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**State of Wisconsin**  
Department of Health Services

**DIVISION OF LONG TERM CARE**

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December 16, 2014

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One North Wacker  
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Ms. Jinn-Feng Lin, F.S.A., M.A.A.A.  
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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 Program of All Inclusive Care for the Elderly (PACE) and Family Care Partnership Program (FCP) Managed Care Equivalent Values

*Prepared by:*

**PricewaterhouseCoopers**

**December 2014**

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# ACTUARIAL CERTIFICATION

## **Actuarial Certification of Proposed 2015 PACE/FCP Capitation 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 the Family Care Partnership and PACE Programs. I have been retained by the Wisconsin Department of Health Services (DHS) to perform an actuarial certification of the Family Care Partnership and PACE Programs capitation rates for calendar year 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 Rate setting.”

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, for the period from January 1, 2015 to December 31, 2015, 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

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## ACTUARIAL CERTIFICATION

rates with their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The MCO may require rates above, equal to, or below the proposed actuarially sound capitation rates.

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

*Peter B. Davidson*

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Peter B Davidson  
Member, American Academy of Actuaries

December 17, 2014

Date

## **I. INTRODUCTION**

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

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

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

The following table shows the pilot MCOs that have been operating in the Family Care Partnership and PACE programs since the inception of the program prior to 2000.

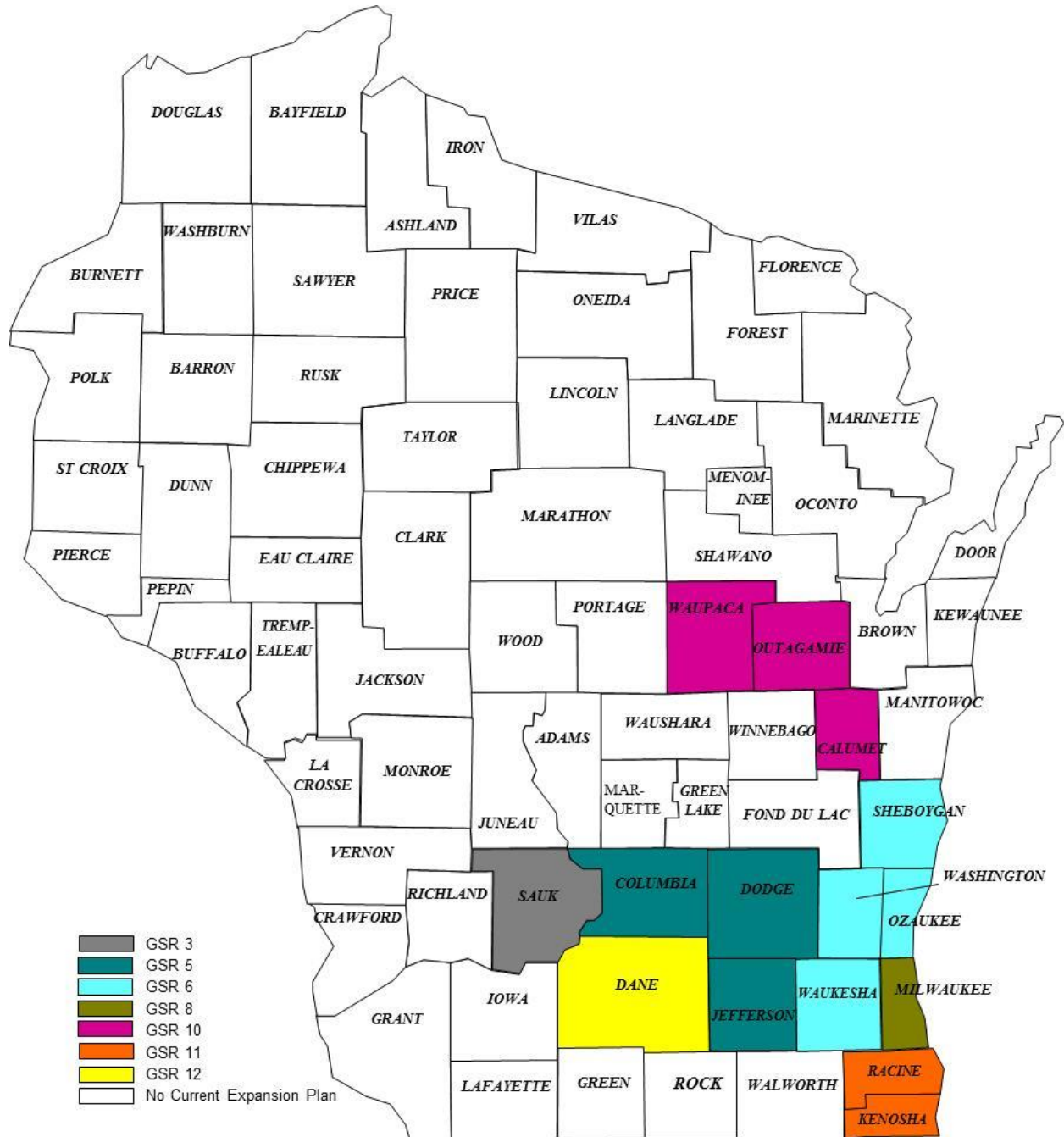
## **I. INTRODUCTION**

<b>Table 1 Family Care Partnership / PACE Pilot MCOs</b>		
<b>MCO</b>	<b>Implementation Date</b>	<b>Covered Counties</b>
<b>Community Care Health Plan (CCHP)</b>	<b>PACE Pilot MCO</b>	<b>GSR 8 (Milwaukee)</b>
<b>Community Care Health Plan (CCHP)</b>	<b>FCP Pilot MCO</b>	<b>GSR 8 (Milwaukee) and GSR 11 (Racine)</b>
<b>Care Wisconsin Health Plan (CWHP)</b>	<b>FCP Pilot MCO</b>	<b>GSR 12 (Dane)</b>

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



# I. INTRODUCTION



## I. INTRODUCTION

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

<b>Table 2 Family Care Partnership/PACE Expansion Details</b>		
<b>MCO</b>	<b>Implementation Date in First Expansion County</b>	<b>Expansion Counties</b>
<b>FCP Community Care Health Plan</b>	<b>Apr. 1, 2007</b>	<b>GSR 6 (Ozaukee, Washington, Waukesha) GSR 10 (Calumet, Outagamie, Waupaca) GSR 11 (Kenosha) (Pilot MCO = Milwaukee &amp; Racine)</b>
<b>PACE Community Care Health Plan</b>	<b>Mar. 1, 2009</b>	<b>Waukesha (Pilot MCO = Milwaukee)</b>
<b>Care Wisconsin</b>	<b>Mar. 1, 2008</b>	<b>GSR 3 (Sauk) GSR 5 (Columbia, Dodge, Jefferson) GSR 6 (Ozaukee, Washington, Waukesha) (Pilot MCO = Dane)</b>
<b>Independent Care Health Plan</b>	<b>Jan. 1, 2011</b>	<b>GSR 8 (Milwaukee) GSR 11 (Kenosha, Racine) GSR 12 (Dane)</b>

Historical FCP/PACE rate development has relied on the base data for the three pilot counties since there was no readily available or sufficiently credible managed care claim experience for the expansion areas. However, over the course of calendar year 2013, MCO's enrolled a sufficiently stable base population to be included in the rate development for all counties; therefore the data for the managed care populations within all counties was also included in the rate development for the CY 2015 rate setting process.

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

## **I. INTRODUCTION**

Individuals eligible to enroll in a FCP program include:

- Those receiving Medicaid coverage in the Supplemental Security Income (SSI) categories (if income level is below 300% of SSI benefit rate.),
- Enrollees who are in Medicaid-only and Dual Medicare/Medicaid eligibility categories and who have been certified as being Nursing Home-eligible based on a functional screen administered by state certified screeners.

Participation is voluntary and the rate setting methodology considers the relative risk difference in the enrolled population compared to the population represented in the base data used for rate development.

A rate development methodology for the LTC portion of the MCE rate, calculated using calendar year 2013 Family Care cost and eligibility data, was developed to better reflect the variation in level of need for services for the enrollees in the FCP/PACE programs. The LTC methodology relies on a regression model that estimates differences in expected costs by functional screen scores. An adjustment was made to reflect the difference in levels of benefits offered between the Family Care and the FCP / PACE programs.

The acute and primary portion of the MCE rates were based on the aggregate managed care experience of the participating MCOs, adjusted for differences in health status and demographics between the populations served by each MCO. To reflect the different demographic mix between the participating plans, base cost rates for Dual enrollees were calculated by age-gender rate cells and estimated calendar year 2015 enrollment is used to develop aggregate rates for each. Due to smaller levels of enrollment, rates for Medical Assistance (MA) only enrollees were calculated in aggregate and then MCO specific rates were developed using a diagnostic-based risk adjustment tool.

The base data was trended to the midpoint of the effective contract period (Calendar Year 2015); an Incurred But Not Reported (IBNR) claims adjustment was applied to complete the data, and an allowance is made for plan administrative expense.

### **Relationship of Rate Setting Methods to CMS Requirements**

PricewaterhouseCoopers LLP (PwC) has calculated 2015 Managed Care Equivalent (MCE) rates for the PACE/FCP programs. Effective August 13, 2003, regulations issued by the Centers for Medicare and Medicaid Services govern the development of capitation payments for Medicaid managed care programs. A separate check list applies to the rate development for PACE programs, which must comply with the UPL and FFSE requirements. FCP is a program that includes both PACE and additional

## **I. INTRODUCTION**

elements. To ensure compliance with CMS requirements, we have followed both checklists in developing the MCEs in this report.

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

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

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

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

## **I. INTRODUCTION**

These MCE rates were developed to be consistent with the concepts described above. For the PACE program, the rates were also structured to be below the FFSE so that compliance with PACE rate setting requirements is also met. Section VII includes additional information on the assessment of the PACE rate and the UPL.

Several adjustments were applied to the MCE rates to develop the final capitation rates. These adjustments are described in section VIII of this report.

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

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

## II. RATE CELLS

The 2015 MCE values vary based on the following criteria:

- Managed Care Organization:** All participants must be Medicaid or Dually eligible and meet nursing home (NH) level of care criteria.
  - Community Care Health Plan (CCHP)
  - Care Wisconsin Health Plan, Inc (Care WI)
  - Independent Care Health Plan (iCare)
  
- Aid Category:**
  - Medical Assistance (MA)
  - Dually Eligible: individuals who are eligible for both Medicare and Medicaid
  
- Target Groups:**
  - Developmentally Disabled
  - Physically Disabled
  - Frail Elderly
  
- Region:**
  - Community Care: GSR 6, GSR 8, GSR 10, GSR 11
  - Community Care PACE: GSR 8
  - Care Wisconsin: GSR 3, GSR 5, GSR 6, GSR 12
  - Independent Care: GSR 8, GSR 11, GSR 12
  
- Age Cohorts:** Age Cohorts are used to determine payment amount by rate cell for each of the programs. The age range covered by the health plans varies.
  - CCHP FCP: All Ages
  - CCHP PACE: Ages 55 & Over
  - Care WI: All Ages
  - I-Care: All Ages

### **III. RATE SETTING METHODOLOGY**

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

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

The rate development described here relies on the most recent and credible managed care encounter data available for enrollees in the FCP and PACE programs and a comparable population.

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

The methodology used to calculate the CY 2015 FCP/PACE program MCE estimates is described in this section.

#### **1. Preliminary Acute & Primary Service Cost**

The base data consists of calendar year 2013 encounter eligibility and claim data for all of the MCOs participating in the FCP and PACE programs after analysis of the managed care experience was performed this year, and it was determined that the data for all counties was accurate, credible in size, and included an appropriate level of managed care efficiencies. Per member per month costs were developed separately for the MA Only and Dual Eligible populations. The aggregate 2013 claims for all counties follow:

### III. RATE SETTING METHODOLOGY

	Dual Eligible	MA Only
Claims	\$ 3,721,756	\$ 11,749,009
Exposure Months	33,404	8,070
Base PMPM Cost	\$ 111.42	\$ 1455.88

Exhibits I-1 and I-2 shows the experience by region, target group, eligibility category, and service category. Exhibit II-1 provides the acute and primary costs by rate cell. Based on discussions with DHS staff, we understand that reported costs are prior to any participant cost sharing and net of any third party liability.

Total paid claims were adjusted by a completion factor, which reflects incurred but not yet paid claims. Based on an analysis of the encounter data, the completion factor for 2013 non-pharmacy claims used in the analysis was 1.022; all pharmacy claims are assumed to be complete.

#### 2. Long-Term Care Service Cost

A model was developed using Family Care claim and eligibility data to appropriately develop costs for the long-term care component of the rate. Using calendar year 2012 and calendar year 2013 data, an Ordinary Least Squares linear regression model is created to relate monthly costs to recipient functional characteristics. The unit of analysis is the recipient month. That is, the monthly 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. Three risk assessment models were developed that measure differences in utilization of services based on functional status within each target group (developmentally disabled, physically disabled, and frail elderly). Applying the functional screen information of the FCP-PACE enrollees to the Family Care based model is done to reflect the relative needs and costs of the two programs. Please refer to Appendix A for a detailed description of the regression modeling and Exhibits III-1, III-2, and III-3 for the summary of functional characteristics by MCO. The long-term care component of the rate for all regions was entirely based on the application of the regression models.

Total long-term care claims were adjusted by a completion factor, the completion factor for 2013 claims used in the analysis was 1.004, which is the aggregate completion factor for the Family Care claims data used to develop the functional screen regression models.

Adjustments were made to the costs developed using the regression models to account for the difference in benefits covered by Family Care versus those covered in FCP-PACE.



### **III. RATE SETTING METHODOLOGY**

Specifically the FCP-PACE benefit package requires a nurse practitioner (NP) to be included in Care Management (CM) teams whereas Family Care does not. The NPs provide some acute and primary services along with CM services. The additional cost of the NP is recognized through a separate add-on to the PACE/Partnership rates. An assumption is made that the Medicare and Medicaid capitation payments are equally funding the NP services. Then, the level of the NP add-on is calculated as follows:

- Calculate the 2013 FCP/PACE CM PMPM using the CM Costs from the Audited Financial Statements and the member months as calculated by PwC
- Subtract the 2013 Family Care CM PMPM as calculated by PwC to derive the variance between the Family Care and FCP/PACE CM Costs
- Divide the Medicaid capitation for the FCP/PACE programs by the total Medicare and Medicaid capitation
- Multiply the Medicaid capitation % by the CM variance

As a result, a per member per month cost of \$100.90 for nurse practitioner services was provided as an add-on to the rate of each MCO. The costs for these services were determined based on an assessment of the MCO's claims experience.

#### **3. Projected Increase from Base Period to Rate Period**

Trend rates are used to project the 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 rate increases
- Known policy changes that may impact utilization patterns; and
- Industry experience for other comparable Medicaid long-term care programs

Annual trend rates are calculated for the two sets of service classifications subset by service / population. The base data used to develop the acute and primary and long-term care costs was calendar year 2013 and thus had two years of trend applied to move the data to the midpoint of the calendar year 2015 effective contract period.

- Acute and Primary
  - MA Only Acute care non-RX: 2.0%
  - MA Only Prescription Drug: 5.0%
  - Dual all Acute care services: 2.0%

### III. RATE SETTING METHODOLOGY

- Long Term Care:
  - Developmentally Disabled: 0.75%
  - Physically Disabled: 1.00%
  - Frail Elderly: 2.00%

The trend factors for the long-term care services were developed using the managed care cost and eligibility data of the Family Care program, consistent with the development of the long-term care component of the capitation rate.

#### 4. Acute and Primary Cost Administrative Allowance

An administrative allowance of 4.75% was applied to the acute and primary services used in estimating the 2015 MCE. The rate is within a range of reasonable values for the administrative allowance. For the PACE program, we have considered the state's average FFS administrative expense of 4.75% in determining that this allocation will result in rates that are within the FFSE.

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

#### 5. Severity Adjustment

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

**Acute Care Services:** To develop baseline costs for the Dual enrollees, claim and eligibility data for all counties were summarized by age, gender, and target group since the costs can materially differ among these rate cells. The final rates by MCO, region, and service category, shown in Exhibit II-4, II-5, and II-6, were derived based on actual MCO enrollment as of June 2014 to reflect the population mix as of the most recent available date. Please refer to Exhibit II-2 and II-3 for a summary of the costs and enrollment, respectively.

Due to the limited number of MA enrollees in the FCP-PACE programs, costs could not be broken out by rate cell. Therefore, an aggregate cost was calculated and a diagnostic based risk adjustment was applied to determine costs by MCO. For these services, the Hierarchical Coexisting Condition (HCC) model is applied. This model was developed by DxCG, Inc., and has been adopted by the Medicare program for use in determining payment rates for Medicare enrollees in Medicare Advantage plans. The HCC is also used to determine the payment rate for the acute care

### III. RATE SETTING METHODOLOGY

component of the rate paid by Medicare. Since the baseline costs are developed using all counties’ experience, the acuity adjustment is budget neutral. The relative risk scores for the MCOs follow, the risk adjusted service costs for MA only enrollees are provided in Exhibit II-5.

Table 4 HCC Adjustments	
Care Wisconsin (GSR 3)	0.905
Care Wisconsin (GSR 5)	0.912
Care Wisconsin (GSR 6)	0.935
Care Wisconsin (GSR 12)	0.995
CCHP (GSR 6)	0.935
CCHP (GSR 8)	0.973
CCHP (GSR 10)	0.944
CCHP (GSR 11)	0.924
iCare (GSR 8)	1.037
iCare (GSR 11)	0.987
iCare (GSR 12)	0.995
CCHP-PACE	0.966

**Long-Term Care Services:** As discussed on page 11, Family Care based regression models were used to estimate the long-term care component of the capitation rate. The FCP/PACE enrollee functional screen by MCO and target group is applied to the respective regression models to determine the estimated costs that are based on the level of functional needs of enrollees covered under this program. Appendices A & B provide further explanation of how the long-term care service costs were calculated.

#### 6. Regional Adjustment

For the long-term care component of the rate, we developed region factors based on the relative wage levels paid in the FCP-PACE counties. We used wage data reported by the U.S. Bureau of Labor Statistics for occupations involved in providing long-term 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.

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.

### **III. RATE SETTING METHODOLOGY**

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:

<b>Table 5 Regional Wage Factors</b>	
<b>GSR 1</b>	<b>n/a</b>
<b>GSR 2</b>	<b>n/a</b>
<b>GSR 3</b>	<b>0.983</b>
<b>GSR 4</b>	<b>n/a</b>
<b>GSR 5</b>	<b>1.014</b>
<b>GSR 6</b>	<b>1.012</b>
<b>GSR 5-6</b>	<b>1.012</b>
<b>GSR 7</b>	<b>n/a</b>
<b>GSR 8</b>	<b>1.012</b>
<b>GSR 9</b>	<b>n/a</b>
<b>GSR 10</b>	<b>0.986</b>
<b>GSR 11</b>	<b>1.018</b>
<b>GSR 12</b>	<b>1.056</b>
<b>GSR 13</b>	<b>n/a</b>

## **IV. ADMINISTRATIVE ALLOWANCE: LONG-TERM CARE COST COMPONENT**

DHS has worked in collaboration with the MCOs to develop a sustainable approach to determine the administrative funding levels for the Family Care program. The 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

## IV. ADMINISTRATIVE ALLOWANCE: LONG-TERM CARE COST COMPONENT

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

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

Once the number of personnel and corresponding cost were determined for the tiers, MCOs were assigned to a tier based on their projected calendar year 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 6						
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

## **IV. ADMINISTRATIVE ALLOWANCE: LONG-TERM CARE COST COMPONENT**

### **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:

<b>Table 7</b>	
<b>Variable Cost Component</b>	<b>Functional Based PMPM</b>
<b>Claims Management</b>	<b>\$ 15.90</b>
<b>Fiscal Management</b>	<b>\$ 39.41</b>
<b>Information Management</b>	<b>\$ 25.90</b>
<b>Quality Management</b>	<b>\$ 16.89</b>

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.

## **V. PER MEMBER PER MONTH COST DEVELOPMENT**

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

1. **Acute & Primary Services:** Use CY 2013 encounter claims and eligibility data for FCP/PACE enrollees to develop baseline costs.
2. **Long-Term Care Services:** The LTC methodology relies on a regression model that estimates differences in expected costs by functional screen scores that was developed for the Family Care program and applied to the functional needs of the FCP/PACE enrollees.
3. Include costs for nurse practitioner services for the portion of the rate that relies on Family Care enrollee experience.
4. Adjust costs to reflect an estimate for incurred but not reported amounts.
5. Project adjusted 2013 costs two years using the annualized trend rates discussed in Section IV.
6. An administrative allowance was added to reflect estimated program administrative costs as a percentage of revenue.
7. **Severity adjustments:** Adjustments were made separately to the long-term care and acute costs to reflect the difference in illness burden of enrollees and account for the varying demographic mix between the MCOs.
8. A managed care equivalent rate is calculated by MCO and region.

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

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



## VI. FINAL CAPITATION RATES

The Wisconsin Department of Health Services determined the final 2015 capitation rates for each MCO that participates in the Family Care Partnership and/or PACE programs. DHS developed the 2014 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. Exhibit IV-1 provides the 2015 capitation rates.

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

**Risk Corridor:** DHS has established a risk 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 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:

## VI. FINAL CAPITATION RATES

Table 8		
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.

**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

## VI. FINAL CAPITATION RATES

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.

**CCHP Stabilization:** An adjustment has been made due to concern that CCHP's risk-based capital in 2015 would not satisfy Wisconsin Office of the Commissioner of Insurance requirements for certification. As part of the remediation strategy, DHS is providing an add-on to CCHP capitation rates to stabilize the organization financially.

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.

For the PACE program, the rates were also structured to be below the FFSE so that compliance with PACE rate setting requirements is also met. PACE FFSE costs were developed in calendar year 2010 based on calendar year 2007 Legacy Waiver FFS costs for Milwaukee and Waukesha counties. This data was summarized into rate cells by age, gender, and Medicare status and then re-weighted using PACE enrollment data as of July 2009. Beginning in calendar year 2011, managed long-term care enrollment in Milwaukee and Waukesha counties had reduced the PACE-eligible FFS population to a level that was no longer adequate to use to calculate FFS equivalent costs, and other managed long-term care programs operating in the state substantially limit historical PACE-eligible FFS data that could be leveraged to estimate FFS equivalent costs in Milwaukee and Waukesha counties. Therefore, FFSE costs for calendar year 2011 and beyond were estimated by trending forward the calendar year 2010 FFSE costs and adjusting, where applicable, for changes in covered benefits or populations. In calendar year 2015, adjustments were made to the FFSE rate to account for new long-term care benefits covered under 2015 waiver benefits package and the relocation of individuals

## VI. FINAL CAPITATION RATES

from Hilltop who would not have been reflected in the Legacy Waiver FFS data. These adjustments were equivalent to those applied to the capitation rate discussed above. The result of this calculation for calendar year 2015 is summarized below:

Table 9					
FFSE Rate Trended to 2015	New LTC Benefit	Hilltop Add-On	CY 2015 FFSE Rate	CY 2015 Capitation Rate	Estimated Savings %
\$3356.05	\$0.67	\$ 261.67	\$3,618.39	\$ 3,493.37	3.46%

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.

**Dual Eligibility Status Retrospective Adjustment:** The acute and primary component of the CY 2015 capitation rates will be adjusted when the proportion of an MCO's enrollees who are dually eligible for both Medicare and Medicaid coverage materially differs from the projected distribution of dual enrollees.

**AIDS/Ventilator Dependent Payment:** DHS will reimburse the MCOs on a cost basis for Medicaid-covered services provided to MCO enrollees who meet certain criteria of AIDS/Ventilator dependency. These payments will be made based on the data submitted by the MCO to DHS via monthly encounter reporting according to contractual requirements.

**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.

## VI. FINAL CAPITATION RATES

***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.

## **APPENDIX A**

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

The base data used to develop the regression model consists of Family Care calendar year 2013 claim, eligibility, and functional screen data. Using this data, three ordinary least squares linear regression models are created to relate monthly costs to recipient functional characteristics; one model is developed for each of the target groups. Developmentally Disabled, Physically Disabled, and Frail Elderly regression models are developed to account for the material differences in costs and functional needs between the populations. The data used to develop each of the models is based on the corresponding claim and eligibility for the population within a given eligibility category.

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

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

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

The number of variables to predict cost varies by each target group. The variables are separated into the following classes: level of care, IADLs, specific ADLs, interactions, behavioral, medication use, health related services, and diagnosis groups. The estimated impact on the cost for each variable is shown along with its significance (i.e., p-value), relative contribution in explaining the variation (i.e., Incremental Partial R<sup>2</sup>) and the proportion of the population with the characteristic.

Appendices B-1, B-2, and B-3 show the final statistical models for the Developmentally Disabled, Physically Disabled, and Frail Elderly populations, respectively.

# APPENDIX B-1

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

Variable	Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
<b>Intercept (Grid Component)</b>	41.55	-		1.0000	41.55
<b>DD/NH Level of Care (Grid Component)</b>					
Vent Dependent	5,791.96	0.0001	0.00798000	0.00074532	4.32
DD1A	211.50	0.0001	0.01055000	0.03257604	6.89
DD2	81.64	0.0001	0.05233000	0.62010671	50.63
Restrictive Measures	1,521.80	0.0001	0.06596000	0.01716902	26.13
High Cost (5 Parameters)	588.62	0.0001	0.01160000	0.01020892	6.01
<b>Number of IADLs (Grid Component)</b>					
IADL_1-2	430.49	0.0010	0.00001086	0.08419013	36.24
IADL_3	622.52	0.0001	0.05226000	0.12419257	77.31
IADL_4	828.57	0.0001	0.02991000	0.17024546	141.06
IADL_5	1,172.80	0.0001	0.00051971	0.27399726	321.34
IADL_6	1,308.96	0.0001	0.11702000	0.34626616	453.25
<b>Specific ADLs / Equipment Used (Add-On)</b>					
Eating_2	202.75	0.0001	0.01790000	0.19461920	39.46
Toileting_1	99.66	0.0001	0.00000073	0.23513381	23.43
Toileting_2	509.63	0.0001	0.01709000	0.20762210	105.81
Transfer_1-2	251.13	0.0001	0.00132000	0.19187109	48.18
<b>Interaction Terms (Add-On)</b>					
Bath_Equip_Eat	375.02	0.0001	0.00375000	0.29865384	112.00
Dress_Bath_Equip	322.62	0.0001	0.00119000	0.36651964	118.25
Transfer_Equip_Mobility	821.15	0.0001	0.00192000	0.04915263	40.36
Autism_Schizophrenia	291.60	0.0001	0.00016763	0.00705566	2.06
Brain Injury Pre-22_Schizophrenia	458.22	0.0001	0.00004536	0.00282456	1.29
Cerebral Palsy_Depression	67.78	0.0241	0.00000507	0.02882653	1.95
Mental Retardation_Anxiety Disorder	238.39	0.0001	0.00006050	0.20438475	48.72
Mental Retardation_Bipolar	238.55	0.0001	0.00044416	0.04710015	11.24
Mental Retardation_Other Mental Illness	401.86	0.0001	0.00275000	0.15632907	62.82
Seizure Pre-22_Depression	302.01	0.0001	0.00035638	0.05085730	15.36
Seizure Post-22_Bipolar	252.80	0.0006	0.00005017	0.00371894	0.94
Seizure Post-22_Schizophrenia	177.26	0.0085	0.00002880	0.00431901	0.77
Trauma BI Post-22_Depression	525.67	0.0001	0.00028104	0.01360679	7.15
Other Federal DD_Bipolar	322.50	0.0001	0.00006689	0.00605426	1.95
Other Federal DD_Schizophrenia	154.03	0.0052	0.00003089	0.00651674	1.00
Behaviors_Autism	330.75	0.0001	0.00053993	0.03887874	12.86
Injury_Age Under 30	211.67	0.0001	0.00010940	0.04701606	9.95
Injury_Mental Illness_Age Under 30	1,304.10	0.0001	0.00016238	0.00437634	5.71
Injury_Overnight	646.08	0.0001	0.00111000	0.03143322	20.31
Injury_Overnight_Mental Illness_Age Under 30	2,530.23	0.0001	0.00636000	0.00283602	7.18
Muscular_Mental Illness_Age 60 and Under	308.17	0.0001	0.00015781	0.01755888	5.41
Offensive_Mobility_Age 60 and Under	422.38	0.0001	0.00014858	0.00850042	3.59
Overnight_Alzheimers_Dementia_Decision Making	200.80	0.0001	0.00048271	0.52608606	105.64
Overnight_Mental Illness	617.08	0.0001	0.00143000	0.05576875	34.41
Overnight_Mental Illness_Age Under 30	1,573.87	0.0001	0.00378000	0.01075930	16.93
Restrictive Measures_Autism	1,448.42	0.0001	0.00039221	0.00451776	6.54
Restrictive Measures_Behaviors	2,581.37	0.0001	0.00310000	0.00934129	24.11
<b>Behavioral Variables (Add-On)</b>					
Communication_1	216.85	0.0001	0.00000040	0.01140525	2.47
Mental Health_2-3	222.23	0.0001	0.01133000	0.48147030	107.00
Offensive_1	546.57	0.0001	0.00164000	0.11167891	61.04
Offensive_2	1,015.08	0.0001	0.00001327	0.10216562	103.71
Offensive_3	2,028.32	0.0001	0.04069000	0.08519153	172.80
Resistive_1	126.65	0.0001	0.00621000	0.09179617	11.63
Substance Abuse Current	118.08	0.0001	0.00007712	0.03585543	4.23
Wander_2	761.39	0.0001	0.00530000	0.03554202	27.06
<b>Medication Use (Add-On)</b>					
Meds_2B	329.63	0.0001	0.00522000	0.60520039	199.49
<b>Health Related Services (Add-On)</b>					
Dialysis	230.87	0.0118	0.00000053	0.00236590	0.55
Exercise	249.08	0.0001	0.00119000	0.16031173	39.93
Med Admin	463.67	0.0001	0.00140000	0.69070534	320.26
Nursing	416.55	0.0001	0.00007978	0.00247674	1.03
Ostomy	462.30	0.0001	0.00011159	0.00649380	3.00
Overnight	395.13	0.0001	0.00354000	0.68478867	270.58
Reposition	246.41	0.0001	0.00016732	0.06631783	16.34
Respirate	349.06	0.0001	0.00072587	0.04484509	15.65
Tracheostomy	2,080.38	0.0001	0.00079879	0.00190342	3.96
Tube Feedings	232.01	0.0001	0.00006784	0.02303217	5.34
Ulcer Stage 2	247.16	0.0006	0.00002856	0.00375333	0.93
Ulcer Stage 3-4	457.58	0.0001	0.00005045	0.00187285	0.86
Urinary	633.48	0.0001	0.00029652	0.00764427	4.84
<b>Diagnoses (Add-On)</b>					
Brain Injury Pre-22	92.84	0.0001	0.00001160	0.05295183	4.92
Cerebral Palsy	53.81	0.0004	0.00001333	0.14027611	7.55
Prader Willi	696.68	0.0001	0.00016401	0.00428079	2.98
Seizure Pre/Post-22	201.59	0.0023	0.00001804	0.00438016	0.88

## APPENDIX B-2

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

Variable	Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
<b>Intercept (Grid Component)</b>	372.74	-		1.0000	372.74
<b>DD/NH Level of Care (Grid Component)</b>					
Vent Dependent	3,819.10	0.0001	0.04368000	0.0036	13.85
SNF	373.67	0.0001	0.11444000	0.2684	100.30
<b>Number of IADLs (Grid Component)</b>					
IADL_1	165.45	0.0001	0.02190000	0.0883	14.61
IADL_2	371.40	0.0001	0.03100000	0.1749	64.97
IADL_3	439.68	0.0001	0.02885000	0.1765	77.62
IADL_4	659.55	0.0001	0.01403000	0.2812	185.46
IADL_5	748.10	0.0001	0.00011809	0.2070	154.86
IADL_6	1,013.65	0.0001	0.03015000	0.0508	51.48
<b>Specific ADLs/ Equipment Used (Add-On)</b>					
Bathing_1	145.31	0.0001	0.00856000	0.3513	51.05
Bathing_2	296.46	0.0001	0.02055000	0.4808	142.54
Dressing_2	53.86	0.0001	0.01242000	0.3315	17.86
Eating_2	74.71	0.0001	0.00626000	0.0817	6.10
Toileting_1	147.59	0.0001	0.00016769	0.2145	31.65
Toileting_2	375.00	0.0001	0.01929000	0.2366	88.71
Transfer_2	426.88	0.0001	0.00663000	0.2476	105.68
<b>Interaction Terms (Add-On)</b>					
Dress_Bath_Equip	149.60	0.0001	0.00023306	0.6224	93.11
Transfer_Equip_Mobility	503.13	0.0001	0.00578000	0.0724	36.41
Seizure Post-22_Alcohol/Drug Abuse	123.21	0.0001	0.00004508	0.0157	1.93
Seizure Post-22_Other	262.45	0.0001	0.00068863	0.0156	4.09
Seizure Post-22_Schizophrenia	209.37	0.0001	0.00020848	0.0088	1.84
Trauma BI Post-22_Alcohol/Drug Abuse	306.69	0.0001	0.00080623	0.0095	2.93
Trauma BI Post-22_Depression	228.39	0.0001	0.00045937	0.0194	4.43
Trauma BI Post-22_Exercise	1,071.69	0.0001	0.00037547	0.0009	1.01
Trauma BI Post-22_Other Mental Illness	342.22	0.0001	0.00016476	0.0068	2.32
Disabled_Employment Assistance	180.02	0.0001	0.00128000	0.2241	40.35
Injury_Age Under 30	214.52	0.0001	0.00006204	0.0047	1.01
Injury_Mental Illness	591.40	0.0001	0.00018847	0.0019	1.14
Mental Illness_3 or More Mental Disorders	96.40	0.0001	0.00017542	0.0871	8.39
Muscular_Mental Illness_Age 60 and Under	140.36	0.0001	0.00009142	0.0207	2.91
Offensive2_Mobility1_Age 60 and Under	1,037.59	0.0001	0.00050676	0.0021	2.15
Offensive3_Mobility2_Age 60 and Under	1,061.34	0.0001	0.00019890	0.0010	1.07
Overnight_Alzheimers_Dementia_Decision Making	51.49	0.0002	0.00001996	0.2237	11.52
Overnight_Mental Illness	250.20	0.0001	0.00047234	0.0412	10.30
Spinal Injury_Alcohol/Drug Abuse	928.36	0.0001	0.00069674	0.0037	3.44
<b>Behavioral Variables (Add-On)</b>					
Injury_1	149.68	0.0003	0.00034592	0.0073	1.09
Injury_2	428.69	0.0001	0.00071935	0.0053	2.27
Mental Health_2-3	112.29	0.0001	0.00348000	0.5782	64.93
Offensive_1-2	571.58	0.0001	0.00578000	0.0512	29.29
Offensive_3	1,274.80	0.0001	0.00396000	0.0078	9.97
Substance Abuse Current	255.29	0.0001	0.00287000	0.0857	21.88
Wander_2	300.43	0.0001	0.00017882	0.0121	3.63
<b>Medication Use (Add-On)</b>					
Meds_2A	61.19	0.0036	0.00030956	0.2382	14.58
Meds_2B	276.90	0.0001	0.00213000	0.3806	105.38
<b>Health Related Services (Add-On)</b>					
Dialysis	72.15	0.0007	0.00001798	0.0326	2.35
Exercise	105.75	0.0001	0.00138000	0.1530	16.18
Med Admin	100.03	0.0001	0.00007267	0.5976	59.78
Med Management	33.42	0.0006	0.00000145	0.3169	10.59
Ostomy	150.94	0.0001	0.00019349	0.0101	1.53
Overnight	322.38	0.0001	0.00472000	0.4527	145.96
Reposition	505.96	0.0001	0.00419000	0.0932	47.17
Respirate	208.75	0.0001	0.00146000	0.0852	17.79
Tracheostomy	2,937.47	0.0001	0.00892000	0.0055	16.25
Tube Feedings	168.88	0.0001	0.00006243	0.0118	2.00
Ulcer Stage 2	230.20	0.0001	0.00027023	0.0179	4.13
Ulcer Stage 3-4	656.43	0.0001	0.00140000	0.0141	9.25
Urinary	551.49	0.0001	0.00141000	0.0198	10.90
Wound	161.27	0.0001	0.00019636	0.0501	8.07
<b>Diagnoses (Add-On)</b>					
Alzheimers	117.36	0.0001	0.00002509	0.1912	22.44
Cerebral Palsy	268.84	0.0001	0.00015442	0.0067	1.81
Mental Illness	97.39	0.0001	0.00104000	0.2310	22.50
Seizure Pre-22	119.31	0.0001	0.00006444	0.0140	1.66



## APPENDIX B-3

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

Variable	Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
<b>Intercept (Grid Component)</b>	260.29	-		1.0000	260.29
<b>DD/NH Level of Care (Grid Component)</b>					
Vent Dependent	1,169.87	0.0001	0.00111	0.0008	0.96
Dual Enrollee	125.84	0.0009	0.00006	0.9936	125.03
SNF	354.06	0.0001	0.09795	0.2641	93.49
<b>Number of IADLs (Grid Component)</b>					
IADL_1	167.11	0.0001	0.02663	0.0384	6.42
IADL_2	406.24	0.0001	0.04300	0.0927	37.65
IADL_3	550.96	0.0001	0.03939	0.1290	71.10
IADL_4-5-6	678.69	0.0001	0.00895	0.7337	497.93
<b>Specific ADLs / Equipment Used (Add-On)</b>					
Bathing_1	160.23	0.0001	0.01335	0.2607	41.77
Bathing_2	303.94	0.0001	0.02575	0.6235	189.51
Eating_2	49.00	0.0001	0.01652	0.1076	5.27
Toileting_1	221.98	0.0001	0.00028	0.2267	50.33
Toileting_2	600.54	0.0001	0.04005	0.2943	176.71
Transfer_1-2	103.69	0.0001	0.00099	0.4316	44.76
<b>Interaction Terms (Add-On)</b>					
Bath_Equip_Eat	33.69	0.0001	0.00056	0.3457	11.65
Dress_Bath_Equip	146.07	0.0001	0.00074	0.6810	99.48
Transfer_Equip_Mobility	567.02	0.0001	0.01005	0.0579	32.84
Seizure Post-22_Schizophrenia	585.29	0.0001	0.00146	0.0045	2.61
Trauma BI Post-22_Anxiety Disorder	341.26	0.0001	0.00016	0.0015	0.51
Mental Illness_3 or More Mental Disorders	155.63	0.0001	0.00167	0.0347	5.40
Overnight_Mental Illness	47.50	0.0269	0.00002	0.0302	1.44
<b>Behavioral Variables (Add-On)</b>					
Injury_1-2	93.49	0.0150	0.00016	0.0064	0.60
Mental Health_2-3	141.34	0.0001	0.00375	0.5047	71.34
Offensive_1-2-3	224.09	0.0001	0.00138	0.0686	15.37
Substance Abuse Current	309.75	0.0001	0.00104	0.0213	6.60
Wander_2	79.74	0.0001	0.00005	0.0370	2.95
<b>Medication Use (Add-On)</b>					
Meds_2B	215.96	0.0001	0.00608	0.6346	137.04
<b>Health Related Services (Add-On)</b>					
Dialysis	119.35	0.0001	0.00004	0.0130	1.55
Exercise	26.68	0.0035	0.00020	0.1436	3.83
Med Admin	183.43	0.0001	0.00074	0.7763	142.40
Med Management	75.90	0.0001	0.00035	0.3401	25.82
Overnight	264.84	0.0001	0.00339	0.6390	169.23
Reposition	424.10	0.0001	0.00350	0.0748	31.74
Respirate	53.10	0.0001	0.00008	0.0727	3.86
Tube Feedings	419.82	0.0001	0.00035	0.0054	2.28
Ulcer Stage 2	299.53	0.0001	0.00043	0.0123	3.70
Ulcer Stage 3-4	368.98	0.0001	0.00020	0.0039	1.45
<b>Diagnoses (Add-On)</b>					
Alzheimers	127.15	0.0001	0.00105	0.5010	63.70
Mental Illness	153.43	0.0001	0.00070	0.0954	14.63

## **APPENDIX C. CMS CHECKLIST**

### *Wisconsin Department of Health Services*

#### *Crosswalk from CMS Rate Setting Checklist to 2015 PACE and Family Care Partnership Programs Report*

<b>Item</b>	<b>Location</b>	<b>Comments</b>
AA.1.0	Overview of Rate setting Methodology	Entire Report
<b>AA.1.1</b>	<b>Actuarial Certification</b>	<b>Pages 22-24</b>
AA.1.2	Projection of Expenditures	NA
<b>AA.1.3</b>	<b>Procurement, Prior Approval and Rate setting</b>	NA
AA.1.5	Risk contracts	NA
<b>AA.1.6</b>	<b>Limit on Payment to other providers</b>	NA
AA.1.7	Rate Modifications	NA
<b>AA.2.0</b>	<b>Base Year Utilization and Cost Data</b>	<b>Page 9; Exh I-1, I-2, II-1, II-2</b>
AA.2.1	Medicaid Eligibles under the Contract	Page 5
<b>AA.2.2</b>	<b>Dual Eligibles</b>	<b>Page 5</b>
AA.2.3	Spenddown	NA
<b>AA.2.4</b>	<b>State Plan Services only</b>	<b>Page 1</b>
AA.2.5	Services that may be covered out of contract savings	NA
<b>AA.3.0</b>	<b>Adjustments to Base Year Data</b>	<b>Pages 5, 8, 11-17; App A, B-1, B-2, B-3; Exh II-1, III-2, III-3, III-4</b>
AA.3.1	Benefit Differences	Page 11
<b>AA.3.2</b>	<b>Administrative Cost Allowance Calculations</b>	<b>Pages 14-15</b>
AA.3.3	Special Populations' Adjustments	NA
<b>AA.3.4</b>	<b>Eligibility Adjustments</b>	NA
AA.3.5	DSH Payments	NA
<b>AA.3.6</b>	<b>Third Party Liability</b>	<b>Page 11</b>
AA.3.7	Co-payments, Coinsurance and Deductibles in Capitated Rates	NA

## **APPENDIX C. CMS CHECKLIST**

### *Wisconsin Department of Health Services*

#### *Crosswalk from CMS Rate Setting Checklist to 2015 PACE and Family Care Partnership Programs Report*

<b>Item</b>	<b>Location</b>	<b>Comments</b>
<b>AA.3.8 Graduate Medical Education</b>	<b>NA</b>	
AA.3.9 FQHC and RHC Reimbursement	NA	
<b>AA.3.10 Medical Cost / Trend Inflation</b>	<b>Pages 11-12</b>	
AA.3.11 Utilization Adjustments	NA	
<b>AA.3.12 Utilization and Cost Assumptions</b>	<b>NA</b>	
AA.3.13 Post-Eligibility Treatment of Income	NA	
<b>AA.3.14 Incomplete Data Adjustment</b>	<b>Page 5</b>	
AA.4.0 Establish Rate Category Groupings	Page 8	
<b>AA.4.1 Age</b>	<b>Page 8</b>	
AA.4.2 Gender	Page 8	
<b>AA.4.3 Locality / Region</b>	<b>Pages 2-4</b>	
AA.4.4 Eligibility Categories	Pages 5, 8	
<b>AA.5.0 Data Smoothing</b>	<b>Page 13</b>	
AA 5.1 Special Population and Assessment of the Data for Distortions	NA	
<b>AA.5.2 Cost-neutral data smoothing adjustment</b>	<b>Page 13</b>	
AA.5.3 Risk Adjustment	Pages 12-13; App A, B-1, B-2, B-3; Exh II-1, III-2, III-3, III-4	
<b>AA.6.0 Stop Loss, Reinsurance or Risk Sharing arrangements</b>	<b>NA</b>	
AA.6.1 Commercial Reinsurance	NA	
<b>AA.6.2 Simple stop loss program</b>	<b>NA</b>	
AA.6.3 Risk corridor program	NA	
<b>AA.7.0 Incentive Arrangements</b>	<b>NA</b>	

## APPENDIX D. PACE CHECKLIST

### Wisconsin Department of Health Services

#### Crosswalk from PACE Rate Setting Checklist to 2015 PACE and Family Care Partnership Programs Report

Item	Location	Comments
1.0	Overview of Rate setting Methodology	Entire Report
<b>1.1</b>	<b>PACE Program Rates Under UPL</b>	<b>Page 21</b>
2.0	Base Year Utilization and Cost Data	Page 9; Exh I-1, I-2, II-1, II-2
<b>2.1</b>	<b>Base Data Period</b>	<b>Page 9; Exh I-1, I-2, II-1, II-2</b>
2.2	Utilization Assumptions	Page 9; Exh I-1, I-2, II-1, II-2
<b>2.3</b>	<b>Eligibility Categories</b>	<b>Pages 5, 8</b>
2.4	Members Not Eligible for Managed Care	NA
<b>2.5</b>	<b>State Plan Services</b>	<b>Page 1</b>
2.6	State Plan Services Only	Page 1
<b>3.0</b>	<b>Adjustments to Base Year Data</b>	<b>Pages 5, 8, 11-17; App A, B-1, B-2, B-3; Exh II-1, III-2, III-3, III-4</b>
3.1	Benefit Differences	Page 11
<b>3.2</b>	<b>PACE Benefit Differences</b>	<b>NA</b>
3.3	Administrative Cost Allowance Calculations	Pages 14-15
<b>3.4</b>	<b>Special Populations' Adjustments</b>	<b>NA</b>
3.5	Eligibility Adjustments	NA
<b>3.6</b>	<b>Other Adjustments</b>	<b>NA</b>
3.7	Review of Base Period Experience	Page 9; Exh I-1, I-2, II-1, II-2
<b>4.0</b>	<b>Establish Rate Category Groupings</b>	<b>Page 8</b>
4.1	Grouping of Similar Cost Categories	NA
<b>4.2</b>	<b>Age</b>	<b>Page 8</b>
4.3	Gender	Page 8
<b>4.4</b>	<b>Locality / Region</b>	<b>Pages 2-4</b>
4.5	Eligibility Categories	Pages 5, 8
<b>5.0</b>	<b>Completion Factor Derivation</b>	<b>Page 5</b>

## **APPENDIX D. PACE CHECKLIST**

### *Wisconsin Department of Health Services*

#### *Crosswalk from PACE Rate Setting Checklist to 2015 PACE and Family Care Partnership Programs Report*

<b>Item</b>	<b>Location</b>	<b>Comments</b>
5.1	Completion Factor Nuances	NA
<b>5.2</b>	<b>Completion Factors by Service Category</b>	<b>NA</b>
5.3	Incomplete Data Adjustment	Page 5
<b>6.0</b>	<b>Medical Cost / Trend Inflation</b>	<b>Pages 11-12</b>
7.0	Utilization Adjustments	NA
<b>8.0</b>	<b>Data Smoothing</b>	<b>Page 13</b>
8.1	Special Population and Assessment of the Data for Distortions	NA
<b>8.2</b>	<b>Cost-neutral data smoothing adjustment</b>	<b>Page 13</b>
9.0	Calculation of Capitation Rates	Entire Report
<b>10.0</b>	<b>Stop Loss, Reinsurance or Risk Sharing arrangements</b>	<b>NA</b>
10.1	Commercial Reinsurance	NA
<b>10.2</b>	<b>Simple stop loss program</b>	<b>NA</b>
11.0	Incentive Arrangements	NA

## **APPENDIX E. PACE UPL CHECKLIST**

### *Wisconsin Department of Health Services*

#### *Crosswalk from PACE UPL Checklist to 2015 PACE and Family Care Partnership Programs Report*

<b>Item</b>	<b>Location</b>	<b>Comments</b>
1.0	Development of the UPL	Page 21
<b>1.1</b>	<b>Dual Eligibles</b>	NA
1.2	PACE Premiums	NA
<b>2.0</b>	<b>FFS Data</b>	NA
2.1	Eligibility Categories	NA
<b>2.2</b>	<b>PACE Eligibles</b>	NA
2.3	Service Categories	NA
<b>2.4</b>	<b>State Plan Services</b>	NA
2.5	Medicaid Managed Care Enrollees	NA
<b>2.6</b>	<b>Site of Service</b>	NA
2.7	Rate Cells	NA
<b>2.8</b>	<b>Base Year Eligibility and Claims Data</b>	NA
3.0	Claims Completion Factor	NA
<b>4.0</b>	<b>Adjustments to Base Year Data</b>	NA
5.0	Cost Inflation	NA
<b>6.0</b>	<b>Data Smoothing</b>	NA
7.0	UPL Updates	Page 21

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# Rate Development Exhibits

**Wisconsin Department of Health Services  
CY 2015 PACE/Partnership Capitation Rate Development**

**Summary of 2013 Actual Experience by MCO  
Dual Eligible: Acute & Primary Service Costs**

	Care WI (GSR 3)			Care WI (GSR 5)			Care WI (GSR 12)			iCare (GSR 8)			iCare (GSR 11)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	164	242	435	449	681	939	772	5,681	4,607	700	3,641	361	22	135	38
<b>Acute &amp; Primary Services</b>															
Inpatient Hospital	\$ 9.05	\$ 6.75	\$ 9.20	\$ 5.88	\$ 17.46	\$ 16.02	\$ 3.20	\$ 6.12	\$ 3.76	\$ 1.21	\$ 4.47	\$ 6.57	\$ -	\$ -	\$ -
Outpatient Hospital	\$ 18.58	\$ 5.99	\$ 6.81	\$ 1.18	\$ 21.00	\$ 4.07	\$ 10.73	\$ 11.04	\$ 8.16	\$ 11.21	\$ 39.56	\$ 24.13	\$ 9.16	\$ 35.85	\$ 95.24
Pharmacy	\$ 7.82	\$ 17.13	\$ 9.92	\$ 17.97	\$ 14.79	\$ 9.51	\$ 19.82	\$ 20.61	\$ 20.49	\$ 0.16	\$ 0.07	\$ -	\$ -	\$ 184.75	\$ -
Dental	\$ 5.65	\$ 25.06	\$ 4.84	\$ 17.09	\$ 13.40	\$ 5.95	\$ 9.75	\$ 13.64	\$ 10.65	\$ 13.67	\$ 13.87	\$ 4.10	\$ 3.34	\$ 15.01	\$ -
Other Acute & Primary	\$ 12.12	\$ 40.75	\$ 16.04	\$ 7.60	\$ 32.73	\$ 14.01	\$ 14.95	\$ 30.99	\$ 21.07	\$ 24.20	\$ 27.89	\$ 26.78	\$ (0.58)	\$ 33.40	\$ 13.80
Primary & Acute Subtotal	\$ 53.22	\$ 95.67	\$ 46.81	\$ 49.72	\$ 99.39	\$ 49.56	\$ 58.46	\$ 82.39	\$ 64.14	\$ 50.45	\$ 85.86	\$ 61.58	\$ 11.92	\$ 269.01	\$ 109.04
<b>Deductible / Coinsurance</b>															
Part_B_Ded	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25
Grand Total All Services	\$ 65.47	\$ 107.92	\$ 59.06	\$ 61.97	\$ 111.64	\$ 61.81	\$ 70.71	\$ 94.64	\$ 76.39	\$ 62.70	\$ 98.11	\$ 73.83	\$ 24.17	\$ 281.26	\$ 121.29
Composite PMPM	74.37			78.25			85.37			90.98			220.93		
	CCHP - PACE			CCHP (GSR 6)			CCHP (GSR 8)			CCHP (GSR 10)			CCHP (GSR 11)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	398	3,300	4,540	284	371	500	387	817	547	258	472	585	429	733	917
<b>Acute &amp; Primary Services</b>															
Inpatient Hospital	\$ 1.12	\$ 3.62	\$ 1.75	\$ 0.76	\$ 15.47	\$ 7.83	\$ 0.48	\$ 4.21	\$ 1.92	\$ 0.68	\$ 4.32	\$ 0.65	\$ 0.86	\$ 5.08	\$ 7.23
Outpatient Hospital	\$ 24.75	\$ 54.81	\$ 16.84	\$ 14.43	\$ 42.28	\$ 29.51	\$ 18.40	\$ 50.42	\$ 10.57	\$ 7.71	\$ 62.87	\$ 21.07	\$ 34.45	\$ 76.21	\$ 48.29
Pharmacy	\$ -	\$ 0.58	\$ 0.14	\$ -	\$ 0.02	\$ 2.61	\$ -	\$ 0.02	\$ -	\$ -	\$ 0.18	\$ 0.16	\$ 0.07	\$ 0.04	\$ 0.09
Dental	\$ 33.16	\$ 40.25	\$ 32.44	\$ 28.91	\$ 34.47	\$ 34.01	\$ 47.32	\$ 58.52	\$ 24.33	\$ 15.76	\$ 21.84	\$ 12.21	\$ 10.88	\$ 6.29	\$ 4.26
Other Acute & Primary	\$ 52.59	\$ 76.09	\$ 55.10	\$ 42.87	\$ 56.47	\$ 61.62	\$ 39.97	\$ 80.57	\$ 48.62	\$ 31.75	\$ 64.17	\$ 46.68	\$ 35.71	\$ 67.60	\$ 73.24
Primary & Acute Subtotal	\$ 111.62	\$ 175.35	\$ 106.27	\$ 86.97	\$ 148.72	\$ 135.57	\$ 106.17	\$ 193.75	\$ 85.42	\$ 55.90	\$ 153.38	\$ 80.76	\$ 81.96	\$ 155.22	\$ 133.12
<b>Deductible / Coinsurance</b>															
Part_B_Ded	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25
Grand Total All Services	\$ 123.87	\$ 187.60	\$ 118.52	\$ 99.22	\$ 160.97	\$ 147.82	\$ 118.42	\$ 206.00	\$ 97.67	\$ 68.15	\$ 165.63	\$ 93.01	\$ 94.21	\$ 167.47	\$ 145.37
Composite PMPM	146.45			140.09			152.81			114.19			142.60		



**Wisconsin Department of Health Services  
CY 2015 PACE/Partnership Capitation Rate Development**

**Summary of 2013 Actual Experience by MCO  
MA Only: Acute & Primary Service Costs**

	Care WI (GSR 3)			Care WI (GSR 5)			Care WI (GSR 12)			iCare (GSR 8)			iCare (GSR 11)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	39	18	2	161	143	-	246	1,597	49	818	2,755	1	21	39	-
<b>Acute &amp; Primary Services</b>															
Inpatient Hospital	\$ -	\$ -	\$ -	\$ -	\$ 140.55	\$ -	\$ 288.08	\$ 630.07	\$ 379.87	\$ 28.79	\$ 265.74	\$ -	\$ -	\$ 94.65	\$ -
Outpatient Hospital	\$ 9.54	\$ 9.71	\$ 556.50	\$ 31.96	\$ 11.60	\$ -	\$ 137.46	\$ 82.23	\$ -	\$ 36.16	\$ 157.55	\$ -	\$ 134.29	\$ 83.22	\$ -
Pharmacy	\$ 129.03	\$ 462.09	\$ 62.86	\$ 409.61	\$ 676.14	\$ -	\$ 666.46	\$ 717.80	\$ 224.41	\$ 358.22	\$ 869.09	\$ 2,102.64	\$ 171.77	\$ 318.27	\$ -
Dental	\$ 73.78	\$ 96.86	\$ 16.53	\$ 38.00	\$ 39.52	\$ -	\$ 7.87	\$ 11.09	\$ 13.31	\$ 8.52	\$ 17.20	\$ -	\$ -	\$ 1.64	\$ -
Other Acute & Primary	\$ 48.87	\$ 924.95	\$ 1,086.32	\$ 128.14	\$ 136.52	\$ -	\$ 185.34	\$ 360.66	\$ 195.22	\$ 95.36	\$ 336.82	\$ 758.88	\$ 57.45	\$ 392.50	\$ -
Primary & Acute Subtotal	\$ 261.22	\$ 1,493.61	\$ 1,722.21	\$ 607.71	\$ 1,004.33	\$ -	\$ 1,285.20	\$ 1,801.85	\$ 812.81	\$ 527.06	\$ 1,646.40	\$ 2,861.52	\$ 363.51	\$ 890.28	\$ -
<b>Deductible / Coinsurance</b>															
Part B Ded	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total All Services	\$ 261.22	\$ 1,493.61	\$ 1,722.21	\$ 607.71	\$ 1,004.33	\$ -	\$ 1,285.20	\$ 1,801.85	\$ 812.81	\$ 527.06	\$ 1,646.40	\$ 2,861.52	\$ 363.51	\$ 890.28	\$ -
Composite PMPM	692.26			793.99			1,708.94			1,390.34			707.15		
	CCHP - PACE			CCHP (GSR 6)			CCHP (GSR 8)			CCHP (GSR 10)			CCHP (GSR 11)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	119	623	-	65	122	2	337	418	-	108	119	-	103	166	-
<b>Acute &amp; Primary Services</b>															
Inpatient Hospital	\$ 158.13	\$ 379.02	\$ -	\$ 79.48	\$ 423.93	\$ -	\$ 127.20	\$ 359.06	\$ -	\$ 20.05	\$ 247.63	\$ -	\$ 582.74	\$ 1,158.03	\$ -
Outpatient Hospital	\$ 84.16	\$ 276.80	\$ -	\$ 57.92	\$ 220.61	\$ 157.50	\$ 43.81	\$ 270.54	\$ -	\$ 172.37	\$ 245.57	\$ -	\$ 177.25	\$ 428.28	\$ -
Pharmacy	\$ 436.01	\$ 436.39	\$ -	\$ 507.87	\$ 891.01	\$ 445.67	\$ 368.29	\$ 510.98	\$ -	\$ 373.65	\$ 521.53	\$ -	\$ 234.32	\$ 819.64	\$ -
Dental	\$ 9.58	\$ 54.42	\$ -	\$ 11.11	\$ 40.16	\$ -	\$ 35.82	\$ 37.47	\$ -	\$ 5.60	\$ 35.36	\$ -	\$ 19.82	\$ 19.02	\$ -
Other Acute & Primary	\$ 183.60	\$ 445.36	\$ -	\$ 166.16	\$ 421.47	\$ 415.29	\$ 198.89	\$ 418.48	\$ -	\$ 198.17	\$ 314.99	\$ -	\$ 368.39	\$ 660.06	\$ -
Primary & Acute Subtotal	\$ 871.48	\$ 1,591.99	\$ -	\$ 822.54	\$ 1,997.18	\$ 1,018.46	\$ 774.01	\$ 1,596.54	\$ -	\$ 769.84	\$ 1,365.09	\$ -	\$ 1,382.52	\$ 3,085.04	\$ -
<b>Deductible / Coinsurance</b>															
Part B Ded	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total All Services	\$ 871.48	\$ 1,591.99	\$ -	\$ 822.54	\$ 1,997.18	\$ 1,018.46	\$ 774.01	\$ 1,596.54	\$ -	\$ 769.84	\$ 1,365.09	\$ -	\$ 1,382.52	\$ 3,085.04	\$ -
Composite PMPM	1,476.43			1,585.10			1,229.22			1,081.77			2,434.02		

**Wisconsin Department of Health Services  
CY 2015 PACE/Partnership Capitation Rate Development**

**Summary of 2013 Acute & Primary Service Costs by Rate Cell  
Base Cohort (All) Counties**

Service Category	Age	Developmentally Disabled				Physically Disabled				Frail Elderly			
		Dual		MA		Dual		MA		Dual		MA	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Inpatient Hospital	0-44	2.49	0.10	330.07	330.07	3.95	2.45	330.07	330.07	-	-	-	-
	45-54	2.24	-	330.07	330.07	3.54	3.00	330.07	330.07	-	-	-	-
	55-64	3.78	0.54	330.07	330.07	8.60	4.39	330.07	330.07	-	-	-	-
	65-74	3.09	5.22	330.07	330.07	7.81	4.48	330.07	330.07	6.80	4.47	330.07	330.07
	75-84	13.33	-	330.07	330.07	8.64	9.17	330.07	330.07	4.30	5.01	330.07	330.07
	85+	-	1.46	330.07	330.07	11.38	11.09	330.07	330.07	4.59	3.56	330.07	330.07
Outpatient Hospital	0-44	10.72	11.86	138.98	138.98	24.52	24.54	138.98	138.98	-	-	-	-
	45-54	6.91	16.38	138.98	138.98	35.82	23.53	138.98	138.98	-	-	-	-
	55-64	25.35	13.94	138.98	138.98	39.47	36.86	138.98	138.98	-	-	-	-
	65-74	20.14	8.82	138.98	138.98	42.61	36.80	138.98	138.98	28.33	23.21	138.98	138.98
	75-84	19.33	64.96	138.98	138.98	50.13	22.42	138.98	138.98	29.56	18.82	138.98	138.98
	85+	-	2.55	138.98	138.98	10.27	7.07	138.98	138.98	11.36	6.89	138.98	138.98
Pharmacy	0-44	0.97	4.67	652.82	652.82	8.53	11.93	652.82	652.82	-	-	-	-
	45-54	2.40	11.50	652.82	652.82	7.86	11.31	652.82	652.82	-	-	-	-
	55-64	3.50	7.74	652.82	652.82	6.75	15.27	652.82	652.82	-	-	-	-
	65-74	7.82	8.16	652.82	652.82	6.36	8.42	652.82	652.82	8.54	10.55	652.82	652.82
	75-84	7.01	60.13	652.82	652.82	5.08	12.69	652.82	652.82	5.72	10.91	652.82	652.82
	85+	18.87	8.89	652.82	652.82	4.20	7.22	652.82	652.82	5.62	6.30	652.82	652.82
Dental	0-44	30.40	26.39	21.01	21.01	19.97	27.47	21.01	21.01	-	-	-	-
	45-54	13.67	7.18	21.01	21.01	19.09	14.17	21.01	21.01	-	-	-	-
	55-64	19.96	19.43	21.01	21.01	23.96	24.43	21.01	21.01	-	-	-	-
	65-74	18.32	16.80	21.01	21.01	24.76	23.07	21.01	21.01	15.18	15.31	21.01	21.01
	75-84	0.13	3.44	21.01	21.01	17.34	12.65	21.01	21.01	19.81	18.82	21.01	21.01
	85+	2.79	2.63	21.01	21.01	42.63	18.53	21.01	21.01	9.28	19.96	21.01	21.01
Other	0-44	26.73	29.83	313.00	313.00	44.75	43.36	313.00	313.00	-	-	-	-
	45-54	11.39	25.93	313.00	313.00	35.89	33.59	313.00	313.00	-	-	-	-
	55-64	34.02	30.23	313.00	313.00	46.97	46.80	313.00	313.00	-	-	-	-
	65-74	33.54	29.02	313.00	313.00	53.02	44.17	313.00	313.00	33.18	41.33	313.00	313.00
	75-84	13.04	21.90	313.00	313.00	71.07	48.09	313.00	313.00	54.65	39.80	313.00	313.00
	85+	15.81	22.58	313.00	313.00	52.07	44.66	313.00	313.00	39.74	34.99	313.00	313.00
Total	0-44	71.30	72.86	1,455.88	1,455.88	101.72	109.74	1,455.88	1,455.88	-	-	-	-
	45-54	36.62	60.99	1,455.88	1,455.88	102.20	85.60	1,455.88	1,455.88	-	-	-	-
	55-64	86.62	71.90	1,455.88	1,455.88	125.75	127.75	1,455.88	1,455.88	-	-	-	-
	65-74	82.91	68.02	1,455.88	1,455.88	134.56	116.93	1,455.88	1,455.88	92.03	94.87	1,455.88	1,455.88
	75-84	52.83	150.43	1,455.88	1,455.88	152.26	105.03	1,455.88	1,455.88	114.03	93.36	1,455.88	1,455.88
	85+	37.47	38.11	1,455.88	1,455.88	120.55	88.57	1,455.88	1,455.88	70.60	71.70	1,455.88	1,455.88
<b>Grand Total</b>		70.30		1,455.88		117.34		1,455.88		85.76		1,455.88	

**Wisconsin Department of Health Services  
CY 2015 PACE/Partnership Capitation Rate Development**

**Trended and Completed CY2015 Acute & Primary Service Costs by Rate Cell  
Base Cohort (All) Counties**

Service Category	Age	Developmentally Disabled				Physically Disabled				Frail Elderly			
		Dual		MA		Dual		MA		Dual		MA	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Inpatient Hospital	0-44	2.64	0.10	350.96	350.96	4.20	2.60	350.96	350.96	-	-	-	-
	45-54	2.38	-	350.96	350.96	3.77	3.19	350.96	350.96	-	-	-	-
	55-64	4.01	0.58	350.96	350.96	9.14	4.67	350.96	350.96	-	-	-	-
	65-74	3.29	5.55	350.96	350.96	8.30	4.76	350.96	350.96	7.23	4.75	350.96	350.96
	75-84	14.17	-	350.96	350.96	9.18	9.75	350.96	350.96	4.57	5.33	350.96	350.96
	85+	-	1.55	350.96	350.96	12.10	11.79	350.96	350.96	4.88	3.78	350.96	350.96
Outpatient Hospital	0-44	11.39	12.62	147.78	147.78	26.07	26.10	147.78	147.78	-	-	-	-
	45-54	7.35	17.42	147.78	147.78	38.09	25.02	147.78	147.78	-	-	-	-
	55-64	26.96	14.82	147.78	147.78	41.96	39.19	147.78	147.78	-	-	-	-
	65-74	21.41	9.38	147.78	147.78	45.30	39.13	147.78	147.78	30.13	24.68	147.78	147.78
	75-84	20.55	69.08	147.78	147.78	53.31	23.84	147.78	147.78	31.43	20.01	147.78	147.78
	85+	-	2.71	147.78	147.78	10.92	7.52	147.78	147.78	12.08	7.33	147.78	147.78
Pharmacy	0-44	1.00	4.86	719.73	719.73	8.88	12.41	719.73	719.73	-	-	-	-
	45-54	2.50	11.97	719.73	719.73	8.17	11.76	719.73	719.73	-	-	-	-
	55-64	3.64	8.06	719.73	719.73	7.02	15.89	719.73	719.73	-	-	-	-
	65-74	8.14	8.48	719.73	719.73	6.62	8.76	719.73	719.73	8.88	10.97	719.73	719.73
	75-84	7.29	62.55	719.73	719.73	5.29	13.21	719.73	719.73	5.95	11.35	719.73	719.73
	85+	19.64	9.25	719.73	719.73	4.37	7.51	719.73	719.73	5.84	6.55	719.73	719.73
Dental	0-44	32.32	28.06	22.34	22.34	21.23	29.20	22.34	22.34	-	-	-	-
	45-54	14.54	7.64	22.34	22.34	20.30	15.07	22.34	22.34	-	-	-	-
	55-64	21.22	20.66	22.34	22.34	25.48	25.97	22.34	22.34	-	-	-	-
	65-74	19.48	17.86	22.34	22.34	26.33	24.53	22.34	22.34	16.14	16.28	22.34	22.34
	75-84	0.14	3.66	22.34	22.34	18.43	13.45	22.34	22.34	21.06	20.01	22.34	22.34
	85+	2.97	2.80	22.34	22.34	45.33	19.70	22.34	22.34	9.87	21.22	22.34	22.34
Other	0-44	28.42	31.72	332.81	332.81	47.58	46.10	332.81	332.81	-	-	-	-
	45-54	12.11	27.57	332.81	332.81	38.16	35.71	332.81	332.81	-	-	-	-
	55-64	36.18	32.15	332.81	332.81	49.94	49.76	332.81	332.81	-	-	-	-
	65-74	35.66	30.86	332.81	332.81	56.37	46.96	332.81	332.81	35.28	43.94	332.81	332.81
	75-84	13.87	23.29	332.81	332.81	75.57	51.14	332.81	332.81	58.11	42.32	332.81	332.81
	85+	16.81	24.01	332.81	332.81	55.37	47.49	332.81	332.81	42.26	37.20	332.81	332.81
Total	0-44	75.79	77.36	1,573.62	1,573.62	107.96	116.42	1,573.62	1,573.62	-	-	-	-
	45-54	38.88	64.59	1,573.62	1,573.62	108.49	90.76	1,573.62	1,573.62	-	-	-	-
	55-64	92.02	76.27	1,573.62	1,573.62	133.55	135.48	1,573.62	1,573.62	-	-	-	-
	65-74	87.97	72.13	1,573.62	1,573.62	142.93	124.14	1,573.62	1,573.62	97.66	100.63	1,573.62	1,573.62
	75-84	56.02	158.58	1,573.62	1,573.62	161.78	111.39	1,573.62	1,573.62	121.12	99.02	1,573.62	1,573.62
	85+	39.41	40.31	1,573.62	1,573.62	128.09	94.01	1,573.62	1,573.62	74.94	76.09	1,573.62	1,573.62
<b>Grand Total</b>		74.60		1,573.62		124.54		1,573.62		91.00		1,573.62	

**Wisconsin Department of Health Services  
CY 2015 PACE/Partnership Capitation Rate Development**

**Projected CY 2015 Enrollment**

MCO	Age	Developmentally Disabled				Physically Disabled				Frail Elderly			
		Dual		MA		Dual		MA		Dual		MA	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Care WI (GSR 3)	0-44	42	42	28	14	87	15	-	-	-	-	-	-
	45-54	28	14	-	-	15	15	15	-	-	-	-	-
	55-64	28	-	-	-	29	58	-	15	-	-	-	-
	65-74	-	14	-	-	15	102	-	15	15	45	-	-
	75-84	14	14	-	-	-	44	-	-	30	120	-	15
	85+	-	-	-	-	-	15	-	-	60	239	-	-
Care WI (GSR 5)	0-44	14	54	54	68	40	80	-	-	-	-	-	-
	45-54	68	81	-	14	40	80	-	53	-	-	-	-
	55-64	95	68	-	41	106	106	40	53	-	-	-	-
	65-74	68	122	-	14	80	120	-	-	49	123	-	-
	75-84	14	27	-	-	66	53	-	-	111	222	-	-
	85+	27	41	-	-	-	53	-	-	74	333	-	-
Care WI (GSR 12)	0-44	60	72	60	84	124	432	161	259	-	-	-	-
	45-54	84	72	36	72	531	704	210	383	-	-	-	-
	55-64	24	145	24	48	840	1,359	309	544	-	-	-	-
	65-74	133	121	-	12	457	1,223	37	25	197	553	-	12
	75-84	-	-	-	-	185	309	-	-	491	1,449	12	-
	85+	12	36	-	-	37	124	-	-	270	1,732	-	25
CCHP - PACE	0-44	-	-	-	-	-	-	-	-	-	-	-	-
	45-54	-	-	-	-	-	-	-	-	-	-	-	-
	55-64	97	61	61	61	555	519	217	314	-	-	-	-
	65-74	121	73	-	-	555	1,001	-	-	109	218	-	-
	75-84	12	-	-	-	133	133	-	-	327	1,089	-	-
	85+	-	-	-	-	36	60	-	-	181	2,529	-	-
CCHP (GSR 6)	0-44	39	90	26	13	24	-	12	12	-	-	-	-
	45-54	26	77	-	13	24	24	-	12	-	-	-	-
	55-64	13	39	-	-	86	122	24	110	-	-	-	-
	65-74	39	13	-	-	61	86	-	-	26	90	-	-
	75-84	-	-	-	-	12	24	-	-	78	194	-	-
	85+	-	-	-	-	-	12	-	-	39	181	-	-

**Wisconsin Department of Health Services  
CY 2015 PACE/Partnership Capitation Rate Development**

**Projected CY 2015 Enrollment**

MCO	Age	Developmentally Disabled				Physically Disabled				Frail Elderly			
		Dual		MA		Dual		MA		Dual		MA	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
CCHP (GSR 8)	0-44	170	85	170	145	37	49	49	24	-	-	-	-
	45-54	24	-	48	12	86	73	61	86	-	-	-	-
	55-64	109	61	-	24	122	196	135	135	-	-	-	-
	65-74	-	36	-	-	86	184	-	24	-	23	-	-
	75-84	-	12	-	-	12	24	-	-	129	187	-	-
	85+	-	-	-	-	-	12	-	-	47	152	-	-
CCHP (GSR 10)	0-44	57	14	71	43	30	30	61	-	-	-	-	-
	45-54	71	29	14	-	30	-	-	76	-	-	-	-
	55-64	29	57	-	-	106	137	15	30	-	-	-	-
	65-74	57	-	-	-	91	121	-	-	16	111	-	-
	75-84	-	-	14	-	15	30	-	-	63	285	-	-
	85+	-	14	-	-	15	15	-	-	47	237	-	-
CCHP (GSR 11)	0-44	36	60	12	12	-	13	13	13	-	-	-	-
	45-54	24	24	-	-	52	90	26	39	-	-	-	-
	55-64	95	95	36	24	77	129	26	39	-	-	-	-
	65-74	24	48	-	-	129	206	-	-	38	89	-	-
	75-84	24	-	-	-	26	26	-	-	215	152	-	-
	85+	-	-	-	-	13	13	-	-	89	266	-	-
iCare (GSR 8)	0-44	193	245	464	245	176	135	108	230	-	-	-	-
	45-54	155	103	39	52	338	555	419	717	-	-	-	-
	55-64	64	103	26	77	622	1,055	392	1,190	-	-	-	-
	65-74	26	-	-	-	338	825	-	27	143	380	-	-
	75-84	-	-	-	-	-	-	-	-	-	-	-	-
	85+	-	-	-	-	-	-	-	-	-	-	-	-
iCare (GSR 11)	0-44	5	10	3	2	3	5	3	8	-	-	-	-
	45-54	3	5	2	3	11	27	5	8	-	-	-	-
	55-64	14	15	5	3	21	32	5	11	-	-	-	-
	65-74	3	7	-	-	27	51	-	-	6	12	-	-
	75-84	3	-	-	-	5	8	-	-	26	23	-	-
	85+	-	-	-	-	3	5	-	-	11	38	-	-

**Wisconsin Department of Health Services**  
**CY 2015 PACE/Partnership Capitation Rate Development**  
**CY2015 Acute and Primary Services Rate Development: Dual Eligible**

	Care Wisconsin (GSR 3)	Care Wisconsin (GSR 5)	Care Wisconsin (GSR 6)	Care Wisconsin (GSR 12)	CCHP - PACE	CCHP (GSR 6)
Inpatient Services	\$ 4.65	\$ 4.67	\$ 4.48	\$ 5.07	\$ 5.32	\$ 4.48
Physician Services	\$ 21.72	\$ 23.09	\$ 24.03	\$ 27.03	\$ 24.01	\$ 24.03
Pharmacy Services	\$ 8.94	\$ 9.22	\$ 8.76	\$ 9.51	\$ 8.39	\$ 8.76
Dental Services	\$ 20.43	\$ 19.40	\$ 20.90	\$ 21.41	\$ 21.80	\$ 20.90
Other Services	\$ 40.74	\$ 40.87	\$ 41.85	\$ 44.22	\$ 44.30	\$ 41.85
Medicare Part B Deductible	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25
Subtotal Acute & Primary Services	\$ 108.73	\$ 109.49	\$ 112.27	\$ 119.49	\$ 116.07	\$ 112.27
Admin: Acute & Primary	\$ 5.42	\$ 5.46	\$ 5.60	\$ 5.96	\$ 5.79	\$ 5.60
Total Acute & Primary Component	\$ 114.16	\$ 114.95	\$ 117.87	\$ 125.45	\$ 121.86	\$ 117.87
Projected CY 2015 Enrollment	1,100	2,412	-	11,778	7,808	1,419

	CCHP (GSR 8)	CCHP (GSR 10)	CCHP (GSR 11)	iCare (GSR 8)	iCare (GSR 11)	iCare (GSR 12)
Inpatient Services	\$ 4.51	\$ 4.86	\$ 4.82	\$ 4.70	\$ 5.01	\$ 5.07
Physician Services	\$ 26.51	\$ 24.08	\$ 28.98	\$ 32.19	\$ 27.49	\$ 27.03
Pharmacy Services	\$ 8.42	\$ 8.62	\$ 8.12	\$ 9.68	\$ 8.63	\$ 9.51
Dental Services	\$ 22.87	\$ 21.34	\$ 13.63	\$ 22.72	\$ 21.42	\$ 21.41
Other Services	\$ 42.34	\$ 42.20	\$ 43.12	\$ 43.06	\$ 43.70	\$ 44.22
Medicare Part B Deductible	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25	\$ 12.25
Subtotal Acute & Primary Services	\$ 116.90	\$ 113.34	\$ 110.92	\$ 124.60	\$ 118.50	\$ 119.49
Admin: Acute & Primary	\$ 5.83	\$ 5.65	\$ 5.53	\$ 6.21	\$ 5.91	\$ 5.96
Total Acute & Primary Component	\$ 122.73	\$ 119.00	\$ 116.45	\$ 130.81	\$ 124.41	\$ 125.45
Projected CY 2015 Enrollment	1,916	1,710	2,051	5,457	381	-

**Wisconsin Department of Health Services**  
**CY 2015 PACE/Partnership Capitation Rate Development**  
**CY2015 Acute and Primary Services Rate Development: MA Only**

	Care Wisconsin (GSR 3)	Care Wisconsin (GSR 5)	Care Wisconsin (GSR 6)	Care Wisconsin (GSR 12)	CCHP - PACE	CCHP (GSR 6)
Inpatient Services	\$ 317.73	\$ 319.94	\$ 328.08	\$ 349.16	\$ 339.17	\$ 328.08
Physician Services	\$ 133.79	\$ 134.72	\$ 138.14	\$ 147.02	\$ 142.81	\$ 138.14
Pharmacy Services	\$ 651.58	\$ 656.12	\$ 672.81	\$ 716.04	\$ 695.55	\$ 672.81
Dental Services	\$ 20.22	\$ 20.36	\$ 20.88	\$ 22.22	\$ 21.59	\$ 20.88
Other Services	\$ 301.30	\$ 303.39	\$ 311.11	\$ 331.10	\$ 321.63	\$ 311.11
Medicare Part B Deductible	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Acute & Primary Services	\$ 1,424.62	\$ 1,434.53	\$ 1,471.02	\$ 1,565.55	\$ 1,520.76	\$ 1,471.02
Admin: Acute & Primary	\$ 71.04	\$ 71.54	\$ 73.36	\$ 78.07	\$ 75.84	\$ 73.36
Total Acute & Primary Component	\$ 1,495.66	\$ 1,506.07	\$ 1,544.38	\$ 1,643.62	\$ 1,596.59	\$ 1,544.38
Projected CY 2015 Enrollment	101	335	-	2,314	652	223

	CCHP (GSR 8)	CCHP (GSR 10)	CCHP (GSR 11)	iCare (GSR 8)	iCare (GSR 11)	iCare (GSR 12)
Inpatient Services	\$ 341.58	\$ 331.21	\$ 324.11	\$ 364.10	\$ 346.26	\$ 349.16
Physician Services	\$ 143.83	\$ 139.46	\$ 136.47	\$ 153.31	\$ 145.80	\$ 147.02
Pharmacy Services	\$ 700.50	\$ 679.22	\$ 664.67	\$ 746.67	\$ 710.10	\$ 716.04
Dental Services	\$ 21.74	\$ 21.08	\$ 20.63	\$ 23.17	\$ 22.04	\$ 22.22
Other Services	\$ 323.92	\$ 314.07	\$ 307.35	\$ 345.26	\$ 328.35	\$ 331.10
Medicare Part B Deductible	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Acute & Primary Services	\$ 1,531.57	\$ 1,485.04	\$ 1,453.24	\$ 1,632.51	\$ 1,552.56	\$ 1,565.55
Admin: Acute & Primary	\$ 76.38	\$ 74.06	\$ 72.47	\$ 81.41	\$ 77.42	\$ 78.07
Total Acute & Primary Component	\$ 1,607.95	\$ 1,559.09	\$ 1,525.71	\$ 1,713.92	\$ 1,629.98	\$ 1,643.62
Projected CY 2015 Enrollment	914	325	238	3,986	59	-

**Wisconsin Department of Health Services**  
**CY 2015 PACE/Partnership Capitation Rate Development**  
**CY2015 Acute and Primary Services Rate Development**

	Care Wisconsin (GSR 3)	Care Wisconsin (GSR 5)	Care Wisconsin (GSR 6)	Care Wisconsin (GSR 12)	CCHP - PACE	CCHP (GSR 6)
Inpatient Services	\$ 31.00	\$ 43.15	\$ 48.36	\$ 61.58	\$ 31.05	\$ 48.36
Physician Services	\$ 31.15	\$ 36.71	\$ 39.51	\$ 46.73	\$ 33.17	\$ 39.51
Pharmacy Services	\$ 63.02	\$ 88.18	\$ 98.81	\$ 125.54	\$ 61.35	\$ 98.81
Dental Services	\$ 20.41	\$ 19.52	\$ 20.90	\$ 21.54	\$ 21.79	\$ 20.90
Other Services	\$ 62.66	\$ 72.91	\$ 78.37	\$ 91.33	\$ 65.68	\$ 78.37
Medicare Part B Deductible	\$ 11.22	\$ 10.75	\$ 10.59	\$ 10.24	\$ 11.31	\$ 10.59
Subtotal Acute & Primary Services	\$ 219.46	\$ 271.23	\$ 296.54	\$ 356.98	\$ 224.34	\$ 296.54
Admin: Acute & Primary	\$ 10.94	\$ 13.53	\$ 14.79	\$ 17.80	\$ 11.19	\$ 14.79
Total Acute & Primary Component	\$ 230.40	\$ 284.75	\$ 311.32	\$ 374.78	\$ 235.53	\$ 311.32
Projected CY 2015 Enrollment	1,201	2,747	-	14,092	8,460	1,642

	CCHP (GSR 8)	CCHP (GSR 10)	CCHP (GSR 11)	iCare (GSR 8)	iCare (GSR 11)	iCare (GSR 12)
Inpatient Services	\$ 113.38	\$ 56.97	\$ 38.01	\$ 156.42	\$ 50.85	\$ 61.58
Physician Services	\$ 64.40	\$ 42.50	\$ 40.15	\$ 83.32	\$ 43.38	\$ 46.73
Pharmacy Services	\$ 231.95	\$ 115.69	\$ 76.38	\$ 320.81	\$ 102.86	\$ 125.54
Dental Services	\$ 22.50	\$ 21.30	\$ 14.36	\$ 22.91	\$ 21.51	\$ 21.54
Other Services	\$ 133.28	\$ 85.60	\$ 70.59	\$ 170.64	\$ 81.94	\$ 91.33
Medicare Part B Deductible	\$ 8.29	\$ 10.29	\$ 10.98	\$ 7.08	\$ 10.60	\$ 10.24
Subtotal Acute & Primary Services	\$ 573.81	\$ 332.35	\$ 250.46	\$ 761.17	\$ 311.13	\$ 356.98
Admin: Acute & Primary	\$ 28.62	\$ 16.57	\$ 12.49	\$ 37.96	\$ 15.52	\$ 17.80
Total Acute & Primary Component	\$ 602.43	\$ 348.92	\$ 262.95	\$ 799.13	\$ 326.65	\$ 374.78
Projected CY 2015 Enrollment	2,829	2,035	2,289	9,443	440	-



Wisconsin Department of Health Services  
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Developmentally Disabled - by MCO

Variable	Proportion with Variable				
	Care WI (GSR 3)	Care WI (GSR 5)	Care WI (GSR 12)	CCHP (GSR 6)	CCHP (GSR 8)
<b>Intercept (Grid Component)</b>	100.00%	100.00%	100.00%	100.00%	100.00%
<b>DD/NH Level of Care (Grid Component)</b>					
Vent Dependent	0.00%	0.00%	0.00%	0.00%	0.00%
DD1A	5.88%	15.63%	2.20%	0.00%	0.00%
DD2	47.06%	40.63%	32.97%	51.61%	56.76%
Restrictive Measures	0.00%	4.69%	0.00%	6.45%	0.00%
High Cost (5 Parameters)	0.00%	1.56%	0.00%	0.00%	1.35%
<b>Number of IADLs (Grid Component)</b>					
IADL_1-2	0.00%	7.81%	8.79%	3.23%	1.35%
IADL_3	0.00%	3.13%	14.29%	19.35%	8.11%
IADL_4	35.29%	9.38%	32.97%	29.03%	17.57%
IADL_5	23.53%	23.44%	35.16%	29.03%	39.19%
IADL_6	41.18%	56.25%	8.79%	19.35%	33.78%
<b>Specific ADLs / Equipment Used (Add-On)</b>					
Eating_2	35.29%	51.56%	7.69%	12.90%	16.22%
Toileting_1	41.18%	14.06%	26.37%	16.13%	27.03%
Toileting_2	41.18%	60.94%	23.08%	16.13%	14.86%
Transfer_1-2	58.82%	65.63%	51.65%	12.90%	12.16%
<b>Interaction Terms (Add-On)</b>					
Bath_Equip_Eat	41.18%	62.50%	28.57%	25.81%	14.86%
Dress_Bath_Equip	64.71%	71.88%	59.34%	35.48%	27.03%
Transfer_Equip_Mobility	11.76%	34.38%	5.49%	3.23%	1.35%
Autism_Schizophrenia	0.00%	0.00%	0.00%	0.00%	2.70%
Brain Injury Pre-22_Schizophrenia	0.00%	0.00%	1.10%	0.00%	0.00%
Cerebral Palsy_Depression	5.88%	3.13%	10.99%	6.45%	1.35%
Mental Retardation_Anxiety Disorder	5.88%	25.00%	14.29%	32.26%	32.43%
Mental Retardation_Bipolar	11.76%	10.94%	0.00%	12.90%	10.81%
Mental Retardation_Other Mental Illness	5.88%	15.63%	6.59%	25.81%	37.84%
Seizure Pre-22_Depression	0.00%	6.25%	13.19%	9.68%	2.70%
Seizure Post-22_Bipolar	0.00%	0.00%	2.20%	0.00%	2.70%
Seizure Post-22_Schizophrenia	0.00%	0.00%	1.10%	0.00%	0.00%
Trauma BI Post-22_Depression	5.88%	4.69%	6.59%	0.00%	1.35%
Other Federal DD_Bipolar	5.88%	4.69%	3.30%	0.00%	1.35%
Other Federal DD_Schizophrenia	0.00%	1.56%	4.40%	0.00%	1.35%
Behaviors_Autism	5.88%	6.25%	0.00%	3.23%	12.16%
Injury_Mental Illness_Age Under 30	0.00%	0.00%	0.00%	0.00%	0.00%
Injury_Overnight	0.00%	1.56%	0.00%	6.45%	9.46%
Injury_Overnight_Mental Illness_Age Under 30	0.00%	0.00%	0.00%	0.00%	0.00%
Muscular_Mental Illness_Age 60 and Under	0.00%	6.25%	4.40%	3.23%	2.70%
Offensive_Mobility_Age 60 and Under	0.00%	1.56%	1.10%	0.00%	5.41%
Overnight_Age Under 30	0.00%	3.13%	4.40%	16.13%	10.81%
Overnight_Alzheimers_Dementia_Decision Making	76.47%	76.56%	37.36%	45.16%	71.62%
Overnight_Mental Illness	0.00%	17.19%	8.79%	16.13%	28.38%
Overnight_Mental Illness_Age Under 30	0.00%	1.56%	0.00%	6.45%	5.41%
Restrictive Measures_Autism	0.00%	1.56%	0.00%	0.00%	0.00%
Restrictive Measures_Behaviors	0.00%	0.00%	0.00%	6.45%	0.00%
<b>Behavioral Variables (Add-On)</b>					
Communication_1	0.00%	0.00%	0.00%	0.00%	1.35%
Mental Health_2-3	58.82%	53.13%	75.82%	67.74%	72.97%
Offensive_1	11.76%	4.69%	3.30%	0.00%	14.86%
Offensive_2	17.65%	17.19%	4.40%	3.23%	22.97%
Offensive_3	5.88%	6.25%	2.20%	19.35%	16.22%
Resistive_1	0.00%	15.63%	2.20%	9.68%	8.11%
Substance Abuse Current	11.76%	6.25%	10.99%	9.68%	13.51%
Wander_2	5.88%	4.69%	1.10%	9.68%	10.81%
<b>Medication Use (Add-On)</b>					
Meds_2B	64.71%	81.25%	57.14%	61.29%	78.38%
<b>Health Related Services (Add-On)</b>					
Dialysis	0.00%	1.56%	2.20%	0.00%	0.00%
Exercise	47.06%	51.56%	42.86%	3.23%	5.41%
Med Admin	76.47%	84.38%	72.53%	58.06%	78.38%
Nursing	0.00%	7.81%	0.00%	0.00%	0.00%
Ostomy	0.00%	0.00%	0.00%	0.00%	1.35%
Overnight	94.12%	84.38%	70.33%	51.61%	79.73%
Reposition	11.76%	37.50%	9.89%	6.45%	4.05%
Respirate	0.00%	10.94%	8.79%	0.00%	2.70%
Tracheostomy	0.00%	0.00%	0.00%	0.00%	0.00%
Tube Feedings	0.00%	17.19%	0.00%	3.23%	2.70%
Ulcer Stage 2	0.00%	0.00%	1.10%	0.00%	0.00%
Ulcer Stage 3-4	0.00%	0.00%	1.10%	0.00%	0.00%
Urinary	5.88%	0.00%	0.00%	3.23%	1.35%
<b>Diagnoses (Add-On)</b>					
Brain Injury Pre-22	5.88%	4.69%	14.29%	3.23%	8.11%
Cerebral Palsy	17.65%	15.63%	19.78%	12.90%	4.05%
Prader Willi	0.00%	0.00%	0.00%	0.00%	0.00%
Seizure Pre/Post-22	0.00%	1.56%	0.00%	0.00%	0.00%

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Developmentally Disabled - by MCO

Variable	Proportion with Variable				
	CCHP (GSR 10)	CCHP (GSR 11)	CCHP - PACE	iCare (GSR 8)	iCare (GSR 11)
<b>Intercept (Grid Component)</b>	100.00%	100.00%	100.00%	100.00%	100.00%
<b>DD/NH Level of Care (Grid Component)</b>					
Vent Dependent	0.00%	0.00%	0.00%	0.00%	0.00%
DD1A	3.03%	0.00%	0.00%	5.00%	2.14%
DD2	57.58%	48.84%	37.50%	67.86%	54.00%
Restrictive Measures	0.00%	2.33%	0.00%	0.71%	2.00%
High Cost (5 Parameters)	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Number of IADLs (Grid Component)</b>					
IADL_1-2	9.09%	9.30%	2.50%	9.29%	10.00%
IADL_3	18.18%	9.30%	22.50%	13.57%	8.00%
IADL_4	21.21%	13.95%	20.00%	19.29%	14.00%
IADL_5	18.18%	23.26%	35.00%	32.14%	24.00%
IADL_6	33.33%	44.19%	20.00%	25.71%	44.00%
<b>Specific ADLs / Equipment Used (Add-On)</b>					
Eating_2	24.24%	9.30%	7.50%	8.57%	8.00%
Toileting_1	24.24%	20.93%	27.50%	17.14%	20.00%
Toileting_2	24.24%	27.91%	17.50%	12.86%	24.00%
Transfer_1-2	24.24%	30.23%	25.00%	13.57%	26.00%
<b>Interaction Terms (Add-On)</b>					
Bath_Equip_Eat	39.39%	34.88%	30.00%	10.71%	30.00%
Dress_Bath_Equip	42.42%	51.16%	67.50%	18.57%	46.00%
Transfer_Equip_Mobility	12.12%	6.98%	7.50%	0.71%	6.00%
Autism_Schizophrenia	0.00%	0.00%	0.00%	0.00%	0.00%
Brain Injury Pre-22_Schizophrenia	0.00%	2.33%	5.00%	2.14%	2.00%
Cerebral Palsy_Depression	3.03%	6.98%	0.00%	0.71%	6.00%
Mental Retardation_Anxiety Disorder	18.18%	25.58%	20.00%	18.57%	22.00%
Mental Retardation_Bipolar	12.12%	11.63%	12.50%	5.00%	10.00%
Mental Retardation_Other Mental Illness	12.12%	18.60%	17.50%	13.57%	16.00%
Seizure Pre-22_Depression	0.00%	2.33%	10.00%	5.71%	6.00%
Seizure Post-22_Bipolar	9.09%	2.33%	2.50%	2.14%	2.00%
Seizure Post-22_Schizophrenia	0.00%	2.33%	0.00%	2.14%	4.00%
Trauma BI Post-22_Depression	6.06%	11.63%	10.00%	2.14%	10.00%
Other Federal DD_Bipolar	0.00%	0.00%	2.50%	2.14%	0.00%
Other Federal DD_Schizophrenia	0.00%	0.00%	2.50%	5.00%	2.00%
Behaviors_Autism	9.09%	0.00%	0.00%	0.00%	0.00%
Injury_Mental Illness_Age Under 30	0.00%	2.33%	0.00%	0.00%	2.00%
Injury_Overnight	6.06%	0.00%	0.00%	0.00%	0.00%
Injury_Overnight_Mental Illness_Age Under 30	0.00%	0.00%	0.00%	0.00%	0.00%
Muscular_Mental Illness_Age 60 and Under	0.00%	9.30%	0.00%	1.43%	8.00%
Offensive_Mobility_Age 60 and Under	0.00%	0.00%	2.50%	0.00%	0.00%
Overnight_Age Under 30	15.15%	0.00%	0.00%	5.71%	0.00%
Overnight_Alzheimers_Dementia_Decision Making	51.52%	58.14%	47.50%	46.43%	56.00%
Overnight_Mental Illness	9.09%	13.95%	27.50%	5.00%	12.00%
Overnight_Mental Illness_Age Under 30	3.03%	0.00%	0.00%	0.71%	0.00%
Restrictive Measures_Autism	0.00%	0.00%	0.00%	0.00%	0.00%
Restrictive Measures_Behaviors	0.00%	2.33%	0.00%	0.00%	2.00%
<b>Behavioral Variables (Add-On)</b>					
Communication_1	0.00%	0.00%	0.00%	0.71%	2.00%
Mental Health_2-3	57.58%	69.77%	70.00%	41.43%	70.00%
Offensive_1	6.06%	4.65%	5.00%	12.14%	6.00%
Offensive_2	9.09%	4.65%	10.00%	5.71%	4.00%
Offensive_3	9.09%	11.63%	12.50%	0.00%	10.00%
Resistive_1	0.00%	6.98%	5.00%	4.29%	6.00%
Substance Abuse Current	6.06%	6.98%	10.00%	7.14%	6.00%
Wander_2	3.03%	2.33%	0.00%	3.57%	2.00%
<b>Medication Use (Add-On)</b>					
Meds_2B	78.79%	83.72%	82.50%	49.29%	84.00%
<b>Health Related Services (Add-On)</b>					
Dialysis	0.00%	0.00%	0.00%	0.71%	0.00%
Exercise	15.15%	4.65%	5.00%	3.57%	4.00%
Med Admin	78.79%	81.40%	82.50%	61.43%	80.00%
Nursing	0.00%	0.00%	0.00%	1.43%	0.00%
Ostomy	0.00%	2.33%	0.00%	0.00%	2.00%
Overnight	63.64%	79.07%	62.50%	52.86%	78.00%
Reposition	21.21%	6.98%	12.50%	2.86%	6.00%
Respirate	3.03%	2.33%	2.50%	2.14%	2.00%
Tracheostomy	0.00%	0.00%	0.00%	0.71%	0.00%
Tube Feedings	3.03%	0.00%	2.50%	1.43%	0.00%
Ulcer Stage 2	3.03%	0.00%	0.00%	0.00%	0.00%
Ulcer Stage 3-4	0.00%	2.33%	0.00%	0.71%	2.00%
Urinary	0.00%	2.33%	2.50%	0.00%	2.00%
<b>Diagnoses (Add-On)</b>					
Brain Injury Pre-22	3.03%	4.65%	10.00%	9.29%	6.00%
Cerebral Palsy	15.15%	16.28%	2.50%	8.57%	14.00%
Prader Willi	0.00%	0.00%	0.00%	0.00%	0.00%
Seizure Pre/Post-22	0.00%	2.33%	0.00%	0.71%	2.00%

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Physically Disabled - by MCO

Variable	Proportion with Variable				
	Care WI (GSR 3)	Care WI (GSR 5)	Care WI (GSR 12)	CCHP (GSR 6)	CCHP (GSR 8)
<b>Intercept (Grid Component)</b>	100.00%	100.00%	100.00%	100.00%	100.00%
<b>DD/NH Level of Care (Grid Component)</b>					
Vent Dependent	0.00%	1.37%	0.30%	0.00%	0.87%
SNF	40.00%	41.10%	23.00%	43.40%	25.22%
<b>Number of IADLs (Grid Component)</b>					
IADL_1	10.00%	9.59%	12.31%	7.55%	6.96%
IADL_2	13.33%	16.44%	12.91%	15.09%	18.26%
IADL_3	10.00%	16.44%	20.62%	16.98%	17.39%
IADL_4	20.00%	16.44%	22.85%	22.64%	15.65%
IADL_5	36.67%	24.66%	23.00%	26.42%	29.57%
IADL_6	10.00%	13.70%	7.12%	7.55%	12.17%
<b>Specific ADLs / Equipment Used (Add-On)</b>					
Bathing_1	26.67%	42.47%	44.51%	49.06%	55.65%
Bathing_2	73.33%	52.05%	50.59%	30.19%	38.26%
Dressing_2	73.33%	35.62%	32.05%	20.75%	23.48%
Eating_2	36.67%	8.22%	10.53%	5.66%	8.70%
Toileting_1	26.67%	30.14%	35.46%	32.08%	30.43%
Toileting_2	66.67%	28.77%	26.56%	15.09%	19.13%
Transfer_2	70.00%	31.51%	28.78%	30.19%	25.22%
<b>Interaction Terms (Add-On)</b>					
Dress_Bath_Equip	80.00%	64.38%	68.84%	50.94%	61.74%
Transfer_Equip_Mobility	36.67%	12.33%	8.75%	7.55%	5.22%
Seizure Post-22_Alcohol/Drug Abuse	0.00%	1.37%	1.78%	3.77%	3.48%
Seizure Post-22_Other	3.33%	1.37%	1.04%	3.77%	5.22%
Seizure Post-22_Schizophrenia	3.33%	0.00%	0.30%	0.00%	2.61%
Trauma BI Post-22_Alcohol/Drug Abuse	0.00%	0.00%	0.59%	0.00%	1.74%
Trauma BI Post-22_Depression	0.00%	2.74%	1.48%	0.00%	2.61%
Trauma BI Post-22_Exercise	0.00%	0.00%	0.00%	0.00%	0.00%
Trauma BI Post-22_Other Mental Illness	0.00%	0.00%	0.30%	0.00%	4.35%
Disabled_Employment Assistance	40.00%	31.51%	44.07%	39.62%	43.48%
Injury_Mental Illness	0.00%	1.37%	0.00%	0.00%	0.00%
Mental Illness_3 or More Mental Disorders	6.67%	9.59%	13.35%	16.98%	12.17%
Muscular_Mental Illness_Age 60 and Under	3.33%	4.11%	4.01%	7.55%	4.35%
Offensive2_Mobility1_Age 60 and Under	0.00%	0.00%	0.15%	0.00%	0.87%
Offensive3_Mobility2_Age 60 and Under	0.00%	1.37%	0.15%	0.00%	0.00%
Overnight_Age Under 30	0.00%	0.00%	0.45%	0.00%	0.00%
Overnight_Alzheimers_Dementia_Decision Making	16.67%	34.25%	17.51%	20.75%	25.22%
Overnight_Mental Illness	10.00%	9.59%	6.82%	5.66%	12.17%
Spinal Injury_Alcohol/Drug Abuse	3.33%	0.00%	0.89%	0.00%	0.00%
<b>Behavioral Variables (Add-On)</b>					
Injury_1	0.00%	4.11%	0.30%	0.00%	0.00%
Injury_2	0.00%	0.00%	0.30%	0.00%	0.00%
Mental Health_2-3	86.67%	72.60%	74.48%	79.25%	62.61%
Offensive_1-2	3.33%	4.11%	4.30%	3.77%	5.22%
Offensive_3	0.00%	4.11%	0.30%	1.89%	3.48%
Substance Abuse Current	16.67%	23.29%	16.32%	3.77%	18.26%
Wander_2	0.00%	1.37%	1.19%	0.00%	1.74%
<b>Medication Use (Add-On)</b>					
Meds_2A	26.67%	21.92%	25.82%	9.43%	6.96%
Meds_2B	36.67%	41.10%	32.20%	58.49%	57.39%
<b>Health Related Services (Add-On)</b>					
Dialysis	0.00%	1.37%	2.23%	5.66%	2.61%
Exercise	56.67%	35.62%	34.27%	18.87%	8.70%
Med Admin	60.00%	61.64%	56.68%	67.92%	62.61%
Med Management	40.00%	30.14%	29.23%	43.40%	29.57%
Ostomy	3.33%	1.37%	1.63%	0.00%	0.87%
Overnight	93.33%	76.71%	63.20%	56.60%	53.91%
Reposition	26.67%	23.29%	12.02%	11.32%	13.91%
Respirate	16.67%	6.85%	10.24%	11.32%	4.35%
Tracheostomy	0.00%	0.00%	1.04%	1.89%	0.87%
Tube Feedings	6.67%	2.74%	0.74%	1.89%	1.74%
Ulcer Stage 2	6.67%	2.74%	2.97%	7.55%	1.74%
Ulcer Stage 3-4	13.33%	0.00%	2.08%	5.66%	2.61%
Urinary	6.67%	1.37%	3.26%	3.77%	0.87%
Wound	10.00%	6.85%	3.71%	13.21%	2.61%
<b>Diagnoses (Add-On)</b>					
Alzheimers	10.00%	16.44%	9.35%	15.09%	20.87%
Cerebral Palsy	0.00%	0.00%	0.59%	0.00%	0.00%
Mental Illness	16.67%	23.29%	36.35%	30.19%	46.96%
Seizure Pre-22	0.00%	0.00%	1.19%	0.00%	1.74%

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Variable	Proportion with Variable				
	CCHP (GSR 10)	CCHP (GSR 11)	CCHP - PACE	iCare (GSR 8)	iCare (GSR 11)
<b>Intercept (Grid Component)</b>	100.00%	100.00%	100.00%	100.00%	100.00%
<b>DDNH Level of Care (Grid Component)</b>					
Vent Dependent	3.77%	0.00%	0.00%	0.18%	1.11%
SNF	22.64%	28.77%	26.28%	13.88%	24.44%
<b>Number of IADLs (Grid Component)</b>					
IADL_1	9.43%	9.59%	6.48%	10.32%	10.00%
IADL_2	20.75%	13.70%	11.95%	22.95%	13.33%
IADL_3	16.98%	21.92%	16.38%	26.16%	23.33%
IADL_4	22.64%	27.40%	25.26%	19.57%	25.56%
IADL_5	22.64%	16.44%	33.11%	15.66%	16.67%
IADL_6	5.66%	9.59%	6.48%	4.98%	8.89%
<b>Specific ADLs / Equipment Used (Add-On)</b>					
Bathing_1	39.62%	61.64%	53.92%	47.86%	60.00%
Bathing_2	41.51%	30.14%	39.25%	35.59%	30.00%
Dressing_2	26.42%	21.92%	22.18%	27.58%	21.11%
Eating_2	7.55%	6.85%	5.80%	4.09%	5.56%
Toileting_1	26.42%	32.88%	22.18%	21.35%	28.89%
Toileting_2	26.42%	15.07%	16.04%	11.21%	15.56%
Transfer_2	24.53%	21.92%	20.14%	14.95%	21.11%
<b>Interaction Terms (Add-On)</b>					
Dress_Bath_Equip	60.38%	71.23%	66.55%	56.58%	66.67%
Transfer_Equip_Mobility	3.77%	5.48%	6.48%	3.91%	6.67%
Seizure Post-22_Alcohol/Drug Abuse	1.89%	2.74%	2.73%	1.96%	2.22%
Seizure Post-22_Other	0.00%	1.37%	3.75%	0.53%	1.11%
Seizure Post-22_Schizophrenia	0.00%	1.37%	2.73%	0.89%	1.11%
Trauma BI Post-22_Alcohol/Drug Abuse	0.00%	0.00%	1.02%	0.53%	0.00%
Trauma BI Post-22_Depression	1.89%	0.00%	1.02%	1.60%	0.00%
Trauma BI Post-22_Exercise	1.89%	0.00%	0.00%	0.00%	0.00%
Trauma BI Post-22_Other Mental Illness	0.00%	0.00%	0.68%	0.53%	0.00%
Disabled_Employment Assistance	35.85%	26.03%	9.22%	47.33%	31.11%
Injury_Mental Illness	1.89%	0.00%	0.00%	0.00%	0.00%
Mental Illness_3 or More Mental Disorders	11.32%	16.44%	15.70%	9.96%	15.56%
Muscular_Mental Illness_Age 60 and Under	1.89%	1.37%	2.05%	2.14%	1.11%
Offensive2_Mobility1_Age 60 and Under	0.00%	0.00%	0.34%	0.00%	0.00%
Offensive3_Mobility2_Age 60 and Under	0.00%	1.37%	0.00%	0.00%	1.11%
Overnight_Age Under 30	0.00%	0.00%	0.00%	0.53%	0.00%
Overnight_Alzheimers_Dementia_Decision Making	26.42%	26.03%	29.01%	10.32%	22.22%
Overnight_Mental Illness	1.89%	6.85%	13.99%	1.78%	7.78%
Spinal Injury_Alcohol/Drug Abuse	1.89%	0.00%	0.00%	0.18%	0.00%
<b>Behavioral Variables (Add-On)</b>					
Injury_1	0.00%	0.00%	0.68%	0.53%	1.11%
Injury_2	0.00%	1.37%	0.34%	0.18%	1.11%
Mental Health_2-3	66.04%	76.71%	68.94%	45.20%	77.78%
Offensive_1-2	1.89%	4.11%	6.48%	3.02%	3.33%
Offensive_3	1.89%	2.74%	1.37%	0.00%	2.22%
Substance Abuse Current	11.32%	10.96%	18.09%	11.74%	12.22%
Wander_2	1.89%	2.74%	0.00%	0.53%	2.22%
<b>Medication Use (Add-On)</b>					
Meds_2A	16.98%	13.70%	9.56%	35.77%	15.56%
Meds_2B	41.51%	53.42%	59.39%	21.35%	47.78%
<b>Health Related Services (Add-On)</b>					
Dialysis	3.77%	5.48%	4.78%	1.60%	4.44%
Exercise	13.21%	2.74%	12.29%	3.56%	5.56%
Med Admin	56.60%	64.38%	67.24%	48.93%	60.00%
Med Management	28.30%	32.88%	37.20%	32.03%	31.11%
Ostomy	0.00%	0.00%	0.00%	0.71%	0.00%
Overnight	62.26%	71.23%	46.76%	25.62%	64.44%
Reposition	13.21%	4.11%	10.92%	3.91%	5.56%
Respirate	13.21%	6.85%	10.58%	4.27%	6.67%
Tracheostomy	0.00%	0.00%	0.34%	0.71%	0.00%
Tube Feedings	3.77%	0.00%	1.71%	1.42%	0.00%
Ulcer Stage 2	0.00%	5.48%	0.68%	1.96%	6.67%
Ulcer Stage 3-4	1.89%	1.37%	2.05%	0.89%	1.11%
Urinary	0.00%	0.00%	1.37%	1.07%	0.00%
Wound	7.55%	4.11%	5.46%	2.31%	4.44%
<b>Diagnoses (Add-On)</b>					
Alzheimers	18.87%	28.77%	27.30%	3.91%	23.33%
Cerebral Palsy	0.00%	0.00%	0.00%	0.53%	0.00%
Mental Illness	16.98%	39.73%	48.12%	21.53%	37.78%
Seizure Pre-22	1.89%	1.37%	0.34%	2.14%	1.11%

**Wisconsin Department of Health Services  
CY 2015 PACE/Partnership Capitation Rate Development**

*Frail Elderly - by MCO*

Variable	Proportion with Variable				
	Care WI (GSR 3)	Care WI (GSR 5)	Care WI (GSR 12)	CCHP (GSR 6)	CCHP (GSR 8)
<b>Intercept (Grid Component)</b>	100.00%	100.00%	100.00%	100.00%	100.00%
<b>DD/NH Level of Care (Grid Component)</b>					
Vent Dependent	0.00%	0.00%	0.52%	0.00%	0.00%
Dual Enrollee	97.14%	100.00%	98.70%	100.00%	100.00%
SNF	31.43%	28.38%	23.06%	25.53%	28.26%
<b>Number of IADLs (Grid Component)</b>					
IADL_1	0.00%	1.35%	3.37%	2.13%	2.17%
IADL_2	14.29%	5.41%	9.84%	10.64%	4.35%
IADL_3	8.57%	6.76%	12.95%	17.02%	17.39%
IADL_4-5-6	77.14%	86.49%	72.80%	70.21%	76.09%
<b>Specific ADLs / Equipment Used (Add-On)</b>					
Bathing_1	17.14%	25.68%	35.49%	59.57%	39.13%
Bathing_2	82.86%	68.92%	59.59%	29.79%	54.35%
Eating_2	25.71%	22.97%	13.47%	4.26%	15.22%
Toileting_1	22.86%	31.08%	33.68%	31.91%	30.43%
Toileting_2	62.86%	48.65%	32.90%	14.89%	26.09%
Transfer_1-2	88.57%	72.97%	67.88%	36.17%	39.13%
<b>Interaction Terms (Add-On)</b>					
Bath_Equip_Eat	48.57%	50.00%	35.23%	27.66%	26.09%
Dress_Bath_Equip	97.14%	77.03%	72.80%	55.32%	63.04%
Transfer_Equip_Mobility	14.29%	8.11%	5.96%	4.26%	6.52%
Seizure Post-22_Schizophrenia	0.00%	0.00%	0.00%	0.00%	0.00%
Trauma BI Post-22_Anxiety Disorder	0.00%	0.00%	0.52%	0.00%	0.00%
Mental Illness_3 or More Mental Disorders	0.00%	6.76%	4.92%	12.77%	6.52%
Overnight_Mental Illness	5.71%	8.11%	6.48%	0.00%	13.04%
<b>Behavioral Variables (Add-On)</b>					
Injury_1-2	0.00%	2.70%	0.52%	2.13%	0.00%
Mental Health_2-3	42.86%	68.92%	65.03%	61.70%	39.13%
Offensive_1-2-3	8.57%	18.92%	7.77%	8.51%	8.70%
Substance Abuse Current	5.71%	4.05%	3.63%	8.51%	2.17%
Wander_2	11.43%	8.11%	3.63%	0.00%	2.17%
<b>Medication Use (Add-On)</b>					
Meds_2B	62.86%	81.08%	64.25%	72.34%	73.91%
<b>Health Related Services (Add-On)</b>					
Dialysis	0.00%	0.00%	1.30%	2.13%	0.00%
Exercise	62.86%	55.41%	39.12%	10.64%	23.91%
Med Admin	71.43%	90.54%	73.83%	74.47%	78.26%
Med Management	31.43%	32.43%	36.53%	19.15%	39.13%
Overnight	97.14%	85.14%	75.91%	55.32%	67.39%
Reposition	11.43%	12.16%	10.88%	2.13%	21.74%
Respirate	11.43%	12.16%	8.03%	6.38%	17.39%
Tube Feedings	0.00%	0.00%	0.26%	0.00%	2.17%
Ulcer Stage 2	2.86%	5.41%	1.30%	4.26%	2.17%
Ulcer Stage 3-4	0.00%	0.00%	0.00%	0.00%	2.17%
<b>Diagnoses (Add-On)</b>					
Alzheimers	42.86%	72.97%	44.04%	48.94%	71.74%
Mental Illness	8.57%	13.51%	13.73%	8.51%	23.91%

**Wisconsin Department of Health Services  
CY 2015 PACE/Partnership Capitation Rate Development**

**Frail Elderly - by MCO**

Variable	Proportion with Variable				
	CCHP (GSR 10)	CCHP (GSR 11)	CCHP - PACE	iCare (GSR 8)	iCare (GSR 11)
<b>Intercept (Grid Component)</b>	100.00%	100.00%	100.00%	100.00%	100.00%
<b>DD/NH Level of Care (Grid Component)</b>					
Vent Dependent	0.00%	0.00%	0.00%	0.00%	0.00%
Dual Enrollee	100.00%	100.00%	100.00%	100.00%	100.00%
SNF	18.75%	26.87%	30.43%	15.63%	28.95%
<b>Number of IADLs (Grid Component)</b>					
IADL_1	8.33%	4.48%	0.27%	18.75%	5.26%
IADL_2	10.42%	11.94%	8.15%	12.50%	13.16%
IADL_3	18.75%	19.40%	11.96%	18.75%	18.42%
IADL_4-5-6	62.50%	62.69%	79.62%	50.00%	61.84%
<b>Specific ADLs / Equipment Used (Add-On)</b>					
Bathing_1	54.17%	41.79%	35.33%	43.75%	36.84%
Bathing_2	31.25%	44.78%	59.24%	31.25%	46.05%
Eating_2	0.00%	7.46%	11.68%	3.13%	11.84%
Toileting_1	29.17%	31.34%	28.26%	15.63%	27.63%
Toileting_2	18.75%	23.88%	25.82%	9.38%	27.63%
Transfer_1-2	29.17%	49.25%	48.91%	15.63%	50.00%
<b>Interaction Terms (Add-On)</b>					
Bath_Equip_Eat	22.92%	35.82%	34.78%	18.75%	36.84%
Dress_Bath_Equip	54.17%	65.67%	73.10%	50.00%	63.16%
Transfer_Equip_Mobility	6.25%	17.91%	7.88%	3.13%	17.11%
Seizure Post-22_Schizophrenia	0.00%	0.00%	0.00%	0.00%	0.00%
Trauma BI Post-22_Anxiety Disorder	0.00%	1.49%	0.00%	0.00%	1.32%
Mental Illness_3 or More Mental Disorders	4.17%	5.97%	5.98%	3.13%	6.58%
Overnight_Mental Illness	0.00%	1.49%	9.24%	3.13%	1.32%
<b>Behavioral Variables (Add-On)</b>					
Injury_1-2	0.00%	0.00%	0.82%	3.13%	0.00%
Mental Health_2-3	50.00%	40.30%	48.10%	21.88%	39.47%
Offensive_1-2-3	2.08%	4.48%	7.61%	6.25%	3.95%
Substance Abuse Current	0.00%	2.99%	1.90%	9.38%	2.63%
Wander_2	4.17%	4.48%	3.53%	6.25%	5.26%
<b>Medication Use (Add-On)</b>					
Meds_2B	72.92%	73.13%	81.79%	37.50%	72.37%
<b>Health Related Services (Add-On)</b>					
Dialysis	0.00%	2.99%	0.82%	3.13%	2.63%
Exercise	6.25%	5.97%	15.49%	0.00%	7.89%
Med Admin	75.00%	80.60%	84.24%	62.50%	78.95%
Med Management	37.50%	29.85%	33.15%	46.88%	31.58%
Overnight	60.42%	67.16%	74.18%	37.50%	65.79%
Reposition	2.08%	11.94%	14.13%	3.13%	14.47%
Respirate	10.42%	2.99%	9.78%	0.00%	2.63%
Tube Feedings	0.00%	0.00%	0.00%	0.00%	0.00%
Ulcer Stage 2	0.00%	8.96%	2.17%	0.00%	7.89%
Ulcer Stage 3-4	0.00%	0.00%	0.82%	0.00%	0.00%
<b>Diagnoses (Add-On)</b>					
Alzheimers	47.92%	56.72%	61.68%	28.13%	55.26%
Mental Illness	0.00%	8.96%	16.58%	3.13%	9.21%

**Wisconsin Department of Health Services  
CY 2015 FCP / PACE Capitation Rate Development**

***LTC Base Cost Development***

		Family Care Imputed CY13 Costs					
Per Capita Cost	Care WI (GSR 3)	Care WI (GSR 5)	Care WI (GSR 6)	Care WI (GSR 12)	CCHP - PACE	CCHP (GSR 6)	
DD	\$ 4,112.66	\$ 5,105.74	\$ 3,755.14	\$ 3,263.54	\$ 3,747.12	\$ 3,755.14	
PD	\$ 3,599.28	\$ 2,911.35	\$ 2,646.64	\$ 2,615.76	\$ 2,513.52	\$ 2,646.64	
FE	\$ 2,978.59	\$ 2,978.58	\$ 2,307.92	\$ 2,606.38	\$ 2,652.36	\$ 2,307.92	
Total	\$ 3,431.30	\$ 3,624.72	\$ 2,782.50	\$ 2,663.08	\$ 2,657.40	\$ 2,782.50	

Per Capita Cost	CCHP (GSR 8)	CCHP (GSR 10)	CCHP (GSR 11)	iCare (GSR 8)	iCare (GSR 11)	iCare (GSR 12)
DD	\$ 4,289.03	\$ 3,671.38	\$ 3,926.33	\$ 2,657.72	\$ 3,746.87	\$ 3,263.54
PD	\$ 2,686.89	\$ 2,568.05	\$ 2,484.56	\$ 1,935.27	\$ 2,443.18	\$ 2,615.76
FE	\$ 2,628.05	\$ 2,193.52	\$ 2,521.20	\$ 1,813.37	\$ 2,525.40	\$ 2,606.38
Total	\$ 3,183.25	\$ 2,683.92	\$ 2,820.72	\$ 2,065.68	\$ 2,719.94	\$ 2,663.08

**Wisconsin Department of Health Services  
CY 2015 FCP / PACE Capitation Rate Development**

**LTC Base Cost Development**

Family Care Imputed CY13 Costs Including IBNR and Wage						
Per Capita Cost	Care WI (GSR 3)	Care WI (GSR 5)	Care WI (GSR 6)	Care WI (GSR 12)	CCHP - PACE	CCHP (GSR 6)
DD	\$ 4,080.38	\$ 5,177.42	\$ 3,802.89	\$ 3,405.45	\$ 3,794.77	\$ 3,802.89
PD	\$ 3,571.03	\$ 2,952.22	\$ 2,680.30	\$ 2,729.51	\$ 2,545.49	\$ 2,680.30
FE	\$ 2,955.21	\$ 3,020.40	\$ 2,337.27	\$ 2,719.71	\$ 2,686.09	\$ 2,337.27
Total	\$ 3,404.37	\$ 3,675.61	\$ 2,817.89	\$ 2,778.88	\$ 2,691.19	\$ 2,817.89

Per Capita Cost	CCHP (GSR 8)	CCHP (GSR 10)	CCHP (GSR 11)	iCare (GSR 8)	iCare (GSR 11)	iCare (GSR 12)
DD	\$ 4,343.57	\$ 3,651.08	\$ 3,991.13	\$ 2,691.52	\$ 3,808.71	\$ 3,405.45
PD	\$ 2,721.05	\$ 2,553.85	\$ 2,525.57	\$ 1,959.88	\$ 2,483.50	\$ 2,729.51
FE	\$ 2,661.47	\$ 2,181.39	\$ 2,562.81	\$ 1,836.43	\$ 2,567.08	\$ 2,719.71
Total	\$ 3,223.73	\$ 2,669.07	\$ 2,867.27	\$ 2,091.95	\$ 2,764.83	\$ 2,778.88



**Wisconsin Department of Health Services  
CY 2015 FCP / PACE Capitation Rate Development**

**LTC Base Cost Development**

Family Care Imputed CY13 Costs Including IBNR, Wage, and Nurse Practitioner Service Costs (\$100.90)

Per Capita Cost	Care WI (GSR 3)	Care WI (GSR 5)	Care WI (GSR 6)	Care WI (GSR 12)	CCHP - PACE	CCHP (GSR 6)
DD	\$ 4,181.28	\$ 5,278.33	\$ 3,903.79	\$ 3,506.35	\$ 3,895.67	\$ 3,903.79
PD	\$ 3,671.93	\$ 3,053.13	\$ 2,781.20	\$ 2,830.41	\$ 2,646.39	\$ 2,781.20
FE	\$ 3,056.12	\$ 3,121.30	\$ 2,438.17	\$ 2,820.61	\$ 2,786.99	\$ 2,438.17
Total	\$ 3,505.27	\$ 3,776.51	\$ 2,918.79	\$ 2,879.79	\$ 2,792.09	\$ 2,918.79

Per Capita Cost	CCHP (GSR 8)	CCHP (GSR 10)	CCHP (GSR 11)	iCare (GSR 8)	iCare (GSR 11)	iCare (GSR 12)
DD	\$ 4,444.47	\$ 3,751.98	\$ 4,092.03	\$ 2,792.42	\$ 3,909.61	\$ 3,506.35
PD	\$ 2,821.96	\$ 2,654.75	\$ 2,626.47	\$ 2,060.79	\$ 2,584.40	\$ 2,830.41
FE	\$ 2,762.37	\$ 2,282.29	\$ 2,663.72	\$ 1,937.34	\$ 2,667.98	\$ 2,820.61
Total	\$ 3,324.63	\$ 2,769.98	\$ 2,968.18	\$ 2,192.85	\$ 2,865.73	\$ 2,879.79

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

***Development of the Long-Term Care Rates***

<b>MCO/Region</b>	Total Statistical Model 2012-2013 PMPM Inc IBNR	Two-Year Trend	2015 Gross Nursing Home Rates	Admin/Risk PMPM	Preliminary 2015 LTC MCE Rates	Projected CY15 Enrollment
Care WI (GSR 3)	\$3,505.27	2.7%	\$3,598.56	\$147.41	\$3,745.97	1,201
Care WI (GSR 5)	\$3,776.51	2.3%	\$3,865.08	\$147.41	\$4,012.50	2,747
Care WI (GSR 6)	\$2,918.79	2.5%	\$2,991.13	\$147.41	\$3,138.54	-
Care WI (GSR 12)	\$2,879.79	2.6%	\$2,955.56	\$147.41	\$3,102.97	14,092
CCHP - PACE	\$2,792.09	3.0%	\$2,876.86	\$123.83	\$3,000.69	8,460
CCHP (GSR 6)	\$2,918.79	2.5%	\$2,991.13	\$123.83	\$3,114.96	1,642
CCHP (GSR 8)	\$3,324.63	2.1%	\$3,395.01	\$123.83	\$3,518.84	2,829
CCHP (GSR 10)	\$2,769.98	2.5%	\$2,838.56	\$123.83	\$2,962.39	2,035
CCHP (GSR 11)	\$2,968.18	2.5%	\$3,043.28	\$123.83	\$3,167.12	2,289
iCare (GSR 8)	\$2,192.85	2.0%	\$2,236.43	\$253.86	\$2,490.30	9,443
iCare (GSR 11)	\$2,865.73	2.4%	\$2,933.70	\$253.86	\$3,187.57	440
iCare (GSR 12)	\$2,879.79	2.6%	\$2,955.56	\$253.86	\$3,209.42	-

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

**Development of the Capitation Rates**

MCO/Region	2015 Long-Term Care Rates	2015 Acute & Primary Rates	2015 MCE Rates	Policy Adjustments					2015 Capitation Rates
				Risk Corridor	Cap on Accumulated Surplus	New LTC Benefit	Hilltop Addon	CCHP Stabilization	
Care WI (GSR 3)	\$3,745.97	\$230.40	\$3,976.38	(\$22.11)	(\$304.83)	\$0.67	\$0.00	\$0.00	\$3,650.11
Care WI (GSR 5)	\$4,012.50	\$284.75	\$4,297.25	(\$22.11)	(\$304.83)	\$0.67	\$0.00	\$0.00	\$3,970.98
Care WI (GSR 6)	\$3,138.54	\$311.32	\$3,449.87	(\$22.11)	(\$304.83)	\$0.67	\$0.00	\$0.00	\$3,123.60
Care WI (GSR 12)	\$3,102.97	\$374.78	\$3,477.75	(\$22.11)	(\$304.83)	\$0.67	\$0.00	\$0.00	\$3,151.48
CCHP - PACE	\$3,000.69	\$235.53	\$3,236.22	\$0.00	(\$150.08)	\$0.67	\$261.67	\$144.89	\$3,493.37
CCHP (GSR 6)	\$3,114.96	\$311.32	\$3,426.29	\$0.00	(\$150.08)	\$0.67	\$0.00	\$144.89	\$3,421.76
CCHP (GSR 8)	\$3,518.84	\$602.43	\$4,121.27	\$0.00	(\$150.08)	\$0.67	\$261.67	\$144.89	\$4,378.42
CCHP (GSR 10)	\$2,962.39	\$348.92	\$3,311.32	\$0.00	(\$150.08)	\$0.67	\$0.00	\$144.89	\$3,306.79
CCHP (GSR 11)	\$3,167.12	\$262.95	\$3,430.07	\$0.00	(\$150.08)	\$0.67	\$0.00	\$144.89	\$3,425.55
iCare (GSR 8)	\$2,490.30	\$799.13	\$3,289.43	\$0.00	\$0.00	\$0.67	\$70.59	\$0.00	\$3,360.69
iCare (GSR 11)	\$3,187.57	\$326.65	\$3,514.22	\$0.00	\$0.00	\$0.67	\$0.00	\$0.00	\$3,514.89
iCare (GSR 12)	\$3,209.42	\$374.78	\$3,584.20	\$0.00	\$0.00	\$0.67	\$0.00	\$0.00	\$3,584.87

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

**Development of the Capitation Rates**

MCO/Region	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 3)	\$230.40	\$147.41	\$3,272.30	\$3,650.11	\$7.5748	\$4.8464	\$107.5823	\$120.0035
Care WI (GSR 5)	\$284.75	\$147.41	\$3,538.82	\$3,970.98	\$9.3616	\$4.8464	\$116.3448	\$130.5528
Care WI (GSR 6)	\$311.32	\$147.41	\$2,664.87	\$3,123.60	\$10.2352	\$4.8464	\$87.6121	\$102.6937
Care WI (GSR 12)	\$374.78	\$147.41	\$2,629.29	\$3,151.48	\$12.3215	\$4.8464	\$86.4423	\$103.6102
CCHP - PACE	\$235.53	\$123.83	\$3,134.01	\$3,493.37	\$7.7435	\$4.0711	\$103.0360	\$114.8506
CCHP (GSR 6)	\$311.32	\$123.83	\$2,986.61	\$3,421.76	\$10.2352	\$4.0711	\$98.1900	\$112.4963
CCHP (GSR 8)	\$602.43	\$123.83	\$3,652.16	\$4,378.42	\$19.8059	\$4.0711	\$120.0709	\$143.9479
CCHP (GSR 10)	\$348.92	\$123.83	\$2,834.04	\$3,306.79	\$11.4713	\$4.0711	\$93.1741	\$108.7165
CCHP (GSR 11)	\$262.95	\$123.83	\$3,038.77	\$3,425.55	\$8.6449	\$4.0711	\$99.9047	\$112.6207
iCare (GSR 8)	\$799.13	\$253.86	\$2,307.70	\$3,360.69	\$26.2728	\$8.3461	\$75.8696	\$110.4885
iCare (GSR 11)	\$326.65	\$253.86	\$2,934.38	\$3,514.89	\$10.7392	\$8.3461	\$96.4727	\$115.5580
iCare (GSR 12)	\$374.78	\$253.86	\$2,956.23	\$3,584.87	\$12.3215	\$8.3461	\$97.1911	\$117.8587