Bellin's Population Health Initiative Partnership for Persons with Disabilities and Department of Health Services (DHS) Data Support August 2015 Summary

This document provides an overview of Bellin's Population Health Initiative Partnership to serve individuals with disabilities in Brown County, describes the data summaries provided thus far and key findings therein, and suggests options for next steps.

Population Health Partnership Initiative

An estimated 26,000 individuals in Brown County meet the census bureau definition of disabled (2013 US Census data[1]). With this information, the Initiative Partnership set out to find a way to impact this population. In 2014, Bellin initiated a partnership with three long-term care (LTC) waiver service providers. The broad goal of the partnership is the "Triple Aim"; improving care, improving population health, and reducing costs per capita.[2] From this broad goal of improving care for individuals with a disability in Brown County, the target population was narrowed to the subset of Medicaid LTC waiver clients served by ASPIRO, CP Center, and N.E.W. Curative (the initiative providers). Bellin and the initiative providers then requested assistance from the Department of Health Services (DHS) in obtaining data on this target population.

Current Target Population

There were 852 individuals identified as Medicaid enrollees who were listed as clients of the three initiative providers. The client lists excluded children and the initiative providers serve very few elderly individuals; therefore, the target population was narrowed to disabled adults age 18-64. In the US census data, about 14,000 of the 26,000 (just over half) were age 18-64. Medicaid data from 2013 identifies about 6,300 individuals who were age 18-64 and eligible for Medicaid based on a disability and/or enrolled in a LTC waiver program. About 700 of those identified as current clients of the initiative providers' clients were included in this 2013 Medicaid data.

Brown County Disabled, Disabled Medicaid, and Target Population Estimated, 2013
Rounded to Nearest 100

	Brown County Disabled Census Estimate	Brown County Disabled Medicaid Enrollees	Medicaid as % of Census Estimate	Target Population	Target as % of: Brown County	Target as % of: Brown County Medicaid
Age 18-64	14,500	6,300	43%	700	5%	11%
Younger or Older	11,900	4,000	34%	-		
Total	**26,400**	**10,300**	**39%**	**700**	**3%**	**7%**

The target population is about 3 percent of the total estimate of people with disabilities in Brown County; about 5 percent of the estimated adults age 18-64 with disabilities; and about 11 percent of the estimated Medicaid enrollees age 18-64 with disabilities. The initiative providers primarily serve individuals with developmental disabilities, so they are a distinct subset even within Medicaid LTC waiver programs in Wisconsin.

[1] http://factfinder.census.gov/bkmk/table/1.0/en/ACS/13_5YR/DP02/0500000US55009
[2] http://www.ihi.org/Topics/TripleAim/Pages/Overview.aspx

Note: these versions of the data exhibits vary from the drafts provided earlier in 2015 due to minor wording edits.

Data Provided by the DHS Integrated Data and Analytics Section (ID&AS) Team and Key Findings

The DHS Division of Long Term Care (DLTC) Integrated Data and Analytics Section (ID&AS) team has provided significant data assistance to the initiative. The ID&AS team reviewed the client list of the initiative providers, linked the individuals to Medicaid data, and provided data exhibits, including enrollment, demographic, and service data. A complete list of ID&AS data exhibits is attached.

Key Findings:

1) **Small Population:** There are 852 individuals in the identified target population, a small subset of the overall Brown County population of individuals with disabilities.
2) **Developmentally Disabled Adults:** The target population is primary adults with developmental disabilities age 18-64, a distinct subset of individuals with disabilities within Medicaid LTC waiver programs in Wisconsin.
    - Common co-diagnoses include hypertension and digestive disorders.
    - Just over a third had a mental illness diagnosis, primarily anxiety and depression, common in the overall LTC population.
3) **Primarily LTC Services:** Most of the target population's costs are for LTC services.
    - Three-quarters of combined Medicaid and Medicare spending for these individuals in 2012-2014 was in the LTC waiver programs.
    - Within the Medicaid State Plan and Medicare services, the largest category of spending is for home health and personal care services.
    - This analysis was performed using data from 2012-2014, when LTC residents of Brown county were enrolled in Legacy Waiver programs, wherein acute and primary services are fee for service and waiver costs are county managed.
    - These are services that will now be managed within the Family Care program for the majority of the target population enrollees.
4) **Limited Acute and Primary and Bellin-provided Services:** Acute and primary services are a small share of the population's costs. Services performed by Bellin-affiliated providers are a minority of these acute and primary service costs.
    - Services from physicians, clinics, and nurse practitioners are about 10 percent of professional (not waiver or hospital) service costs for the target population in 2013.
    - About 20 percent of those physician, clinic, and nurse practitioner service costs were attributable to Bellin, or Bellin-affiliated providers, in 2013.
    - About 58 percent of the target population had at least one service from a Bellin, or Bellin-affiliated, provider any time during 2012-2014.
5) **No Clear High Utilization Group:** ID&AS analysis of the higher cost subgroup did not identify a distinct group with high hospital or emergency room utilization upon whom acute and primary care coordination efforts might be focused.

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- The top 10 percent of members in the target population in 2013 accounted for 31 percent of costs; while disproportionate, this is less disproportionate then other elderly and disabled groups.
- Less than 10 members in the target population met the high utilization criteria of three or more inpatient hospital claims, or four or more emergency room claims.
- The top 10 percent high cost members in the target population, like the rest of the target population, have costs primarily for LTC services.

Next Steps for Bellin and Initiative Providers

It is the recommendation of the ID&AS team that Bellin and its partners develop a more specific plan identifying how they intend to meet the "Triple Aim" in this initiative. The plan could include what actions the partners might take and more specific outcomes beyond the broad "Triple Aim" goal. The above findings do not suggest obvious interventions. The majority of the target population's service needs appear to be LTC needs that are now being managed by Family Care managed care organizations (MCOs).

Options that Bellin and its partners might consider, given these findings, include:

1) **Consider other or broader populations:** The current target population is a relatively small subset, and given that it is largely developmentally disabled adults mainly using LTC services, the target population's acute and primary health care needs may not reflect that of the larger Brown County population of individuals with disabilities. Bellin could pursue the identification of other Medicaid enrollees with disabilities, within its own data, served by their providers.
2) **Develop an initiative with Family Care MCOs:** Bellin and its partners are currently in the process of meeting with the two MCOs in the area. Bellin may be able to develop contracts and/or Business Associate Agreements with these MCOs to plan initiatives that serve their members. The MCOs serve additional LTC waiver enrollees not currently in the target population served by \ initiative providers, so this strategy is compatible with the first option.
3) **Pause Planning Activities:** The 2015-17 biennial budget directs DHS to develop changes to its LTC programs, including the provision of both LTC and other Medicaid services by Integrated Health Agencies (IHAs). Bellin and its partners could pause their planning and consider at a later date how their initiative could fit into the new framework once more information is available.

Given the findings thus far, and the potential need for Bellin and its partners to consider other populations, involve MCOs as partners, and/or pause their activities, no additional ID&AS data work is warranted. Data exhibits thus far have shown aggregated data that does not include Protected Health Information (PHI) shared for the purpose of identifying population-based health improvement activities; however, additional details would require a Business Associates Agreement to share PHI.

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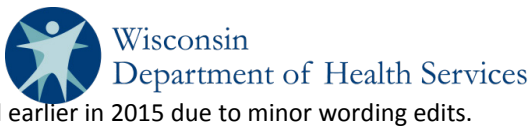

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Data Exhibits July 2015

1. Client List Individuals Linked to Medicaid Data by Organization

Organization	#
ASPIRO	537
NC	156
CP	117
Multiple Organizations	42
Grand Total	**852**

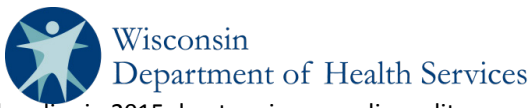
2. Client List Individuals Links to Medicaid LTC Program Enrollment - 2015

2015 LTC Program Enrollment	#	% of Total
Current LTC	**737**	**87%**
Other LTC Enrollees	**112**	13%
Legacy	99	12%
IRIS	<10	<2%
CLTS	<10	<2%
CLTS to Legacy	<10	<2%
Current Family Care Enrollees	***625***	***73%***
Legacy to Family Care	577	68%
Family Care	31	4%
CLTS to Family Care	17	2%
No Current LTC	**115**	**13%**
No LTC	62	7%
Other HMO/SSI HMO	<50	<7%
Prior LTC 2015 Unknown	<10	<2%
Grand Total	**852**	

Recent LTC enrollment data may not yet be complete. Many new July 1, 2015 Family Care enrollments were found, but there could be additional enrollment not yet entered, IRIS enrollment was only available through May 2015, and CLTS was based on services reported thus far rather than complete 2015 enrollment data

3. Availability of Long Term Care Functional Screen Data (LTCFS)

Row Labels	LTCFS 2014-15	% All
Current LTC	733	99%
No Current LTC	13	11%
Grand Total	**746**	**88%**



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3a. Data from Most Recent LTCFS Where Available: Demographics

3a (i) Target Group (TG)

TG	DD	FE	PD	Grand Total
#	687	11	48	642
% by TG	92%	1%	6%	100%

3a (ii) Age and Gender

Age Group:	Female	Male	Grand Total
18-21	13	24	37
22-64	272	361	633
65+	43	33	76
Grand Total	**328**	**418**	**746**

3a (iii) Age, Gender, and TG

Age and TG	Female	Male	Grand Total
18-21 DD	**13**	**24**	**37**
22-64	**272**	**361**	**633**
DD	254	342	596
PD	18	19	37
65+	**43**	**33**	**76**
DD	26	28	54
FE	<10	<10	11
PD	<10	<10	11
Grand Total	**328**	**418**	**746**

3a(iv) County

County/County Group	#	%
Brown	685	92%
Calumet, Outagamie, Waupaca	17	2%
Oconto, Marinette, Shawano, Door	12	2%
Kewaunee	12	2%
Other/Unknown	10	1%
Manitowoc	10	1%
Grand Total	**746**	**100%**

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3b. Characteristics: Data from Most Recent LTCFS Where Available

3b(i) Living Situation

Living Situation Group:	#	% Total
Family or Spouse/Partner/Family	332	45%
Adult Family Home	172	23%
Alone (Includes Person Living Alone Who Receives In-Home Services)	118	16%
Community Based Residential Facility	95	13%
Other	29	4%

3b(ii) Work Setting

Work Setting Group:	#	% Total
Prevocational	372	50%
None	238	32%
Work Crew	71	10%
Multiple or Other	33	4%
Community	32	4%

3b(iii) Diagnosis (Dx) Categories

Diagnosis Categories	#	%
Developmental Disabilities	687	92%
Endocrine and Metabolic	372	50%
Mental Illness	280	38%
Heart and Circulatory	223	30%
Sensory	178	24%
Brain and Central Nervous System	131	18%
Respiratory	103	14%
Genitourinary System	94	13%
Other	191	26%

Types of Endocrine and Metabolix Dx Recorded on LTCFS	#	% Category
Other Digestive	103	28%
Thyroid (Alone or Other Combinations)	81	22%
Other Metabolic	46	12%
Diabetes with Obesity and/or Thyroid	31	8%
Diabetes and Other Combinations	31	8%
Other Digestive Other Metabolic	31	8%
Obesity, Other Diagnoses, and other Combinations	27	7%
Diabetes Only	22	6%
Grand Total	**372**	**100%**

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Types of Heart and Circulatory Dx Recorded on LTCFS	#	% Category
Hypertension	104	47%
Hypertension and Other	35	16%
Other Heart Circulatory	26	12%
Anemia, Coagulation, and Blood, Alone or Combo	26	12%
Other Diagnosis in Category	17	8%
Blood Vessel Lymphatic (Alone or Combo with Other)	15	7%
Grand Total	**223**	**100%**

Types of Mental Illness Recorded on LTCFS	#	% Category
Anxiety and Depression (or both + Other)	**199**	**71%**
Anxiety	76	27%
Depression	53	19%
Anxiety and Depression (or both + Other)	46	16%
Depression Other Mental Illness	12	4%
Anxiety Other Mental Illness	12	4%
Schizophrenia and Bipolar Disorders	**57**	**20%**
Other Mental Illness	**24**	**9%**
Grand Total	**280**	**100%**

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Data Exhibits July 2015 - Continued

Client List Individuals Links to Medicaid LTC Program Enrollment – Earlier Years

4a Average Enrollment 2012-2014

Average Enrollment	2012	2013	2014
Legacy	**588**	**630**	**663**
Community Integration Program	**564**	604	637
Community Options Program	**19**	20	20
Brain Injury Waiver	<10	<10	<10
Community Relocation Initiative	<10	<10	<10
CLTS	**43**	**36**	**30**
Family Care	**22**	**22**	**21**
IRIS	**<10**	**<10**	**<10**
FFS Nursing Home Residents	**<10**	**<10**	**<10**
Medicaid Enrollees without LTC program Enrollment	141	118	114
Grand Total	**802**	**815**	**836**
Unique Individuals In Program Any Time in Year	**2012**	**2013**	**2014**
Legacy	**609**	**650**	**670**
Community Integration Program	583	620	643
Community Options Program	20	20	20
Brain Injury Waiver	<10	<10	<10
Community Relocation Initiative	<10	<10	<10
CLTS	**48**	**42**	**36**
Family Care	**24**	**22**	**21**
IRIS	**<10**	**<10**	**<10**
FFS Nursing Home Residents	**<10**	**<10**	**<10**
Medicaid Enrollees without LTC program Enrollment	141	118	114
Total	**824**	**831**	**837**

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Data Exhibits July 2015 - Continued

4b Cost Data

4b(i) Total Medicaid FFS Claims, Medicaid Waiver, and Medicare FFS Claims

	Legacy	Other Adult LTC	CLTS	NonLTCWaiver	Grand Total
2012	**$ 25,400,641**	**$ 2,470,402**	**$ 1,202,010**	**$ 861,469**	**$ 29,934,522**
2012_Q1	$ 6,043,523	$ 541,181	$ 315,927	$ 194,045	$ 7,094,676
2012_Q2	$ 6,310,032	$ 530,033	$ 304,782	$ 153,972	$ 7,298,819
2012_Q3	$ 6,524,779	$ 735,204	$ 299,226	$ 314,659	$ 7,873,868
2012_Q4	$ 6,522,306	$ 663,983	$ 282,076	$ 198,793	$ 7,667,159
2013	**$ 27,354,336**	**$ 2,332,427**	**$ 884,676**	**$ 521,643**	**$ 31,093,082**
2013_Q1	$ 6,621,731	$ 558,002	$ 272,750	$ 175,322	$ 7,627,805
2013_Q2	$ 7,028,414	$ 570,678	$ 228,063	$ 138,982	$ 7,966,137
2013_Q3	$ 6,857,812	$ 624,457	$ 208,593	$ 109,470	$ 7,800,332
2013_Q4	$ 6,846,378	$ 579,290	$ 175,270	$ 97,869	$ 7,698,807
2014	**$ 28,029,799**	**$ 2,321,301**	**$ 711,742**	**$ 442,881**	**$ 31,505,723**
2014_Q1	$ 7,045,130	$ 570,921	$ 169,287	$ 123,215	$ 7,908,553
2014_Q2	$ 6,942,415	$ 563,146	$ 180,945	$ 104,098	$ 7,790,604
2014_Q3	$ 7,006,902	$ 574,885	$ 196,025	$ 124,769	$ 7,902,581
2014_Q4	$ 7,035,351	$ 612,348	$ 165,485	$ 90,799	$ 7,903,984

4b(i)(1) Average Annual Total Cost, Legacy Waiver Enrollees

2012	$ 43,200
2013	$ 43,400
2014	$ 42,300

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Data Exhibits July 2015 - Continued

4b(ii) Medicaid + Medicare Paid by Year, Claim Type Group, and Member Program Enrollment

	Legacy	Other LTC Groups	Non LTC Waiver	Grand Total
2012	**$ 6,404,228**	**$ 1,063,725**	**$ 861,469**	**$ 8,329,422**
Inpatient and LTC Institution	$ 949,510	$ 373,490	$ 183,539	$ 1,506,538
Outpatient Hospital	$ 364,587	$ 50,081	$ 109,290	$ 523,958
Other	$ 5,090,130	$ 640,154	$ 568,641	$ 6,298,926
2013	**$ 6,654,700**	**$ 635,334**	**$ 521,643**	**$ 7,811,677**
Inpatient and LTC Institution	$ 592,777	$ 88,713	$ 27,617	$ 709,106
Outpatient Hospital	$ 295,359	$ 24,535	$ 67,037	$ 386,930
Other	$ 5,766,564	$ 522,086	$ 426,990	$ 6,715,640
2014	**$ 6,851,375**	**$ 512,593**	**$ 442,881**	**$ 7,806,850**
Inpatient and LTC Institution	$ 469,051	$ 11,510	$ 59,838	$ 540,399
Outpatient Hospital	$ 226,020	$ 16,739	$ 36,250	$ 279,009
Other	$ 6,156,304	$ 484,344	$ 346,794	$ 6,987,442
Grand Total	**$ 19,910,303**	**$ 2,211,652**	**$ 1,825,994**	**$ 23,947,949**

4b(iii)(1) Inpatient and LTC Claim Counts by Provider Type

	Sum of Claim Count
LTC Institutions	**216**
Facility for the Developmentally Disabled (FDD)	10
Nursing Facility	206
Hospital and Institute for Mental Disease (IMD)	**172**
Hospital	148
IMD	24
Grand Total	**388**

4b(iii)(2) Inpatient and LTC Claim Counts by Year and Provider Group

	2012	2013	2014	Grand Total
LTC Institutions	116	61	39	216
Hospital and IMD	82	35	55	172
Grand Total	**198**	**96**	**94**	**388**

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Data Exhibits July 2015 - Continued

4b(iii)(3) Inpatient and LTC Medicaid + Medicare Paid by Year, Provider Group, and Program Group

	Legacy	Other LTC	NonLTCWaiver	Grand Total
2012	**$ 949,510**	**$ 373,490**	**$ 183,539**	**$ 1,506,538**
LTC Institutions	$ 321,776	$ 151,931	$ -	$ 473,707
Hospital and IMD	$ 597,714	$ 221,558	$ 183,539	$ 1,002,811
Independent Lab	$ 30,020	$ -	$ -	$ 30,020
2013	**$ 592,777**	**$ 88,713**	**$ 27,617**	**$ 709,106**
LTC Institutions	$ 337,338	$ 53,673	$ -	$ 391,012
Hospital and IMD	$ 255,439	$ 35,039	$ 27,617	$ 318,095
2014	**$ 469,051**	**$ 11,510**	**$ 59,838**	**$ 540,399**
LTC Institutions	$ 102,474	$ 10,320	$ -	$ 112,794
Hospital and IMD	$ 366,577	$ 1,190	$ 59,838	$ 427,605
Grand Total	**$ 2,011,339**	**$ 473,713**	**$ 270,993**	**$ 2,756,044**

4b(iii)(4) Outpatient Hospital Medicaid + Medicare Paid by ER and Other, Year, and Program Group

	2012	2013	2014	Grand Total
Outpatient Emergency Room	**$ 136,096**	**$ 111,198**	**$ 81,237**	**$ 328,531**
Legacy	$ 87,145	$ 70,739	$ 66,631	$ 224,514
Other LTC	$ 13,361	$ 12,491	$ 2,884	$ 28,736
Non LTC Waiver	$ 35,590	$ 27,968	$ 11,723	$ 75,281
Other Outpatient Hospital	**$ 387,862**	**$ 275,733**	**$ 197,772**	**$ 861,366**
Legacy	$ 277,443	$ 224,620	$ 159,389	$ 661,452
Other LTC	$ 36,719	$ 12,044	$ 13,856	$ 62,619
Non LTC Waiver	$ 73,699	$ 39,069	$ 24,527	$ 137,295
Grand Total	**$ 523,958**	**$ 386,930**	**$ 279,009**	**$ 1,189,897**

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Data Exhibits July 2015 - Continued

4b(iii)(5) Other Claims Medicaid and Medicare Paid by Provider Grouping, Year, and Program Grouping

	Other LTC	Legacy	Non LTC Waiver	Grand Total
2012	**$ 640,154**	**$ 5,090,130**	**$ 568,641**	**$ 6,298,926**
Physician, Clinic, and Nurse Practitioner	$ 77,488	$ 376,886	$ 107,833	$ 562,207
Lab and Blood Bank	$ 12,489	$ 134,745	$ 19,138	$ 166,372
Durable Medical Equipment/ Durable Medical Supplies, Vision, Hearing, and Prosthetic/Orthotic Equipment/Supplies	$ 53,873	$ 365,049	$ 28,513	$ 447,435
Behavioral Health	$ 10,321	$ 71,849	$ 222,654	$ 304,824
Other	$ 40,874	$ 153,488	$ 35,602	$ 229,964
Home Health, Personal Care, Nursing, and Hospice	$ 361,162	$ 3,900,084	$ 121,671	$ 4,382,917
Pharmacy	$ 5,191	$ 85,280	$ 4,350	$ 94,821
School Based Services	$ 78,758	$ 2,750	$ 28,879	$ 110,388
2013	**$ 522,086**	**$ 5,766,564**	**$ 426,990**	**$ 6,715,640**
Physician, Clinic, and Nurse Practitioner	$ 63,727	$ 496,455	$ 102,787	$ 662,970
Lab and Blood Bank	$ 7,720	$ 137,753	$ 12,035	$ 157,509
DME/DMS, Vision, Hearing, and Prosthetic/Orthotic Equipment/Supplies	$ 77,604	$ 478,158	$ 21,936	$ 577,698
Behavioral Health	$ 6,025	$ 88,332	$ 181,385	$ 275,742
Other	$ 15,170	$ 130,276	$ 23,210	$ 168,655
Home Health, Personal Care, Nursing, and Hospice	$ 291,151	$ 4,346,601	$ 65,345	$ 4,703,097
Pharmacy	$ 2,328	$ 84,852	$ 4,924	$ 92,105
School Based Services	$ 58,361	$ 4,136	$ 15,368	$ 77,865
2014	**$ 484,344**	**$ 6,156,304**	**$ 346,794**	**$ 6,987,442**
Physician, Clinic, and Nurse Practitioner	$ 77,799	$ 685,905	$ 77,412	$ 841,116
Lab and Blood Bank	$ 2,586	$ 23,953	$ 4,966	$ 31,505
DME/DMS, Vision, Hearing, and Prosthetic/Orthotic Equipment/Supplies	$ 55,354	$ 399,627	$ 15,795	$ 470,776
Behavioral Health	$ 19,065	$ 145,909	$ 151,426	$ 316,400
Other	$ 14,076	$ 123,456	$ 26,077	$ 163,608
Home Health, Personal Care, Nursing, and Hospice	$ 277,993	$ 4,664,219	$ 62,759	$ 5,004,971
Pharmacy	$ 1,205	$ 111,316	$ 1,913	$ 114,434
School Based Services	$ 36,266	$ 1,919	$ 6,446	$ 44,631
Grand Total	**$ 1,646,585**	**$ 17,012,998**	**$ 1,342,425**	**$ 20,002,008**

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Data Exhibits July 2015 - Continued

Details on Provider Types included in Groups for Other Claims

Physician, Clinic, and Nurse Practitioner

- Allergy and Immunology
- Anesthesiology
- Clinic/Center
- Clinic/Center - Ambulatory Surgical
- Clinic/Center - Family Planning, Non-Surgical
- Clinic/Center - Federally Qualified Health Center (FQHC)
- Clinic/Center - Rural Health
- Dermatology
- Emergency Medicine
- Family Medicine
- General Practice
- Internal Medicine
- Multi-Specialty
- Nurse Anesthetist, Certified Registered
- Nurse Practitioner
- Obstetrics and Gynecology
- Ophthalmology
- Otolaryngology
- Pathology - Anatomic Pathology and Clinical Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Psychiatry
- Psychiatry and Neurology - Neurology
- Radiology - Diagnostic Radiology
- Single Specialty
- Surgery
- Urology

Home Health, Personal Care, Nursing, and Hospice

- Home Health/Personal Care Agency
- Hospice Care, Community Based
- Licensed Practical Nurse
- Registered Nurse

Behavioral Health

- Clinic/Center - Mental Health (Including Community Mental Health Center)
- Community/Behavioral Health
- Comprehensive Community Services (CCS)
- Counselor/Psychologist/SW
- Crisis Intervention/CSP

DME/DMS, Vision, Hearing, and Prosthetic/Orthotic Equipment/Supplies

- Audiology and Hearing Instrument
- Durable Medical Equipment and Medical Supplies
- Eyewear Supplier (Equipment, not the service)
- Optometrist
- Orthotist
- Prosthetic/Orthotic Supplier
- Technician/Technologist - Optician

Lab and Blood Bank

- Blood Bank
- Clinical Medical Laboratory

Other

- Ambulance
- Case Management
- Chiropractor
- Clinic/Center - Physical Therapy
- Clinic/Center - Rehabilitation
- Dentist
- Podiatrist
- Professional/Ancillary Billing by Hospitals/Facilities

Note: these versions of the data exhibits vary from the drafts provided earlier in 2015 due to minor wording edits. Where percent totals do not sum to 100%, the difference is in rounding.

4b (iv) Waiver Service Costs (HSRS, Encounter, and CLTS Data)

Service Category	2012	2013	2014	Grand Total
Residential	**$ 10,383,819**	**$ 11,045,311**	**$ 11,214,004**	**$ 32,643,133**
AFH 1-2 Beds	$ 723,469	$ 557,828	$ 520,458	$ 1,801,754
AFH 3-4 Beds	$ 6,553,614	$ 6,972,057	$ 7,110,640	$ 20,636,311
CBRF Independent and 5-8	$ 2,744,521	$ 3,106,046	$ 3,176,880	$ 9,027,447
CBRF 9-20	$ 313,073	$ 361,594	$ 342,619	$ 1,017,286
CBRF >20	$ 49,142	$ 47,787	$ 63,407	$ 160,336
Day Center and Day Care	**$ 3,769,608**	**$ 4,017,199**	**$ 4,182,151**	**$ 11,968,958**
ADULT DAY CARE	$ 204,628	$ 252,069	$ 267,415	$ 724,112
DAY CENTER SERVICES TREATMENT	$ 3,564,980	$ 3,765,130	$ 3,914,736	$ 11,244,846
Supportive Home Care (SHC) and Daily Living Skills	**$ 3,549,559**	**$ 3,999,007**	**$ 4,156,875**	**$ 11,705,441**
SHC	$ 3,015,023	$ 3,510,632	$ 3,662,173	$ 10,187,829
DAILY LIVING SKILLS TRAINING	$ 534,536	$ 488,375	$ 494,702	$ 1,517,613
Case Management and COP Assessment/Plan	**$ 1,600,167**	**$ 1,765,804**	**$ 1,522,180**	**$ 4,888,151**
Transportation	**$ 917,138**	**$ 992,536**	**$ 1,110,926**	**$ 3,020,601**
Employment Services	**$ 867,675**	**$ 883,436**	**$ 894,063**	**$ 2,645,174**
Prevocational	$ 788,280	$ 796,680	$ 819,137	$ 2,404,096
Supported Employment	$ 79,395	$ 86,756	$ 74,926	$ 241,077
Other	**$ 336,148**	**$ 400,844**	**$ 455,995**	**$ 1,192,986**
Respite	**$ 350,034**	**$ 342,583**	**$ 339,687**	**$ 1,032,304**
Unknown/NR	**$ -**	**$ -**	**$ -**	**$ -**
Waitlist SPCs	**$ -**	**$ -**	**$ -**	**$ -**
Participant Share (Cost Share, Spend Down, Room and Board)	**$ (169,048)**	**$ (165,314)**	**$ (173,518)**	**$ (507,880)**
Grand Total	**$ 21,605,100**	**$ 23,281,405**	**$ 23,702,363**	**$ 68,588,868**
Waiver Spending as % Total Costs for LTC Enrollees	*74%*	*76%*	*76%*	

Note: these versions of the data exhibits vary from the drafts provided earlier in 2015 due to minor wording edits. Where percent totals do not sum to 100%, the difference is in rounding.

4b(v) Commonly Used SPCs for Legacy Waiver HSRS Costs: Annual Cost, Users, and Cost Per User

YEAR	SPC	DESCRIPTION	TotalCost	Users	AvgCostUser
Top Residential SPCs					
2012	202	ADULT FAMILY HOME 1-2 BEDS	$ 581,180	41	$ 14,175
2013	202	ADULT FAMILY HOME 1-2 BEDS	$ 420,080	33	$ 12,730
2014	202	ADULT FAMILY HOME 1-2 BEDS	$ 389,648	39	$ 9,991
2012	202	ADULT FAMILY HOME 3-4 BEDS	$ 5,794,897	124	$ 46,733
2013	202	ADULT FAMILY HOME 3-4 BEDS	$ 6,164,539	130	$ 47,420
2014	202	ADULT FAMILY HOME 3-4 BEDS	$ 6,371,781	137	$ 46,509
2012	506	CBRF 5-8 LICENSED BEDS	$ 2,480,903	63	$ 39,379
2013	506	CBRF 5-8 LICENSED BEDS	$ 2,769,993	70	$ 39,571
2014	506	CBRF 5-8 LICENSED BEDS	$ 2,887,685	79	$ 36,553
Top Day Care, Day Center, SHC, and Daily Living Skills SPCs					
2012	102	ADULT DAY CARE	$ 164,971	34	$ 4,852
2013	102	ADULT DAY CARE	$ 227,760	41	$ 5,555
2014	102	ADULT DAY CARE	$ 274,368	49	$ 5,599
2012	104	SHC - HOURS	$ 1,637,494	144	$ 11,371
2013	104	SHC - HOURS	$ 2,008,898	179	$ 11,223
2014	104	SHC - HOURS	$ 2,279,951	188	$ 12,127
2012	104	SHC - SUPERVISION SERVICES - HOURS	$ 267,760	31	$ 8,637
2013	104	SHC - SUPERVISION SERVICES - HOURS	$ 287,499	35	$ 8,214
2014	104	SHC - SUPERVISION SERVICES - HOURS	$ 327,025	33	$ 9,910
2012	107	SPECIALIZED TRANSPORTATION	$ 831,148	344	$ 2,416
2013	107	SPECIALIZED TRANSPORTATION	$ 909,062	373	$ 2,437
2014	107	SPECIALIZED TRANSPORTATION	$ 1,039,549	392	$ 2,652
2012	706	DAY CENTER SERVICES TREATMENT	$ 356,138	45	$ 7,914
2013	706	DAY CENTER SERVICES TREATMENT	$ 353,941	48	$ 7,374
2014	706	DAY CENTER SERVICES TREATMENT	$ 417,168	55	$ 7,585
2012	110	DAILY LIVING SKILLS TRAINING	$ 415,815	51	$ 8,153
2013	110	DAILY LIVING SKILLS TRAINING	$ 391,525	61	$ 6,418
2014	110	DAILY LIVING SKILLS TRAINING	$ 407,742	63	$ 6,472
Employment Services SPCs					
2012	108	PREVOCATIONAL SERVICES	$ 742,144	204	$ 3,638
2013	108	PREVOCATIONAL SERVICES	$ 751,076	221	$ 3,399
2014	108	PREVOCATIONAL SERVICES	$ 790,939	238	$ 3,323
2012	615	SUPPORTED EMPLOYMENT	$ 76,114	78	$ 976
2013	615	SUPPORTED EMPLOYMENT	$ 81,544	77	$ 1,059
2014	615	SUPPORTED EMPLOYMENT	$ 73,775	73	$ 1,011
Case Management and Financial Management SPCs					
2012	604	CASE MANAGEMENT	$ 1,391,145	616	$ 2,258
2013	604	CASE MANAGEMENT	$ 1,564,877	659	$ 2,375
2014	604	CASE MANAGEMENT	$ 1,402,228	679	$ 2,065
2012	619	FINANCIAL MANAGEMENT	$ 99,537	266	$ 374
2013	619	FINANCIAL MANAGEMENT	$ 110,309	290	$ 380
2014	619	FINANCIAL MANAGEMENT	$ 122,350	320	$ 382

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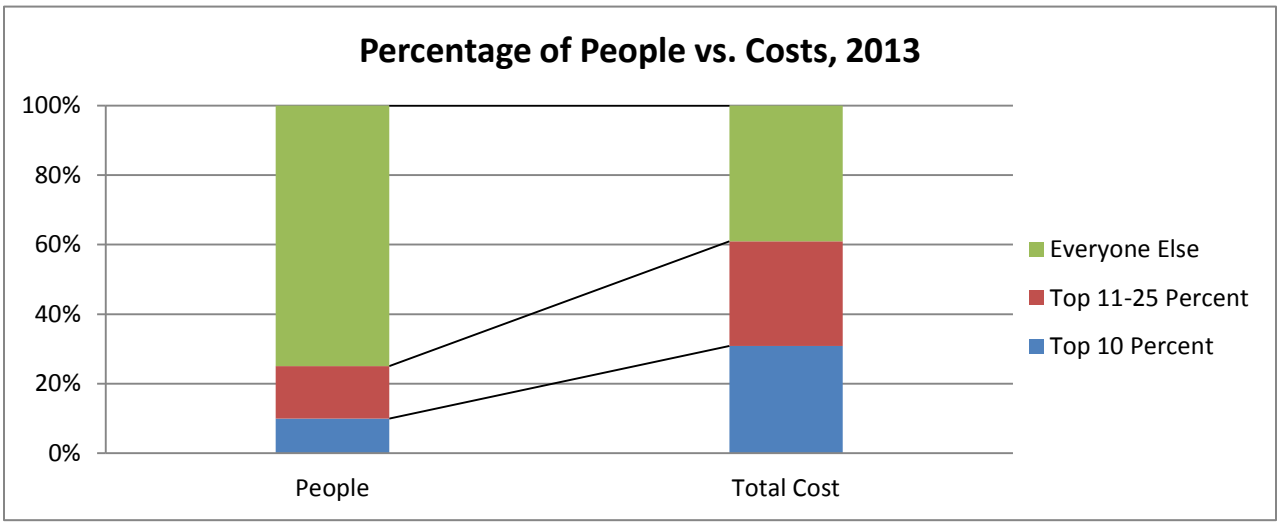
Cost Group	People	Total Cost	% Total Cost	MCD	MCR	Waiver	Waiver as % Total Cost
Top 10 Percent	80	$9,607,675	31%	$2,284,221	$427,200	$ 6,896,253	72%
Top 11-25 Percent	121	$9,358,849	30%	$1,805,780	$189,963	$7,363,107	79%
Everyone Else	602	$12,126,557	39%	$2,504,842	$599,670	$9,022,045	74%

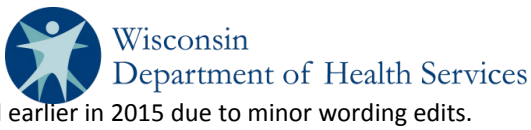


The people with the highest costs account for a disproportionate share of the costs – the top 10 percent account for 31 percent of the costs in 2013. However, this is not as disproportionate as seen in some groups. In the overall Elderly Blind and Disabled Medicaid population in 2011, the top 10 percent accounted for nearly half of costs.

Another means of identifying members with high utilization is to look at inpatient hospital and outpatient Emergency Room (ER) claims. Less than 10 people in the identified population met the criteria of three or more inpatient hospital claims or four or more ER claims in 2013. These people are not captured in this summary except for a few already in the top 10 percent of costs group.

Overall Characteristics

The high cost 10 percent in this group is primarily adults age 22-64 with developmental disabilities who live in residential settings (mostly adult family homes) and use day centers, personal care, and/or supportive home care, which accounts for the majority of their costs. The majority (70 of the 80) were Legacy Waiver program enrollees in 2013 mainly CIP. Other LTC waiver enrollees include Family Care, IRIS, and CLTS (young adult in children's program) enrollees.



Long-Term Care Functional Screen (LTCFS) Data for High Cost 10 Percent

LTCFS data from 2012 or 2013 is available for all but one of the high cost 10 percent in 2013, and the most recent screen in that time period is used. Over 90 percent of the high cost 10 percent are in the Developmental Disability (DD) target group; the remaining are in the Physically Disabled (PD) target group. The majority of these individuals are in the 22-64 age group, and they are nearly evenly split by gender, with 52 percent male.

Living Situation

Living Situation	#	% Total
Adult Family Home	48	60%
Community Based Residential Facility (1-20 Beds)	13	16%
Other or Unknown	19	24%
Grand Total	**80**	**100%**

The majority, over three-quarters, of the high cost 10 percent live in a residential setting, mostly Adult Family Homes. Of the others, the most common living situation is with family, but there are various settings all totaling less than 10 individuals.

Work Setting

Work Setting	#	% Total
Prevocational	32	40%
Other	12	15%
None	36	45%
Grand Total	**80**	**100%**

According to their most recent screen just over half of the high cost 10 percent worked. The majority worked in a prevocational setting. By comparison, just under half of all DD LTC enrollees age 18-64 worked in 2013.

County

Of the high cost 10 percent, 80 percent lived in Brown County. Other counties with less than 10 of the high cost members in any one include Manitowoc, Oconto, Outagamie, Door, Kewaunee, and Calumet.

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Diagnoses

Diagnosis Categories	#	%
Developmental Disabilities	75	95%
Endocrine and Metabolic	40	51%
Muscular and Neuromuscular	44	56%
Mental Illness	42	53%
Heart and Circulatory	29	37%
Sensory	28	35%
Brain and Central Nervous System	12	15%
Respiratory	12	15%
Genitourinary System	17	22%
Other	20	25%

Compared to the overall 2013 subpopulation previously analyzed, the high cost 10 percent do have higher percentages with diagnoses in the mental illness, muscular and neuromuscular categories (just over half vs. just under 40 percent in each case). Percentages are also slightly higher for heart and circulatory diagnoses (37 percent vs. 30 percent) and sensory diagnoses (35 percent vs. 24 percent).

For those with mental in the illness diagnoses category, anxiety is the most common diagnosis. Fourteen high cost individuals have only the anxiety flag indicated within the mental illness category, and another 10 have an anxiety diagnosis in addition to another type of mental illness diagnosis (most common is depression). Less than 10 individuals had either a bipolar disorder or schizophrenia diagnosis indicated on the LTCFS.

For those with diagnoses in the muscular and neuromuscular disorder category, most have flags in an “other” category. The “other” category contains: other fractures or joint disorders, and other musculoskeletal, neuromuscular, or peripheral nerve disorders. Ten of the high cost individuals have either a spinal cord injury or other paralysis.

Diagnoses within the endocrine and metabolic and heart and circulatory disorder categories are similar to the overall population previously analyzed.

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2013 High Cost and Utilization Analysis - Continued

Medicaid and Medicare Claims Data for High Cost 10 Percent

Commonly Used Services and Number of Users

Claim Type	Billing Provider Type	Users
Inpatient LTC and Crossover	Hospital	12
Outpatient Hospital	Hospital	51
Other	Ambulance	15
Other	Dentist	39
Other	Home Health/Personal Care Agency	60
Other	Hospital	10
Other	Independent Lab	69
Other	Medical Equipment Vendor	63
Other	Mental Health and Substance Abuse Services	32
Other	Optician	13
Other	Pharmacy	46
Other	Physician Group	77
Other	Podiatrist	15

Medicaid and Medicare Paid Amount by Claim and Billing Provider Groups

Claim and Billing Provider Groups	Paid Amount
Inpatient and LTC Facilities	**$ 447,830**
Nursing Facility	$ 246,566
Hospital	$ 187,952
Facility for the Developmentally Disabled	$ 13,312
Outpatient Hospital	**$ 104,526**
Other	**$ 2,154,197**
Home Health/Personal Care Agency	$ 1,442,684
Medical Equipment and Supply	$ 225,291
Nurse Service	$ 206,673
Physician and Clinic	$ 135,004
Pharmacy	$ 45,181
Independent Lab	$ 40,195
Mental Health and Substance Abuse Services	$ 13,672
Hospice	$ 13,650
Ambulance	$ 12,353
Dentist	$ 4,818
Rehabilitation Agency	$ 4,817
Hospital	$ 2,492
School Based Services	$ 1,712
Nursing Facility	$ 1,550
Podiatrist	$ 1,498
Audiologist	$ 1,392

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Chiropractor	$ 1,215
Grand Total	**$ 2,706,553**

The highest cost categories for Medicaid and Medicare claims are the LTC home health and personal services paid by Medicaid FFS for Legacy Waiver enrollees.

Waiver Services for High Cost 10 Percent

SPC Group	Paid	Users
ADULT FAMILY HOME 1-2 BEDS	$ 137,926	<10
ADULT FAMILY HOME 3-4 BEDS	$ 3,174,193	47
CBRF 5-8 BEDS	$ 844,018	14
CBRF 9-16 BEDS	$ 91,157	<10
Subtotal Residential	*$ 4,247,294*	
Day Center	$ 1,024,333	69
Supportive Home Care (SHC)	$ 1,191,185	20
Subtotal Day Center and SHC	*$ 2,215,518*	
Case Management	$ 270,010	78
Financial Management	$ 16,695	38
Equipment/supplies	$ 50,704	28
Prevocational	$ 32,383	<10
Specialized Transportation	$ 46,720	17
Other	$ 16,929	22
Total	**$ 6,896,253**	

The largest costs for waiver services are residential services (mainly 3-4 bed adult family homes) followed by day centers and supportive home care.

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Professional Services and Other Claims Paid to Bellin and Affiliated Providers 2012-2014

Sum of Medicaid and Medicare Claims - Professional Services / Other (excludes Hospitals and Institutions)

Provider Category (from Claims)	Bellin	Other	PPL	No Bellin Affiliation	Total	% Bellin or Affiliated	Service as % Total
Physician, Clinic, and Nurse Practitioner	$242,140.87	$48,786.88	$146,171.41	$1,629,251.40	$2,066,350.56	21%	10%
Ambulance	$-	$-	$-	$120,515.09	$120,515.09	0%	1%
Equipment, Etc.	$-	$-	$94.89	$1,495,813.33	$1,495,908.22	0%	7%
Lab	$3,526.39	$1,499.92	$202.58	$350,156.38	$355,385.27	1%	2%
Other	$16,289.90	$1,180.21	$18,027.79	$406,156.82	$441,654.72	8%	2%
Behavioral Health	$31,941.91	$405.88	$81.40	$864,536.43	$896,965.62	4%	4%
Home Health/Personal Care/Nursing	$-	$-	$-	$14,090,984.89	$14,090,984.89	0%	70%
School Based Services	$-	$-	$-	$159,461.04	$159,461.04	0%	1%
Pharmacy	$167.22	$-	$677.66	$373,937.29	$374,782.17	0%	2%
Grand Total	**$294,066.29**	**$51,872.89**	**$165,255.73**	**$19,490,812.67**	**$20,002,007.58**	**3%**	
% Medicare Paid	53%	63%	71%	10%	11%		

490 of 852 identified members (about 58 percent) received at least one service from a Bellin or Bellin-affiliated provider some time during 2012-2014. This is slightly more than half; however, less than half had a claim for at least one service from a Bellin or Bellin-affiliated provider in any one calendar year (38-44 percent). Claims paid to Bellin or affiliated providers are a relatively small share of these members' costs. More of those claims are paid by Medicare than Medicaid.

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