.69%	97.15%	98.63%
SNF	27.16%	31.83%	22.42%	20.64%	28.93%	19.57%	20.73%
Number of IADLs (Grid Component)							
IADL_1	2.80%	1.13%	3.50%	2.27%	1.57%	6.05%	5.01%
IADL_2	4.09%	4.97%	8.61%	8.33%	3.77%	7.12%	9.11%
IADL_3	9.70%	7.00%	11.54%	10.80%	11.32%	15.30%	10.25%
IADL_4-5-6	82.76%	86.91%	75.88%	78.60%	83.02%	69.75%	74.72%
Specific ADLs / Equipment Used (Add-On)							
Bathing_1	16.81%	14.22%	23.08%	28.60%	23.90%	46.62%	36.45%
Bathing_2	75.86%	79.23%	67.46%	64.77%	64.78%	46.98%	54.44%
Eating_2	16.16%	14.45%	12.77%	13.26%	11.01%	8.19%	12.98%
Toileting_1	27.16%	20.54%	24.31%	33.33%	24.21%	30.60%	30.75%
Toileting_2	41.59%	43.34%	35.76%	28.60%	27.36%	19.93%	22.10%
Transfer_1-2	61.64%	53.72%	50.61%	48.48%	38.99%	40.93%	41.69%
Interaction Terms (Add-On)							
Bath_Equip_Eat	46.77%	41.31%	39.17%	39.96%	36.79%	31.32%	38.27%
Dress_Bath_Equip	79.96%	79.91%	71.43%	79.17%	69.50%	74.02%	73.12%
Transfer_Equip_Mobility	6.25%	5.87%	5.77%	5.49%	5.97%	2.85%	5.24%
Seizure Post-22_Schizophrenia	0.22%	0.23%	0.28%	0.00%	0.00%	0.00%	0.23%
Trauma BI Post-22_Anxiety Disorder	0.00%	0.00%	0.00%	0.38%	0.00%	0.00%	0.23%
Mental Illness_3 or More Mental Disorders	3.02%	4.06%	3.41%	4.17%	6.29%	3.56%	1.82%
Overnight_Mental Illness	6.03%	7.00%	3.50%	4.55%	4.72%	3.56%	3.64%
Behavioral Variables (Add-On)							
Injury_1-2	0.86%	1.13%	1.04%	0.76%	0.31%	0.36%	0.46%
Mental Health_2-3	53.23%	60.72%	60.36%	50.57%	53.14%	33.45%	56.72%
Offensive_1-2-3	13.15%	9.48%	7.85%	4.73%	8.49%	3.20%	6.38%
Substance Abuse Current	3.02%	2.03%	1.89%	1.70%	3.77%	2.85%	2.73%
Wander_2	6.03%	4.29%	2.93%	2.08%	5.66%	4.98%	2.73%
Medication Use (Add-On)							
Meds_2B	72.63%	79.46%	67.74%	79.36%	81.76%	68.33%	72.67%
Health Related Services (Add-On)							
Dialysis	1.29%	1.35%	0.76%	0.95%	1.26%	2.14%	0.68%
Exercise	31.25%	23.25%	11.54%	4.36%	7.23%	7.12%	6.61%
Med Admin	83.41%	86.23%	78.15%	83.52%	88.05%	79.00%	80.18%
Med Management	28.02%	39.50%	28.76%	21.40%	39.94%	22.78%	19.59%
Overnight	84.91%	85.78%	74.17%	81.06%	82.08%	65.12%	70.62%
Reposition	9.91%	8.35%	11.26%	6.25%	8.81%	6.41%	5.47%
Respirate	9.48%	6.77%	8.51%	7.95%	6.29%	4.27%	7.74%
Tube Feedings	0.22%	0.00%	0.19%	0.57%	0.31%	0.36%	0.00%
Ulcer Stage 2	0.86%	1.13%	0.85%	0.57%	0.94%	0.71%	0.46%
Ulcer Stage 3-4	0.43%	0.45%	0.38%	1.14%	0.31%	0.71%	0.46%
Diagnoses (Add-On)							
Alzheimers	52.59%	62.30%	49.48%	49.81%	49.06%	41.64%	41.46%
Mental Illness	13.15%	13.09%	8.51%	9.09%	12.26%	9.61%	7.52%

Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development

Functional Screen Regression Model of 2012-2013 PMPM
Frail Elderly - by MCO/GSR

Variable	Proportion with Variable - Base Cohort Population						
	CCI (GSR 11)	ContinuUs (GSR 1)	ContinuUs (GSR 3)	LCD (GSR 9)	MCDFC (GSR 8)	MCDFC (GSR 11)	WWC (GSR 2)
Intercept (Grid Component)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)							
Vent Dependent	0.22%	0.00%	0.00%	0.00%	0.08%	0.20%	0.19%
Dual Enrollee	99.14%	99.86%	99.63%	99.28%	98.86%	98.98%	99.34%
SNF	19.01%	24.64%	27.79%	23.38%	23.91%	18.53%	30.58%
Number of IADLs (Grid Component)							
IADL_1	4.32%	6.13%	6.03%	2.88%	5.15%	4.28%	5.32%
IADL_2	7.13%	9.12%	12.43%	3.78%	11.91%	7.74%	11.21%
IADL_3	10.37%	11.40%	12.25%	8.81%	14.15%	10.39%	12.25%
IADL_4-5-6	77.75%	72.65%	68.19%	84.17%	68.06%	77.19%	70.09%
Specific ADLs / Equipment Used (Add-On)							
Bathing_1	35.21%	30.06%	25.78%	29.86%	32.66%	35.64%	23.55%
Bathing_2	57.45%	59.40%	64.53%	58.45%	57.71%	57.23%	62.30%
Eating_2	13.61%	13.68%	10.97%	7.73%	10.10%	13.65%	11.78%
Toileting_1	28.08%	19.80%	18.28%	29.50%	24.38%	29.74%	20.61%
Toileting_2	31.32%	34.62%	31.99%	29.32%	26.70%	30.55%	29.63%
Transfer_1-2	47.08%	45.16%	46.98%	43.35%	42.08%	48.27%	43.68%
Interaction Terms (Add-On)							
Bath_Equip_Eat	45.14%	41.17%	36.20%	37.41%	33.46%	43.58%	33.43%
Dress_Bath_Equip	75.38%	68.80%	68.37%	67.09%	71.40%	75.15%	64.67%
Transfer_Equip_Mobility	5.83%	7.83%	8.41%	7.19%	5.28%	5.91%	9.12%
Seizure Post-22_Schizophrenia	0.65%	0.14%	0.18%	0.00%	0.80%	0.61%	0.38%
Trauma BI Post-22_Anxiety Disorder	0.00%	0.14%	0.00%	0.00%	0.21%	0.00%	0.47%
Mental Illness_3 or More Mental Disorders	3.02%	5.56%	3.11%	2.70%	4.52%	2.85%	3.99%
Overnight_Mental Illness	2.38%	4.27%	3.47%	8.09%	2.58%	2.24%	4.27%
Behavioral Variables (Add-On)							
Injury_1-2	0.65%	0.57%	0.91%	1.26%	0.42%	0.61%	0.47%
Mental Health_2-3	45.79%	55.13%	48.99%	48.20%	49.81%	44.60%	51.57%
Offensive_1-2-3	3.67%	8.55%	9.87%	6.47%	4.60%	3.87%	8.74%
Substance Abuse Current	1.30%	3.13%	2.01%	3.06%	1.77%	1.22%	3.23%
Wander_2	2.59%	3.70%	6.22%	5.76%	2.79%	2.44%	3.70%
Medication Use (Add-On)							
Meds_2B	77.97%	70.23%	59.96%	73.02%	61.17%	77.19%	67.81%
Health Related Services (Add-On)							
Dialysis	1.73%	1.28%	1.46%	1.62%	1.77%	1.63%	1.42%
Exercise	4.75%	14.10%	12.61%	6.12%	5.53%	4.68%	16.05%
Med Admin	84.45%	78.63%	75.32%	86.87%	75.58%	83.91%	73.22%
Med Management	23.97%	32.19%	24.31%	21.04%	35.57%	24.44%	25.55%
Overnight	76.46%	72.65%	66.00%	83.45%	53.06%	75.36%	71.70%
Reposition	7.56%	9.54%	5.67%	8.45%	6.59%	7.54%	7.79%
Respirate	6.70%	10.26%	8.96%	9.35%	6.04%	6.31%	7.41%
Tube Feedings	0.43%	0.71%	0.18%	0.36%	0.68%	0.41%	0.19%
Ulcer Stage 2	1.51%	1.71%	1.10%	0.90%	1.01%	1.43%	1.52%
Ulcer Stage 3-4	0.43%	0.28%	0.18%	0.36%	0.46%	0.41%	0.85%
Diagnoses (Add-On)							
Alzheimers	58.53%	45.87%	47.90%	56.47%	50.70%	58.25%	43.49%
Mental Illness	9.29%	10.40%	8.41%	18.53%	10.44%	8.96%	9.21%

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Developmentally Disabled - by MCO/GSR**

Variable	Proportion with Variable - Known Expansion Population				
	Care WI (GSR 2)	Care WI (GSR 6)	CCCW (GSR 7)	CCI (GSR 9)	ContinuUs (GSR 5)
Intercept (Grid Component)	100.00%	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)					
Vent Dependent	0.00%	0.00%	0.00%	0.00%	0.08%
DD1A	4.11%	2.05%	2.24%	3.36%	3.23%
DD2	58.36%	60.86%	62.18%	67.13%	56.04%
Restrictive Measures	2.56%	1.13%	2.69%	1.89%	2.54%
High Cost (5 Parameters)	1.15%	1.23%	1.46%	1.03%	1.39%
Number of IADLs (Grid Component)					
IADL_1-2	9.77%	9.22%	6.85%	7.57%	6.47%
IADL_3	12.13%	15.98%	18.63%	10.50%	10.24%
IADL_4	17.79%	19.06%	17.96%	16.27%	15.55%
IADL_5	29.31%	27.36%	25.81%	28.83%	27.33%
IADL_6	31.00%	28.28%	30.75%	36.83%	40.26%
Specific ADLs / Equipment Used (Add-On)					
Eating_2	19.95%	17.73%	23.91%	20.83%	26.71%
Toileting_1	23.25%	26.84%	22.67%	25.04%	24.02%
Toileting_2	20.96%	15.78%	23.23%	19.88%	27.10%
Transfer_1-2	19.88%	17.32%	19.53%	17.30%	23.56%
Interaction Terms (Add-On)					
Bath_Equip_Eat	30.59%	27.15%	33.67%	31.93%	38.26%
Dress_Bath_Equip	37.06%	35.04%	36.70%	37.09%	45.65%
Transfer_Equip_Mobility	5.66%	3.28%	3.48%	5.51%	6.47%
Autism_Schizophrenia	1.15%	0.82%	0.45%	0.77%	0.92%
Brain Injury Pre-22_Schizophrenia	0.40%	0.31%	0.45%	0.34%	0.31%
Cerebral Palsy_Depression	3.84%	3.69%	3.37%	3.36%	3.08%
Mental Retardation_Anxiety Disorder	23.45%	21.11%	17.62%	25.30%	25.25%
Mental Retardation_Bipolar	4.38%	4.41%	4.60%	5.77%	7.24%
Mental Retardation_Other Mental Illness	14.76%	16.19%	17.85%	16.01%	13.86%
Seizure Pre-22_Depression	5.26%	4.41%	6.51%	7.31%	6.16%
Seizure Post-22_Bipolar	0.13%	0.31%	0.34%	0.34%	0.38%
Seizure Post-22_Schizophrenia	0.40%	0.20%	0.11%	0.34%	0.31%
Trauma BI Post-22_Depression	0.54%	1.95%	3.03%	1.03%	2.08%
Other Federal DD_Bipolar	0.61%	0.61%	0.90%	0.43%	0.85%
Other Federal DD_Schizophrenia	0.61%	0.20%	0.79%	0.09%	1.00%
Behaviors_Autism	5.05%	3.59%	2.02%	2.67%	4.00%
Injury_Mental Illness_Age Under 30	0.40%	1.13%	0.67%	0.52%	0.62%
Injury_Overnight	3.71%	3.69%	3.48%	2.50%	3.54%
Injury_Overnight_Mental Illness_Age Under 30	0.27%	0.61%	0.56%	0.43%	0.62%
Muscular_Mental Illness_Age 60 and Under	3.23%	1.54%	3.14%	2.15%	1.92%
Offensive2_Mobility1_Age 60 and Under	1.75%	0.20%	0.67%	1.46%	1.08%
Overnight_Age Under 30	5.26%	4.71%	4.83%	4.73%	5.08%
Overnight_Alzheimers_Dementia_Decision Making	56.00%	49.49%	51.07%	56.28%	58.74%
Overnight_Mental Illness	5.53%	5.94%	10.77%	6.20%	10.01%
Overnight_Mental Illness_Age Under 30	1.42%	1.74%	2.47%	1.12%	2.00%
Restrictive Measures_Autism	0.74%	0.61%	0.45%	0.69%	0.62%
Restrictive Measures_Behaviors	1.75%	0.82%	2.02%	0.60%	1.39%
Behavioral Variables (Add-On)					
Communication_1	0.81%	1.13%	0.00%	0.95%	0.77%
Mental Health_2-3	53.10%	49.08%	56.23%	50.17%	54.81%
Offensive_1	9.97%	4.30%	10.66%	13.68%	14.55%
Offensive_2	12.40%	6.97%	9.65%	10.84%	16.24%
Offensive_3	9.37%	12.19%	7.97%	4.73%	8.93%
Resistive_1	12.47%	4.41%	9.54%	8.26%	12.32%
Substance Abuse Current	5.73%	2.87%	5.84%	2.93%	3.62%
Wander_2	4.58%	2.56%	3.82%	2.32%	2.93%
Medication Use (Add-On)					
Meds_2B	65.90%	66.50%	64.31%	59.81%	68.21%
Health Related Services (Add-On)					
Dialysis	0.61%	0.00%	0.45%	0.09%	0.38%
Exercise	16.17%	8.50%	12.46%	11.10%	22.79%
Med Admin	67.65%	67.21%	67.34%	68.67%	74.98%
Nursing	0.27%	0.00%	0.00%	0.00%	0.46%
Ostomy	0.94%	0.41%	0.79%	0.77%	0.31%
Overnight	70.01%	67.62%	70.48%	75.65%	78.14%
Reposition	6.27%	5.53%	5.95%	5.16%	8.24%
Respirate	6.87%	4.30%	5.27%	5.16%	4.23%
Tracheostomy	0.34%	0.10%	0.22%	0.26%	0.15%
Tube Feedings	2.36%	1.64%	1.91%	2.07%	2.62%
Ulcer Stage 2	1.01%	0.10%	0.45%	0.52%	0.08%
Ulcer Stage 3-4	0.20%	0.00%	0.00%	0.09%	0.15%
Urinary	1.15%	1.13%	0.45%	0.52%	1.00%
Diagnoses (Add-On)					
Brain Injury Pre-22	5.05%	5.33%	5.61%	3.27%	4.85%
Cerebral Palsy	15.77%	14.04%	12.91%	15.23%	12.63%
Prader Willi	0.61%	0.82%	0.67%	0.34%	0.38%
Seizure Pre/Post-22	0.47%	0.10%	0.56%	0.60%	0.38%

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Developmentally Disabled - by MCO/GSR**

Variable	Proportion with Variable - Known Expansion Population			
	Continuus (GSR 5-6)	LCD (GSR 10)	MCDFC (GSR 6)	MCDFC (GSR 5-6)
Intercept (Grid Component)	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)				
Vent Dependent	0.00%	0.12%	0.00%	0.00%
DD1A	1.54%	2.37%	2.05%	1.54%
DD2	56.52%	56.21%	60.86%	56.52%
Restrictive Measures	2.70%	1.66%	1.13%	2.70%
High Cost (5 Parameters)	2.47%	1.78%	1.23%	2.47%
Number of IADLs (Grid Component)				
IADL_1-2	5.17%	9.70%	9.22%	5.17%
IADL_3	8.94%	17.04%	15.98%	8.94%
IADL_4	15.81%	19.41%	19.06%	15.81%
IADL_5	30.07%	23.08%	27.36%	30.07%
IADL_6	39.94%	30.77%	28.28%	39.94%
Specific ADLs / Equipment Used (Add-On)				
Eating_2	23.82%	19.41%	17.73%	23.82%
Toileting_1	25.60%	28.28%	26.84%	25.60%
Toileting_2	22.59%	13.25%	15.78%	22.59%
Transfer_1-2	17.89%	15.98%	17.32%	17.89%
Interaction Terms (Add-On)				
Bath_Equip_Eat	30.84%	30.06%	27.15%	30.84%
Dress_Bath_Equip	38.40%	34.44%	35.04%	38.40%
Transfer_Equip_Mobility	4.93%	3.91%	3.28%	4.93%
Autism_Schizophrenia	0.69%	0.36%	0.82%	0.69%
Brain Injury Pre-22_Schizophrenia	0.23%	0.24%	0.31%	0.23%
Cerebral Palsy_Depression	2.31%	1.66%	3.69%	2.31%
Mental Retardation_Anxiety Disorder	20.66%	26.63%	21.11%	20.66%
Mental Retardation_Bipolar	4.16%	5.33%	4.41%	4.16%
Mental Retardation_Other Mental Illness	15.50%	15.50%	16.19%	15.50%
Seizure Pre-22_Depression	5.24%	5.21%	4.41%	5.24%
Seizure Post-22_Bipolar	0.46%	0.24%	0.31%	0.46%
Seizure Post-22_Schizophrenia	0.39%	0.00%	0.20%	0.39%
Trauma BI Post-22_Depression	2.47%	1.42%	1.95%	2.47%
Other Federal DD_Bipolar	1.62%	0.95%	0.61%	1.62%
Other Federal DD_Schizophrenia	0.31%	0.00%	0.20%	0.31%
Behaviors_Autism	7.09%	6.15%	3.59%	7.09%
Injury_Mental Illness_Age Under 30	1.16%	0.36%	1.13%	1.16%
Injury_Overnight	5.71%	5.33%	3.69%	5.71%
Injury_Overnight_Mental Illness_Age Under 30	0.85%	0.24%	0.61%	0.85%
Muscular_Mental Illness_Age 60 and Under	2.08%	2.96%	1.54%	2.08%
Offensive2_Mobility1_Age 60 and Under	0.93%	0.59%	0.20%	0.93%
Overnight_Age Under 30	6.17%	4.38%	4.71%	6.17%
Overnight_Alzheimers_Dementia_Decision Making	64.30%	53.37%	49.49%	64.30%
Overnight_Mental Illness	7.94%	6.63%	5.94%	7.94%
Overnight_Mental Illness_Age Under 30	2.00%	0.83%	1.74%	2.00%
Restrictive Measures_Autism	0.46%	0.24%	0.61%	0.46%
Restrictive Measures_Behaviors	1.70%	1.42%	0.82%	1.70%
Behavioral Variables (Add-On)				
Communication_1	0.93%	0.71%	1.13%	0.93%
Mental Health_2-3	49.96%	52.90%	49.08%	49.96%
Offensive_1	11.26%	7.81%	4.30%	11.26%
Offensive_2	12.41%	9.11%	6.97%	12.41%
Offensive_3	14.80%	15.62%	12.19%	14.80%
Resistive_1	12.10%	6.15%	4.41%	12.10%
Substance Abuse Current	2.85%	3.08%	2.87%	2.85%
Wander_2	4.93%	4.02%	2.56%	4.93%
Medication Use (Add-On)				
Meds_2B	69.01%	64.50%	66.50%	69.01%
Health Related Services (Add-On)				
Dialysis	0.00%	0.12%	0.00%	0.00%
Exercise	19.28%	8.05%	8.50%	19.28%
Med Admin	74.87%	66.98%	67.21%	74.87%
Nursing	0.00%	0.00%	0.00%	0.00%
Ostomy	0.23%	0.47%	0.41%	0.23%
Overnight	80.42%	68.40%	67.62%	80.42%
Reposition	7.17%	4.97%	5.53%	7.17%
Respirate	4.09%	4.26%	4.30%	4.09%
Tracheostomy	0.15%	0.00%	0.10%	0.15%
Tube Feedings	2.24%	1.78%	1.64%	2.24%
Ulcer Stage 2	0.46%	0.00%	0.10%	0.46%
Ulcer Stage 3-4	0.15%	0.12%	0.00%	0.15%
Urinary	0.93%	0.71%	1.13%	0.93%
Diagnoses (Add-On)				
Brain Injury Pre-22	6.32%	6.63%	5.33%	6.32%
Cerebral Palsy	12.80%	13.37%	14.04%	12.80%
Prader Willi	0.46%	0.59%	0.82%	0.46%
Seizure Pre/Post-22	0.23%	0.24%	0.10%	0.23%

Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development

Functional Screen Regression Model of 2012-2013 PMPM
Physically Disabled - by MCO/GSR

Variable	Proportion with Variable - Known Expansion Population				
	Care WI (GSR 2)	Care WI (GSR 6)	CCCW (GSR 7)	CCI (GSR 9)	ContinuUs (GSR 5)
Intercept (Grid Component)	100.00%	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)					
Vent Dependent	0.00%	0.80%	0.20%	0.12%	0.83%
SNF	24.86%	27.73%	27.40%	27.76%	27.23%
Number of IADLs (Grid Component)					
IADL_1	12.74%	14.67%	12.33%	8.05%	11.85%
IADL_2	20.62%	17.33%	18.00%	13.22%	13.51%
IADL_3	19.31%	15.20%	20.35%	17.19%	17.67%
IADL_4	21.85%	23.47%	22.11%	30.77%	22.04%
IADL_5	17.07%	18.40%	18.20%	23.56%	23.49%
IADL_6	4.02%	8.27%	6.46%	6.01%	8.11%
Specific ADLs / Equipment Used (Add-On)					
Bathing_1	35.91%	37.33%	39.53%	39.78%	34.72%
Bathing_2	33.13%	45.60%	42.86%	44.47%	53.01%
Dressing_2	17.22%	32.80%	25.64%	31.13%	36.80%
Eating_2	5.33%	9.60%	9.59%	9.25%	11.64%
Toileting_1	19.23%	23.47%	20.16%	29.21%	27.03%
Toileting_2	14.36%	26.13%	20.55%	25.60%	30.77%
Transfer_2	16.37%	32.53%	20.35%	27.52%	34.72%
Interaction Terms (Add-On)					
Dress_Bath_Equip	48.11%	59.47%	56.95%	59.38%	69.02%
Transfer_Equip_Mobility	5.48%	7.20%	5.48%	9.01%	9.98%
Seizure Post-22_Alcohol/Drug Abuse	1.54%	2.67%	2.74%	2.04%	1.04%
Seizure Post-22_Other Mental Illness	2.01%	1.60%	3.13%	2.88%	1.04%
Seizure Post-22_Schizophrenia	1.00%	0.27%	0.39%	0.36%	0.42%
Trauma BI Post-22_Alcohol/Drug Abuse	2.01%	1.60%	1.96%	0.72%	0.42%
Trauma BI Post-22_Depression	4.09%	2.93%	3.52%	2.16%	0.62%
Trauma BI Post-22_Exercise	0.23%	0.27%	0.00%	0.00%	0.00%
Trauma BI Post-22_Other Mental Illness	1.54%	1.07%	1.37%	1.32%	0.21%
Disabled_Employment Assistance	38.15%	32.53%	32.68%	27.28%	30.15%
Injury_Mental Illness	0.54%	0.00%	0.00%	0.00%	0.21%
Mental Illness_3 or More Mental Disorders	14.90%	10.93%	13.50%	11.30%	10.40%
Muscular_Mental Illness_Age 60 and Under	5.33%	2.67%	4.70%	4.21%	2.08%
Offensive2_Mobility1_Age 60 and Under	0.15%	0.00%	0.39%	0.12%	0.42%
Offensive3_Mobility2_Age 60 and Under	0.08%	0.27%	0.00%	0.00%	0.21%
Overnight_Age Under 30	0.62%	1.87%	0.39%	0.48%	0.83%
Overnight_Alzheimers_Dementia_Decision Making	17.61%	18.93%	18.59%	25.00%	24.12%
Overnight_Mental Illness	6.02%	3.47%	6.65%	9.62%	9.15%
Spinal Injury_Alcohol/Drug Abuse	0.15%	0.53%	0.39%	0.60%	0.21%
Behavioral Variables (Add-On)					
Injury_1	1.16%	1.60%	0.59%	1.56%	1.25%
Injury_2	0.69%	1.07%	0.59%	0.24%	0.83%
Mental Health_2-3	73.44%	62.40%	72.21%	72.72%	66.11%
Offensive_1-2	3.94%	3.73%	5.48%	5.41%	8.32%
Offensive_3	1.31%	2.13%	1.37%	0.96%	0.83%
Substance Abuse Current	16.06%	7.47%	14.09%	11.78%	9.15%
Wander_2	1.31%	0.00%	1.37%	1.20%	1.66%
Medication Use (Add-On)					
Meds_2A	8.88%	13.60%	16.24%	24.76%	19.54%
Meds_2B	41.85%	44.80%	37.96%	43.87%	37.84%
Health Related Services (Add-On)					
Dialysis	3.40%	5.33%	3.52%	2.28%	4.16%
Exercise	12.20%	16.53%	12.52%	10.58%	34.72%
Med Admin	49.50%	55.73%	53.03%	66.95%	56.55%
Med Management	20.00%	22.67%	21.72%	27.28%	23.91%
Ostomy	1.24%	1.33%	1.37%	1.32%	1.04%
Overnight	44.56%	58.67%	49.71%	61.54%	63.62%
Reposition	7.10%	14.13%	8.02%	8.77%	13.31%
Respirate	8.03%	9.33%	8.02%	9.50%	8.94%
Tracheostomy	0.39%	0.80%	0.20%	0.60%	0.62%
Tube Feedings	0.54%	1.07%	1.37%	1.20%	1.66%
Ulcer Stage 2	1.31%	2.13%	2.35%	0.96%	3.33%
Ulcer Stage 3-4	1.54%	2.40%	0.98%	1.08%	2.08%
Urinary	3.17%	5.33%	2.94%	1.08%	2.08%
Wound	6.72%	3.47%	5.48%	7.45%	3.74%
Diagnoses (Add-On)					
Alzheimers	12.20%	13.33%	13.89%	18.27%	15.80%
Cerebral Palsy	0.31%	1.07%	0.59%	1.80%	0.00%
Mental Illness	33.82%	24.00%	32.88%	39.18%	27.65%
Seizure Pre-22	1.24%	1.60%	0.59%	1.08%	1.46%

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Physically Disabled - by MCO/GSR**

Variable	Proportion with Variable - Known Expansion Population			
	ContinuUs (GSR 5-6)	LCD (GSR 10)	MCDFC (GSR 6)	MCDFC (GSR 5-6)
Intercept (Grid Component)	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)				
Vent Dependent	0.39%	0.37%	0.80%	0.39%
SNF	32.50%	24.72%	27.73%	32.50%
Number of IADLs (Grid Component)				
IADL_1	5.80%	14.23%	14.67%	5.80%
IADL_2	13.73%	20.97%	17.33%	13.73%
IADL_3	16.05%	14.98%	15.20%	16.05%
IADL_4	28.24%	20.22%	23.47%	28.24%
IADL_5	25.34%	19.48%	18.40%	25.34%
IADL_6	8.51%	6.74%	8.27%	8.51%
Specific ADLs / Equipment Used (Add-On)				
Bathing_1	32.88%	53.93%	37.33%	32.88%
Bathing_2	56.87%	34.83%	45.60%	56.87%
Dressing_2	41.59%	23.22%	32.80%	41.59%
Eating_2	13.35%	8.99%	9.60%	13.35%
Toileting_1	21.86%	35.58%	23.47%	21.86%
Toileting_2	31.91%	13.48%	26.13%	31.91%
Transfer_2	34.24%	22.85%	32.53%	34.24%
Interaction Terms (Add-On)				
Dress_Bath_Equip	64.41%	67.42%	59.47%	64.41%
Transfer_Equip_Mobility	9.28%	4.87%	7.20%	9.28%
Seizure Post-22_Alcohol/Drug Abuse	1.16%	2.25%	2.67%	1.16%
Seizure Post-22_Other Mental Illness	1.35%	1.12%	1.60%	1.35%
Seizure Post-22_Schizophrenia	0.58%	1.12%	0.27%	0.58%
Trauma BI Post-22_Alcohol/Drug Abuse	0.39%	0.75%	1.60%	0.39%
Trauma BI Post-22_Depression	2.51%	1.87%	2.93%	2.51%
Trauma BI Post-22_Exercise	0.19%	0.00%	0.27%	0.19%
Trauma BI Post-22_Other Mental Illness	0.97%	0.37%	1.07%	0.97%
Disabled_Employment Assistance	28.05%	29.21%	32.53%	28.05%
Injury_Mental Illness	0.19%	0.37%	0.00%	0.19%
Mental Illness_3 or More Mental Disorders	9.86%	9.74%	10.93%	9.86%
Muscular_Mental Illness_Age 60 and Under	2.71%	1.50%	2.67%	2.71%
Offensive2_Mobility1_Age 60 and Under	0.77%	0.75%	0.00%	0.77%
Offensive3_Mobility2_Age 60 and Under	0.39%	0.00%	0.27%	0.39%
Overnight_Age Under 30	0.77%	1.12%	1.87%	0.77%
Overnight_Alzheimers_Dementia_Decision Making	29.01%	22.47%	18.93%	29.01%
Overnight_Mental Illness	6.38%	4.87%	3.47%	6.38%
Spinal Injury_Alcohol/Drug Abuse	0.39%	0.75%	0.53%	0.39%
Behavioral Variables (Add-On)				
Injury_1	0.97%	0.37%	1.60%	0.97%
Injury_2	0.39%	0.75%	1.07%	0.39%
Mental Health_2-3	69.83%	71.91%	62.40%	69.83%
Offensive_1-2	6.00%	7.12%	3.73%	6.00%
Offensive_3	1.16%	2.25%	2.13%	1.16%
Substance Abuse Current	11.03%	15.36%	7.47%	11.03%
Wander_2	1.55%	2.25%	0.00%	1.55%
Medication Use (Add-On)				
Meds_2A	21.28%	16.10%	13.60%	21.28%
Meds_2B	45.45%	41.95%	44.80%	45.45%
Health Related Services (Add-On)				
Dialysis	4.26%	3.00%	5.33%	4.26%
Exercise	22.44%	11.99%	16.53%	22.44%
Med Admin	65.18%	55.81%	55.73%	65.18%
Med Management	35.01%	19.48%	22.67%	35.01%
Ostomy	1.55%	0.75%	1.33%	1.55%
Overnight	65.96%	52.06%	58.67%	65.96%
Reposition	13.35%	5.99%	14.13%	13.35%
Respirate	11.41%	10.49%	9.33%	11.41%
Tracheostomy	0.97%	0.37%	0.80%	0.97%
Tube Feedings	1.55%	0.75%	1.07%	1.55%
Ulcer Stage 2	2.90%	1.12%	2.13%	2.90%
Ulcer Stage 3-4	2.71%	1.12%	2.40%	2.71%
Urinary	3.48%	1.50%	5.33%	3.48%
Wound	5.42%	5.24%	3.47%	5.42%
Diagnoses (Add-On)				
Alzheimers	20.50%	14.61%	13.33%	20.50%
Cerebral Palsy	0.39%	1.12%	1.07%	0.39%
Mental Illness	24.18%	28.46%	24.00%	24.18%
Seizure Pre-22	0.97%	0.75%	1.60%	0.97%

Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development

Functional Screen Regression Model of 2012-2013 PMPM
Frail Elderly - by MCO/GSR

Variable	Proportion with Variable - Known Expansion Population				
	Care WI (GSR 2)	Care WI (GSR 6)	CCCW (GSR 7)	CCI (GSR 9)	ContinuUs (GSR 5)
Intercept (Grid Component)	100.00%	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)					
Vent Dependent	0.18%	0.17%	0.15%	0.00%	0.00%
Dual Enrollee	99.35%	98.78%	99.54%	99.28%	99.16%
SNF	30.05%	20.31%	16.85%	23.38%	27.10%
Number of IADLs (Grid Component)					
IADL_1	5.35%	2.08%	5.87%	2.88%	2.94%
IADL_2	11.52%	7.99%	11.28%	3.78%	3.99%
IADL_3	12.44%	10.76%	15.77%	8.81%	9.66%
IADL_4-5-6	69.59%	79.17%	66.46%	84.17%	82.77%
Specific ADLs / Equipment Used (Add-On)					
Bathing_1	24.15%	27.78%	24.88%	29.86%	16.60%
Bathing_2	61.94%	65.63%	66.00%	58.45%	76.05%
Eating_2	11.71%	13.19%	11.90%	7.73%	16.18%
Toileting_1	20.55%	31.77%	25.97%	29.50%	27.31%
Toileting_2	29.12%	30.38%	31.53%	29.32%	41.18%
Transfer_1-2	43.59%	49.13%	47.14%	43.35%	60.92%
Interaction Terms (Add-On)					
Bath_Equip_Eat	33.09%	40.28%	41.42%	37.41%	46.85%
Dress_Bath_Equip	64.33%	78.82%	70.17%	67.09%	80.04%
Transfer_Equip_Mobility	9.03%	5.21%	7.57%	7.19%	6.09%
Seizure Post-22_Schizophrenia	0.37%	0.00%	0.00%	0.00%	0.21%
Trauma BI Post-22_Anxiety Disorder	0.46%	0.35%	0.00%	0.00%	0.00%
Mental Illness_3 or More Mental Disorders	3.87%	3.82%	3.40%	2.70%	2.94%
Overnight_Mental Illness	4.15%	4.17%	3.09%	8.09%	5.88%
Behavioral Variables (Add-On)					
Injury_1-2	0.46%	0.69%	0.15%	1.26%	0.84%
Mental Health_2-3	51.15%	50.17%	49.77%	48.20%	52.52%
Offensive_1-2-3	8.48%	4.86%	4.02%	6.47%	13.03%
Substance Abuse Current	3.50%	1.56%	2.01%	3.06%	3.15%
Wander_2	3.69%	2.26%	2.78%	5.76%	6.30%
Medication Use (Add-On)					
Meds_2B	67.74%	78.99%	64.61%	73.02%	72.69%
Health Related Services (Add-On)					
Dialysis	1.38%	0.87%	0.62%	1.62%	1.26%
Exercise	15.76%	5.56%	13.45%	6.12%	30.67%
Med Admin	73.00%	83.85%	71.56%	86.87%	83.19%
Med Management	25.35%	22.22%	23.34%	21.04%	28.15%
Overnight	71.15%	81.25%	68.47%	83.45%	85.08%
Reposition	7.65%	6.25%	6.18%	8.45%	9.66%
Respirate	7.19%	8.16%	9.43%	9.35%	9.24%
Tube Feedings	0.18%	0.52%	0.00%	0.36%	0.21%
Ulcer Stage 2	1.57%	0.52%	2.16%	0.90%	0.84%
Ulcer Stage 3-4	0.83%	1.04%	0.15%	0.36%	0.42%
Diagnoses (Add-On)					
Alzheimers	43.32%	48.61%	42.50%	56.47%	52.31%
Mental Illness	9.31%	9.03%	8.81%	18.53%	13.24%

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Frail Elderly - by MCO/GSR**

Variable	Proportion with Variable - Known Expansion Population			
	ContinuUs (GSR 5-6)	LCD (GSR 10)	MCDFC (GSR 6)	MCDFC (GSR 5-6)
Intercept (Grid Component)	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)				
Vent Dependent	0.00%	0.00%	0.17%	0.00%
Dual Enrollee	99.48%	98.63%	98.78%	99.48%
SNF	30.53%	20.73%	20.31%	30.53%
Number of IADLs (Grid Component)				
IADL_1	1.55%	5.01%	2.08%	1.55%
IADL_2	4.40%	9.11%	7.99%	4.40%
IADL_3	8.80%	10.25%	10.76%	8.80%
IADL_4-5-6	85.12%	74.72%	79.17%	85.12%
Specific ADLs / Equipment Used (Add-On)				
Bathing_1	18.50%	36.45%	27.78%	18.50%
Bathing_2	72.96%	54.44%	65.63%	72.96%
Eating_2	12.81%	12.98%	13.19%	12.81%
Toileting_1	21.99%	30.75%	31.77%	21.99%
Toileting_2	36.35%	22.10%	30.38%	36.35%
Transfer_1-2	47.48%	41.69%	49.13%	47.48%
Interaction Terms (Add-On)				
Bath_Equip_Eat	39.33%	38.27%	40.28%	39.33%
Dress_Bath_Equip	75.68%	73.12%	78.82%	75.68%
Transfer_Equip_Mobility	5.95%	5.24%	5.21%	5.95%
Seizure Post-22_Schizophrenia	0.13%	0.23%	0.00%	0.13%
Trauma BI Post-22_Anxiety Disorder	0.00%	0.23%	0.35%	0.00%
Mental Illness_3 or More Mental Disorders	4.92%	1.82%	3.82%	4.92%
Overnight_Mental Illness	5.95%	3.64%	4.17%	5.95%
Behavioral Variables (Add-On)				
Injury_1-2	0.78%	0.46%	0.69%	0.78%
Mental Health_2-3	57.31%	56.72%	50.17%	57.31%
Offensive_1-2-3	8.93%	6.38%	4.86%	8.93%
Substance Abuse Current	2.85%	2.73%	1.56%	2.85%
Wander_2	4.79%	2.73%	2.26%	4.79%
Medication Use (Add-On)				
Meds_2B	80.21%	72.67%	78.99%	80.21%
Health Related Services (Add-On)				
Dialysis	1.42%	0.68%	0.87%	1.42%
Exercise	16.43%	6.61%	5.56%	16.43%
Med Admin	86.93%	80.18%	83.85%	86.93%
Med Management	39.33%	19.59%	22.22%	39.33%
Overnight	83.96%	70.62%	81.25%	83.96%
Reposition	8.67%	5.47%	6.25%	8.67%
Respirate	6.47%	7.74%	8.16%	6.47%
Tube Feedings	0.13%	0.00%	0.52%	0.13%
Ulcer Stage 2	1.16%	0.46%	0.52%	1.16%
Ulcer Stage 3-4	0.39%	0.46%	1.04%	0.39%
Diagnoses (Add-On)				
Alzheimers	56.40%	41.46%	48.61%	56.40%
Mental Illness	12.55%	7.52%	9.03%	12.55%

Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development

Functional Screen Regression Model of 2012-2013 PMPM
Developmentally Disabled - by MCO/GSR

Variable	Proportion with Variable - Wvr/Wtd Population	
	Care WI (GSR 13)	LCD (GSR 13)
Intercept (Grid Component)	100.00%	100.00%
DD/NH Level of Care (Grid Component)		
Vent Dependent	0.14%	0.14%
DD1A	3.67%	3.67%
DD2	76.27%	76.27%
Restrictive Measures	1.66%	1.66%
High Cost (5 Parameters)	0.21%	0.21%
Number of IADLs (Grid Component)		
IADL_1-2	9.21%	9.21%
IADL_3	13.12%	13.12%
IADL_4	20.04%	20.04%
IADL_5	33.11%	33.11%
IADL_6	24.41%	24.41%
Specific ADLs / Equipment Used (Add-On)		
Eating_2	23.76%	23.76%
Toileting_1	21.70%	21.70%
Toileting_2	21.99%	21.99%
Transfer_1-2	21.05%	21.05%
Interaction Terms (Add-On)		
Bath_Equip_Eat	25.60%	25.60%
Dress_Bath_Equip	29.01%	29.01%
Transfer_Equip_Mobility	5.66%	5.66%
Autism_Schizophrenia	0.57%	0.57%
Brain Injury Pre-22_Schizophrenia	0.00%	0.00%
Cerebral Palsy_Depression	2.45%	2.45%
Mental Retardation_Anxiety Disorder	19.21%	19.21%
Mental Retardation_Bipolar	3.64%	3.64%
Mental Retardation_Other Mental Illness	13.46%	13.46%
Seizure Pre-22_Depression	3.56%	3.56%
Seizure Post-22_Bipolar	0.07%	0.07%
Seizure Post-22_Schizophrenia	0.14%	0.14%
Trauma BI Post-22_Depression	0.75%	0.75%
Other Federal DD_Bipolar	0.39%	0.39%
Other Federal DD_Schizophrenia	0.49%	0.49%
Behaviors_Autism	0.70%	0.70%
Injury_Mental Illness_Age Under 30	0.00%	0.00%
Injury_Overnight	0.75%	0.75%
Injury_Overnight_Mental Illness_Age Under 30	0.00%	0.00%
Muscular_Mental Illness_Age 60 and Under	0.80%	0.80%
Offensive2_Mobility1_Age 60 and Under	0.56%	0.56%
Overnight_Age Under 30	3.21%	3.21%
Overnight_Alzheimers_Dementia_Decision Making	46.44%	46.44%
Overnight_Mental Illness	2.59%	2.59%
Overnight_Mental Illness_Age Under 30	0.48%	0.48%
Restrictive Measures_Autism	0.47%	0.47%
Restrictive Measures_Behaviors	0.18%	0.18%
Behavioral Variables (Add-On)		
Communication_1	2.24%	2.24%
Mental Health_2-3	33.48%	33.48%
Offensive_1	19.08%	19.08%
Offensive_2	6.03%	6.03%
Offensive_3	1.43%	1.43%
Resistive_1	11.25%	11.25%
Substance Abuse Current	2.82%	2.82%
Wander_2	1.65%	1.65%
Medication Use (Add-On)		
Meds_2B	48.65%	48.65%
Health Related Services (Add-On)		
Dialysis	0.00%	0.00%
Exercise	10.88%	10.88%
Med Admin	67.34%	67.34%
Nursing	0.10%	0.10%
Ostomy	0.61%	0.61%
Overnight	66.80%	66.80%
Reposition	6.39%	6.39%
Respirate	3.66%	3.66%
Tracheostomy	0.15%	0.15%
Tube Feedings	2.74%	2.74%
Ulcer Stage 2	0.00%	0.00%
Ulcer Stage 3-4	0.22%	0.22%
Urinary	1.32%	1.32%
Diagnoses (Add-On)		
Brain Injury Pre-22	4.46%	4.46%
Cerebral Palsy	17.24%	17.24%
Prader Willi	0.17%	0.17%
Seizure Pre/Post-22	0.60%	0.60%

Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development

Functional Screen Regression Model of 2012-2013 PMPM
Physically Disabled - by MCO/GSR

Variable	Proportion with Variable - Wvr/Wtl Population	
	Care WI (GSR 13)	LCD (GSR 13)
Intercept (Grid Component)	100.00%	100.00%
DD/NH Level of Care (Grid Component)		
Vent Dependent	0.82%	0.82%
SNF	16.17%	16.17%
Number of IADLs (Grid Component)		
IADL_1	15.13%	15.13%
IADL_2	17.93%	17.93%
IADL_3	21.40%	21.40%
IADL_4	24.57%	24.57%
IADL_5	14.62%	14.62%
IADL_6	3.32%	3.32%
Specific ADLs / Equipment Used (Add-On)		
Bathing_1	41.36%	41.36%
Bathing_2	41.58%	41.58%
Dressing_2	28.86%	28.86%
Eating_2	9.50%	9.50%
Toileting_1	21.91%	21.91%
Toileting_2	20.57%	20.57%
Transfer_2	21.29%	21.29%
Interaction Terms (Add-On)		
Dress_Bath_Equip	60.92%	60.92%
Transfer_Equip_Mobility	5.01%	5.01%
Seizure Post-22_Alcohol/Drug Abuse	1.95%	1.95%
Seizure Post-22_Other Mental Illness	0.76%	0.76%
Seizure Post-22_Schizophrenia	1.42%	1.42%
Trauma BI Post-22_Alcohol/Drug Abuse	1.04%	1.04%
Trauma BI Post-22_Depression	3.07%	3.07%
Trauma BI Post-22_Exercise	0.16%	0.16%
Trauma BI Post-22_Other Mental Illness	0.75%	0.75%
Disabled_Employment Assistance	26.44%	26.44%
Injury_Mental Illness	0.00%	0.00%
Mental Illness_3 or More Mental Disorders	6.33%	6.33%
Muscular_Mental Illness_Age 60 and Under	1.47%	1.47%
Offensive2_Mobility1_Age 60 and Under	0.13%	0.13%
Offensive3_Mobility2_Age 60 and Under	0.00%	0.00%
Overnight_Age Under 30	0.52%	0.52%
Overnight_Alzheimers_Dementia_Decision Making	14.62%	14.62%
Overnight_Mental Illness	3.61%	3.61%
Spinal Injury_Alcohol/Drug Abuse	0.52%	0.52%
Behavioral Variables (Add-On)		
Injury_1	1.36%	1.36%
Injury_2	0.30%	0.30%
Mental Health_2-3	49.51%	49.51%
Offensive_1-2	5.59%	5.59%
Offensive_3	0.00%	0.00%
Substance Abuse Current	6.17%	6.17%
Wander_2	0.94%	0.94%
Medication Use (Add-On)		
Meds_2A	27.06%	27.06%
Meds_2B	26.59%	26.59%
Health Related Services (Add-On)		
Dialysis	3.57%	3.57%
Exercise	13.64%	13.64%
Med Admin	48.31%	48.31%
Med Management	21.27%	21.27%
Ostomy	0.87%	0.87%
Overnight	39.61%	39.61%
Reposition	7.64%	7.64%
Respirate	6.19%	6.19%
Tracheostomy	0.86%	0.86%
Tube Feedings	1.19%	1.19%
Ulcer Stage 2	1.56%	1.56%
Ulcer Stage 3-4	1.41%	1.41%
Urinary	2.15%	2.15%
Wound	3.77%	3.77%
Diagnoses (Add-On)		
Alzheimers	8.39%	8.39%
Cerebral Palsy	1.80%	1.80%
Mental Illness	26.06%	26.06%
Seizure Pre-22	1.52%	1.52%

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2012-2013 PMPM
Frail Elderly - by MCO/GSR**

Variable	Proportion with Variable - Wvr/Wtl Population	
	Care WI (GSR 13)	LCD (GSR 13)
Intercept (Grid Component)	100.00%	100.00%
DD/NH Level of Care (Grid Component)		
Vent Dependent	0.00%	0.00%
Dual Enrollee	99.18%	99.18%
SNF	13.82%	13.82%
Number of IADLs (Grid Component)		
IADL_1	7.71%	7.71%
IADL_2	14.67%	14.67%
IADL_3	15.96%	15.96%
IADL_4-5-6	60.66%	60.66%
Specific ADLs / Equipment Used (Add-On)		
Bathing_1	39.85%	39.85%
Bathing_2	50.04%	50.04%
Eating_2	5.93%	5.93%
Toileting_1	28.10%	28.10%
Toileting_2	16.53%	16.53%
Transfer_1-2	33.49%	33.49%
Interaction Terms (Add-On)		
Bath_Equip_Eat	26.02%	26.02%
Dress_Bath_Equip	66.25%	66.25%
Transfer_Equip_Mobility	2.71%	2.71%
Seizure Post-22_Schizophrenia	0.02%	0.02%
Trauma BI Post-22_Anxiety Disorder	0.13%	0.13%
Mental Illness_3 or More Mental Disorders	2.05%	2.05%
Overnight_Mental Illness	1.04%	1.04%
Behavioral Variables (Add-On)		
Injury_1-2	0.48%	0.48%
Mental Health_2-3	39.18%	39.18%
Offensive_1-2-3	1.60%	1.60%
Substance Abuse Current	2.81%	2.81%
Wander_2	1.83%	1.83%
Medication Use (Add-On)		
Meds_2B	51.30%	51.30%
Health Related Services (Add-On)		
Dialysis	0.85%	0.85%
Exercise	5.31%	5.31%
Med Admin	67.83%	67.83%
Med Management	18.46%	18.46%
Overnight	49.73%	49.73%
Reposition	2.59%	2.59%
Respirate	5.55%	5.55%
Tube Feedings	0.00%	0.00%
Ulcer Stage 2	0.96%	0.96%
Ulcer Stage 3-4	0.18%	0.18%
Diagnoses (Add-On)		
Alzheimers	40.25%	40.25%
Mental Illness	6.78%	6.78%

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

Development of the 2015 Final Nursing Home Rates

Base Cohort	Total Statistical Model 2013 PMPM Inc IBNR	PMPM Including Phase-In	Two-Year Trend	2015 Gross Nursing Home Rates	Admin/Risk PMPM	Preliminary 2015 MCE Rates	Projected CY15 Enrollment
Care WI (GSR 5)	\$3,412.78	\$3,412.78	2.0%	\$3,480.72	\$148.00	\$3,628.72	26,579
Care WI (GSR 5-6)	\$3,411.81	\$3,411.81	2.2%	\$3,486.84	\$148.00	\$3,634.85	17,811
CCCW (GSR 4)	\$2,878.91	\$2,878.91	2.3%	\$2,944.50	\$146.06	\$3,090.56	40,987
CCI (GSR 6)	\$2,878.21	\$2,878.21	2.2%	\$2,940.96	\$124.42	\$3,065.38	22,022
CCI (GSR 5-6)	\$3,258.49	\$3,258.49	2.2%	\$3,331.39	\$124.42	\$3,455.81	13,008
CCI (GSR 8)	\$3,021.88	\$3,021.88	2.0%	\$3,081.93	\$124.42	\$3,206.35	23,433
CCI (GSR 10)	\$2,948.71	\$2,948.71	2.2%	\$3,012.70	\$124.42	\$3,137.12	19,521
CCI (GSR 11)	\$3,036.12	\$3,036.12	2.1%	\$3,098.99	\$124.42	\$3,223.41	25,307
ContinuUs (GSR 1)	\$2,995.56	\$2,995.56	2.2%	\$3,062.65	\$138.33	\$3,200.99	28,769
ContinuUs (GSR 3)	\$2,679.84	\$2,679.84	2.3%	\$2,742.05	\$138.33	\$2,880.38	25,730
LCD (GSR 9)	\$2,910.29	\$2,910.29	2.1%	\$2,970.69	\$174.70	\$3,145.39	30,156
MCDFC (GSR 8)	\$2,570.24	\$2,570.24	2.4%	\$2,631.41	\$130.26	\$2,761.67	97,144
MCDFC (GSR 11)	\$2,826.47	\$2,826.47	2.1%	\$2,885.15	\$130.26	\$3,015.41	1,778
WWC (GSR 2)	\$2,627.75	\$2,627.75	2.3%	\$2,688.10	\$149.35	\$2,837.45	45,020
Total Base Cohort	\$2,867.14	\$2,867.14	2.2%	\$2,930.71	\$138.58	\$3,069.28	417,264
Expansion Population	Total Statistical Model 2013 PMPM Inc IBNR	PMPM Including Phase-In	Two-Year Trend	2015 Gross Nursing Home Rates	Admin/Risk PMPM	Preliminary 2015 MCE Rates	Projected CY15 Enrollment
Care WI (GSR 2)	\$2,675.56	\$2,675.56	2.2%	\$2,734.67	\$148.00	\$2,882.67	1,621
Care WI (GSR 6)	\$2,723.38	\$2,723.38	2.7%	\$2,796.65	\$148.00	\$2,944.65	1,309
CCI (GSR 9)	\$3,000.77	\$3,000.77	2.1%	\$3,064.18	\$124.42	\$3,188.60	-
CCCW (GSR 7)	\$2,891.24	\$2,891.24	2.3%	\$2,956.76	\$146.06	\$3,102.82	24,876
ContinuUs (GSR 5)	\$3,227.00	\$3,227.00	2.2%	\$3,298.91	\$138.33	\$3,437.24	613
ContinuUs (GSR 5-6)	\$3,057.65	\$3,057.65	2.3%	\$3,128.64	\$138.33	\$3,266.97	199
LCD (GSR 10)	\$2,971.70	\$2,971.70	2.1%	\$3,035.52	\$174.70	\$3,210.22	-
MCDFC (GSR 6)	\$2,893.40	\$2,893.40	2.2%	\$2,956.25	\$130.26	\$3,086.51	270
MCDFC (GSR 5-6)	\$3,080.46	\$3,080.46	2.4%	\$3,153.68	\$130.26	\$3,283.94	345
Total Expansion Population	\$2,882.19	\$2,882.19	2.3%	\$2,947.94	\$145.71	\$3,093.65	29,233
Waiver/Waitlist Population	Total Statistical Model 2013 PMPM Inc IBNR	PMPM Including Phase-In	Two-Year Trend	2015 Gross Nursing Home Rates	Admin/Risk PMPM	Preliminary 2015 MCE Rates	Projected CY15 Enrollment
Care WI (GSR 13) ¹	\$2,533.53	\$2,860.51	2.1%	\$2,921.01	\$148.00	\$3,069.02	6,933
LCD (GSR 13) ¹	\$2,533.53	\$2,860.51	2.1%	\$2,921.01	\$174.70	\$3,095.72	6,933
Total Waive/Waitlist Population	\$2,533.53	\$2,860.51	2.1%	\$2,921.01	\$161.35	\$3,082.37	13,866
Total Program	\$2,858.05	\$2,867.89	2.2%	\$2,931.51	\$139.72	\$3,071.23	460,364

¹ Projected enrollment in GSR 13 has been divided evenly between Care WI and LCD

Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development
Nursing Home Level of Care Projected CY2015 Member Months

MCO	Pilot Population				Expansion Population				Grand Total			
	DD	PD	FE	Total	DD	PD	FE	Total	DD	PD	FE	Total
Care WI (GSR 5)	15,485	5,563	5,532	26,579	-	-	-	-	15,485	5,563	5,532	26,579
Care WI (GSR 5-6)	9,136	3,293	5,381	17,811	-	-	-	-	9,136	3,293	5,381	17,811
CCCW (GSR 4)	19,117	9,106	12,764	40,987	-	-	-	-	19,117	9,106	12,764	40,987
CCI (GSR 10)	10,647	3,397	5,476	19,521	-	-	-	-	10,647	3,397	5,476	19,521
CCI (GSR 11)	12,878	6,826	5,604	25,307	-	-	-	-	12,878	6,826	5,604	25,307
CCI (GSR 8)	10,961	8,945	3,527	23,433	-	-	-	-	10,961	8,945	3,527	23,433
CCI (GSR 6)	11,532	4,190	6,299	22,022	-	-	-	-	11,532	4,190	6,299	22,022
CCI (GSR 5-6)	6,458	2,782	3,768	13,008	-	-	-	-	6,458	2,782	3,768	13,008
ContinuUs (GSR 3)	11,591	7,480	6,659	25,730	-	-	-	-	11,591	7,480	6,659	25,730
ContinuUs (GSR 1)	12,575	7,977	8,217	28,769	-	-	-	-	12,575	7,977	8,217	28,769
LCD (GSR 9)	13,844	9,954	6,358	30,156	-	-	-	-	13,844	9,954	6,358	30,156
MCDFC (GSR 11)	580	774	424	1,778	-	-	-	-	580	774	424	1,778
MCDFC (GSR 8)	23,606	45,076	28,463	97,144	-	-	-	-	23,606	45,076	28,463	97,144
WWC (GSR 2)	17,468	15,002	12,550	45,020	-	-	-	-	17,468	15,002	12,550	45,020
Care WI (GSR 6)	-	-	-	-	346	381	582	1,309	346	381	582	1,309
Care WI (GSR 2)	-	-	-	-	565	675	382	1,621	565	675	382	1,621
Care WI (GSR 13) ¹	-	-	-	-	3,687	1,468	1,778	6,933	3,687	1,468	1,778	6,933
CCCW (GSR 7)	-	-	-	-	10,835	6,305	7,735	24,876	10,835	6,305	7,735	24,876
ContinuUs (GSR 5)	-	-	-	-	250	197	166	613	250	197	166	613
ContinuUs (GSR 5-6)	-	-	-	-	44	105	50	199	44	105	50	199
LCD (GSR 13) ¹	-	-	-	-	3,687	1,468	1,778	6,933	3,687	1,468	1,778	6,933
MCDFC (GSR 6)	-	-	-	-	132	70	67	270	132	70	67	270
MCDFC (GSR 5-6)	-	-	-	-	83	162	100	345	83	162	100	345

¹ Projected enrollment in GSR 13 has been divided evenly between Care WI and LCD

**Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development**

Development of the 2015 Final Nursing Home Rates

MCO	2015 Gross MCE Rates	Policy Adjustments					2015 Gross Capitation Rates
		Risk Corridor	Cap on Accumulated Surplus	New LTC Benefit	Northern Bridges Solvency Fund	Hilltop Add-On	
Care WI (GSR 2)	\$2,882.67	(\$113.34)	(\$28.20)	\$0.67	\$4.75	\$0.00	\$2,746.55
Care WI (GSR 5)	\$3,628.72	(\$113.34)	(\$28.20)	\$0.67	\$4.75	\$0.00	\$3,492.60
Care WI (GSR 6)	\$2,944.65	(\$113.34)	(\$28.20)	\$0.67	\$4.75	\$0.00	\$2,808.53
Care WI (GSR 5-6)	\$3,634.85	(\$113.34)	(\$28.20)	\$0.67	\$4.75	\$0.00	\$3,498.72
Care WI (GSR 13)	\$3,069.02	\$0.00	\$0.00	\$0.67	\$0.00	\$0.00	\$3,069.69
CCCW (GSR 4)	\$3,090.56	(\$18.74)	\$0.00	\$0.67	\$5.30	\$0.00	\$3,077.79
CCCW (GSR 7)	\$3,102.82	(\$18.74)	\$0.00	\$0.67	\$5.30	\$0.00	\$3,090.05
CCI (GSR 6)	\$3,065.38	(\$17.38)	\$0.00	\$0.67	\$5.00	\$0.00	\$3,053.67
CCI (GSR 5-6)	\$3,455.81	(\$17.38)	\$0.00	\$0.67	\$5.00	\$0.00	\$3,444.10
CCI (GSR 8)	\$3,206.35	(\$17.38)	\$0.00	\$0.67	\$5.00	\$98.24	\$3,292.89
CCI (GSR 9)	\$3,188.60	(\$17.38)	\$0.00	\$0.67	\$5.00	\$0.00	\$3,176.89
CCI (GSR 10)	\$3,137.12	(\$17.38)	\$0.00	\$0.67	\$5.00	\$0.00	\$3,125.42
CCI (GSR 11)	\$3,223.41	(\$17.38)	\$0.00	\$0.67	\$5.00	\$0.00	\$3,211.70
ContinuUs (GSR 1)	\$3,200.99	(\$7.52)	\$0.00	\$0.67	\$5.32	\$0.00	\$3,199.45
ContinuUs (GSR 3)	\$2,880.38	(\$7.52)	\$0.00	\$0.67	\$5.32	\$0.00	\$2,878.84
ContinuUs (GSR 5)	\$3,437.24	(\$7.52)	\$0.00	\$0.67	\$5.32	\$0.00	\$3,435.71
ContinuUs (GSR 5-6)	\$3,266.97	(\$7.52)	\$0.00	\$0.67	\$5.32	\$0.00	\$3,265.43
LCD (GSR 9)	\$3,145.39	\$0.00	\$0.00	\$0.67	\$5.63	\$0.00	\$3,151.69
LCD (GSR 10)	\$3,210.22	\$0.00	\$0.00	\$0.67	\$5.63	\$0.00	\$3,216.52
LCD (GSR 13)	\$3,095.72	\$0.00	\$0.00	\$0.67	\$0.00	\$0.00	\$3,096.39
MCDFC (GSR 6)	\$3,086.51	(\$7.38)	(\$42.41)	\$0.67	\$4.98	\$0.00	\$3,042.36
MCDFC (GSR 5-6)	\$3,283.94	(\$7.38)	(\$42.41)	\$0.67	\$4.98	\$0.00	\$3,239.79
MCDFC (GSR 8)	\$2,761.67	(\$7.38)	(\$42.41)	\$0.67	\$4.98	\$41.97	\$2,759.49
MCDFC (GSR 11)	\$3,015.41	(\$7.38)	(\$42.41)	\$0.67	\$4.98	\$0.00	\$2,971.26
WWC (GSR 2)	\$2,837.45	\$0.00	\$0.00	\$0.67	\$5.56	\$0.00	\$2,843.68
Total Program	\$3,071.23	(\$20.73)	(\$12.07)	\$0.67	\$5.00	\$13.86	\$3,057.95

Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development
Development of the 2015 Final Nursing Home Rates

MCO	2015 Gross Capitation Rates (Monthly)				2015 Gross Capitation Rates (Daily)			
	Acute & Primary	Admin	Long-Term Care	Total	Acute & Primary	Admin	Long-Term Care	Total
Care WI (GSR 2)	\$0.00	\$148.00	\$2,598.55	\$2,746.55	\$0.0000	\$4.8658	\$85.4318	\$90.2976
Care WI (GSR 5)	\$0.00	\$148.00	\$3,344.60	\$3,492.60	\$0.0000	\$4.8658	\$109.9595	\$114.8253
Care WI (GSR 6)	\$0.00	\$148.00	\$2,660.53	\$2,808.53	\$0.0000	\$4.8658	\$87.4695	\$92.3353
Care WI (GSR 5-6)	\$0.00	\$148.00	\$3,350.72	\$3,498.72	\$0.0000	\$4.8658	\$110.1607	\$115.0265
Care WI (GSR 13)	\$0.00	\$148.00	\$2,921.69	\$3,069.69	\$0.0000	\$4.8658	\$96.0556	\$100.9214
CCCW (GSR 4)	\$0.00	\$146.06	\$2,931.73	\$3,077.79	\$0.0000	\$4.8020	\$96.3856	\$101.1876
CCCW (GSR 7)	\$0.00	\$146.06	\$2,943.99	\$3,090.05	\$0.0000	\$4.8020	\$96.7887	\$101.5907
CCI (GSR 6)	\$0.00	\$124.42	\$2,929.25	\$3,053.67	\$0.0000	\$4.0905	\$96.3041	\$100.3946
CCI (GSR 5-6)	\$0.00	\$124.42	\$3,319.68	\$3,444.10	\$0.0000	\$4.0905	\$109.1402	\$113.2307
CCI (GSR 8)	\$0.00	\$124.42	\$3,168.47	\$3,292.89	\$0.0000	\$4.0905	\$104.1689	\$108.2594
CCI (GSR 9)	\$0.00	\$124.42	\$3,052.47	\$3,176.89	\$0.0000	\$4.0905	\$100.3552	\$104.4457
CCI (GSR 10)	\$0.00	\$124.42	\$3,001.00	\$3,125.42	\$0.0000	\$4.0905	\$98.6630	\$102.7535
CCI (GSR 11)	\$0.00	\$124.42	\$3,087.28	\$3,211.70	\$0.0000	\$4.0905	\$101.4996	\$105.5901
ContinuUs (GSR 1)	\$0.00	\$138.33	\$3,061.12	\$3,199.45	\$0.0000	\$4.5478	\$100.6396	\$105.1874
ContinuUs (GSR 3)	\$0.00	\$138.33	\$2,740.51	\$2,878.84	\$0.0000	\$4.5478	\$90.0990	\$94.6468
ContinuUs (GSR 5)	\$0.00	\$138.33	\$3,297.38	\$3,435.71	\$0.0000	\$4.5478	\$108.4070	\$112.9548
ContinuUs (GSR 5-6)	\$0.00	\$138.33	\$3,127.10	\$3,265.43	\$0.0000	\$4.5478	\$102.8088	\$107.3566
LCD (GSR 9)	\$0.00	\$174.70	\$2,976.99	\$3,151.69	\$0.0000	\$5.7436	\$97.8736	\$103.6172
LCD (GSR 10)	\$0.00	\$174.70	\$3,041.82	\$3,216.52	\$0.0000	\$5.7436	\$100.0050	\$105.7486
LCD (GSR 13)	\$0.00	\$174.70	\$2,921.69	\$3,096.39	\$0.0000	\$5.7436	\$96.0556	\$101.7992
MCDFC (GSR 6)	\$0.00	\$130.26	\$2,912.10	\$3,042.36	\$0.0000	\$4.2825	\$95.7403	\$100.0228
MCDFC (GSR 5-6)	\$0.00	\$130.26	\$3,109.53	\$3,239.79	\$0.0000	\$4.2825	\$102.2311	\$106.5136
MCDFC (GSR 8)	\$0.00	\$130.26	\$2,629.23	\$2,759.49	\$0.0000	\$4.2825	\$86.4404	\$90.7229
MCDFC (GSR 11)	\$0.00	\$130.26	\$2,841.00	\$2,971.26	\$0.0000	\$4.2825	\$93.4027	\$97.6852
WWC (GSR 2)	\$0.00	\$149.35	\$2,694.33	\$2,843.68	\$0.0000	\$4.9101	\$88.5807	\$93.4908

Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development

Development of the 2015 Final Non-Nursing Home Rates

MCO	Total Statistical Model 2013 PMPM Inc IBNR	Two-Year Trend	2015 Gross Nursing Home Rates	Admin/Risk Rate	2015 Gross Capitation Rates	Projected CY15 Enrollment
Care WI (GSR 5)	\$485.59	2.0%	\$495.26	4.3%	\$517.25	484
Care WI (GSR 5-6)	\$488.85	2.2%	\$499.60	4.2%	\$521.74	133
CCCW (GSR 4)	\$484.06	2.3%	\$495.09	5.0%	\$520.93	2,144
CCI (GSR 6)	\$522.82	2.2%	\$534.22	4.2%	\$557.82	263
CCI (GSR 5-6)	\$492.95	2.2%	\$503.98	3.7%	\$523.53	182
CCI (GSR 8)	\$500.49	2.0%	\$510.43	4.0%	\$531.91	981
CCI (GSR 10)	\$491.77	2.2%	\$502.45	4.1%	\$524.09	581
CCI (GSR 11)	\$516.39	2.1%	\$527.08	4.0%	\$549.12	462
ContinuUs (GSR 1)	\$472.95	2.2%	\$483.54	4.5%	\$506.42	1,213
ContinuUs (GSR 3)	\$473.66	2.3%	\$484.66	5.0%	\$510.41	2,468
LCD (GSR 9)	\$489.86	2.1%	\$500.02	5.9%	\$531.27	1,376
MCDFC (GSR 8)	\$497.05	2.4%	\$508.88	5.0%	\$535.38	1,992
MCDFC (GSR 11)	\$514.82	2.1%	\$525.51	4.5%	\$550.36	-
WWC (GSR 2)	\$482.40	2.3%	\$493.48	5.6%	\$522.51	1,734
Care WI (GSR 2)	\$480.62	2.2%	\$491.24	5.4%	\$519.35	286
Care WI (GSR 6)	\$517.57	2.7%	\$531.49	5.3%	\$561.19	77
Care WI (GSR 13) ¹			\$497.83	5.1%	\$524.40	16
CCCW (GSR 7)	\$487.26	2.3%	\$498.30	4.9%	\$524.20	947
CCI (GSR 9)	\$489.86	2.1%	\$500.02	4.1%	\$521.19	-
ContinuUs (GSR 5)	\$486.59	2.2%	\$497.43	4.2%	\$519.20	98
ContinuUs (GSR 5-6)	\$490.51	2.3%	\$501.90	4.4%	\$525.12	66
LCD (GSR 10)	\$491.77	2.2%	\$502.45	5.8%	\$533.13	-
LCD (GSR 13) ¹			\$497.83	6.0%	\$529.50	16
MCDFC (GSR 6)	\$517.57	2.2%	\$528.81	4.4%	\$553.19	-
MCDFC (GSR 5-6)	\$490.51	2.4%	\$502.17	4.1%	\$523.80	13
Total Program					\$523.66	15,533

¹ Projected enrollment in GSR 13 has been divided evenly between Care WI and LCD

Wisconsin Department of Health Services
CY 2015 Family Care Capitation Rate Development
Development of the 2015 Final Non-Nursing Home Rates

MCO	2015 Gross Capitation Rates (Monthly)				2015 Gross Capitation Rates (Daily)			
	Acute & Primary	Admin	Long-Term Care	Total	Acute & Primary	Admin	Long-Term Care	Total
Care WI (GSR 2)	\$0.00	\$28.11	\$491.24	\$519.35	\$0.0000	\$0.9242	\$16.1504	\$17.0746
Care WI (GSR 5)	\$0.00	\$21.99	\$495.26	\$517.25	\$0.0000	\$0.7230	\$16.2825	\$17.0055
Care WI (GSR 6)	\$0.00	\$29.70	\$531.49	\$561.19	\$0.0000	\$0.9764	\$17.4736	\$18.4500
Care WI (GSR 5-6)	\$0.00	\$22.14	\$499.60	\$521.74	\$0.0000	\$0.7279	\$16.4252	\$17.1531
Care WI (GSR 13)	\$0.00	\$26.57	\$497.83	\$524.40	\$0.0000	\$0.8735	\$16.3670	\$17.2405
CCCW (GSR 4)	\$0.00	\$25.84	\$495.09	\$520.93	\$0.0000	\$0.8495	\$16.2769	\$17.1264
CCCW (GSR 7)	\$0.00	\$25.90	\$498.30	\$524.20	\$0.0000	\$0.8515	\$16.3825	\$17.2340
CCI (GSR 6)	\$0.00	\$23.60	\$534.22	\$557.82	\$0.0000	\$0.7759	\$17.5634	\$18.3393
CCI (GSR 5-6)	\$0.00	\$19.55	\$503.98	\$523.53	\$0.0000	\$0.6427	\$16.5692	\$17.2119
CCI (GSR 8)	\$0.00	\$21.48	\$510.43	\$531.91	\$0.0000	\$0.7062	\$16.7813	\$17.4875
CCI (GSR 9)	\$0.00	\$21.17	\$500.02	\$521.19	\$0.0000	\$0.6960	\$16.4390	\$17.1350
CCI (GSR 10)	\$0.00	\$21.64	\$502.45	\$524.09	\$0.0000	\$0.7115	\$16.5189	\$17.2304
CCI (GSR 11)	\$0.00	\$22.04	\$527.08	\$549.12	\$0.0000	\$0.7246	\$17.3287	\$18.0533
ContinuUs (GSR 1)	\$0.00	\$22.88	\$483.54	\$506.42	\$0.0000	\$0.7522	\$15.8972	\$16.6494
ContinuUs (GSR 3)	\$0.00	\$25.75	\$484.66	\$510.41	\$0.0000	\$0.8466	\$15.9340	\$16.7806
ContinuUs (GSR 5)	\$0.00	\$21.77	\$497.43	\$519.20	\$0.0000	\$0.7157	\$16.3539	\$17.0696
ContinuUs (GSR 5-6)	\$0.00	\$23.22	\$501.90	\$525.12	\$0.0000	\$0.7634	\$16.5008	\$17.2642
LCD (GSR 9)	\$0.00	\$31.25	\$500.02	\$531.27	\$0.0000	\$1.0274	\$16.4390	\$17.4664
LCD (GSR 10)	\$0.00	\$30.68	\$502.45	\$533.13	\$0.0000	\$1.0087	\$16.5189	\$17.5276
LCD (GSR 13)	\$0.00	\$31.67	\$497.83	\$529.50	\$0.0000	\$1.0412	\$16.3670	\$17.4082
MCDFC (GSR 6)	\$0.00	\$24.38	\$528.81	\$553.19	\$0.0000	\$0.8015	\$17.3855	\$18.1870
MCDFC (GSR 5-6)	\$0.00	\$21.63	\$502.17	\$523.80	\$0.0000	\$0.7111	\$16.5097	\$17.2208
MCDFC (GSR 8)	\$0.00	\$26.50	\$508.88	\$535.38	\$0.0000	\$0.8712	\$16.7303	\$17.6015
MCDFC (GSR 11)	\$0.00	\$24.85	\$525.51	\$550.36	\$0.0000	\$0.8170	\$17.2770	\$18.0940
WWC (GSR 2)	\$0.00	\$29.03	\$493.48	\$522.51	\$0.0000	\$0.9544	\$16.2240	\$17.1784