

## **Contract Amendment for BadgerCare Plus and SSI Medicaid Services**

The agreement entered into for the period of January 1, 2016 through December 31, 2017 between the State of Wisconsin acting by or through the Department of Health Services, hereinafter referred to as the “Department” and \_\_\_\_\_, an insurer with a certificate of authority to do business in Wisconsin for the BadgerCare Plus and/or Medicaid SSI Managed Care Program hereinafter referred to as the “HMO”, is hereby amended as follows:

### **Department Policy Updates (effective 1/1/17)**

#### **1. Article I – Definitions**

**Per the Managed Care Rule, add or amend definitions as follows (Section 438.2, Section 438.104, 438.320, 438.4)**

**Access:** As it pertains to external quality review, “access” means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined in [42 CFR §438.68](#) (Network adequacy standards) and [42 CFR §438.206](#) (Availability of services).

**Actuarially Sound Capitation Rates:** Actuarially sound capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the HMO for the time period and the population covered under the terms of the contract, and such capitation rates are developed in accordance with CMS requirements.

**Actuary:** An individual who meets the qualification standards established by the American Academy of Actuaries for an actuary and follows the practice standards established by the Actuarial Standards Board.

**Capitation Payment:** A payment the State makes periodically to a contractor on behalf of each member enrolled under a contract and based on the actuarially sound capitation rate for the provision of services under the State plan. The State makes the payment regardless of whether the particular member receives services during the period covered by the payment.

**Health Care Services:** All Medicaid services provided by an HMO under contract with the Department in any setting, including but not limited to medical care, behavioral health care, and long-term services and supports.

**Marketing:** Any communication by the HMO, its employees, affiliated providers, subcontractors, or agents to a potential member for the purpose of persuading such persons to enroll with the HMO or to not enroll in or to disenroll from another HMO. Marketing does not include communication to a potential member from the issuer of a qualified health plan as defined in [45 CFR 155.200](#), about the qualified health plan.

**Marketing Materials:** Materials that are produced in any medium, by or on behalf of an HMO, that can be reasonably interpreted as intended to market to potential Medicaid members.

**Material Adjustment:** An adjustment that, using reasonable actuarial judgment, has a significant impact on the development of the capitation payment such that its omission or misstatement could impact a determination whether the development of the capitation rate is consistent with generally accepted actuarial principles and practices.

**Outcomes:** Changes in patient health, functional status, satisfaction or goal achievement that result from health care or supportive services.

**Rate Cell:** A set of mutually exclusive categories of enrollees that is defined by one or more characteristics for the purpose of determining the capitation rate and making a capitation payment; such characteristics may include age, gender, eligibility category, and region or geographic area. Each enrollee should be categorized in one of the rate cells for each unique set of mutually exclusive benefits under the contract.

**Rating Period:** A period of 12 months selected by the Department for which the actuarially sound capitation rates are developed and documented in the rate certification submitted to CMS as required by [42 CFR §438.7\(a\)](#).

**Validation:** The review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.

## 2. Article I – Definitions

### Add or amend the following definitions:

**Authorized Representative:** For the purposes of filing a complaint, grievance, appeal, or approving the member's care plan, an individual appointed by the member, including a provider or estate representative, may serve as an authorized representative with documented consent of the member.

**Care Coordination:** The purposeful organization by care management staff to seamlessly deliver comprehensive services in response to a member's needs and work toward achieving desired health outcomes.

**Care Management Model:** A health care delivery process to arrange, deliver, monitor and evaluate the member's care, including all medical and social services, with the goal of helping members achieve their self-identified goals. For SSI members, the Care Management Model includes the following processes: a screening, information gathering and assessment, needs-stratification, comprehensive care plan development, care plan review and updates, and appropriate transitional care.

**Care Management Staff:** Staff that assists in patient-centered, evidence-based, coordinated care and services designed to effectively manage health conditions and help members meet their self-identified goals.

**Case Management:** A collaborative process of assessing, planning, facilitating, coordinating, evaluating, and advocating for options and services to meet an individual's comprehensive health needs through communication and available resources to promote quality and cost-effective outcomes.

**Comprehensive Care Plan (for Medicaid SSI members only):** Written documentation of a plan of action developed by the HMO and the member that identifies strengths, needs, goals, and necessary interventions to be addressed within a specific timeframe. The Care Plan is a living document that reflects an ongoing cycle of activity as long as care is being provided.

**Division of Medicaid Services:** Effective January 1, 2017, the Division of Health Care Access and Accountability (DHCAA) will become the Division of Medicaid Services (DMS). All contract references and reports addressed to DHCAA should be updated to reflect the Division of Medicaid Services.

**Highest Needs Members:** Members with complex needs, multiple comorbidities, and/or a history of frequent emergency department visits or inpatient admissions during the previous 12 months as identified by the HMO's needs-stratification process.

**Information Gathering and Assessment (for Medicaid SSI members only):** A detailed evaluation where the care management staff collects all relevant information about the member's health care, and cultural and socioeconomic needs to conduct needs-stratification and to develop the Comprehensive Care Plan.

**Member:** An individual who has been determined eligible for BadgerCare Plus or Medicaid.

**Needs-stratification:** The assignment of individual members to specific levels of care management, based on individual member's overall medical and social needs that could affect the health care outcomes for that member. Needs-stratification helps align an individual member's overall medical and social needs with the most appropriate level of care management for that member.

**Risk Adjustment (previously known as Chronic Illness & Disability Payment System (CDPS)):** A diagnostic and drug based classification system used to risk adjust health-based capitated payments for Medicaid beneficiaries.

**Screening:** The use of data-gathering techniques, tests, or tools to identify or quantify the health and/or cultural needs of a member. Screening methods may include telephonic contact, mailings, interactive web tools, or encounters in person with screeners or health care providers. For Medicaid SSI members, the screening must be an in-person or telephonic interview where an HMO identifies the member's medical, dental, behavioral health and social needs.

**Social Determinants of Health:** Social, economic, and material factors surrounding people's lives, traumatic life events, access to stable housing, education, health care, nutritional food, employment and workforce development.

**Transitional Care:** Processes to ensure continuity of care that include, but are not limited to, medication reconciliation, ensuring members have a comprehensive understanding of their treatment plan, and assisting members with scheduling follow-up appointments with their primary care provider or specialists as needed after a member is discharged from an emergency department, hospital, nursing home or rehabilitation facility.

**Wisconsin Interdisciplinary Care Team (WICT):** A group of health care professionals, including HMO partners, and other ancillary staff representing diverse disciplines who work together to share expertise, knowledge, and skills to help members meet their self-identified goals. An effective WICT requires interdependent collaboration, open communication, and shared decision-making working toward a common goal.

**3. Article II, Section A, Part 6 – Open Enrollment**

**Per Section 438.3(d) of the Managed Care Rule, add to list of items regarding enrollment discrimination as follows:**

The HMO will not discriminate against individuals eligible to enroll on the basis of race, color, national origin, health status, sex, sexual orientation, gender identity or disability and will not use any policy or practice that has the effect of discriminating on the basis of race, color, national origin, health status, sex, sexual orientation, gender identity or disability.

**4. Article III, Section A – Care Management Model for the BadgerCare Plus Childless Adults Population**

**Amend Section A to read:**

**A. Care Management Model for the BadgerCare Plus Childless Adults Population**

The HMO will provide care coordination and case management services as defined in Article I. As part of the Care Management model, the HMO will employ care coordinators and case managers to arrange, deliver, and monitor Medicaid-covered services to meet the member needs.

The HMO shall use care management staff (i.e., care coordinators, case managers, behavioral health professionals or nurses) trained in the cultural, health and socioeconomic needs of the BadgerCare Plus and Medicaid SSI population in order to conduct care coordination activities.

The care coordinators and case managers will work together with the member and the primary care provider to provide appropriate services for HMO members.

The HMO must develop Care Management guidelines to operationalize their Care Management Model which must receive Department approval prior to its implementation; any subsequent changes to the guidelines are also subject to Department approval.

**1. Care Management Elements**

As part of the Care Management Model, the following must be provided for each member:

**a. Health Needs Assessment Screening (BadgerCare Plus Childless Adults only)**

- 1) HMOs shall conduct an initial Health Needs Assessment (HNA) Screening for Childless Adults (CLA) members within 60 days of enrollment in the HMO.

- 2) The HMO must perform an initial Screening for newly enrolled CLA members, and CLA members that were previously enrolled in the HMO but re-enroll in the HMO at least six months after their last disenrollment.
- 3) The initial HNA Screening shall be conducted by appropriately qualified staff via methods that may include telephonic contact, mailings, interactive web tools, or encounters in person with screeners or health care providers.
- 4) Initial HNA Screening Elements – At a minimum, the HNA screening must address the following elements:
  - i. Urgent medical and behavioral symptoms (i.e. dyspnea, rapid weight gain/loss, syncope, suicidal ideations, psychotic break);
  - ii. Members' perception of their general well-being;
  - iii. Identify usual sources of care (e.g. primary care provider, clinic, specialist and dental provider);
  - iv. Frequency in use of emergency and inpatient services;
  - v. History of chronic physical and mental health illness (e.g. respiratory disease, heart disease, stroke, diabetes/pre-diabetes, back pain and musculoskeletal disorders, cancer, overweight/obesity, severe mental illness, substance abuse);
  - vi. Number of prescription medications used monthly;
  - vii. Socioeconomic barriers to care (e.g. stability of housing, reliable transportation, nutrition/food resources, availability of family/caregivers to provide support);
  - viii. Behavioral and medical risk factors including member's willingness to change their behavior such as:
    1. Symptoms of depression
    2. Alcohol consumption and substance abuse
    3. Tobacco use
  - ix. Weight (e.g. using BMI or waist circumference) and blood pressure indicators.
- 5) As part of the HNA Screening process, HMOs are encouraged to assist members in identifying a primary care provider.
- 6) Based on member's responses to the HNA Screening, HMOs shall conduct additional chronic or acute illness assessments as needed and identify members that may need additional care coordination.

b. Service Delivery

The HMO must coordinate and provide Medicaid-covered, medically necessary services to members in accordance with the needs identified in the HNA Screening for the CLA population. The HMO care coordinator or other professional staff shall follow-up regularly with the member to determine if services provided best address their needs.

2. Performance Targets for Health Needs Assessment (HNA) Screening for the BadgerCare Plus – Childless Adults Population

BadgerCare Plus HMOs are required to meet the lesser of the following targets of timely HNA Screenings:

- a. Performance Level Target – 35% rate of timely HNA Screenings in calendar year (CY) 2016 and 2017 OR
- b. Reduction In Error Target– 10% improvement from baseline.
  - 1) CY2016 – 10% Reduction in Error from the HMO baseline performance of timely HNA Screenings from July 2014 through June 2015.
  - 2) CY2017– 10% Reduction in Error from the HMO baseline performance of timely HNA Screenings from July 2015 through June 2016.
  - 3) Reduction In Error Example:
    - Assume an HMO has a 2017 baseline of 20%.
    - 2017 Error:  $100\% - 20\% = 80\%$ .
    - 2017 Reduction in Error Target:  
 $100\% - [80\% * (100\% - 10\%)] = 28\%$ .
    - In this example, the HMO 2017 target for timely HNA Screenings would be 28%, not 35%.

HMOs that do not meet their target will be subject to financial performance penalties. The penalty amount will be the lesser of either \$250,000 or 25% of the monthly administrative capitation rate for the proportion of the BadgerCare Plus Childless Adult (CLA) membership for the HMO that fails to meet the HNA performance target in the calendar year. The Department will notify HMOs of their appeal rights prior to any financial performance penalties being implemented. For examples of how the financial performance penalty will be applied, please refer to the 2017 Health Needs Assessment Guide.

The Department will notify HMOs of their appeal rights prior to any financial performance penalties being implemented.

3. Evaluation of Performance Targets (BadgerCare Plus – Childless Adults)

The Department and the EQRO have developed a Health Needs Assessment Guide that describes the methodology that the EQRO will use to determine compliance with the Care Management requirements defined in this article. The Department's EQRO will perform a review of the HMO's member records annually to determine compliance with the HNA performance targets and other Care Management requirements defined in this article. The Department reserves the right to request additional data and reports from HMOs as needed to monitor compliance with the Care Management requirements.

**5. Article III, Section B – Care Management Model for the Medicaid SSI Population  
Add as a new Section B:**

**B. Care Management Model for the Medicaid SSI Population**

The goal of the Department’s Medicaid SSI program is to improve the health of its members and enhance quality of care while reducing health care costs. The Department’s vision is to collaborate with HMOs to develop a comprehensive, integrated care model; incorporating social, behavioral health, and medical needs for members. The Department excludes those SSI Medicaid members who have Medicare coverage (dual eligible) from the SSI Care Management requirements.

The HMO is responsible for establishing a team-based care management model. The care structure and care management model must assure coordination and integration of all aspects of all SSI members’ health care needs. The HMO must also promote effective communication and shared decision-making between care management team and the member regarding the member’s care. Based on health conditions and social determinants of health, the HMO must stratify members into different care management needs groups which will include an Wisconsin Interdisciplinary Care Team (WICT) structure (Article III (B)(2)(a)(3)) for members with the highest needs.

**1. Care Management Model Characteristics**

The HMO will have flexibility in developing its own care model(s) but it must have the following characteristics:

**a. Effective Member Outreach and Engagement**

HMOs must develop effective outreach strategies to connect with and engage SSI members using a member-centric, culturally competent, collaborative approach to care. The HMO must encourage member self-determination and self-care.

**b. A Coordinated, Team-based, Patient-centered Approach to Care**

The HMO’s care management model must take into consideration the importance of shared decision-making between the care management team and members; the need for scheduling flexibility; and the need for team-based, care coordination services.

**c. Social Determinants Approach to Care**

Addressing member social determinants is a critical consideration for SSI members. While the HMO is not required to provide “wrap around” social services, the HMO must establish partnerships and maintain effective working relationships with key social service and community-based agencies to ensure the social determinants of health (e.g., housing instability, low health literacy, chronic stress, traumatic life events, and other social factors) are identified and addressed.

d. Use of Information Technology Integral to Care Management Model

The HMO must use information technology to improve communication within and across health care settings and to reduce fragmentation in the delivery of services to the member.

The HMO must encourage use of the Office of the National Coordinator's (ONC) Interoperability Standards Advisory best available standards to share information electronically across the continuum of care.

e. Evidence Based Approach to Care

The HMO must provide high quality of care and will be held accountable by the standards of care defined in Article IX and Addendum VI of this contract. The HMO must monitor health care outcomes regularly and promote the use of evidence-based care. In addition, through effective member engagement and outreach strategies the HMO must assist members in navigating the health care system.

2. Care Management Infrastructure

The HMO must have an appropriate care management infrastructure to serve the SSI Managed Care population. The HMO must have a sufficient number of adequately trained care management staff to meet individual member needs. As part of the care management infrastructure, the HMO must also have a WICT to oversee the care of members identified by the HMO with the highest needs and to serve as a consultative resource for other Care Management staff.

At a minimum, the care management infrastructure must include the following:

a. Care Management Staff and WICT

1) Qualifications

In order to respond to the unique needs of SSI members, the HMO must employ, or contract for the employment of, licensed healthcare professionals and other qualified care management staff with the following skills and knowledge needed to coordinate care for members (upon hiring or incorporated into their annual training plan):

- i. Motivational interviewing skills
- ii. Patient engagement strategies
- iii. Knowledge of the target population
- iv. Knowledge and experience with trauma informed care and the stages of change approach
- v. An understanding of the impact of social determinants (e.g., poverty, lack of food or social supports) on health.



## 2) Care Management Staff Training Plan

HMOs must submit to the Department for review and approval a Care Management Staff Training Plan. This Staff Training Plan shall be submitted to the Department as part of the certification application review process and upon the Department's request.

## 3) Caseloads

HMOs must allow care management staff and the WICT adequate time to effectively coordinate the delivery of integrated care. In order to do so, HMOs must have strategies in place to monitor care management team workloads and to assure that each team member is assigned a manageable caseload based on their roles and responsibilities within the team. HMOs must develop and maintain written caseload standards in consideration of the following:

- i. The complexity of the cases.
- ii. The need for licensed health care professionals and other care management staff to coordinate with other providers and community resources.
- iii. The need for face-to-face contacts with the member, providers, and others instrumental to meeting the needs of the member.
- iv. Management duties, including providing direction to care management team members and ensuring adequate documentation of care management activities.

## b. Wisconsin Interdisciplinary Care Team (WICT)

In addition to the care management requirements above, the HMO Care Management Model must include a Wisconsin Interdisciplinary Care Team (WICT) which will be the vehicle for providing member-centered care management services for members with the highest needs. The WICT must engage the member, his or her caregivers/family supports and other resources instrumental to the member's care.

## 1) WICT Structure

The WICT will have a Core Team which must include a minimum of two licensed health care professionals with adequate expertise across medical, mental and behavioral health, and social determinants of health. The Core Team must have ready access to dedicated resources such as pharmacists, physicians, psychiatrists, dieticians, rehabilitation therapists, and substance abuse specialists. These resources should be engaged as part of the Core Team depending on member needs.

The Core Team will also coordinate with the member's PCP, medical specialists, behavioral health specialists, dental providers, and other community resources as driven by the member's care plan.

## 2) WICT Functions

The WICT must work collaboratively with members, their providers, and their caregivers to accomplish shared goals across medical, mental and behavioral health, and other settings to achieve coordinated, high-quality care.

At a minimum, the WICT must meet weekly, preferably face-to-face, to discuss their shared case load.

It is expected that members will transition from the WICT to a lower intensity of ongoing care management as they become more stable; members may need to return to the WICT in the future if their needs change.

## 3. Care Management Process

The HMO Care Management Model must perform all the activities described below:

### a. Screening

#### 1) Purpose

The purpose of the screening is for the HMO to identify medical, dental, mental and behavioral health or social needs of members. The screening must be used by the HMO's care management team to:

- Conduct additional assessments (e.g. for specific conditions) as needed,
- Perform needs-stratification,
- Refer members with the highest needs to the WICT.

#### 2) Timeframe

**New Members** - The screening must be completed by the HMO within 60 days of the member's HMO enrollment.

**Re-Enrolled Members** - Members that were previously enrolled in the HMO but had a disenrollment period of six months or more from their last disenrollment must also have a screening within 60 days of the member's re-enrollment in the HMO.

**Current Members** – All currently enrolled members must have a screening completed by the HMO by July 1, 2017.

#### 3) Modes of Contact

The screening must be conducted between the HMO and the member, face-to-face, via interactive video technology (synchronous telehealth), or over the phone depending on member preference. The screening cannot be conducted via mail or electronic questionnaire or email communication. The screening does not need to be conducted by a licensed healthcare professional.

#### 4) Required Components

At a minimum, the screening must include questions that enable the HMO to identify the following:

- The member's chronic physical, mental and behavioral health illness(es) (e.g. respiratory disease, cardiac disease, stroke, diabetes/pre-diabetes, renal disease, back pain and musculoskeletal disorders, cancer, overweight/obesity, all mental health and substance abuse disorders).
- The member's perception of their strengths, their general well-being (including chronic conditions and access to prescription medications).
- If the member has a usual source of care.
- Any indirect supports the member may have (family and social supports).
- Any relationships the member may have with community resources.
- Any immediate and/or long-term concerns a member may have about their overall well-being (e.g. social determinants of health).
- If the member needs assistance to conduct activities of daily living (including but not limited to bathing, dressing and eating) as well as instrumental activities of daily living (including but not limited to medication management, money management and transportation).

#### b. Information Gathering and Assessment

The care management team must collect, maintain, and update all relevant information to conduct needs-stratification and to develop the Comprehensive Care Plan including:

- 1) Reviewing the results of the member's screening and conducting other assessments for specific conditions as needed.
- 2) Collecting and analyzing a comprehensive set of available data regarding the member's medical and behavioral health history including data provided by the Department.

- 3) Collecting additional information about the member's social determinants of health.

c. Needs-Stratification

Needs stratification aims to align the member's overall medical and social needs with the most appropriate level of care management for that member, including WICT for highest needs members. In order to achieve this alignment, HMOs must use individual member-level needs stratification as an input for developing individual care management plans, and for using those plans to provide care management for the members. The HMO's care management team will be responsible for conducting and validating the needs stratification results. The HMO must have established processes, systems, tools, models, and administrative and clinical staff to conduct the following tasks related to needs stratification:

- 1) Proactively stratify individual members upon enrollment, using clinical, social, administrative and other relevant data collected during Information Gathering of the care management process.
- 2) Use the stratification information for each member to assign individual members to the most appropriate care management strata, including the WICT for the highest-needs members.
- 3) Use stratification information as an input to develop individualized comprehensive care plans.
- 4) Use the care plans to provide the most appropriate care management for individual members based on their needs.
- 5) Periodically reassess whether the members are assigned to the most appropriate strata, based on changes in their overall medical and social needs.
- 6) Continuously monitor and enhance HMO's stratification methods for improving the health outcomes for members.
- 7) If a HMO's needs stratification process results in over 15% of its monthly SSI caseload being identified as high needs and enrolled in a WICT, the HMO must notify DHS within 15 calendar days of the next calendar month. The Department will discuss with the HMO and approved continued high-WICT enrollment or any changes the HMO makes to the needs stratification process and/or care management model.

SSI HMOs will be required to submit a Performance Improvement Project (PIP-like) proposal further described in Article IX (J) of this contract for Calendar Years 2017 and 2018.

d. Comprehensive Care Plan

1) Purpose

The purpose of the Comprehensive Care Plan is to ensure that appropriate care is delivered to the member by following an evidence-based, member-centric treatment plan that addresses his or her unique needs. The Plan is developed by the care management team or the WICT and the member, incorporating the elements identified in the Screening, Information Gathering, and the Needs-stratification processes.

2) Timeframe

New and Re-enrolled Members - The Comprehensive Care Plan must be completed within 30 days of completion of the Screening or 90 days after enrollment in the HMO, whichever comes first.

Current Members – All currently enrolled members must have a Comprehensive Care Plan completed by the HMO within 30 days of completion of the Screening or by August 1, 2017.

3) Modes of Contact

The care management team or the WICT must develop the Comprehensive Care Plan in coordination with the member face-to-face, via interactive video (synchronous telehealth), or over the phone.

4) Care Plan Characteristics

After completing the initial Screening and the Information Gathering processes, the care management team or the WICT must develop and implement a Comprehensive Care Plan in coordination with the member that prioritizes interventions based on the member's medical, mental, behavioral, dental health and other social needs.

The Comprehensive Care Plan must have the following characteristics:

- Be member-centric, incorporating the member's short and long-term health and well-being goals.
- Incorporate health literacy and cultural competency attributes based on the individual member needs.
- Reflect understanding between the member and the care management team or WICT.

- Identify all formal and informal supports, by name or position, that are instrumental to the member's care plan goals (e.g. family, friends, caregivers, providers, community agencies). Include their role in executing the care plan, and if/how they will receive care plan updates.
- Identify the member's current medical and non-medical needs to be addressed by the care management team or WICT including:
  - Chronic conditions and acute illnesses;
  - Mental and behavioral health conditions and history of abuse, violence, or traumatic life events;
  - Dental care needs;
  - Medications taken by the member;
  - Additional supports to conduct Activities of Daily Living (including but not limited to bathing, dressing, and eating) and Instrumental Activities of Daily Living (including but not limited to medication management, money management, and transportation);
  - Social determinants of health;
  - Other factors that will impact the member's ability to achieve goals.
- Identify and address any gaps in care ensuring that the member has a primary care provider, and behavioral health specialist, dentist, or other health specialists as needed.

#### 5) Care Plan Development

As part of the Comprehensive Care Plan development, the care management team or the WICT, in coordination with the member, must create an evidence-based plan of care that includes:

- Specific goals appropriate for the member's needs,
- The member's readiness to self-manage their care and their willingness to adopt healthy behaviors,
- A description of the interventions that will be implemented to address the member's needs and their sequence.

The care management team or the WICT must:

- Develop the Comprehensive Care Plan with the member (either face-to-face, via interactive video (synchronous telehealth) or over the phone) and obtain member's agreement prior to its implementation.
- Upon completion, share the Comprehensive Care Plan with the member, the member's primary care provider and others as identified in the care plan.

- Document the Comprehensive Care Plan, preferably according to the specifications for Care Plans in the ONC Interoperability Standards Advisory.

e. Review and Updates to the Comprehensive Care Plan

The care management team or the WICT must monitor available sources (e.g. data received from the Department, claims data, discharge information) for changes in the member's condition. The team should contact the member and update the Comprehensive Care Plan to ensure the member is receiving the appropriate services and care.

At a minimum, all SSI Managed Care members must be contacted yearly (by either the care management team or the WICT) to review the Comprehensive Care Plan, or more frequently based on the member's needs.

The Comprehensive Care Plan must be updated as necessary to reflect changes in the member's condition and new information collected during the review.

1) Review of the Comprehensive Care Plan

As part of the review of the Comprehensive Care Plan, the care management team or the WICT must:

- Have documentation of care and services provided to the member.
- Determine if the member received care and services according to the Comprehensive Care Plan and the member's preferences.
- Determine if the interventions that were conducted helped the member achieve the goals identified in the Comprehensive Care Plan.
- Reassess the member's health and psychosocial status to identify necessary care plan updates.
- Assess the member's satisfaction with the care received.
- Conduct additional screening, information gathering, and/or needs stratification as appropriate.

2) Updating the Comprehensive Care Plan

The Comprehensive Care Plan must be updated, in any of the following scenarios:

- Whenever there are significant changes to the member's medical and behavioral health conditions. For example, when a member is diagnosed with a new chronic condition or experiences severe complications from an existing condition that results in a hospitalization.
- The member is not responsive to the treatment plan outlined in the Care Plan.

- The member frequently transitions between care settings, e.g. members that have an Emergency Room visit or are admitted to the hospital and then are discharged to home, or members that are discharged from a hospital to a Skilled Nursing Home facility.
- At the member's request or whenever the care management team or the WICT identifies a problem or a gap in the member's care. This would include social determinants such as becoming homeless or experiencing food instability.

The member, or the member's authorized representative, must approve all updates made to the Comprehensive Care Plan and member consent must be captured in the updated Comprehensive Care Plan.

f. Appropriate Transitional Care

The HMO is responsible for having appropriate transitional care processes and procedures in place to assist members after a discharge from emergency departments, hospitals and nursing homes or rehabilitation facilities. This includes encouraging providers to share a summary care record, as specified in the ONC Interoperability Standards Advisory. As part of appropriate transitional care processes, the care management team or the WICT must ensure the member understands his or her discharge plan and medication regimen.

At a minimum, the following must occur after every discharge from an inpatient hospitalization:

- 1) The care management team or WICT must have follow-up contact with the member and his/her family supports within five business days of discharge from an inpatient facility.
  - The follow-up contact must be done in-person, via interactive video (synchronous telehealth), or over the phone.
  - The follow-up must include reviewing the discharge summary prepared by the hospital with the member, conducting medication reconciliation, and helping the member understand:
    - Their treatment plan.
    - Their medications and medication schedule.
    - How to best manage their conditions.
- 2) The care management team or the WICT must assess if the member should have a follow-up visit and assist with scheduling appointments, as necessary, with their primary care provider and/or appropriate specialists.
- 3) The care management team or the WICT must have adequate documentation in the Comprehensive Care Plan of the meeting with the member, their feedback, and any follow-up appointments the member had with their primary care provider and/or appropriate specialists.



#### 4. Care Management Billing Rules

The Department has developed a special care management benefit for the SSI managed care population. The benefit is defined above in Article III. B., (Care Management Model for the Medicaid SSI Population). The Department will reimburse HMOs for the care management services (outlined in Article III. B.) outside of the regular capitation payment. The Department will continue to cover other care management activities as an administrative component of the capitation rate or as an integral and inseparable component of another Medicaid covered benefit, as appropriate.

The Department has identified specific procedure codes to represent the Medicaid SSI care management benefit. HMOs will be required to use these procedure codes to identify SSI care management activities provided by the WICT and / or SSI care management staff. HMOs will be required to submit member-specific claims via encounter records for the SSI care management benefit. The HMO must maintain documentation for each member that supports the claimed services in their care management system.

##### *Non-Duplication of Care Management Services*

The Department developed the care management services defined in Article III. B., as a separate and distinct benefit for the Medicaid SSI managed care population. As a distinct benefit, the care management requirements defined in Article III. B., must be reported as such using encounter records. HMOs must not report these care management activities using the financial template typically used to report the HMO's administrative activities.

HMOs must have a process to ensure that care management activities provided to the SSI managed care population are identified and accurately reported as either a benefit or as an administrative activity. A specific care management activity must never be deemed both a benefit and an administrative activity. For example, a general reminder call to SSI members about the availability of seasonal influenza vaccines cannot be reported both as an encounter and as an administrative activity. The HMO is responsible for ensuring that these activities are clearly defined and categorized. Services outside the allowed Medicaid-covered services and the five new billing codes, as documented in the SSI Care Management Billing Guide, are defined as an administrative service.

All care coordination activities reported as an encounter must be provided in accordance with the identified member's care plan. Care management activities that are not provided to an identified member and not provided in accordance with the requirements of Article III. B., are not covered as a separate benefit and must not be submitted as an encounter. HMOs must continue to report other care management costs under "administration" in the financial template.

The Department will provide detailed billing instructions, including procedure codes, reimbursement levels, and other claim submission requirements, in the SSI Care Management Billing Guide. HMOs must use the billing guide in addition to the HMO Contract to ensure that care management activities that are intrinsic to the SSI Care Management benefit are properly documented, billed and reported.

5. Evaluation of Care Management Requirements (Medicaid SSI)

The Department and the EQRO will develop a methodology to review the HMO's member records to determine compliance with the performance targets and other requirements of the Care Management Model. The Department's EQRO will perform a chart review annually to determine if the HMO has met the performance targets and other Care Management requirements. The Department reserves the right to request additional data and reports from HMOs as needed to monitor compliance with the Care Management requirements.

**6. Article IV, Section A – BadgerCare Plus and/or Medicaid SSI Services**  
**Per Section 438.3(e) of the Managed Care Rule, add additional information regarding in lieu of services to end of first paragraph as follows:**

The HMO must provide BadgerCare Plus and/or Medicaid SSI covered services to the extent outlined below, but is not restricted to only providing BadgerCare Plus and/or Medicaid SSI covered services. Sometimes the HMO may find that other treatment methods may be more appropriate than BadgerCare Plus and/or Medicaid SSI covered services, or result in better outcomes. An HMO may cover services for a member that are in addition to those services covered under the state plan per [42 CFR §438.3\(e\)](#). In lieu of services can be covered by HMOs on a voluntary basis as follows: the Department determines that the alternative service or setting is a medically appropriate and cost effective substitute for the covered service or setting under the state plan; the member is not required by the HMO to use the alternative service or setting; the approved in lieu of services are identified in the HMO contract and will be provided at the option of the HMO; and the utilization and cost of in lieu of services is taken into account in developing the component of the capitation rates that represent the covered state plan services.

**7. Article IV, Section B – Mental Health and Substance Abuse Coverage**  
**Requirements/Coordination of Services with Community Agencies**  
**Amend the first paragraph of Section B to read:**

The HMO must provide BadgerCare Plus and/or Medicaid SSI covered services, but the HMO is not restricted to providing only those services. The HMO may provide additional or alternative treatments if the other treatment modalities are more appropriate and result in better outcomes than BadgerCare Plus and/or Medicaid SSI covered services. The BadgerCare Plus and Medicaid SSI HMO must comply with the Mental Health Parity rule requirements of [42 CFR 438.930](#) no later than October 2, 2017.

**Amend the last sentence of Part 8(b) to read:**

An IMD may be used in lieu of traditional psychiatric intervention.

**Delete the last paragraph of Part 12:**

~~If an HMO elects to use this alternative service, the HMO must report semi-annually to the Department on service utilization and providers utilized. The HMO must also conduct and report an annual CY reconciliation for these services.~~

**8. Article IV, Section D – Obstetric Medical Home Initiative (OB MH) for High-Risk Pregnant Women**

**Remove the first paragraph of Section D:**

~~Improving birth outcomes has been a high priority for the Department for several years for HMO members in Dane and Rock counties as well as Southeast Wisconsin. Continuing and expanding the OB Medical Home initiative for high risk pregnant women is an important part of this effort.~~

**Amend the second paragraph of Section D to read:**

The OB Medical Home for high-risk pregnant women is a care delivery model that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality. The initiative is available in the following counties: Dane, Kenosha, Milwaukee, Ozaukee, Racine, Rock, Washington, and Waukesha.

**Amend Part 6 to read:**

The HMO must submit a report to the Department annually evaluating its OB Medical Home initiative due the first business Monday of June (reporting for April through March of the previous year).

The report includes two sections – one section of HMO specific questions that must be completed by the HMO and one section of clinic specific questions that must be completed by the medical home sites. Within the clinic section, each medical home site must complete the report separately.

The report shall include:

- a. A list of participating clinics and counties served;
- b. Information on enrollment figures;
- c. Questions and descriptions regarding how the medical home and the HMO satisfies all OB MH requirements;
- d. Questions and descriptions highlighting specific examples of process and outcomes detailing how the medical home site, in conjunction with the care coordinator, provides comprehensive and patient-centered care, and correctly identifies the needs of the member;
- e. Questions and descriptions regarding model coordination between the HMO and medical home sites;
- f. Status report on patient access standards defined in the OB MH requirements;
- g. Any corrective action that is being taken to meet the requirements of the medical home initiative; and
- h. Best practices and barriers identified by the HMO and medical home sites.

Additional reporting of program compliance by the HMO and/or medical home sites may be requested by the department outside of the annual report, as needed.

**Amend Part 8(g) to read:**

Has continued enrollment through 60 days postpartum, including the date of the scheduled 60 day medical postpartum visit, and any documentation of no shows or appointment refusals.

**9. Article V, Section E – HMO Referrals to Out-of-Network Providers for Services**

**Per Section 438.602(i) of the Managed Care Rule, add language prohibiting claims paid by an HMO to a provider located outside of the United States from being used in the development of rates.**

**Amend the second paragraph of Part 4 to read:**

Emergency services provided out-of-network must also not have a cost to the member greater than if the emergency services were provided in-network. The HMO must reimburse for emergency services provided to members in Canada or Mexico; however, payment for such services must be made to a financial institution or entity located within the United States. No claims paid to any person or entity outside of the U.S. (including, but not limited to, a network provider, out-of-network provider, subcontractor or financial institution) will be considered in the development of actuarially sound capitation rates. Non-emergency services in Canada or Mexico may be covered by the HMO per the HMO's prior authorization policies, provided the financial institution receiving payment is located within the United States.

**10. Article VI – Marketing and Member Materials****Amend Section A, Part 1 to read:**

## 1. Approval of Member Communication Plans and Outreach Plans

The HMO is required to submit a member communication and outreach plan to the Department. The Department will provide HMOs with a template to be filled out that outlines the member communication and outreach plan for the year. The member communication and outreach plan must describe the HMO's timeline and process for distributing outreach and member communication materials, including materials posted to the HMO's website or distributed electronically. The HMO must also specify the format of its member communication and outreach materials (mailings, radio, TV, billboards, etc.) and its target population or intended audience. All member communication and outreach plans, including press releases, must be approved by the Department prior to distribution. The HMO shall submit an initial description of its (or its subcontractors) member communication and outreach plan to the Department for review on the second Friday of January of each calendar year. The Department will review/approve the plans within 30 days. The HMO may make changes to its member communication and outreach plan throughout the year. Any significant changes to previously approved member communication or outreach plans must be submitted to the Department for review.

**11. Article VI – Marketing and Member Materials****Amend Section A, Part 2 to read as follows:**

## 2. Review of Member Communication, Education, Outreach, and Service Expansion Materials

The Department will review all member communication and outreach materials that are part of the HMO's plan as follows:

- a. The Department will review and either approve, approve with modifications, or disapprove all member communication materials and outreach materials within ten business days, except Member Handbooks, which will be reviewed within 30 days. If the HMO does not receive a response from the Department within the prescribed time frame, the HMO should contact the Managed Care Section Chief in the Bureau of Benefits Management. A response will be prepared within two business days of this contact.
- b. Time-sensitive member communication materials and outreach materials must be clearly marked time-sensitive by the HMO and will be approved, approved with modifications, or disapproved by the Department within three business days. The Department reserves the right to determine whether the materials are indeed time-sensitive. If the HMO does not receive a response from the Department within three business days, the HMO must contact the Managed Care Section Chief in the Bureau of Benefits Management. A response will be prepared within one business day of this contact.
- c. The Department will not approve any materials that are confusing, fraudulent or misleading, or that do not accurately reflect the scope, philosophy, or covered benefits of the BadgerCare Plus and/or Medicaid SSI programs.
- d. The HMO must correct any problems and errors the Department identifies. The HMO agrees to comply with Ins. [6.07](#) and [3.27](#), Wis. Adm. Code, and practices consistent with the Balanced Budget Amendment of 1997 P.L. 105-33 Sec. 4707(a) [42 U.S.C. 1396v(d)(2)].

**12. Article VI – Marketing and Member Materials**  
**Amend Section A, Part 3 to read as follows:**

3. Allowable Member Communication and Outreach Practices

HMOs are required to distribute member communication materials to BadgerCare Plus and/or Medicaid SSI managed care members. Member communication requirements are detailed below.

Member communication materials should be designed to provide the members with clear and concise information about the HMO's program, the HMO's network, and the BadgerCare Plus and/or Medicaid SSI program. All member communication materials must be written at a sixth-grade comprehension level. Member communication materials must be made available in at least Spanish, Russian and Hmong if the HMO has members that are conversant only in those languages. All communication materials must contain statements in Spanish, Russian, and Hmong indicating that translation of the document is available to the member free of charge. The HMO must also arrange for translation into any other language and/or dialect appropriate for its members.

The HMO shall also be allowed to perform the following outreach and member communication activities and distribute the following materials. However, should the HMO distribute outreach materials, it shall distribute the materials to its entire service area.

Details regarding allowed and prohibited practices can be found in the 2017 HMO Communication and Outreach Guide.

### **13. Article VII – Member Rights and Responsibilities**

**Per Section 438.100 of the Managed Care Rule, add additional member rights as follows:**

As cited in [42 CFR 438.100](#), members of HMOs have the following rights:

- Receive information in accordance with [42 CFR §438.10](#).
- Be treated with respect and with due consideration for his or her dignity and privacy.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand.
- Participate in decisions regarding his or her health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.
- If the privacy rule, as set forth in 45 CFR parts [160](#) and [164](#) subparts A and E, applies, request and receive a copy of his or her medical records, and request that they be amended or corrected, as specified in 45 CFR [164.524](#) and [164.526](#).

### **14. Article VII, Section E – Choice of Health Care Provider**

**Per Section 438.3(l) of the Managed Care Rule, replace term “Health Care Professional” with “Network Provider”.**

**Amend Section E to read:**

#### **E. Choice of Network Provider**

The HMO must offer each member covered under this Contract the opportunity to choose a primary care provider affiliated with the HMO, to the extent possible and appropriate. If the HMO assigns members to primary care providers, then the HMO must notify members of the assignment. The HMO must permit members to change primary providers at least twice in any year, and to change primary providers more often than that for just cause, just cause being defined as lack of access to quality, culturally appropriate, health care. Such just cause will be handled as a formal grievance. If the HMO has reason to lock in a member to one primary provider in cases of difficult case management, the HMO must submit a written request in advance of such lock-in to the HMO's managed care analyst. Culturally appropriate care in this section means care by a provider who can relate to the member and who can provide care with sensitivity, understanding, and respect for the member's culture.

### **15. Article IX – Quality Assessment Performance Improvement (QAPI)**

**Amend the last sentence of the first paragraph to read:**

At a minimum, the program must comply with [42 CFR 438.330](#) which states that the HMO must:

**16. Article IX, Section F – Medical Records**

**Amend Part 1 to read:**

The HMO must have written policies and procedures for participating provider medical records content and documentation that have been communicated to providers and a process for evaluating its providers' medical records based on the HMO's policies. The HMO should encourage use of Certified Electronic Health Record Technology (CEHRT) by clinicians for documenting and sharing clinical information as well as use of the Office of the National Coordinator's (ONC) Interoperability Standards Advisory best available standards to share information electronically across the continuum of care. These policies must also address patient confidentiality, data organization and completeness, tracking, and important aspects of documentation such as accuracy, legibility, and safeguards against loss, destruction, or unauthorized use. The HMO must also have confidentiality policies and procedures that are applicable to administrative functions that are concerned with confidential patient information. Those policies must include information with respect to disclosure of member-identifiable medical record and/or enrollment information and specifically provide:

**17. Article IX, Section J – Performance Improvement Priority Areas**

**Amend Part 1 to read:**

1. All HMOs are required to submit two PIPs each year.
  - HMOs that serve only the BC+ population are required to submit 2 PIP proposals on two different topics.
  - HMOs that serve only the SSI population are required to submit one PIP proposal for 2017 on SSI Care Management (Needs Stratification) and one PIP on another topic. The specific requirements of the SSI Care Management (Needs Stratification) PIP are described in the HMO Quality Guide for MY2017.
  - HMOs that serve both BC+ and SSI populations are required to submit (a) one PIP proposal for 2017 on SSI Care Management (Needs Stratification) and (b) another PIP proposal that targets both BC+ and SSI populations.
2. Plans that serve both Medicaid SSI and BadgerCare Plus members have the choice of submitting one PIP for each population (i.e. one PIP on SSI Case Management and another on Immunizations for the BadgerCare Plus member) or two PIPs where one focus area is relevant to both populations (e.g. Tobacco Cessation and Diabetes Management).
3. The State has the authority to select a particular topic for the PIPs. Additionally, CMS, in consultation with the State and stakeholders, may specify performance measures and topics for performance improvement projects. For this contract period's submission, health plans serving the BadgerCare Plus population and/or Medicaid SSI population should submit one PIP focused on each population. HMOs that fail to meet their Pay-for-Performance (P4P) goals are encouraged to select those areas as PIP topics, in consultation with DHS.
4. If an HMO met all the pay-for-performance goals in the prior calendar year, it can choose other study topics from the pay-for-performance program. The HMO may propose alternative

performance improvement topics during the preliminary topic selection summary process; approval is at the Department's discretion. The Department's priority areas are:

- a. Clinical
  - Adolescent immunizations
  - Antidepressant medication management
  - Asthma management
  - Blood lead testing
  - Breast cancer screening
  - Cardiovascular care
  - Care Coordination
  - Childhood immunizations
  - Childhood obesity interventions
  - Dental care
  - Diabetes management
  - Emergency Department utilization
  - HealthCheck
  - Healthy birth outcomes
  - Medication reconciliation upon discharge
  - Mental Health and Substance Abuse screenings and management
  - Tobacco Cessation
  - Hypertension management
  - Preventable hospital readmissions
  - SSI Care Management
  
- b. Non-clinical
  - Access and availability of services
  - Member satisfaction
  
5. Health plans should submit PIPs which use objective quality indicators to measure the effectiveness of the interventions. Plans should not submit baseline studies which are designed to evaluate if a problem exists.
  
6. The HMO must submit a preliminary PIP proposal summary that meets the PIP guidelines issued by the EQRO as described in the HMO Quality Guide for MY2017, and state the proposed topic, the study question/project aims with a measurable goal, study indicators, study population, sampling methods if applicable, data collection procedures, improvement strategies, and the prospective data analysis plan. The preliminary PIP proposal must be submitted to the Department or the EQRO as directed by the Department by December 1<sup>st</sup> of each calendar year.

The Department and the EQRO will review the preliminary PIP proposals and meet with the HMO in the month of December to give feedback to the HMO on the PIP proposal. The Department will determine if the PIP proposals are approved. Suggestions arising from the EQRO



and HMO dialogue should be given consideration as the HMO proceeds with the PIP implementation.

If the proposal is rejected by the Department, the HMO must re-submit a new or revised PIP proposal within the timeframe specified by the Department that will be reviewed again by the Department and the EQRO.

7. After receiving the State's approval, the HMO may communicate with the EQRO throughout the implementation of the project if questions arise.
8. The HMO should perform ongoing monitoring of the project throughout the year to evaluate the effectiveness of its interventions.
9. After implementing the PIP over one calendar year, the HMO must submit to their Managed Care Contract Monitor, or the EQRO as directed by the Department, their completed PIP reports utilizing the format recommended by the Department by the first business day of July of the following year.
10. The EQRO has the liberty to contact the HMO if further clarification is needed.
11. The EQRO may recommend an HMO's PIP for inclusion in Wisconsin's Best Practices Seminars in which all the HMOs will participate.
12. The Department will consider that the plan failed to comply with PIP requirements if:
  - a. The plan submits a final PIP on a topic that was not approved by the Department and the EQRO.
  - b. The EQRO finds that the PIP does not meet federal requirements:
    - The PIP does not define a measurable goal using clear and objective quality indicators.
    - The PIP does not include the implementation of systemic interventions to improve quality of care.
    - The PIP does not evaluate systematically the effectiveness of the interventions.
    - The PIP does not reflect the adoption of continuous cycles of improvement through which the HMO can sustain quality improvement.
  - c. The HMO does not submit the final PIP by its due date of the first business day of July of the year in which it's due. The Department may grant extensions of this deadline, if requested prior to the due date.

Failure to comply with PIP requirements may result in the application of sanctions described in Article XIII, Section C.

13. Ten Steps to A Successful PIP

Step 1: Describe the project/study topic.

Step 2: Describe the study questions/project measurable goals.

Step 3: Describe the selected study indicators/project measures and baseline data.

Step 4: Describe the identified population for which the study or project is aimed at.

Step 5: Describe the sampling methods used (if any).

Step 6: Describe the organization’s data collection procedures.

Step 7: Describe the organization’s interventions and improvement strategies.

Step 8: Describe the organization’s data analysis plan and the interpretation of results from data collection.

Step 9: Describe the likelihood that the reported improvement is real improvement.

Step 10: Identify lessons learned and assess the sustainability of its documented improvement.

18. Article XI, Section J – Contract Specified Reports and Due Dates

Amend the following rows of the “Annual Reports” section to read:

ANNUAL REPORTS		
Member Communication and Education / Outreach Plan	Send to your <b>BBM</b> managed care contract monitor via email attachment. Marketing Plan due on second Friday of January.	Article VI, A, 1-4 Article VI, E
PPACA Health Insurance Fee (HIF) Report	Send to <b>BFM</b> <b>once</b> per year on September 10 <sup>th</sup> the following information: NAIC Exhibits, IRS Letter 5067C, WIHIF MA Calculation Template (based on the IRS Letter 5067C), signed attestation form, and other materials outline in the HIF guide. The DHS guide, template and the Attestation form are found in the ForwardHealth portal. Send to <b>BFM</b> by SFTP.	Article XV, G
OB Medical Home <del>Semi-</del> Annual Report	Previous year report due to <b>BBM</b> via <a href="mailto:DHSOBMH@wi.gov">DHSOBMH@wi.gov</a> inbox. Due date is the first business Monday of June.	Article IV, D.6

Remove the “Semi-Annual Report” section:

<del>SEMI ANNUAL REPORT</del>		
<del>OB Medical Home Semi-Annual Report</del>	<del>Previous six months report due to <b>BBM</b> via <a href="mailto:DHSOBMH@wi.gov">DHSOBMH@wi.gov</a> inbox. Due date is the first business Monday of February and August.</del>	<del>Article IV, D.6</del>

**19. Article XII, Section C – HMO Review of Study or Audit Results****Amend to read:**

The Department will submit to the HMO for a 30 business day review/comment period, any BadgerCare Plus and/or Medicaid SSI and HMO audits, HMO report card, HMO Consumer Satisfaction Reports, or any other BadgerCare Plus and/or Medicaid SSI HMO studies the Department releases to the public that identifies the HMO by name. The HMO may request an extension and the Department will exercise reasonable discretion in making the determination to waive the 30 business day review/comment requirement.

**20. Article XIII, Section C, Part 4(i) – Health Needs Assessment Screening (BadgerCare Plus Childless Adults only)****Amend Part 4(i) to read:**

HMOs who do not meet their HNA screening targets for the Childless Adults population as defined in Article III, A.2 of this contract will be subject to financial performance penalties.

The penalty amount will be the lesser of either \$250,000 or 25% of the monthly administrative capitation rate for the proportion of the BadgerCare Plus Childless Adult (CLA) membership where the HMO fails to meet the HNA performance target in the calendar year.

**21. Article XIII, Section C, Part 4(j) – SSI Comprehensive Assessment – Case Management (Medicaid SSI HMOs only)****Amend Part 4 (j) to read:**

The Quality Guide will outline requirements pertaining to SSI care management assessments.

**22. Article XIII, Section C, Part 4(k) – Withholding of Capitation Payment and Orders to Provide Services**

**Per Section 438.730 of the Managed Care Rule, add notice requirements for withholding of capitation payments.**

**Amend Part 4(k) to read:**

Payments provided for under the contract will be denied for new members when, and for so long as, payment for those members is denied by CMS in accordance with the requirements in [42 CFR 438.730](#).

Specifically, the State may recommend that CMS impose the denial of payment for new members when an HMO with a contract to provide BadgerCare Plus and/or Medicaid SSI services if the State determines that the HMO acts or fails to act as specified in Article XIII, Section C. 7 of the contract. The State's determination becomes CMS' determination for purposes of section 1903(m)(5)(A) of the Act unless CMS reverses or modifies it within 15 days. When the State decides to recommend imposing the sanctions described in [42 CFR 438.730\(e\)](#), this recommendation becomes CMS' decision, for purposes of section 1903(m)(5)(B)(ii) of the Act, unless CMS rejects this recommendation within 15 days. If the State's determination becomes CMS' determination, the State

will take the following options: (1) Give the HMO written notice of the nature and basis of the proposed sanction; (2) Allow the HMO 15 days from the date it receives the notice to provide evidence that it has not acted or failed to act in the manner that is the basis for the recommended sanction; (3) May extend the initial 15-day period for an additional 15 days if: (i) The HMO submits a written request that includes a credible explanation of why it needs additional time; (ii) The request is received by CMS before the end of the initial period; (iii) CMS has not determined that the HMO's conduct poses a threat to an enrollee's health or safety.

If the HMO submits a timely response to the notice of sanction, the State: (i) Conducts an informal reconsideration that includes review of the evidence by a State agency official who did not participate in the original recommendation; (ii) Gives the HMO a concise written decision setting forth the factual and legal basis for the decision; (iii) Forwards the decision to CMS. The State's decision will become CMS' decision unless CMS reverses or modifies the decision within 15 days from date of receipt by CMS. If CMS reverses or modifies the State decision, the agency sends the HMO a copy of CMS' decision.

### **23. Article XIII, Section C, Part 7 – Sanctions and Remedial Actions**

**Per Section 438.700 of the Managed Care Rule, add listing of HMO actions that could result in sanctions.**

**Amend to Part 7 to read:**

#### Remedial Actions

The Department may pursue all sanctions and remedial actions with the HMO that is taken with FFS providers if it determines, based on findings from onsite surveys, enrollee or other complaints, financial status, or any other source, that an HMO acts or fails to act as follows:

- Fails substantially to provide medically necessary services that the HMO is required to provide, under law or under this contract, to an enrollee covered under the contract.
- Imposes on enrollees premiums or charges that are in excess of the premiums or charges permitted under the Medicaid program.
- Acts to discriminate among enrollees on the basis of their health status or need for health care services. This includes termination of enrollment or refusal to enroll a member, except as permitted under the Medicaid program, or any practice that would reasonably be expected to discourage enrollment by beneficiaries whose medical condition or history indicates probable need for substantial future medical services.
- Misrepresents or falsifies information that it furnishes to CMS or to the Department.
- Misrepresents or falsifies information that it furnishes to an enrollee, potential enrollee, or health care provider.
- Fails to comply with the requirements for physician incentive plans.
- Distributed directly or indirectly through any agent or independent contractor, marketing materials that have not been approved by the Department or that contain false or materially misleading information.
- Violated any of the other applicable requirements of sections 1932 or 1905(t)(3) of the Act, or any implementing regulations.

The State must give CMS written notice whenever it imposes or lifts a sanction for one of the violations listed above. This notice must be given no later than 30 days after the State imposes or lifts

a sanction and must specify the affected HMO, the kind of sanction, and the reason for the State's decision to impose or lift a sanction.

#### Financial Penalties

The Department may pursue all sanctions and remedial actions with the HMO that are taken with FFS providers including any civil monetary penalties in the following specified amounts:

- A maximum of \$25,000 for each determination of failure to provide services; misrepresentation or false statements to members, potential members or health care providers; failure to comply with physician incentive plan requirements; or marketing violations.
- A maximum of \$100,000 for each determination of discrimination; or misrepresentation or false statements to CMS or the State.
- A maximum of \$15,000 for each member the State determines was not enrolled because of a discriminatory practice (subject to the \$100,000 overall limit above).
- A maximum of \$25,000 or double the amount of the excess charges (whichever is greater), for charging premiums or charges in excess of the amounts permitted under the Medicaid program. The State must deduct from the penalty the amount of overcharge and return it to the affected member(s).

The Department will provide written notice of all intermediate sanctions (other than required temporary management) that explains the basis and nature of the sanction and any due process protections the state elects to provide.

#### **24. Article XIII, Section C, Part 8 – Temporary Management**

**Per Section 438.706 of the Managed Care Rule, add Special Rules for Temporary Management.**

**Amend to read:**

The state will impose temporary management, as provided in [42 CFR 438.706](#), when there is continued egregious behavior by the HMO, including, but not limited to behavior that is described in [42 CFR 438.700](#), or that is contrary to any requirements of sections 1903(m) and 1932 of the Act; or

- There is substantial risk to members' health; or
- The sanction is necessary to ensure the health of the HMO's members while improvements are made to remedy violations under [438.700](#) or until there is an orderly termination or reorganization of the HMO.

The state must impose temporary management (regardless of any other sanction that may be imposed) if it finds that an HMO has repeatedly failed to meet substantive requirements in sections 1903(m) or 1932 of the Act, or this section of the contract. The state must also grant enrollees the right to terminate enrollment.

The state may not delay imposition of temporary management to provide a hearing before imposing this sanction.

The state may not terminate temporary management until it determines that the HMO can ensure that the sanctioned behavior will not recur.

**25. Article XIII, Section D, Part 3(a) – Obligations of Contracting Parties Upon Termination**  
**Amend Part 3(a) to read:**

Where this Contract is terminated unilaterally by the Department due to failure to carry out the substantive terms of this contract by the HMO; failure to meet applicable requirements in sections 1932, 1903(m), and 1905(t) of the Social Security Act; or by mutual consent with termination initiated by the HMO:

**26. Article XIII, Section D – Termination and Modification of Contract**  
**Add as a new Part 4:**

4. HMO Mergers

For the purpose of this section, a merger or acquisition means a change in controlling interest of an HMO, including an asset or stock purchase.

This contract between the Health Maintenance Organization (HMO) and the State of Wisconsin and the monies which may become due may not be assigned, transferred, pledged or hypothecated in any way by the HMO, including by way of an asset or stock purchase by the HMO, without the express prior written approval of the Department.

In the event that the merger or acquisition of an HMO is approved by the Office of the Commissioner of Insurance, the Department shall allow the surviving HMO to participate in the Medicaid program unless it would be detrimental to Medicaid members or the Medicaid program, as determined by the Department through its certification standards. In order to participate in the Medicaid program, the surviving HMO must meet OCI standards, accept the terms of the current HMO contract, and meet DHS certification requirements.

The Department retains the authority to determine what will occur with the non-surviving HMO's Medicaid enrollees. These determinations will be made on an individualized basis based on what is in the best interests of the membership.

HMOs must notify the Department of any proposed merger or acquisition immediately, but no fewer than 180 days prior to the proposed date of merger or acquisition, unless the Department waives the 180 day requirement at its discretion.

**27. Article XIV, Section A – Billing Members**  
**Amend the third paragraph to read:**

The HMO and its providers and subcontractors must not bill a BadgerCare Plus or Medicaid SSI member for medically necessary covered services provided to the member, for which the State does not pay the HMO; or the State or the HMO does not pay the individual or health care provider that furnished the services under contract, referral, or other arrangement; during the member's period of HMO enrollment, except for allowable co-payments and premiums established by the Department for covered services provided during the member's period of enrollment in BadgerCare Plus. In addition, the HMO must ensure that its Medicaid members are not held liable for payments for medically

necessary covered services furnished under a contract, referral, or other arrangement, to the extent that those payments are in excess of the amount the member would owe if the HMO covered the services directly. This contract limits a member's liability for cost sharing to the amounts listed in the ForwardHealth online handbook.

**28. Article XIV, Section D – Payment Requirements/Procedures**

**Add as new third paragraph to Part 6:**

The HMO must pay as least 90% of adjudicated clean claims from FQHC or RHC providers for covered medically necessary services within 30 days of receipt of a clean claim, 99% within 90 days and 100% within 180 days of receipt, except to the extent that providers have agreed to later payment.

**Amend Part 7(a) and 7(b) to read:**

- a. Loss of BadgerCare Plus or Medicaid SSI eligibility occurs.
- b. Disenrollment occurs because there is a voluntary Disenrollment from the HMO as a result of one of the conditions in Article II B(1) in which case the HMO's liability shall terminate upon disenrollment being effective.

**29. Article XV, Section E – CDPS payments or recoupments**

**Amend Section E to read:**

E. Risk adjustment payments or recoupments

Risk adjustment payments or recoupments will be made to the HMO based on chronicity adjustments during the rate development process. The risk adjustment scores will be applied to the rate prospectively and an annual reconciliation will be calculated based on actual enrollment. This may result in additional payments to or recoupments from the HMO.

**30. Article XV, Section G – Health Insurance Fee Reimbursement**

**Amend to read:**

The Patient Protection and Affordable Care Act (PPACA) imposed an annual fee on health insurance providers based on their net written premiums ("Annual Fee"). The Department shall reimburse the Contractor for the Wisconsin-specific Medicaid amount of the Annual Fee. The Department shall add an adjustment for the non-deductibility of the Annual Fee for Federal and State tax purposes (the "gross-up").

- 1) Health Insurance Fee (HIF) Reimbursement Methodology Guide and WI HIF MA Calculation Template

The guide and template outlining the reporting requirements necessary to receive reimbursement can be found on the ForwardHealth Portal in the Managed Care Organization section. The website is below:

<https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>

## 2) Reporting Timeframes

The HMO shall submit the following reports to the Department each calendar year in order to receive reimbursement for HIF for the current year. The schedule below outlines several key dates associated with HIF. Only the date in bold require the HMO to submit reports to the Department:

<i>Date</i>	<i>Explanation</i>
1-Apr	MCOs submit the NAIC MA filing for the prior year with OCI
15-Apr	IRS Form 8963 is filed with the IRS
15-Jul	Corrections to the April 15 filing sent to the IRS
31-Aug	IRS will issue the tax bill to the MCOs
<b>10-Sep</b>	<b>MCOs submit NAIC Exhibits, the entire IRS Letter 5066C, IRS Letter 5067C, final IRS Form 8963 and complete WI HIF MA Calculation Template (based on 5067C), exhibit for other MA contracts and Signed Attestation</b>
25-Sep	The DHS will determine final reimbursement associated with the HIF the BadgerCare Plus and SSI Contract
30-Sep	MCO tax payment is due to the IRS
31-Dec	The Department will issue an adjusted capitation rate report based on the reimbursement provided in the current year

The non-bolded dates are provided for reference only. The HMO is responsible to inform the Department within 5 business days of the due date if an extension is necessary beyond the required dates.

Failure to submit any document, including the attestation form, that the Department finds necessary to calculate and verify the requested Medicaid reimbursement will forfeit the HMO's right to reimbursement. If the HMO is not subject to the Annual Fee or waives its right to Medicaid reimbursement and fails to submit the attestation form indicating this, this failure will be considered noncompliance with the Contract's Article XI reporting requirements.

Failure to submit all of the requested documents by the due dates may result in the reimbursement being delayed.

## 3) Capitation Rate Report Adjustment

The Department will provide reimbursement for the Annual Fee and gross-up to the HMOs by approximately September 30, of each calendar year.



As the means to report this reimbursement to the federal Centers for Medicare and Medicaid Services (CMS) the current year's capitation rate will be retrospectively adjusted to reflect the reimbursement. The Department will issue a retroactive capitation rate report adjustment by approximately December 31, of each calendar year outlining the per member per month values associated with the reimbursement. The rate will be based on the annualized enrollment from the current calendar year. The HIF capitation rate report per member per month values will not be subject to retroactive enrollment adjustments as the HMO's reimbursement and member months will be fixed at the time of the rate report adjustment. **This rate report adjustment is solely for the purpose of reporting to CMS and will not result in additional payment to the HMO.**

4) HMOs Participating in a Wisconsin Medicaid Program Other Than, Or In Addition To, BadgerCare Plus and SSI Wisconsin Medicaid Programs

HMOs participating in a Wisconsin Medicaid program impacted by the Annual Fee but not governed by this Contract, such as participating in a Medicaid long-term care program, should seek reimbursement from the contracting entity for that program.

HMOs in the BadgerCare Plus and SSI Medicaid program and in other Wisconsin Medicaid contracts must clearly separate the premiums associated with each contract in a separate exhibit as well as apply all appropriate deductions. Only the premiums associated with this Contract should appear in the template calculation.

5) Noncompliance

The Department shall have the right to audit any records of the HMO and to request any information to determine if the HMO has complied with the requirements in this section. If at any time the Department determines that the HMO has not complied with any requirement in this section, the Department will issue an order to the HMO to comply. The HMO shall comply within 15 calendar days after receipt of the order. If the HMO fails to comply after an order, the Department may pursue action against the HMO as provided under Article XI. Additionally, action may include forfeiture of the reimbursement.

6) Payment Disputes

The Department shall have the right to adjust the reimbursement outside the information provided by the HMO in the guide or template.

The HMO may dispute the reimbursement amount by sending a letter to the Department no later than 30 days after receipt of payment. After 30 days, the HMO waives the right to dispute the reimbursement amount.

7) Resolution of Reporting Errors

If the HMO discovers a reporting error, the Department's Bureau of Fiscal Management in the Division of Health Care Access and Accountability must be contacted in writing within 15 days of the discovery.

Errors discovered after the retroactive capitation rate report adjustment is issued will be applied to the following year's reimbursement.

HMOs will be responsible for using the most updated version of the guide posted to the website. Questions should be directed by email to: [DHSDHCAABFM@dhs.wisconsin.gov](mailto:DHSDHCAABFM@dhs.wisconsin.gov).

**31. Article XV, Section I – Coordination of Benefits (COB), Third Party Liability (TPL) and Subrogation**

**Add as a new Part 5:**

The HMO must seek third party coverage information from all available resources. This includes accessing and reviewing member's TPL/COB information in the ForwardHealth portal. The HMO is required to submit TPL discrepancies to the Department in the format and manner prescribed by the Department.

**32. Article XV, Section J – Ventilator Dependent Members**

**Amend to read:**

J. Ventilator Dependent Members

To qualify for a ventilator dependent payment, a member must require equipment that provides total respiratory support or the member must have died while on total respiratory support. This equipment may be a volume ventilator, negative pressure ventilator, continuous positive airway pressure (CPAP) system, or a Bi (inspiratory and expiratory) PAP. The member may need a combination of these systems. Any equipment used only for the treatment of sleep apnea does not qualify as total respiratory support.

1. BadgerCare Plus Criteria

The BC+ enrolled member must be inpatient and have total respiratory support for at least 30 days. Total respiratory support must be required for a total of six or more hours per 24 hour period. The total respiratory support does not need to be continuous during that period. Day one is the day that the member is placed on the ventilator. If the member is on the ventilator for less than six hours on the first day, the use must continue into the next day and be more than six total hours. Each day that the member is on the ventilator for part of any day, as long as it is part of the six total hours per 24 hours, it counts as a day for enhanced funding.

If a member is removed from the ventilator to be transferred to home or a hospice/skilled nursing facility prior to the 30 day ventilator requirement and he/she dies within 48 hours of the transfer, the Department will pay all Medicaid covered services to the end of the month or the member's date of death, whichever comes first. This applies to a member being removed from the ventilator in 2016 or after.

The need for total respiratory support must be supported by either:

- 1) appropriate medical documentation that include:

- A copy of the member’s admission history and physical exam,
- Discharge summary,
- Physician and nurse’s notes that pertain to the member’s ventilator use

2) a signed statement from the physician that includes:

- Member’s name, date of birth, Medicaid ID# and the primary diagnosis,
- The name of the hospital with the admit/discharge dates,
- Dates the member was on a ventilator or CPAP
- Statement must specify whether the member was on a ventilator or CPAP.

If the member is transferred to home or a hospice/skilled nursing facility the Department will need medical documentation that includes the member’s date of death and the date of transfer. Documentation must be submitted at the same time as the quarterly reports as specified in Article XI, J.

2. Medicaid SSI Criteria

The member had 1) an inpatient stay for a minimum of four days or 2) an inpatient stay lesser than four days length if the member died while on total respiratory support. The SSI member must have one of the following qualifying LTC or APR-DRG codes. APR DRG codes require a supporting ICD Procedure Codes.

MS-DRG	Description	APR DRG	ICD PROC	Description
870	Septicemia or Severe Sepsis w MV 96+ Hours	720	5A1955Z	Septicemia & Disseminated Infections and; Respiratory Ventilation, Greater than 96 Consecutive Hours
927	Extensive third degree burn with skin graft with; 5A1955Z (Respiratory ventilation, Greater than 96 consecutive hours)	841	5A1955Z	Extensive 3rd degree burns w skin graft; Respiratory Ventilation, Greater than 96 Consecutive Hours
933	Extensive third degree burn without skin graft with; 5A1955Z (Respiratory ventilation, Greater than 96 Consecutive hours)	843	5A1955Z	Extensive 3rd degree or full thickness burns w/o skin graft Respiratory Ventilation, Greater than 96 Consecutive Hours
003	Tracheostomy with mechanical ventilation 96+ hours or principle diagnosis except face, neck, and mouth diagnosis with major OR procedure	004	N/A	Tracheostomy w MV 96+ hours w extensive procedure or ECMO
004	Tracheostomy with mechanical ventilation 96+ hours or principle diagnosis except face, neck, and mouth diagnosis without major OR procedure	005	N/A	Tracheostomy w MV 96+ hours w/o extensive procedure
207	Respiratory system diagnosis with ventilator support 96+ hours.	130	N/A	Respiratory system diagnosis w ventilator support 96+ hours

If an SSI member is removed from the ventilator to be transferred to home or a hospice/skilled nursing facility prior to the four day ventilator requirement and he/she dies

within 48 hours of the transfer, the Department will pay all Medicaid covered services to the end of the month or the member's date of death, whichever comes first. This applies to a member being removed from the ventilator in 2016 or after.

The need for total respiratory support must be documented by a copy of the UB-04 or a copy equivalent to the UB-04 with at least one of the LTC or APR-DRG codes (with the designated ICD-10-PCS procedure code) listed above or a copy of the member's admission history and physical exam, discharge summary, physician and nurse's notes that pertain to the member's ventilator use. If a member is transferred to home or a hospice/skilled nursing facility the Department will need medical documentation that includes the member's date of death and the date of the transfer. Documentation must be submitted at the same time as the quarterly reports as specified in Article XI, J.

The Department may approve additional LTC or APR DRGs if the medical records and ICD procedure code documents that the member was on continuous mechanical ventilation for 96 or more continuous hours and had an inpatient stay for a minimum of four days or lesser length if the member died while on total respiratory support.

### 3. Reporting Requirements

The HMO must submit detailed claims in an Excel file via the SFTP site as well as a hard copy. Supporting documentation such as medical records, attestation form and the ventilator cost summary should be submitted as a hard copy only. The reports must be submitted to the Department's Bureau of Fiscal Management on a quarterly basis as specified in Article XI, J and contain all the data elements specified below. Ventilator reports are due 30 days after the end of each quarter. The reports include PHI and should be sent to the attention of the BFM Ventilator Analyst.

	<b>Data Elements</b>
1.	HMO Name
2.	HMO Provider Payee Number
3.	Eligibility Code: V-Vent
4.	Member BadgerCare Plus or Medicaid SSI MA Number
5.	Member Last Name
6.	Member First Name
7.	Member's Date of Birth: mmddyy
8.	Member's Gender: F (female) or M (male)
9.	BadgerCare Plus or Medicaid SSI Provider Last Name
10.	BadgerCare Plus or Medicaid SSI Provider First Name
11.	Date of Services: From Date (mmddyy) (In ascending order not by provider.)
12.	Date of Service: To Date (mmddyy)
13.	Primary Diagnosis Code 1: ICD-10-PCS or APR DRG
14.	ICD PROC: required for SSI Members with APR DRG Codes only
15.	Quantity: Do not zero fill
16.	Procedure: CPT, ICD-10-PCS, HCPCS, DRG
17.	Procedure Description: CPT, ICD-10-PCS, HCPCS, DRG

18.	Amount Billed: Include decimal (do not zero fill)
19.	Amount Paid: Include decimal (do not zero fill)
20.	Total Amount Billed for Each Individual Member: Include decimal (do not zero fill)
21.	Total Amount Paid for Each Individual Member: Include decimal (do not zero fill)
22.	Hospital Admit Date
23.	Hospital Discharge Date

If the HMO is contracted to serve both BadgerCare Plus and Medicaid SSI members the reports must be submitted separately and include a completed Attestation form (Addendum IV, G).

Per [Wis. Adm. Code DHS 106.03](#) payment data or adjustment data must be received within 365 days after the date of service. The HMO is required to submit their ventilator claim(s) to the Department on a quarterly basis; the HMO will be given an additional three months plus 10 days to file their claim(s) or payment data adjustment(s). If the last date of service for an inpatient hospital facility stay occurs within the same timeline specified (365 days plus three months plus 10 days) the Department will reimburse the HMO for the facility charges that entire stay. If the HMO cannot meet these requirements, the HMO must provide documentation that substantiates the delay. The Department will make the final determination to pay or deny the services. The Department will exercise reasonable discretion in making the determination to waive the 365 day filing requirements.

#### 4. Payment Requirements

The HMO's Medicaid reimbursement will not exceed 135% of the aggregate total Medicaid fee-for-service costs of providing BadgerCare Plus and/or Medicaid SSI covered services to BadgerCare Plus and Medicaid SSI HMO members who meet the ventilator dependent criteria. Reimbursement will only be for Medicaid covered services paid by the HMO. Other associated costs, such as administration or interest, will not be reimbursed.

##### a. Enhanced Funding

###### 1) Newborns (BadgerCare Plus Only)

The period of enhanced funding for newborns who are on total respiratory support at birth, will begin with the newborn's date of birth and will end on the last day of the month of the qualifying hospital stay. If the newborn dies while on total respiratory support the enhanced funding will end on the date of death. The newborn may be removed from the ventilator to spend time with family and friends prior to his/her date of death.

###### 2) All Other Members

The period of enhanced funding for all other members who meet the ventilator dependency criteria will begin on the first day of the month the member was

hospitalized and will end on the last day of the month of the qualifying hospital stay. If the member dies while on total respiratory support the enhanced funding will end on the date of death. The member may be removed from the ventilator to spend time with family and friends prior to his/her date of death.

b. Payment Adjustments

Adjustments that will be made to the HMO’s final payment include, but are not limited to:

- Reimbursement(s) already paid to the HMO in the form of capitation payments for members who qualify as being ventilator dependent will be deducted from the HMO’s 100% quarterly reimbursement.
- Costs for medical services provided to ventilator dependent members who are retroactively disenrolled are not payable. The HMO must back out the cost of care that was provided during the period the member was retroactively disenrolled from their reports. If services are submitted for payment they will be denied and the costs will be deducted from the HMOs quarterly payment.
- Costs for services provided after the enrollee’s date of death are not covered by the Medicaid program. If services are submitted for payment they will be denied and the costs will be deducted from the HMOs quarterly payment.

c. Payment Dispute Resolution

Disputes regarding the Department’s payment or nonpayment of ventilator dependent BadgerCare Plus and/or Medicaid SSI services as well as any adjustments made by the HMO (e.g., adjustments to provider payments or adjustments due to amounts recovered from third parties) must be submitted in the next report period.

d. Ventilator Dependent Quarterly Report Form and Detail Report Format

**VENTILATOR COST SUMMARY**

**HMO Name:** \_\_\_\_\_

**Report Period:** \_\_\_\_\_

**Number of Cases Reported:** \_\_\_\_\_

Category of Service	Amount Billed	Amount Paid
Inpatient		
Outpatient		
Physician		
Pharmacy		
All Other		
<b>Total</b>		

**MAIL TO:** Department of Health Services  
 BFM – Ventilator Analyst  
 1 West Wilson Street  
 Room 318  
 P.O. Box 309  
 Madison, WI 53701-0309

**33. Article XV, Section K – Hospital Access Payment for Non-Critical Access Hospitals**  
**Amend the last sentence of the first paragraph to read:**

The Department’s monthly hospital access payments to the HMO are made as prospective “per member per month” payments, unadjusted for risk adjustment.

**34. Article XV, Section L – Ambulatory Surgical Center (ASC) Assessment**  
**Amend the last sentence of the first paragraph to read:**

The Department’s monthly ambulatory surgical center payments to the HMOs are made as prospective “per member per month” payments, unadjusted for risk adjustment.

**35. Article XV, Section M – Critical Access Hospital (CAH) Access Payment**  
**Amend the last sentence of the first paragraph to read:**

The Department’s monthly CAH access payments to the HMOs are made as prospective “per member per month” payments, unadjusted for risk adjustment.

**36. Article XVI, Section D – HMO Specific Contract Terms**  
**Amend Part 3(f) to read:**

- f. The Department shall calculate chronicity or risk adjustment scores as part of the rate development methodology depending on the availability of data. The risk adjustment scores will be applied prospectively to the rate schedule in the rate exhibits provided by the Department. The Department may adjust the HMO prospective risk score if a significant variance in chronicity occurs from the risk adjustment score that was used to adjust the base rates. Any such adjustment will take effect no sooner than 45 days after calculating the variance. Any risk score changes applied to a given HMO will also impact other HMO risk scores due to budget neutrality requirements.

**Amend part 3(g) to read:**

- g. An annual risk adjustment reconciliation will be calculated based on actual enrollment. This may result in additional payments to or recoupments from the HMO. The adjustment will be budget neutral to the Department.

**37. Addendum II – When You May Be Billed for Services**  
**Amend the first paragraph under “Covered and Noncovered Services” to read:**

Under BadgerCare Plus and Medicaid SSI, you do not have to pay for covered services other than required copayments. The amount of your co-pay cannot be greater than it would have been in fee-for-service. To help ensure that you are not billed for services, you must see a provider in [HMO Name]’s network. The only exception is for emergencies. If you are willing to accept financial responsibility and make a written payment plan with your provider, you may ask for noncovered services. Providers may bill you up to their usual and customary charges for noncovered services.

**38. Addendum IV – Report Forms and Worksheets**

**Amend Section D (HealthCheck Worksheet) to read:**

DHS will use the HealthCheck worksheet below to measure compliance with the 80% target of HealthCheck comprehensive visits in the 2016 and 2017 BadgerCare Plus and Medicaid SSI HMO Contract. Detailed explanations of various cells in the worksheet are described in the HMO P4P Guide for MY2017.

HMO: \_\_\_\_\_

			Age Groups					
		Calculation	< 1	1 – 2	3 – 5	6 – 14	15 – 20	Total
1	# of eligible months for members under age 21	Entered (Total is sum across all age groups)						
2	# of unduplicated members under age 21	Entered						
3	# of recommended screens per age group	Per CMS specifications	5	1.5	1	0.5	0.5	
4	Average period of eligibility in years	Line 1 ÷ Line 2 ÷ 12						
5	Adjusted # of recommended screens per age group	Line 3 x Line 4						
6	Expected # of screens (100% of required screens for ages and months of eligibility)	Line 2 x Line 5 (Total is sum of age groups)						
7	# of screens required to meet the 80% goal	Line 6 x 0.80						
8	Actual # of screens completed	Entered						



		Age Groups						
		Calculation	< 1	1 – 2	3 – 5	6 – 14	15 – 20	Total
9	Did the HMO meet the goal?	Line 8 – Line 7 (If negative, goal was not met)						
10	Penalty	\$10,000 if “Total” for line 9 is negative						

### 39. Addendum VI – Incentives

#### Amend to read:

The Department’s Pay-for-Performance (P4P) program for HMOs in 2017 has the following components:

1. Geographic coverage

Across the State of Wisconsin, i.e., all six rate regions.

2. Timeframe

The 2017 Measurement Year (MY2017) will begin on January 1, 2017 and end on December 31, 2017.

3. Benefit plans

BadgerCare Plus (this includes the Childless Adult population) and Medicaid SSI Plan, as described in the “MY2017 HMO P4P Guide” (the Guide). The Department will publish the first version of this Guide by mid-January 2017, and will update it during MY2017, as appropriate. The Department will share all updates electronically and in a timely manner with all HMOs.

4. Withhold

The Department will withhold 2.5 percent of each HMO’s monthly capitation payments (including administrative payments) for the P4P program. HMOs will be able to earn this withhold back by meeting quality performance targets for a specific set of measures, as described in the HMO P4P Guide for MY2017. Depending on the relative performance of each HMO, highest-performing HMOs may be eligible for a bonus of up to 2.5 percent of their capitation payments in addition to earning back their withhold. Please see the Guide for details.

5. Measures and targets

The program will include a combination of HEDIS and other measures, as finalized by the Department and as described in the HMO P4P Guide for MY2017. Unless otherwise specified, performance targets for each measure will be of two types – Level and Degree of Improvement. Level targets are designed to recognize and give credit to HMOs with already high performance. Degree of Improvement targets are designed to recognize HMOs that are substantially below the Level targets but are making significant improvements in their performance. NCQA's Quality Compass results will be used to set the Level targets for HEDIS measures, and other statewide results will be used for non-HEDIS measures. The Degree of Improvement targets will be set using the past performance of each HMO (i.e., baselines, when available), or statewide averages. Further details of the methodology for setting targets, including definitions, are specified in the Guide.

#### 6. Data submission

HMOs will be asked to submit their HEDIS data and results, after authentication by their HEDIS auditor and NCQA's IDSS, to the Department, by dates listed in the HMO P4P Guide for MY2017. The Department and its fiscal agent will calculate results for non-HEDIS measures.

In addition to the P4P measures, HMOs will be asked to submit their authenticated HEDIS results for additional measures described in the HMO P4P Guide for MY2017.

#### 7. Performance measurement methodology

Detailed methodology used to measure the performance of each HMO is described in the Guide.

In addition to the pay-for-performance program, HMOs have to meet the HNA Screening targets for the BadgerCare Plus Childless Adults population and the comprehensive assessment targets for the SSI Managed Care population as defined in Article III, A.2 of this contract.

**40. Addendum VII – Rate Exhibits**

Add the following Rate Exhibits as a new Addendum VII:

**ADDENDUM VII – CY2017 RATE EXHIBITS**

**A. SSI Medicaid Only Rate Exhibits**

Exhibit 18A Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments SSI Medicaid Only New HMOs							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	678	1,452	570	1,482	1,198	3,662	9,042
Ages 40-64	1,148	2,083	963	1,919	1,625	5,723	13,461
Ages 65+	29	128	35	243	167	462	1,064
All Ages	1,855	3,663	1,568	3,644	2,990	9,847	23,567
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$388.66	\$413.61	\$412.83	\$471.40	\$514.55	\$583.17	\$503.21
Ages 40-64	\$667.56	\$666.54	\$653.11	\$758.93	\$801.06	\$952.42	\$816.62
Ages 65+	\$421.32	\$443.38	\$439.58	\$506.35	\$549.89	\$629.62	\$554.62
All Ages	\$561.77	\$558.48	\$561.00	\$625.15	\$672.24	\$799.95	\$684.54
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10A)</b>							
Ages 19-39	\$385.84	\$411.01	\$408.87	\$469.76	\$513.44	\$582.67	\$501.71
Ages 40-64	\$663.86	\$663.13	\$647.93	\$756.78	\$799.61	\$951.76	\$814.64
Ages 65+	\$420.62	\$442.74	\$438.60	\$505.94	\$549.62	\$629.50	\$554.30
All Ages	\$558.44	\$555.49	\$556.35	\$623.32	\$670.99	\$799.38	\$682.83
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13A)</b>							
Ages 19-39	\$379.24	\$406.35	\$403.41	\$463.70	\$507.60	\$575.36	\$495.40
Ages 40-64	\$652.33	\$654.79	\$637.87	\$746.47	\$789.82	\$939.78	\$803.91
Ages 65+	\$412.45	\$436.54	\$430.71	\$499.10	\$543.34	\$622.26	\$547.38
All Ages	\$548.77	\$548.68	\$548.01	\$614.97	\$662.98	\$789.36	\$673.96
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Ages 19-39	\$376.42	\$403.75	\$399.45	\$462.06	\$506.49	\$574.86	\$493.90
Ages 40-64	\$648.63	\$651.38	\$632.69	\$744.32	\$788.37	\$939.12	\$801.93
Ages 65+	\$411.75	\$435.90	\$429.73	\$498.69	\$543.07	\$622.14	\$547.07
All Ages	\$545.43	\$545.69	\$543.37	\$613.15	\$661.73	\$788.78	\$672.24

Exhibit 18A Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments SSI Medicaid Only Anthem Blue Cross Blue Shield							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	1	30	3	21	65	89	209
Ages 40-64	2	53	1	32	72	192	352
Ages 65+	-	4	-	5	10	15	34
All Ages	3	87	4	58	147	296	595
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$489.03	\$459.78	\$447.57	\$497.12	\$578.22	\$751.94	\$624.74
Ages 40-64	\$767.93	\$712.71	\$687.85	\$784.65	\$688.74	\$1,041.78	\$894.08
Ages 65+	\$521.69	\$489.55	\$474.32	\$532.07	\$530.76	\$632.18	\$570.85
All Ages	\$674.96	\$615.23	\$507.64	\$658.77	\$629.12	\$933.88	\$781.00
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10A)</b>							
Ages 19-39	\$486.21	\$457.18	\$443.61	\$495.48	\$577.11	\$751.44	\$623.58
Ages 40-64	\$764.23	\$709.30	\$682.67	\$782.50	\$687.29	\$1,041.12	\$892.68
Ages 65+	\$520.99	\$488.91	\$473.34	\$531.66	\$530.49	\$632.06	\$570.58
All Ages	\$671.56	\$612.23	\$503.38	\$656.95	\$627.90	\$933.29	\$779.75
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13A)</b>							
Ages 19-39	\$479.61	\$452.52	\$438.15	\$489.42	\$571.27	\$744.13	\$617.26
Ages 40-64	\$752.70	\$700.96	\$672.61	\$772.19	\$677.50	\$1,029.14	\$881.86
Ages 65+	\$512.82	\$482.71	\$465.45	\$524.82	\$524.21	\$624.82	\$563.80
All Ages	\$661.67	\$605.26	\$496.77	\$648.48	\$620.10	\$922.96	\$770.74
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Ages 19-39	\$476.79	\$449.92	\$434.19	\$487.78	\$570.16	\$743.63	\$616.09
Ages 40-64	\$749.00	\$697.55	\$667.43	\$770.04	\$676.05	\$1,028.48	\$880.46
Ages 65+	\$512.12	\$482.07	\$464.47	\$524.41	\$523.94	\$624.70	\$563.54
All Ages	\$658.26	\$602.25	\$492.50	\$646.67	\$618.88	\$922.37	\$769.49

<b>Exhibit 18A</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including CDPS, P4P, and Access Payments</b> <b>SSI Medicaid Only</b> <b>Care Wisconsin Health Plan</b>							
<b>August 2016 Membership by Rate Cell</b>	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>	<b>Region 4</b>	<b>Region 5</b>	<b>Region 6</b>	<b>All Regions</b>
Ages 19-39	-	2	14	603	6	-	625
Ages 40-64	-	2	14	831	5	-	852
Ages 65+	-	-	-	101	-	-	101
All Ages	-	4	28	1,535	11	-	1,578
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$482.97	\$453.72	\$441.51	\$506.57	\$489.36	\$579.67	\$504.78
Ages 40-64	\$761.87	\$706.65	\$681.79	\$777.38	\$775.87	\$948.92	\$775.63
Ages 65+	\$515.63	\$483.49	\$468.26	\$526.01	\$524.70	\$626.12	\$526.01
All Ages	\$0.00	\$580.19	\$561.65	\$654.46	\$619.59	\$0.00	\$652.38
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10A)</b>							
Ages 19-39	\$480.15	\$451.12	\$437.55	\$504.93	\$488.25	\$579.17	\$503.09
Ages 40-64	\$758.17	\$703.24	\$676.61	\$775.23	\$774.42	\$948.26	\$773.44
Ages 65+	\$514.93	\$482.85	\$467.28	\$525.60	\$524.43	\$626.00	\$525.60
All Ages	\$0.00	\$577.18	\$557.08	\$652.62	\$618.33	\$0.00	\$650.50
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13A)</b>							
Ages 19-39	\$473.55	\$446.46	\$432.09	\$498.87	\$482.41	\$571.86	\$497.05
Ages 40-64	\$746.64	\$694.90	\$666.55	\$764.92	\$764.63	\$936.28	\$763.14
Ages 65+	\$506.76	\$476.65	\$459.39	\$518.76	\$518.15	\$618.76	\$518.76
All Ages	\$0.00	\$570.68	\$549.32	\$644.21	\$610.69	\$0.00	\$642.11
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Ages 19-39	\$470.73	\$443.86	\$428.13	\$497.23	\$481.30	\$571.36	\$495.36
Ages 40-64	\$742.94	\$691.49	\$661.37	\$762.77	\$763.18	\$935.62	\$760.94
Ages 65+	\$506.06	\$476.01	\$458.41	\$518.35	\$517.88	\$618.64	\$518.35
All Ages	\$0.00	\$567.68	\$544.75	\$642.37	\$609.43	\$0.00	\$640.22

Exhibit 18A Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments SSI Medicaid Only CompCare							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	42	-	35	37	-	-	114
Ages 40-64	47	-	66	43	-	-	156
Ages 65+	-	-	2	4	-	-	6
All Ages	89	-	103	84	-	-	276
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$431.16	\$401.91	\$389.70	\$439.25	\$437.55	\$527.86	\$421.06
Ages 40-64	\$710.06	\$654.84	\$588.42	\$726.78	\$724.06	\$897.11	\$663.21
Ages 65+	\$463.82	\$431.68	\$416.45	\$474.20	\$472.89	\$574.31	\$454.95
All Ages	\$578.44	\$0.00	\$517.55	\$588.10	\$0.00	\$0.00	\$558.66
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10A)</b>							
Ages 19-39	\$428.34	\$399.31	\$385.74	\$437.61	\$436.44	\$527.36	\$418.27
Ages 40-64	\$706.36	\$651.43	\$583.24	\$724.63	\$722.61	\$896.45	\$659.31
Ages 65+	\$463.12	\$431.04	\$415.47	\$473.79	\$472.62	\$574.19	\$454.35
All Ages	\$575.16	\$0.00	\$512.87	\$586.26	\$0.00	\$0.00	\$555.29
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13A)</b>							
Ages 19-39	\$421.74	\$394.65	\$380.28	\$431.55	\$430.60	\$520.05	\$412.20
Ages 40-64	\$694.83	\$643.09	\$573.18	\$714.32	\$712.82	\$884.47	\$648.73
Ages 65+	\$454.95	\$424.84	\$407.58	\$466.95	\$466.34	\$566.95	\$447.16
All Ages	\$565.96	\$0.00	\$504.42	\$577.99	\$0.00	\$0.00	\$546.65
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Ages 19-39	\$418.92	\$392.05	\$376.32	\$429.91	\$429.49	\$519.55	\$409.41
Ages 40-64	\$691.13	\$639.68	\$568.00	\$712.17	\$711.37	\$883.81	\$644.84
Ages 65+	\$454.25	\$424.20	\$406.60	\$466.54	\$466.07	\$566.83	\$446.56
All Ages	\$562.67	\$0.00	\$499.73	\$576.14	\$0.00	\$0.00	\$543.28

Exhibit 18A Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments SSI Medicaid Only Group Health Coop Eau Claire							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	130	-	263	75	-	-	468
Ages 40-64	248	-	476	103	-	-	827
Ages 65+	4	-	18	4	-	-	26
All Ages	382	-	757	182	-	-	1,321
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$384.33	\$391.70	\$365.63	\$341.38	\$427.34	\$517.65	\$366.94
Ages 40-64	\$713.29	\$644.63	\$603.75	\$659.61	\$713.85	\$886.90	\$643.56
Ages 65+	\$453.61	\$421.47	\$406.24	\$463.99	\$462.68	\$564.10	\$422.41
All Ages	\$598.62	\$0.00	\$516.32	\$524.17	\$0.00	\$0.00	\$541.20
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10A)</b>							
Ages 19-39	\$381.51	\$389.10	\$361.67	\$339.74	\$426.23	\$517.15	\$363.67
Ages 40-64	\$709.59	\$641.22	\$598.57	\$657.46	\$712.40	\$886.24	\$639.20
Ages 65+	\$452.91	\$420.83	\$405.26	\$463.58	\$462.41	\$563.98	\$421.56
All Ages	\$595.25	\$0.00	\$511.67	\$522.27	\$0.00	\$0.00	\$537.30
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13A)</b>							
Ages 19-39	\$374.91	\$384.44	\$356.21	\$333.68	\$420.39	\$509.84	\$357.79
Ages 40-64	\$698.06	\$632.88	\$588.51	\$647.15	\$702.61	\$874.26	\$628.67
Ages 65+	\$444.74	\$414.63	\$397.37	\$456.74	\$456.13	\$556.74	\$413.79
All Ages	\$585.43	\$0.00	\$503.26	\$513.79	\$0.00	\$0.00	\$528.47
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Ages 19-39	\$372.09	\$381.84	\$352.25	\$332.04	\$419.28	\$509.34	\$354.52
Ages 40-64	\$694.36	\$629.47	\$583.33	\$645.00	\$701.16	\$873.60	\$624.31
Ages 65+	\$444.04	\$413.99	\$396.39	\$456.33	\$455.86	\$556.62	\$412.94
All Ages	\$582.07	\$0.00	\$498.60	\$511.89	\$0.00	\$0.00	\$524.57

Exhibit 18A Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments SSI Medicaid Only Independent Care (ICare)							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	-	61	2	429	196	999	1,687
Ages 40-64	-	70	3	494	191	2,003	2,761
Ages 65+	-	5	-	70	21	101	197
All Ages	-	136	5	993	408	3,103	4,645
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$486.91	\$396.86	\$445.45	\$482.34	\$419.35	\$601.58	\$542.50
Ages 40-64	\$765.81	\$865.82	\$685.73	\$763.14	\$761.05	\$948.95	\$900.31
Ages 65+	\$519.57	\$487.43	\$472.20	\$529.95	\$528.64	\$630.06	\$580.06
All Ages	\$0.00	\$641.57	\$589.62	\$625.39	\$584.94	\$826.74	\$756.78
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10A)</b>							
Ages 19-39	\$484.09	\$394.26	\$441.49	\$480.70	\$418.24	\$601.08	\$541.56
Ages 40-64	\$762.11	\$862.41	\$680.55	\$760.99	\$759.60	\$948.29	\$899.26
Ages 65+	\$518.87	\$486.79	\$471.22	\$529.54	\$528.37	\$629.94	\$579.80
All Ages	\$0.00	\$638.62	\$584.93	\$623.58	\$583.71	\$826.14	\$755.80
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13A)</b>							
Ages 19-39	\$477.49	\$389.60	\$436.03	\$474.64	\$412.40	\$593.77	\$534.83
Ages 40-64	\$750.58	\$854.07	\$670.49	\$750.68	\$749.81	\$936.31	\$887.82
Ages 65+	\$510.70	\$480.59	\$463.33	\$522.70	\$522.09	\$622.70	\$572.84
All Ages	\$0.00	\$632.01	\$576.71	\$615.35	\$576.00	\$815.82	\$746.26
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Ages 19-39	\$474.67	\$387.00	\$432.07	\$473.00	\$411.29	\$593.27	\$533.89
Ages 40-64	\$746.88	\$850.66	\$665.31	\$748.53	\$748.36	\$935.65	\$886.77
Ages 65+	\$510.00	\$479.95	\$462.35	\$522.29	\$521.82	\$622.58	\$572.58
All Ages	\$0.00	\$629.07	\$572.01	\$613.55	\$574.77	\$815.23	\$745.28



<b>Exhibit 18A</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including CDPS, P4P, and Access Payments</b> <b>SSI Medicaid Only</b> <b>MHS Health Wisconsin</b>							
<b>August 2016 Membership by Rate Cell</b>	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>	<b>Region 4</b>	<b>Region 5</b>	<b>Region 6</b>	<b>All Regions</b>
Ages 19-39	191	319	100	111	105	474	1,300
Ages 40-64	314	351	155	139	108	563	1,630
Ages 65+	8	23	5	16	3	40	95
All Ages	513	693	260	266	216	1,077	3,025
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$458.35	\$376.50	\$385.90	\$491.00	\$422.25	\$505.79	\$449.86
Ages 40-64	\$745.14	\$616.73	\$655.96	\$819.62	\$654.62	\$911.35	\$766.77
Ages 65+	\$477.28	\$445.14	\$429.91	\$487.66	\$486.35	\$587.77	\$515.56
All Ages	\$634.19	\$500.45	\$547.74	\$662.52	\$539.33	\$720.84	\$622.69
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10A)</b>							
Ages 19-39	\$455.53	\$373.90	\$381.94	\$489.36	\$421.14	\$505.29	\$448.09
Ages 40-64	\$741.44	\$613.32	\$650.78	\$817.47	\$653.17	\$910.69	\$764.32
Ages 65+	\$476.58	\$444.50	\$428.93	\$487.25	\$486.08	\$587.65	\$515.17
All Ages	\$630.86	\$497.51	\$543.11	\$660.69	\$538.06	\$720.27	\$620.60
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13A)</b>							
Ages 19-39	\$448.93	\$369.24	\$376.48	\$483.30	\$415.30	\$497.98	\$441.91
Ages 40-64	\$729.91	\$604.98	\$640.72	\$807.16	\$643.38	\$898.71	\$753.68
Ages 65+	\$468.41	\$438.30	\$421.04	\$480.41	\$479.80	\$580.41	\$508.17
All Ages	\$621.22	\$490.93	\$534.86	\$652.36	\$530.24	\$710.52	\$611.99
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Ages 19-39	\$446.11	\$366.64	\$372.52	\$481.66	\$414.19	\$497.48	\$440.14
Ages 40-64	\$726.21	\$601.57	\$635.54	\$805.01	\$641.93	\$898.05	\$751.24
Ages 65+	\$467.71	\$437.66	\$420.06	\$480.00	\$479.53	\$580.29	\$507.77
All Ages	\$617.89	\$487.99	\$530.23	\$650.53	\$528.97	\$709.95	\$609.89

Exhibit 18A Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments SSI Medicaid Only Molina Healthcare							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	14	67	9	15	186	389	680
Ages 40-64	16	61	9	18	196	388	688
Ages 65+	1	13	1	5	19	53	92
All Ages	31	141	19	38	401	830	1,460
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$460.60	\$419.13	\$419.14	\$468.69	\$478.68	\$460.10	\$460.80
Ages 40-64	\$739.50	\$727.34	\$659.42	\$756.22	\$744.42	\$789.70	\$767.52
Ages 65+	\$493.26	\$461.12	\$445.89	\$503.64	\$502.33	\$603.75	\$554.29
All Ages	\$605.60	\$556.34	\$534.36	\$609.49	\$609.69	\$623.35	\$611.23
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10A)</b>							
Ages 19-39	\$457.78	\$416.53	\$415.18	\$467.05	\$477.57	\$459.60	\$459.81
Ages 40-64	\$735.80	\$723.93	\$654.24	\$754.07	\$742.97	\$789.04	\$766.23
Ages 65+	\$492.56	\$460.48	\$444.91	\$503.23	\$502.06	\$603.63	\$554.04
All Ages	\$602.40	\$553.57	\$529.98	\$607.77	\$608.45	\$622.80	\$610.14
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13A)</b>							
Ages 19-39	\$451.18	\$411.87	\$409.72	\$460.99	\$471.73	\$452.29	\$453.23
Ages 40-64	\$724.27	\$715.59	\$644.18	\$743.76	\$733.18	\$777.06	\$755.27
Ages 65+	\$484.39	\$454.28	\$437.02	\$496.39	\$495.78	\$596.39	\$547.15
All Ages	\$593.20	\$547.18	\$522.22	\$599.59	\$600.66	\$613.31	\$601.48
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Ages 19-39	\$448.36	\$409.27	\$405.76	\$459.35	\$470.62	\$451.79	\$452.24
Ages 40-64	\$720.57	\$712.18	\$639.00	\$741.61	\$731.73	\$776.40	\$753.97
Ages 65+	\$483.69	\$453.64	\$436.04	\$495.98	\$495.51	\$596.27	\$546.89
All Ages	\$590.00	\$544.41	\$517.84	\$597.87	\$599.42	\$612.76	\$600.39

Exhibit 18A Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments SSI Medicaid Only Network Health Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	93	196	47	58	50	193	637
Ages 40-64	169	332	97	83	60	218	959
Ages 65+	3	19	3	5	8	25	63
All Ages	265	547	147	146	118	436	1,659
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$428.76	\$455.72	\$407.14	\$392.77	\$454.99	\$493.03	\$453.71
Ages 40-64	\$680.17	\$712.15	\$687.48	\$785.42	\$552.70	\$730.78	\$704.62
Ages 65+	\$481.26	\$449.12	\$433.89	\$491.64	\$490.33	\$591.75	\$515.13
All Ages	\$589.69	\$611.13	\$592.67	\$619.37	\$507.07	\$617.57	\$601.08
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10A)</b>							
Ages 19-39	\$425.94	\$453.12	\$403.18	\$391.13	\$453.88	\$492.53	\$451.82
Ages 40-64	\$676.47	\$708.74	\$682.30	\$783.27	\$551.25	\$730.12	\$701.84
Ages 65+	\$480.56	\$448.48	\$432.91	\$491.23	\$490.06	\$591.63	\$514.74
All Ages	\$586.33	\$608.11	\$587.97	\$617.49	\$505.84	\$617.01	\$598.73
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13A)</b>							
Ages 19-39	\$419.34	\$448.46	\$397.72	\$385.07	\$448.04	\$485.22	\$445.80
Ages 40-64	\$664.94	\$700.40	\$672.24	\$772.96	\$541.46	\$718.14	\$691.67
Ages 65+	\$472.39	\$442.28	\$425.02	\$484.39	\$483.78	\$584.39	\$507.90
All Ages	\$576.57	\$601.16	\$579.42	\$608.98	\$497.96	\$607.37	\$590.29
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Ages 19-39	\$416.52	\$445.86	\$393.76	\$383.43	\$446.93	\$484.72	\$443.91
Ages 40-64	\$661.24	\$696.99	\$667.06	\$770.81	\$540.01	\$717.48	\$688.89
Ages 65+	\$471.69	\$441.64	\$424.04	\$483.98	\$483.51	\$584.27	\$507.51
All Ages	\$573.21	\$598.14	\$574.72	\$607.10	\$496.74	\$606.81	\$587.94

Exhibit 18A Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments SSI Medicaid Only Trilogy Health Insurance							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	-	17	-	1	30	64	112
Ages 40-64	-	14	-	1	17	68	100
Ages 65+	-	2	-	-	3	31	36
All Ages	-	33	-	2	50	163	248
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$473.56	\$444.31	\$432.10	\$481.65	\$479.95	\$604.16	\$545.53
Ages 40-64	\$752.46	\$697.24	\$672.38	\$769.18	\$766.46	\$883.99	\$836.72
Ages 65+	\$506.22	\$474.08	\$458.85	\$516.60	\$515.29	\$616.71	\$600.33
All Ages	\$0.00	\$553.42	\$0.00	\$625.42	\$579.48	\$723.29	\$670.90
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10A)</b>							
Ages 19-39	\$470.74	\$441.71	\$428.14	\$480.01	\$478.84	\$603.66	\$544.54
Ages 40-64	\$748.76	\$693.83	\$667.20	\$767.03	\$765.01	\$883.33	\$835.52
Ages 65+	\$505.52	\$473.44	\$457.87	\$516.19	\$515.02	\$616.59	\$600.17
All Ages	\$0.00	\$550.59	\$0.00	\$623.52	\$578.31	\$722.79	\$669.95
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13A)</b>							
Ages 19-39	\$464.14	\$437.05	\$422.68	\$473.95	\$473.00	\$596.35	\$538.04
Ages 40-64	\$737.23	\$685.49	\$657.14	\$756.72	\$755.22	\$871.35	\$824.44
Ages 65+	\$497.35	\$467.24	\$449.98	\$509.35	\$508.74	\$609.35	\$593.07
All Ages	\$0.00	\$544.28	\$0.00	\$615.34	\$571.10	\$713.55	\$661.51
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Ages 19-39	\$461.32	\$434.45	\$418.72	\$472.31	\$471.89	\$595.85	\$537.05
Ages 40-64	\$733.53	\$682.08	\$651.96	\$754.57	\$753.77	\$870.69	\$823.25
Ages 65+	\$496.65	\$466.60	\$449.00	\$508.94	\$508.47	\$609.23	\$592.91
All Ages	\$0.00	\$541.45	\$0.00	\$613.44	\$569.92	\$713.05	\$660.56

<b>Exhibit 18A</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including CDPS, P4P, and Access Payments</b> <b>SSI Medicaid Only</b> <b>Unitedhealthcare Community Plan</b>							
<b>August 2016 Membership by Rate Cell</b>	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>	<b>Region 4</b>	<b>Region 5</b>	<b>Region 6</b>	<b>All Regions</b>
Ages 19-39	207	760	97	132	560	1,454	3,210
Ages 40-64	352	1,200	142	175	976	2,291	5,136
Ages 65+	13	62	6	33	103	197	414
All Ages	572	2,022	245	340	1,639	3,942	8,760
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$496.79	\$461.36	\$491.54	\$500.52	\$501.65	\$594.68	\$533.58
Ages 40-64	\$750.03	\$693.80	\$708.93	\$784.69	\$803.74	\$981.83	\$850.54
Ages 65+	\$510.22	\$478.08	\$462.85	\$520.60	\$519.29	\$620.71	\$560.38
All Ages	\$652.94	\$599.82	\$616.83	\$648.73	\$682.65	\$820.98	\$720.68
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10A)</b>							
Ages 19-39	\$493.97	\$458.76	\$487.58	\$498.88	\$500.54	\$594.18	\$532.18
Ages 40-64	\$746.33	\$690.39	\$703.75	\$782.54	\$802.29	\$981.17	\$848.70
Ages 65+	\$509.52	\$477.44	\$461.87	\$520.19	\$519.02	\$620.59	\$560.09
All Ages	\$649.62	\$596.80	\$612.24	\$646.95	\$681.39	\$820.41	\$719.08
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13A)</b>							
Ages 19-39	\$487.37	\$454.10	\$482.12	\$492.82	\$494.70	\$586.87	\$525.91
Ages 40-64	\$734.80	\$682.05	\$693.69	\$772.23	\$792.50	\$969.19	\$838.13
Ages 65+	\$501.35	\$471.24	\$453.98	\$513.35	\$512.74	\$613.35	\$553.24
All Ages	\$639.95	\$589.91	\$604.06	\$638.63	\$673.17	\$810.39	\$710.26
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Ages 19-39	\$484.55	\$451.50	\$478.16	\$491.18	\$493.59	\$586.37	\$524.50
Ages 40-64	\$731.10	\$678.64	\$688.51	\$770.08	\$791.05	\$968.53	\$836.30
Ages 65+	\$500.65	\$470.60	\$453.00	\$512.94	\$512.47	\$613.23	\$552.95
All Ages	\$636.64	\$586.89	\$599.46	\$636.84	\$671.91	\$809.81	\$708.65

**B. SSI Dual Eligible Rate Exhibits**

Exhibit 18B Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including Access Payments SSI Dual Eligible New HMOs							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	185	542	202	231	405	1,001	2,566
Ages 40-64	245	628	210	276	555	2,367	4,281
Ages 65+	202	487	167	243	432	1,886	3,417
All Ages	632	1,657	579	750	1,392	5,254	10,264
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$60.19	\$40.32	\$53.91	\$52.49	\$35.49	\$96.04	\$64.89
Ages 40-64	\$117.05	\$82.91	\$104.14	\$108.81	\$72.39	\$203.57	\$152.93
Ages 65+	\$100.48	\$70.60	\$89.26	\$92.98	\$61.27	\$175.61	\$131.65
All Ages	\$95.11	\$65.36	\$82.32	\$86.33	\$58.20	\$173.05	\$123.83
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10B)</b>							
Ages 19-39	\$59.49	\$39.73	\$52.87	\$51.65	\$35.13	\$95.83	\$64.42
Ages 40-64	\$116.46	\$82.41	\$103.26	\$108.11	\$72.09	\$203.39	\$152.59
Ages 65+	\$100.13	\$70.30	\$88.74	\$92.56	\$61.09	\$175.50	\$131.45
All Ages	\$94.56	\$64.89	\$81.49	\$85.68	\$57.92	\$172.89	\$123.51
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-39	\$50.64	\$33.56	\$45.22	\$45.07	\$27.98	\$87.48	\$56.90
Ages 40-64	\$101.49	\$71.89	\$89.97	\$96.71	\$60.16	\$189.61	\$139.64
Ages 65+	\$89.30	\$62.68	\$79.08	\$84.29	\$52.48	\$165.58	\$122.10
All Ages	\$82.71	\$56.65	\$71.22	\$76.78	\$48.41	\$161.53	\$113.11
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-39	\$49.94	\$32.97	\$44.18	\$44.23	\$27.62	\$87.27	\$56.43
Ages 40-64	\$100.90	\$71.39	\$89.09	\$96.01	\$59.86	\$189.43	\$139.30
Ages 65+	\$88.95	\$62.38	\$78.56	\$83.87	\$52.30	\$165.47	\$121.90
All Ages	\$82.16	\$56.17	\$70.38	\$76.13	\$48.13	\$161.37	\$112.79

Exhibit 18B							
Wisconsin Department of Health Services							
2017 SSI Capitation Rate Development							
Final Capitation Rates Including Access Payments							
SSI Dual Eligible							
Anthem Blue Cross Blue Shield							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	-	5	1	1	11	15	33
Ages 40-64	-	4	-	6	21	36	67
Ages 65+	-	7	-	1	13	38	59
All Ages	-	16	1	8	45	89	159
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$53.92	\$40.34	\$48.25	\$52.64	\$35.57	\$96.12	\$64.72
Ages 40-64	\$110.78	\$82.93	\$98.48	\$108.96	\$72.47	\$203.65	\$146.85
Ages 65+	\$94.21	\$70.62	\$83.60	\$93.13	\$61.35	\$175.69	\$136.63
All Ages	\$0.00	\$64.24	\$48.25	\$99.94	\$60.24	\$173.59	\$126.01
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10B)</b>							
Ages 19-39	\$53.22	\$39.75	\$47.21	\$51.80	\$35.21	\$95.91	\$64.36
Ages 40-64	\$110.19	\$82.43	\$97.60	\$108.26	\$72.17	\$203.47	\$146.56
Ages 65+	\$93.86	\$70.32	\$83.08	\$92.71	\$61.17	\$175.58	\$136.48
All Ages	\$0.00	\$63.79	\$47.21	\$99.26	\$59.96	\$173.43	\$125.76
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-39	\$44.37	\$33.58	\$39.56	\$45.22	\$28.06	\$87.56	\$56.81
Ages 40-64	\$95.22	\$71.91	\$84.31	\$96.86	\$60.24	\$189.69	\$133.77
Ages 65+	\$83.03	\$62.70	\$73.42	\$84.44	\$52.56	\$165.66	\$127.15
All Ages	\$0.00	\$55.90	\$39.56	\$88.85	\$50.16	\$162.22	\$115.34
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-39	\$43.67	\$32.99	\$38.52	\$44.38	\$27.70	\$87.35	\$56.45
Ages 40-64	\$94.63	\$71.41	\$83.43	\$96.16	\$59.94	\$189.51	\$133.49
Ages 65+	\$82.68	\$62.40	\$72.90	\$84.02	\$52.38	\$165.55	\$126.99
All Ages	\$0.00	\$55.46	\$38.52	\$88.17	\$49.88	\$162.06	\$115.09

Exhibit 18B Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including Access Payments SSI Dual Eligible Care Wisconsin Health Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	-	-	1	71	-	-	72
Ages 40-64	-	-	3	51	-	-	54
Ages 65+	-	-	-	74	-	-	74
All Ages	-	-	4	196	-	-	200
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$53.89	\$40.31	\$48.22	\$52.61	\$35.54	\$96.09	\$52.55
Ages 40-64	\$110.75	\$82.90	\$98.45	\$108.93	\$72.44	\$203.62	\$108.35
Ages 65+	\$94.18	\$70.59	\$83.57	\$93.10	\$61.32	\$175.66	\$93.10
All Ages	\$0.00	\$0.00	\$85.89	\$82.55	\$0.00	\$0.00	\$82.62
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10B)</b>							
Ages 19-39	\$53.19	\$39.72	\$47.18	\$51.77	\$35.18	\$95.88	\$51.71
Ages 40-64	\$110.16	\$82.40	\$97.57	\$108.23	\$72.14	\$203.44	\$107.64
Ages 65+	\$93.83	\$70.29	\$83.05	\$92.68	\$61.14	\$175.55	\$92.68
All Ages	\$0.00	\$0.00	\$84.97	\$81.91	\$0.00	\$0.00	\$81.97
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-39	\$44.34	\$33.55	\$39.53	\$45.19	\$28.03	\$87.53	\$45.11
Ages 40-64	\$95.19	\$71.88	\$84.28	\$96.83	\$60.21	\$189.66	\$96.13
Ages 65+	\$83.00	\$62.67	\$73.39	\$84.41	\$52.53	\$165.63	\$84.41
All Ages	\$0.00	\$0.00	\$73.09	\$73.43	\$0.00	\$0.00	\$73.43
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-39	\$43.64	\$32.96	\$38.49	\$44.35	\$27.67	\$87.32	\$44.27
Ages 40-64	\$94.60	\$71.38	\$83.40	\$96.13	\$59.91	\$189.48	\$95.42
Ages 65+	\$82.65	\$62.37	\$72.87	\$83.99	\$52.35	\$165.52	\$83.99
All Ages	\$0.00	\$0.00	\$72.17	\$72.79	\$0.00	\$0.00	\$72.78



Exhibit 18B Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including Access Payments SSI Dual Eligible CompCare							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	8	-	15	10	-	-	33
Ages 40-64	16	-	13	9	-	-	38
Ages 65+	6	-	11	3	-	-	20
All Ages	30	-	39	22	-	-	91
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$59.21	\$45.63	\$53.54	\$57.93	\$40.86	\$101.41	\$56.24
Ages 40-64	\$116.07	\$88.22	\$103.77	\$114.25	\$77.76	\$208.94	\$111.43
Ages 65+	\$99.50	\$75.91	\$88.89	\$98.42	\$66.64	\$180.98	\$93.50
All Ages	\$97.59	\$0.00	\$80.25	\$86.49	\$0.00	\$0.00	\$87.48
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10B)</b>							
Ages 19-39	\$58.51	\$45.04	\$52.50	\$57.09	\$40.50	\$101.20	\$55.35
Ages 40-64	\$115.48	\$87.72	\$102.89	\$113.55	\$77.46	\$208.76	\$110.72
Ages 65+	\$99.15	\$75.61	\$88.37	\$98.00	\$66.46	\$180.87	\$93.05
All Ages	\$97.02	\$0.00	\$79.41	\$85.77	\$0.00	\$0.00	\$86.75
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-39	\$49.66	\$38.87	\$44.85	\$50.51	\$33.35	\$92.85	\$47.73
Ages 40-64	\$100.51	\$77.20	\$89.60	\$102.15	\$65.53	\$194.98	\$97.17
Ages 65+	\$88.32	\$67.99	\$78.71	\$89.73	\$57.85	\$170.95	\$83.25
All Ages	\$84.51	\$0.00	\$69.32	\$76.98	\$0.00	\$0.00	\$76.18
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-39	\$48.96	\$38.28	\$43.81	\$49.67	\$32.99	\$92.64	\$46.83
Ages 40-64	\$99.92	\$76.70	\$88.72	\$101.45	\$65.23	\$194.80	\$96.45
Ages 65+	\$87.97	\$67.69	\$78.19	\$89.31	\$57.67	\$170.84	\$82.79
All Ages	\$83.94	\$0.00	\$68.48	\$76.26	\$0.00	\$0.00	\$75.46

Exhibit 18B							
Wisconsin Department of Health Services							
2017 SSI Capitation Rate Development							
Final Capitation Rates Including Access Payments							
SSI Dual Eligible							
Group Health Coop Eau Claire							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	35	-	97	24	-	-	156
Ages 40-64	39	-	97	21	-	-	157
Ages 65+	40	-	91	19	-	-	150
All Ages	114	-	285	64	-	-	463
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$58.37	\$44.79	\$52.70	\$57.09	\$40.02	\$100.57	\$54.65
Ages 40-64	\$115.23	\$87.38	\$102.93	\$113.41	\$76.92	\$208.10	\$107.39
Ages 65+	\$98.66	\$75.07	\$88.05	\$97.58	\$65.80	\$180.14	\$92.09
All Ages	\$91.96	\$0.00	\$81.08	\$87.59	\$0.00	\$0.00	\$84.66
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10B)</b>							
Ages 19-39	\$57.67	\$44.20	\$51.66	\$56.25	\$39.66	\$100.36	\$53.71
Ages 40-64	\$114.64	\$86.88	\$102.05	\$112.71	\$76.62	\$207.92	\$106.60
Ages 65+	\$98.31	\$74.77	\$87.53	\$97.16	\$65.62	\$180.03	\$91.62
All Ages	\$91.42	\$0.00	\$80.26	\$86.92	\$0.00	\$0.00	\$83.93
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-39	\$48.82	\$38.03	\$44.01	\$49.67	\$32.51	\$92.01	\$45.96
Ages 40-64	\$99.67	\$76.36	\$88.76	\$101.31	\$64.69	\$194.14	\$93.15
Ages 65+	\$87.48	\$67.15	\$77.87	\$88.89	\$57.01	\$170.11	\$81.83
All Ages	\$79.78	\$0.00	\$70.05	\$78.26	\$0.00	\$0.00	\$73.58
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-39	\$48.12	\$37.44	\$42.97	\$48.83	\$32.15	\$91.80	\$45.03
Ages 40-64	\$99.08	\$75.86	\$87.88	\$100.61	\$64.39	\$193.96	\$92.36
Ages 65+	\$87.13	\$66.85	\$77.35	\$88.47	\$56.83	\$170.00	\$81.37
All Ages	\$79.24	\$0.00	\$69.23	\$77.59	\$0.00	\$0.00	\$72.85

Exhibit 18B							
Wisconsin Department of Health Services							
2017 SSI Capitation Rate Development							
Final Capitation Rates Including Access Payments							
SSI Dual Eligible							
Independent Care (ICare)							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	-	20	-	50	71	351	492
Ages 40-64	-	67	-	112	103	1,096	1,378
Ages 65+	-	34	-	69	84	785	972
All Ages	-	121	-	231	258	2,232	2,842
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$53.81	\$40.23	\$48.14	\$52.53	\$35.46	\$96.01	\$80.59
Ages 40-64	\$110.67	\$82.82	\$98.37	\$108.85	\$72.36	\$203.54	\$180.17
Ages 65+	\$94.10	\$70.51	\$83.49	\$93.02	\$61.24	\$175.58	\$156.16
All Ages	\$0.00	\$72.32	\$0.00	\$91.93	\$58.58	\$176.80	\$154.72
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10B)</b>							
Ages 19-39	\$53.11	\$39.64	\$47.10	\$51.69	\$35.10	\$95.80	\$80.27
Ages 40-64	\$110.08	\$82.32	\$97.49	\$108.15	\$72.06	\$203.36	\$179.92
Ages 65+	\$93.75	\$70.21	\$82.97	\$92.60	\$61.06	\$175.47	\$156.02
All Ages	\$0.00	\$71.86	\$0.00	\$91.28	\$58.31	\$176.64	\$154.50
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-39	\$44.26	\$33.47	\$39.45	\$45.11	\$27.95	\$87.45	\$72.37
Ages 40-64	\$95.11	\$71.80	\$84.20	\$96.75	\$60.13	\$189.58	\$166.63
Ages 65+	\$82.92	\$62.59	\$73.31	\$84.33	\$52.45	\$165.55	\$146.41
All Ages	\$0.00	\$62.88	\$0.00	\$81.86	\$48.77	\$165.07	\$143.40
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-39	\$43.56	\$32.88	\$38.41	\$44.27	\$27.59	\$87.24	\$72.06
Ages 40-64	\$94.52	\$71.30	\$83.32	\$96.05	\$59.83	\$189.40	\$166.39
Ages 65+	\$82.57	\$62.29	\$72.79	\$83.91	\$52.27	\$165.44	\$146.26
All Ages	\$0.00	\$62.42	\$0.00	\$81.22	\$48.50	\$164.91	\$143.17

Exhibit 18B Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including Access Payments SSI Dual Eligible MHS Health Wisconsin							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	63	100	39	31	30	103	366
Ages 40-64	78	105	43	38	33	164	461
Ages 65+	64	96	24	37	20	165	406
All Ages	205	301	106	106	83	432	1,233
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$56.62	\$43.04	\$50.95	\$55.34	\$38.27	\$98.82	\$62.57
Ages 40-64	\$113.48	\$85.63	\$101.18	\$111.66	\$75.17	\$206.35	\$136.14
Ages 65+	\$96.91	\$73.32	\$86.30	\$95.83	\$64.05	\$178.39	\$122.10
All Ages	\$90.83	\$67.55	\$79.33	\$89.66	\$59.15	\$170.03	\$109.68
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10B)</b>							
Ages 19-39	\$55.92	\$42.45	\$49.91	\$54.50	\$37.91	\$98.61	\$62.02
Ages 40-64	\$112.89	\$85.13	\$100.30	\$110.96	\$74.87	\$206.17	\$135.70
Ages 65+	\$96.56	\$73.02	\$85.78	\$95.41	\$63.87	\$178.28	\$121.85
All Ages	\$90.28	\$67.09	\$78.47	\$89.02	\$58.86	\$169.87	\$109.27
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-39	\$47.07	\$36.28	\$42.26	\$47.92	\$30.76	\$90.26	\$54.50
Ages 40-64	\$97.92	\$74.61	\$87.01	\$99.56	\$62.94	\$192.39	\$122.83
Ages 65+	\$85.73	\$65.40	\$76.12	\$87.14	\$55.26	\$168.36	\$112.56
All Ages	\$78.49	\$58.94	\$68.08	\$80.12	\$49.46	\$158.86	\$99.17
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-39	\$46.37	\$35.69	\$41.22	\$47.08	\$30.40	\$90.05	\$53.95
Ages 40-64	\$97.33	\$74.11	\$86.13	\$98.86	\$62.64	\$192.21	\$122.39
Ages 65+	\$85.38	\$65.10	\$75.60	\$86.72	\$55.08	\$168.25	\$112.31
All Ages	\$77.94	\$58.47	\$67.22	\$79.48	\$49.17	\$158.70	\$98.76

Exhibit 18B Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including Access Payments SSI Dual Eligible Molina Healthcare							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	3	17	-	3	51	72	146
Ages 40-64	1	17	-	3	62	140	223
Ages 65+	1	6	3	-	54	102	166
All Ages	5	40	3	6	167	314	535
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$53.92	\$40.34	\$48.25	\$52.64	\$35.57	\$96.12	\$66.71
Ages 40-64	\$110.78	\$82.93	\$98.48	\$108.96	\$72.47	\$203.65	\$156.29
Ages 65+	\$94.21	\$70.62	\$83.60	\$93.13	\$61.35	\$175.69	\$132.54
All Ages	\$73.35	\$62.98	\$83.60	\$80.80	\$57.61	\$169.91	\$124.47
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10B)</b>							
Ages 19-39	\$53.22	\$39.75	\$47.21	\$51.80	\$35.21	\$95.91	\$66.38
Ages 40-64	\$110.19	\$82.43	\$97.60	\$108.26	\$72.17	\$203.47	\$156.04
Ages 65+	\$93.86	\$70.32	\$83.08	\$92.71	\$61.17	\$175.58	\$132.39
All Ages	\$72.74	\$62.47	\$83.08	\$80.03	\$57.33	\$169.75	\$124.24
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-39	\$44.37	\$33.58	\$39.56	\$45.22	\$28.06	\$87.56	\$58.73
Ages 40-64	\$95.22	\$71.91	\$84.31	\$96.86	\$60.24	\$189.69	\$143.05
Ages 65+	\$83.03	\$62.70	\$73.42	\$84.44	\$52.56	\$165.66	\$122.98
All Ages	\$62.27	\$54.24	\$73.42	\$71.04	\$47.93	\$158.47	\$113.81
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-39	\$43.67	\$32.99	\$38.52	\$44.38	\$27.70	\$87.35	\$58.40
Ages 40-64	\$94.63	\$71.41	\$83.43	\$96.16	\$59.94	\$189.51	\$142.80
Ages 65+	\$82.68	\$62.40	\$72.90	\$84.02	\$52.38	\$165.55	\$122.83
All Ages	\$61.66	\$53.73	\$72.90	\$70.27	\$47.65	\$158.30	\$113.57

<b>Exhibit 18B</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including Access Payments</b> <b>SSI Dual Eligible</b> <b>Network Health Plan</b>							
<b>August 2016 Membership by Rate Cell</b>	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>	<b>Region 4</b>	<b>Region 5</b>	<b>Region 6</b>	<b>All Regions</b>
Ages 19-39	26	94	23	19	17	46	225
Ages 40-64	40	101	24	7	16	58	246
Ages 65+	30	87	25	13	11	58	224
All Ages	96	282	72	39	44	162	695
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$56.16	\$42.58	\$50.49	\$54.88	\$37.81	\$98.36	\$57.04
Ages 40-64	\$113.02	\$85.17	\$100.72	\$111.20	\$74.71	\$205.89	\$119.74
Ages 65+	\$96.45	\$72.86	\$85.84	\$95.37	\$63.59	\$177.93	\$105.52
All Ages	\$92.44	\$67.18	\$79.51	\$78.49	\$57.67	\$165.35	\$94.86
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10B)</b>							
Ages 19-39	\$55.46	\$41.99	\$49.45	\$54.04	\$37.45	\$98.15	\$56.47
Ages 40-64	\$112.43	\$84.67	\$99.84	\$110.50	\$74.41	\$205.71	\$119.27
Ages 65+	\$96.10	\$72.56	\$85.32	\$94.95	\$63.41	\$177.82	\$105.24
All Ages	\$91.90	\$66.71	\$78.70	\$77.81	\$57.38	\$165.18	\$94.42
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-39	\$46.61	\$35.82	\$41.80	\$47.46	\$30.30	\$89.80	\$49.28
Ages 40-64	\$97.46	\$74.15	\$86.55	\$99.10	\$62.48	\$191.93	\$106.87
Ages 65+	\$85.27	\$64.94	\$75.66	\$86.68	\$54.80	\$167.90	\$96.28
All Ages	\$79.88	\$58.53	\$68.47	\$69.80	\$48.13	\$154.33	\$84.81
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-39	\$45.91	\$35.23	\$40.76	\$46.62	\$29.94	\$89.59	\$48.71
Ages 40-64	\$96.87	\$73.65	\$85.67	\$98.40	\$62.18	\$191.75	\$106.40
Ages 65+	\$84.92	\$64.64	\$75.14	\$86.26	\$54.62	\$167.79	\$96.00
All Ages	\$79.33	\$58.06	\$67.67	\$69.13	\$47.83	\$154.16	\$84.37

Exhibit 18B Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including Access Payments SSI Dual Eligible Trilogy Health Insurance							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	-	3	-	-	1	9	13
Ages 40-64	-	-	-	-	5	6	11
Ages 65+	-	1	-	-	4	7	12
All Ages	-	4	-	-	10	22	36
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$53.86	\$40.28	\$48.19	\$52.58	\$35.51	\$96.06	\$78.53
Ages 40-64	\$110.72	\$82.87	\$98.42	\$108.90	\$72.41	\$203.59	\$143.96
Ages 65+	\$94.15	\$70.56	\$83.54	\$93.07	\$61.29	\$175.63	\$128.76
All Ages	\$0.00	\$47.85	\$0.00	\$0.00	\$64.27	\$150.70	\$115.27
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10B)</b>							
Ages 19-39	\$53.16	\$39.69	\$47.15	\$51.74	\$35.15	\$95.85	\$78.22
Ages 40-64	\$110.13	\$82.37	\$97.54	\$108.20	\$72.11	\$203.41	\$143.73
Ages 65+	\$93.80	\$70.26	\$83.02	\$92.65	\$61.11	\$175.52	\$128.61
All Ages	\$0.00	\$47.33	\$0.00	\$0.00	\$64.01	\$150.53	\$115.03
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-39	\$44.31	\$33.52	\$39.50	\$45.16	\$28.00	\$87.50	\$70.47
Ages 40-64	\$95.16	\$71.85	\$84.25	\$96.80	\$60.18	\$189.63	\$130.79
Ages 65+	\$82.97	\$62.64	\$73.36	\$84.38	\$52.50	\$165.60	\$119.32
All Ages	\$0.00	\$40.80	\$0.00	\$0.00	\$53.89	\$140.20	\$105.18
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-39	\$43.61	\$32.93	\$38.46	\$44.32	\$27.64	\$87.29	\$70.16
Ages 40-64	\$94.57	\$71.35	\$83.37	\$96.10	\$59.88	\$189.45	\$130.55
Ages 65+	\$82.62	\$62.34	\$72.84	\$83.96	\$52.32	\$165.49	\$119.17
All Ages	\$0.00	\$40.28	\$0.00	\$0.00	\$53.63	\$140.03	\$104.95

Exhibit 18B Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including Access Payments SSI Dual Eligible Unitedhealthcare Community Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-39	50	303	26	22	224	405	1,030
Ages 40-64	71	334	30	29	315	867	1,646
Ages 65+	61	256	13	27	246	731	1,334
All Ages	182	893	69	78	785	2,003	4,010
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-39	\$53.91	\$40.33	\$48.24	\$52.63	\$35.56	\$96.11	\$62.35
Ages 40-64	\$110.77	\$82.92	\$98.47	\$108.95	\$72.46	\$203.64	\$146.45
Ages 65+	\$94.20	\$70.61	\$83.59	\$93.12	\$61.34	\$175.68	\$128.14
All Ages	\$89.60	\$64.94	\$76.74	\$87.59	\$58.45	\$171.69	\$118.75
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 10B)</b>							
Ages 19-39	\$53.21	\$39.74	\$47.20	\$51.79	\$35.20	\$95.90	\$61.93
Ages 40-64	\$110.18	\$82.42	\$97.59	\$108.25	\$72.16	\$203.46	\$146.14
Ages 65+	\$93.85	\$70.31	\$83.07	\$92.70	\$61.16	\$175.57	\$127.96
All Ages	\$89.06	\$64.47	\$75.87	\$86.94	\$58.17	\$171.53	\$118.46
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-39	\$44.36	\$33.57	\$39.55	\$45.21	\$28.05	\$87.55	\$54.52
Ages 40-64	\$95.21	\$71.90	\$84.30	\$96.85	\$60.23	\$189.68	\$133.38
Ages 65+	\$83.02	\$62.69	\$73.41	\$84.43	\$52.55	\$165.65	\$118.71
All Ages	\$77.15	\$56.25	\$65.39	\$77.99	\$48.64	\$160.26	\$108.24
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-39	\$43.66	\$32.98	\$38.51	\$44.37	\$27.69	\$87.34	\$54.11
Ages 40-64	\$94.62	\$71.40	\$83.42	\$96.15	\$59.93	\$189.50	\$133.07
Ages 65+	\$82.67	\$62.39	\$72.89	\$84.01	\$52.37	\$165.54	\$118.53
All Ages	\$76.61	\$55.78	\$64.51	\$77.34	\$48.36	\$160.10	\$107.95

**C. MAPP Medicaid Only Rate Exhibits**

Exhibit 18C Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including P4P and Access Payments MAPP Medicaid Only New HMOs							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
All Ages	28	47	16	28	55	85	259
<b>2017 All Services Capitation Rate PMPM</b>							
All Ages	\$1,094.70	\$1,148.90	\$1,160.33	\$1,169.35	\$1,214.20	\$1,192.51	\$1,174.14
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>							
All Ages	\$1,091.21	\$1,145.41	\$1,156.84	\$1,165.86	\$1,210.71	\$1,189.02	\$1,170.65
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>							
All Ages	\$1,078.81	\$1,133.01	\$1,144.44	\$1,153.46	\$1,198.31	\$1,176.62	\$1,158.25
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6C)</b>							
All Ages	\$1,075.32	\$1,129.52	\$1,140.95	\$1,149.97	\$1,194.82	\$1,173.13	\$1,154.76



<b>Exhibit 18C</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including P4P and Access Payments</b> <b>MAPP Medicaid Only</b> <b>Anthem Blue Cross Blue Shield</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	21
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$1,195.07
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$1,191.58
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$1,179.18
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6C)</b>	
All Ages	\$1,175.69

<b>Exhibit 18C</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including P4P and Access Payments</b> <b>MAPP Medicaid Only</b> <b>Care Wisconsin Health Plan</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	16
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$1,189.01
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$1,185.52
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$1,173.12
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6C)</b>	
All Ages	\$1,169.63

<b>Exhibit 18C</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including P4P and Access Payments</b> <b>MAPP Medicaid Only</b> <b>Compcare</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	3
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$1,137.20
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$1,133.71
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$1,121.31
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6C)</b>	
All Ages	\$1,117.82

<b>Exhibit 18C</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including P4P and Access Payments</b> <b>MAPP Medicaid Only</b> <b>Group Health Coop Eau Claire</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	17
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$1,126.99
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$1,123.50
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$1,111.10
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6C)</b>	
All Ages	\$1,107.61

<b>Exhibit 18C</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including P4P and Access Payments</b> <b>MAPP Medicaid Only</b> <b>Independent Care (ICare)</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	19
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$1,192.95
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$1,189.46
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$1,177.06
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6C)</b>	
All Ages	\$1,173.57

<b>Exhibit 18C</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including P4P and Access Payments</b> <b>MAPP Medicaid Only</b> <b>MHS Health Wisconsin</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	17
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$1,150.66
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$1,147.17
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$1,134.77
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6C)</b>	
All Ages	\$1,131.28

<b>Exhibit 18C</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including P4P and Access Payments</b> <b>MAPP Medicaid Only</b> <b>Molina Healthcare</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	11
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$1,166.64
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$1,163.15
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$1,150.75
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6C)</b>	
All Ages	\$1,147.26

<b>Exhibit 18C</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including P4P and Access Payments</b> <b>MAPP Medicaid Only</b> <b>Network Health Plan</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	13
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$1,154.64
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$1,151.15
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$1,138.75
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6C)</b>	
All Ages	\$1,135.26

<b>Exhibit 18C</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including P4P and Access Payments</b> <b>MAPP Medicaid Only</b> <b>Trilogy Health Insurance</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	3
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$1,179.60
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$1,176.11
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$1,163.71
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6C)</b>	
All Ages	\$1,160.22

<b>Exhibit 18C</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including P4P and Access Payments</b> <b>MAPP Medicaid Only</b> <b>Unitedhealthcare Community Plan</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	139
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$1,183.60
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$1,180.11
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$1,167.71
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6C)</b>	
All Ages	\$1,164.22

**D. MAPP Dual Eligible Rate Exhibits**

Exhibit 18D Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including Access Payments MAPP Dual Eligible New HMOs							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
All Ages	104	260	101	166	472	1147	2,250
<b>2017 All Services Capitation Rate PMPM</b>							
All Ages	\$155.30	\$149.01	\$154.69	\$148.88	\$148.95	\$148.95	\$149.50
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>							
All Ages	\$155.04	\$148.75	\$154.43	\$148.62	\$148.69	\$148.69	\$149.24
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>							
All Ages	\$138.01	\$131.72	\$137.40	\$131.59	\$131.66	\$131.66	\$132.21
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6D)</b>							
All Ages	\$137.75	\$131.46	\$137.14	\$131.33	\$131.40	\$131.40	\$131.95

Exhibit 18D Wisconsin Department of Health Services 2017 SSI Capitation Rate Development Final Capitation Rates Including Access Payments MAPP Dual Eligible Anthem Blue Cross Blue Shield	
August 2016 Membership by Rate Cell	All Regions
All Ages	40
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$149.03
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$148.77
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$131.74
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6D)</b>	
All Ages	\$131.48

<b>Exhibitt 18D</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including Access Payments</b> <b>MAPP Dual Eligible</b> <b>Care Wisconsin Health Plan</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	17
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$149.00
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$148.74
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$131.71
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6D)</b>	
All Ages	\$131.45

<b>Exhibitt 18D</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including Access Payments</b> <b>MAPP Dual Eligible</b> <b>Compcare</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	12
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$154.32
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$154.06
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$137.03
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6D)</b>	
All Ages	\$136.77

<b>Exhibitt 18D</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including Access Payments</b> <b>MAPP Dual Eligible</b> <b>Group Health Coop Eau Claire</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	89
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$153.48
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$153.22
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$136.19
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6D)</b>	
All Ages	\$135.93

<b>Exhibitt 18D</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including Access Payments</b> <b>MAPP Dual Eligible</b> <b>Independent Care (ICare)</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	681
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$148.92
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$148.66
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$131.63
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6D)</b>	
All Ages	\$131.37



<b>Exhibitt 18D</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including Access Payments</b> <b>MAPP Dual Eligible</b> <b>MHS Health Wisconsin</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	131
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$151.73
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$151.47
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$134.44
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6D)</b>	
All Ages	\$134.18

<b>Exhibitt 18D</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including Access Payments</b> <b>MAPP Dual Eligible</b> <b>Molina Healthcare</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	86
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$149.03
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$148.77
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$131.74
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6D)</b>	
All Ages	\$131.48

<b>Exhibitt 18D</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including Access Payments</b> <b>MAPP Dual Eligible</b> <b>Network Health Plan</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	96
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$151.27
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$151.01
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$133.98
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6D)</b>	
All Ages	\$133.72

<b>Exhibitt 18D</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including Access Payments</b> <b>MAPP Dual Eligible</b> <b>Trilogy Health Insurance</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	6
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$148.97
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$148.71
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$131.68
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6D)</b>	
All Ages	\$131.42

<b>Exhibit 18D</b> <b>Wisconsin Department of Health Services</b> <b>2017 SSI Capitation Rate Development</b> <b>Final Capitation Rates Including Access Payments</b> <b>MAPP Dual Eligible</b> <b>Unitedhealthcare Community Plan</b>	
<b>August 2016 Membership by Rate Cell</b>	<b>All Regions</b>
All Ages	1,092
<b>2017 All Services Capitation Rate PMPM</b>	
All Ages	\$149.02
<b>2017 Medical &amp; Dental Capitation Rate PMPM</b>	
All Ages	\$148.76
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM</b>	
All Ages	\$131.73
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6D)</b>	
All Ages	\$131.47

**E. BadgerCare Plus Standard Rate Exhibits**

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard New HMOs							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	3,993	5,445	3,405	5,271	3,555	8,873	30,542
Ages 1-14	42,058	55,686	34,374	56,647	39,137	94,112	322,014
Ages 15-20	10,182	12,531	8,025	12,723	9,479	21,676	74,616
Ages 21-44	18,995	23,866	15,593	23,204	16,372	39,331	137,361
Ages 45+	3,563	3,978	2,771	3,940	3,023	5,615	22,890
All Ages	78,791	101,506	64,168	101,785	71,566	169,607	587,423
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$476.57	\$428.92	\$446.14	\$444.53	\$464.08	\$496.37	\$463.45
Ages 1-14	\$118.48	\$120.11	\$128.15	\$123.10	\$139.42	\$144.69	\$130.81
Ages 15-20	\$160.26	\$155.87	\$165.43	\$160.11	\$176.52	\$184.36	\$169.12
Ages 21-44	\$244.19	\$228.04	\$241.25	\$235.30	\$250.95	\$264.56	\$246.19
Ages 45+	\$334.32	\$304.59	\$321.28	\$314.86	\$330.87	\$350.20	\$327.66
All Ages	\$182.09	\$173.70	\$185.51	\$177.37	\$194.06	\$202.76	\$187.62
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$474.16	\$427.07	\$443.56	\$442.95	\$463.05	\$496.09	\$462.04
Ages 1-14	\$116.89	\$118.89	\$126.45	\$122.06	\$138.74	\$144.50	\$129.89
Ages 15-20	\$157.41	\$153.68	\$162.38	\$158.25	\$175.31	\$184.03	\$167.47
Ages 21-44	\$237.63	\$223.00	\$234.24	\$231.02	\$248.16	\$263.79	\$242.33
Ages 45+	\$326.68	\$298.72	\$313.12	\$309.87	\$327.62	\$349.30	\$322.96
All Ages	\$178.83	\$171.24	\$182.02	\$175.31	\$192.70	\$202.39	\$185.75
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$476.37	\$428.78	\$445.96	\$444.39	\$463.94	\$496.25	\$463.30
Ages 1-14	\$100.44	\$108.16	\$112.91	\$110.83	\$127.49	\$134.13	\$118.07
Ages 15-20	\$143.34	\$144.65	\$151.13	\$148.61	\$165.32	\$174.45	\$157.13
Ages 21-44	\$232.29	\$220.22	\$230.58	\$226.72	\$243.29	\$257.17	\$237.49
Ages 45+	\$321.13	\$295.92	\$309.45	\$305.34	\$322.38	\$342.01	\$317.90
All Ages	\$166.80	\$163.57	\$172.44	\$166.77	\$183.94	\$193.64	\$176.69
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$473.96	\$426.93	\$443.38	\$442.81	\$462.91	\$495.97	\$461.90
Ages 1-14	\$98.85	\$106.94	\$111.21	\$109.79	\$126.81	\$133.94	\$117.15
Ages 15-20	\$140.49	\$142.46	\$148.08	\$146.75	\$164.11	\$174.12	\$155.47
Ages 21-44	\$225.73	\$215.18	\$223.57	\$222.44	\$240.50	\$256.40	\$233.64
Ages 45+	\$313.49	\$290.05	\$301.29	\$300.35	\$319.13	\$341.11	\$313.20
All Ages	\$163.54	\$161.12	\$168.96	\$164.71	\$182.58	\$193.27	\$174.82
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	2,446	3,340	2,134	3,186	2,289	6,466	19,861
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,472.62

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Anthem Blue Cross Blue Shield							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	12	444	16	135	685	1,347	2,639
Ages 1-14	73	2,499	86	961	7,529	13,993	25,141
Ages 15-20	20	477	21	203	1,989	3,531	6,241
Ages 21-44	48	1,344	47	471	3,414	6,393	11,717
Ages 45+	8	140	9	78	698	988	1,921
All Ages	161	4,904	179	1,848	14,315	26,252	47,659
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$512.49	\$447.39	\$462.40	\$462.36	\$465.42	\$494.98	\$477.51
Ages 1-14	\$154.40	\$137.07	\$144.41	\$140.52	\$140.58	\$141.34	\$140.71
Ages 15-20	\$196.18	\$164.84	\$181.69	\$170.94	\$175.54	\$177.13	\$175.56
Ages 21-44	\$280.11	\$249.35	\$257.51	\$243.76	\$261.75	\$268.08	\$263.12
Ages 45+	\$370.24	\$310.88	\$337.54	\$332.69	\$337.58	\$360.94	\$347.59
All Ages	\$234.48	\$203.60	\$216.61	\$201.80	\$199.49	\$203.43	\$202.35
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$510.08	\$445.54	\$459.82	\$460.78	\$464.39	\$494.70	\$476.68
Ages 1-14	\$152.81	\$135.85	\$142.71	\$139.48	\$139.90	\$141.15	\$140.22
Ages 15-20	\$193.33	\$162.65	\$178.64	\$169.08	\$174.33	\$176.80	\$174.74
Ages 21-44	\$273.55	\$244.31	\$250.50	\$239.48	\$258.96	\$267.31	\$261.08
Ages 45+	\$362.60	\$305.01	\$329.38	\$327.70	\$334.33	\$360.04	\$345.24
All Ages	\$230.89	\$201.05	\$212.96	\$199.63	\$198.09	\$203.05	\$201.35
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$512.29	\$447.25	\$462.22	\$462.22	\$465.28	\$494.86	\$477.38
Ages 1-14	\$136.36	\$125.12	\$129.17	\$128.25	\$128.65	\$130.78	\$129.49
Ages 15-20	\$179.26	\$153.62	\$167.39	\$159.44	\$164.34	\$167.22	\$165.05
Ages 21-44	\$268.21	\$241.53	\$246.84	\$235.18	\$254.09	\$260.69	\$255.52
Ages 45+	\$357.05	\$302.21	\$325.71	\$323.17	\$329.09	\$352.75	\$339.16
All Ages	\$219.98	\$194.02	\$204.20	\$191.55	\$189.41	\$194.35	\$192.85
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$509.88	\$445.40	\$459.64	\$460.64	\$464.25	\$494.58	\$476.55
Ages 1-14	\$134.77	\$123.90	\$127.47	\$127.21	\$127.97	\$130.59	\$129.01
Ages 15-20	\$176.41	\$151.43	\$164.34	\$157.58	\$163.13	\$166.89	\$164.23
Ages 21-44	\$261.65	\$236.49	\$239.83	\$230.90	\$251.30	\$259.92	\$253.48
Ages 45+	\$349.41	\$296.34	\$317.55	\$318.18	\$325.84	\$351.85	\$336.82
All Ages	\$216.39	\$191.47	\$200.55	\$189.39	\$188.01	\$193.97	\$191.85
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	5	195	3	62	440	1,032	1,737
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,445.09

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Childrens Comm Health Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	1	267	-	95	1,224	3,753	5,340
Ages 1-14	-	1,668	-	1,409	17,272	48,996	69,345
Ages 15-20	-	336	-	267	4,055	10,880	15,538
Ages 21-44	-	711	-	432	6,444	18,308	25,895
Ages 45+	-	114	-	92	1,231	2,689	4,126
All Ages	1	3,096	-	2,295	30,226	84,626	120,244
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$503.99	\$438.89	\$453.90	\$453.86	\$456.92	\$486.48	\$476.75
Ages 1-14	\$145.90	\$127.24	\$135.91	\$127.67	\$135.25	\$136.82	\$136.01
Ages 15-20	\$187.68	\$163.17	\$173.19	\$179.80	\$175.56	\$177.39	\$176.65
Ages 21-44	\$271.61	\$212.16	\$249.01	\$259.38	\$248.17	\$261.09	\$256.50
Ages 45+	\$361.74	\$293.13	\$329.04	\$357.90	\$327.80	\$338.11	\$334.23
All Ages	\$503.99	\$183.63	\$0.00	\$181.26	\$185.60	\$190.82	\$189.14
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$501.58	\$437.04	\$451.32	\$452.28	\$455.89	\$486.20	\$476.19
Ages 1-14	\$144.31	\$126.02	\$134.21	\$126.63	\$134.57	\$136.63	\$135.66
Ages 15-20	\$184.83	\$160.98	\$170.14	\$177.94	\$174.35	\$177.06	\$176.02
Ages 21-44	\$265.05	\$207.12	\$242.00	\$255.10	\$245.38	\$260.32	\$255.05
Ages 45+	\$354.10	\$287.26	\$320.88	\$352.91	\$324.55	\$337.21	\$332.40
All Ages	\$501.58	\$181.20	\$0.00	\$179.33	\$184.28	\$190.46	\$188.46
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$503.79	\$438.75	\$453.72	\$453.72	\$456.78	\$486.36	\$476.62
Ages 1-14	\$127.86	\$115.29	\$120.67	\$115.40	\$123.32	\$126.26	\$125.04
Ages 15-20	\$170.76	\$151.95	\$158.89	\$168.30	\$164.36	\$167.48	\$166.34
Ages 21-44	\$259.71	\$204.34	\$238.34	\$250.80	\$240.51	\$253.70	\$249.01
Ages 45+	\$348.55	\$284.46	\$317.21	\$348.38	\$319.31	\$329.92	\$325.91
All Ages	\$503.79	\$173.84	\$0.00	\$170.39	\$175.30	\$181.57	\$179.58
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$501.38	\$436.90	\$451.14	\$452.14	\$455.75	\$486.08	\$476.07
Ages 1-14	\$126.27	\$114.07	\$118.97	\$114.36	\$122.64	\$126.07	\$124.69
Ages 15-20	\$167.91	\$149.76	\$155.84	\$166.44	\$163.15	\$167.15	\$165.72
Ages 21-44	\$253.15	\$199.30	\$231.33	\$246.52	\$237.72	\$252.93	\$247.57
Ages 45+	\$340.91	\$278.59	\$309.05	\$343.39	\$316.06	\$329.02	\$324.08
All Ages	\$501.38	\$171.42	\$0.00	\$168.46	\$173.98	\$181.21	\$178.90
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	3	144	4	163	789	2,667	3,770
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,530.89

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard CompCare							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	529	-	205	152	-	-	886
Ages 1-14	5,631	4	2,261	1,697	2	-	9,595
Ages 15-20	1,428	-	534	357	-	-	2,319
Ages 21-44	2,702	2	1,112	673	1	-	4,490
Ages 45+	441	-	182	119	-	-	742
All Ages	10,731	6	4,294	2,998	3	-	18,032
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$475.40	\$410.30	\$425.31	\$425.27	\$428.33	\$457.89	\$455.21
Ages 1-14	\$115.68	\$101.49	\$104.31	\$104.77	\$103.67	\$106.21	\$111.06
Ages 15-20	\$159.52	\$137.25	\$145.65	\$138.26	\$140.77	\$145.88	\$153.05
Ages 21-44	\$239.70	\$209.42	\$212.63	\$200.07	\$215.20	\$226.08	\$227.04
Ages 45+	\$326.87	\$285.97	\$301.97	\$277.60	\$295.12	\$311.72	\$312.86
All Ages	\$179.15	\$137.47	\$161.20	\$153.26	\$140.85	\$0.00	\$170.55
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$472.99	\$408.45	\$422.73	\$423.69	\$427.30	\$457.61	\$452.90
Ages 1-14	\$114.09	\$100.27	\$102.61	\$103.73	\$102.99	\$106.02	\$109.54
Ages 15-20	\$156.67	\$135.06	\$142.60	\$136.40	\$139.56	\$145.55	\$150.31
Ages 21-44	\$233.14	\$204.38	\$205.62	\$195.79	\$212.41	\$225.31	\$220.71
Ages 45+	\$319.23	\$280.10	\$293.81	\$272.61	\$291.87	\$310.82	\$305.52
All Ages	\$175.86	\$134.97	\$157.65	\$151.21	\$139.46	\$0.00	\$167.40
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$475.20	\$410.16	\$425.13	\$425.13	\$428.19	\$457.77	\$455.03
Ages 1-14	\$97.64	\$89.54	\$89.07	\$92.50	\$91.74	\$95.65	\$94.71
Ages 15-20	\$142.60	\$126.03	\$131.35	\$126.76	\$129.57	\$135.97	\$137.57
Ages 21-44	\$227.80	\$201.60	\$201.96	\$191.49	\$207.54	\$218.69	\$215.94
Ages 45+	\$313.68	\$277.30	\$290.14	\$268.08	\$286.63	\$303.53	\$300.59
All Ages	\$163.89	\$126.89	\$148.13	\$142.64	\$130.34	\$0.00	\$156.58
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$472.79	\$408.31	\$422.55	\$423.55	\$427.16	\$457.49	\$452.72
Ages 1-14	\$96.05	\$88.32	\$87.37	\$91.46	\$91.06	\$95.46	\$93.19
Ages 15-20	\$139.75	\$123.84	\$128.30	\$124.90	\$128.36	\$135.64	\$134.83
Ages 21-44	\$221.24	\$196.56	\$194.95	\$187.21	\$204.75	\$217.92	\$209.61
Ages 45+	\$306.04	\$271.43	\$281.98	\$263.09	\$283.38	\$302.63	\$293.25
All Ages	\$160.59	\$124.40	\$144.57	\$140.59	\$128.96	\$0.00	\$153.43
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	353	0	141	121	0	1	616
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$6,076.87

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Dean Health Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	-	-	47	1,833	-	-	1,880
Ages 1-14	1	3	467	20,285	-	-	20,756
Ages 15-20	-	1	77	4,457	-	-	4,535
Ages 21-44	1	1	246	8,217	-	-	8,465
Ages 45+	-	1	37	1,351	-	-	1,389
All Ages	2	6	874	36,143	-	-	37,025
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$490.67	\$425.57	\$440.58	\$440.54	\$443.60	\$473.16	\$440.54
Ages 1-14	\$132.58	\$116.76	\$127.97	\$118.53	\$118.94	\$121.48	\$118.74
Ages 15-20	\$174.36	\$152.52	\$174.80	\$159.29	\$156.04	\$161.15	\$159.55
Ages 21-44	\$258.29	\$224.69	\$270.14	\$235.13	\$230.47	\$241.35	\$236.15
Ages 45+	\$348.42	\$301.24	\$315.72	\$311.63	\$310.39	\$326.99	\$311.73
All Ages	\$195.44	\$171.46	\$196.87	\$173.61	\$0.00	\$0.00	\$174.16
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$488.26	\$423.72	\$438.00	\$438.96	\$442.57	\$472.88	\$438.94
Ages 1-14	\$130.99	\$115.54	\$126.27	\$117.49	\$118.26	\$121.29	\$117.69
Ages 15-20	\$171.51	\$150.33	\$171.75	\$157.43	\$154.83	\$160.82	\$157.67
Ages 21-44	\$251.73	\$219.65	\$263.13	\$230.85	\$227.68	\$240.58	\$231.79
Ages 45+	\$340.78	\$295.37	\$307.56	\$306.64	\$307.14	\$326.09	\$306.66
All Ages	\$191.36	\$168.66	\$193.24	\$171.56	\$0.00	\$0.00	\$172.07
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$490.47	\$425.43	\$440.40	\$440.40	\$443.46	\$473.04	\$440.40
Ages 1-14	\$114.54	\$104.81	\$112.73	\$106.26	\$107.01	\$110.92	\$106.41
Ages 15-20	\$157.44	\$141.30	\$160.50	\$147.79	\$144.84	\$151.24	\$148.00
Ages 21-44	\$246.39	\$216.87	\$259.47	\$226.55	\$222.81	\$233.96	\$227.51
Ages 45+	\$335.23	\$292.57	\$303.89	\$302.11	\$301.90	\$318.80	\$302.15
All Ages	\$180.47	\$160.86	\$183.95	\$163.00	\$0.00	\$0.00	\$163.49
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$488.06	\$423.58	\$437.82	\$438.82	\$442.43	\$472.76	\$438.80
Ages 1-14	\$112.95	\$103.59	\$111.03	\$105.22	\$106.33	\$110.73	\$105.35
Ages 15-20	\$154.59	\$139.11	\$157.45	\$145.93	\$143.63	\$150.91	\$146.12
Ages 21-44	\$239.83	\$211.83	\$252.46	\$222.27	\$220.02	\$233.19	\$223.15
Ages 45+	\$327.59	\$286.70	\$295.73	\$297.12	\$298.65	\$317.90	\$297.08
All Ages	\$176.39	\$158.07	\$180.32	\$160.94	\$0.00	\$0.00	\$161.40
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	1	5	24	1,139	1	2	1,172
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,081.30



Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Group Health Coop Eau Claire							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	999	1	568	181	-	-	1,749
Ages 1-14	10,407	-	5,489	1,682	2	-	17,580
Ages 15-20	2,496	-	1,138	342	-	1	3,977
Ages 21-44	4,776	-	2,568	743	2	-	8,089
Ages 45+	844	-	377	131	-	-	1,352
All Ages	19,522	1	10,140	3,079	4	1	32,747
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$480.95	\$415.85	\$430.86	\$430.82	\$433.88	\$463.44	\$459.46
Ages 1-14	\$122.53	\$107.04	\$110.50	\$105.04	\$109.22	\$111.76	\$117.10
Ages 15-20	\$161.94	\$142.80	\$153.21	\$135.46	\$146.32	\$151.43	\$157.16
Ages 21-44	\$239.58	\$214.97	\$221.64	\$209.44	\$220.75	\$231.63	\$231.11
Ages 45+	\$320.71	\$291.52	\$306.76	\$256.79	\$300.67	\$317.27	\$310.63
All Ages	\$183.11	\$415.85	\$168.68	\$159.22	\$164.99	\$151.43	\$176.40
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$478.54	\$414.00	\$428.28	\$429.24	\$432.85	\$463.16	\$457.08
Ages 1-14	\$120.94	\$105.82	\$108.80	\$104.00	\$108.54	\$111.57	\$115.53
Ages 15-20	\$159.09	\$140.61	\$150.16	\$133.60	\$145.11	\$151.10	\$154.34
Ages 21-44	\$233.02	\$209.93	\$214.63	\$205.16	\$217.96	\$230.86	\$224.62
Ages 45+	\$313.07	\$285.65	\$298.60	\$251.80	\$297.42	\$316.37	\$303.10
All Ages	\$179.84	\$414.00	\$165.20	\$157.11	\$163.25	\$151.10	\$173.17
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$480.75	\$415.71	\$430.68	\$430.68	\$433.74	\$463.32	\$459.27
Ages 1-14	\$104.49	\$95.09	\$95.26	\$92.77	\$97.29	\$101.20	\$100.49
Ages 15-20	\$145.02	\$131.58	\$138.91	\$123.96	\$135.12	\$141.52	\$141.46
Ages 21-44	\$227.68	\$207.15	\$210.97	\$200.86	\$213.09	\$224.24	\$219.91
Ages 45+	\$307.52	\$282.85	\$294.93	\$247.27	\$292.18	\$309.08	\$298.17
All Ages	\$167.84	\$415.71	\$155.68	\$148.76	\$155.19	\$141.52	\$162.29
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$478.34	\$413.86	\$428.10	\$429.10	\$432.71	\$463.04	\$456.89
Ages 1-14	\$102.90	\$93.87	\$93.56	\$91.73	\$96.61	\$101.01	\$98.91
Ages 15-20	\$142.17	\$129.39	\$135.86	\$122.10	\$133.91	\$141.19	\$138.64
Ages 21-44	\$221.12	\$202.11	\$203.96	\$196.58	\$210.30	\$223.47	\$213.42
Ages 45+	\$299.88	\$276.98	\$286.77	\$242.28	\$288.93	\$308.18	\$290.64
All Ages	\$164.57	\$413.86	\$152.19	\$146.64	\$153.46	\$141.19	\$159.06
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	576	2	328	107	0	0	1,013
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$6,105.35

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Group Health Coop SC WI							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	-	1	-	203	-	-	204
Ages 1-14	-	1	-	2,070	-	-	2,071
Ages 15-20	-	-	-	518	-	-	518
Ages 21-44	-	-	-	840	-	-	840
Ages 45+	-	-	-	150	-	-	150
All Ages	-	2	-	3,781	-	-	3,783
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$480.67	\$415.57	\$430.58	\$430.54	\$433.60	\$463.16	\$430.47
Ages 1-14	\$122.58	\$106.76	\$112.59	\$109.57	\$108.94	\$111.48	\$109.57
Ages 15-20	\$164.36	\$142.52	\$149.87	\$131.92	\$146.04	\$151.15	\$131.92
Ages 21-44	\$248.29	\$214.69	\$225.69	\$223.91	\$220.47	\$231.35	\$223.91
Ages 45+	\$338.42	\$291.24	\$305.72	\$302.14	\$300.39	\$316.99	\$302.14
All Ages	\$0.00	\$261.17	\$0.00	\$162.91	\$0.00	\$0.00	\$162.96
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$478.26	\$413.72	\$428.00	\$428.96	\$432.57	\$462.88	\$428.89
Ages 1-14	\$120.99	\$105.54	\$110.89	\$108.53	\$108.26	\$111.29	\$108.53
Ages 15-20	\$161.51	\$140.33	\$146.82	\$130.06	\$144.83	\$150.82	\$130.06
Ages 21-44	\$241.73	\$209.65	\$218.68	\$219.63	\$217.68	\$230.58	\$219.63
Ages 45+	\$330.78	\$285.37	\$297.56	\$297.15	\$297.14	\$316.09	\$297.15
All Ages	\$0.00	\$259.63	\$0.00	\$160.85	\$0.00	\$0.00	\$160.90
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$480.47	\$415.43	\$430.40	\$430.40	\$433.46	\$463.04	\$430.33
Ages 1-14	\$104.54	\$94.81	\$97.35	\$97.30	\$97.01	\$100.92	\$97.30
Ages 15-20	\$147.44	\$131.30	\$135.57	\$120.42	\$134.84	\$141.24	\$120.42
Ages 21-44	\$236.39	\$206.87	\$215.02	\$215.33	\$212.81	\$223.96	\$215.33
Ages 45+	\$325.23	\$282.57	\$293.89	\$292.62	\$291.90	\$308.80	\$292.62
All Ages	\$0.00	\$255.12	\$0.00	\$152.32	\$0.00	\$0.00	\$152.38
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$478.06	\$413.58	\$427.82	\$428.82	\$432.43	\$462.76	\$428.75
Ages 1-14	\$102.95	\$93.59	\$95.65	\$96.26	\$96.33	\$100.73	\$96.26
Ages 15-20	\$144.59	\$129.11	\$132.52	\$118.56	\$133.63	\$140.91	\$118.56
Ages 21-44	\$229.83	\$201.83	\$208.01	\$211.05	\$210.02	\$223.19	\$211.05
Ages 45+	\$317.59	\$276.70	\$285.73	\$287.63	\$288.65	\$307.90	\$287.63
All Ages	\$0.00	\$253.59	\$0.00	\$150.26	\$0.00	\$0.00	\$150.32
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	0	0	0	0	0	0	0
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$0.00

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Gunderson Lutheran Health							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	-	-	721	24	-	-	745
Ages 1-14	-	-	7,478	278	-	-	7,756
Ages 15-20	-	-	1,741	57	-	-	1,798
Ages 21-44	-	-	3,322	156	-	-	3,478
Ages 45+	-	-	621	27	-	-	648
All Ages	-	-	13,883	542	-	-	14,425
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$512.16	\$447.06	\$462.07	\$462.03	\$465.09	\$494.65	\$462.07
Ages 1-14	\$154.07	\$138.25	\$145.30	\$142.46	\$140.43	\$142.97	\$145.20
Ages 15-20	\$195.85	\$174.01	\$178.58	\$177.61	\$177.53	\$182.64	\$178.55
Ages 21-44	\$279.78	\$246.18	\$253.72	\$221.56	\$251.96	\$262.84	\$252.28
Ages 45+	\$369.91	\$322.73	\$313.95	\$332.36	\$331.88	\$348.48	\$314.72
All Ages	\$0.00	\$0.00	\$199.41	\$192.53	\$0.00	\$0.00	\$199.15
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$509.75	\$445.21	\$459.49	\$460.45	\$464.06	\$494.37	\$459.52
Ages 1-14	\$152.48	\$137.03	\$143.60	\$141.42	\$139.75	\$142.78	\$143.52
Ages 15-20	\$193.00	\$171.82	\$175.53	\$175.75	\$176.32	\$182.31	\$175.54
Ages 21-44	\$273.22	\$241.14	\$246.71	\$217.28	\$249.17	\$262.07	\$245.39
Ages 45+	\$362.27	\$316.86	\$305.79	\$327.37	\$328.63	\$347.58	\$306.69
All Ages	\$0.00	\$0.00	\$195.94	\$190.25	\$0.00	\$0.00	\$195.72
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$511.96	\$446.92	\$461.89	\$461.89	\$464.95	\$494.53	\$461.89
Ages 1-14	\$136.03	\$126.30	\$130.06	\$130.19	\$128.50	\$132.41	\$130.06
Ages 15-20	\$178.93	\$162.79	\$164.28	\$166.11	\$166.33	\$172.73	\$164.34
Ages 21-44	\$267.88	\$238.36	\$243.05	\$212.98	\$244.30	\$255.45	\$241.70
Ages 45+	\$356.72	\$314.06	\$302.12	\$322.84	\$323.39	\$340.29	\$302.98
All Ages	\$0.00	\$0.00	\$186.32	\$182.08	\$0.00	\$0.00	\$186.16
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$509.55	\$445.07	\$459.31	\$460.31	\$463.92	\$494.25	\$459.34
Ages 1-14	\$134.44	\$125.08	\$128.36	\$129.15	\$127.82	\$132.22	\$128.39
Ages 15-20	\$176.08	\$160.60	\$161.23	\$164.25	\$165.12	\$172.40	\$161.33
Ages 21-44	\$261.32	\$233.32	\$236.04	\$208.70	\$241.51	\$254.68	\$234.81
Ages 45+	\$349.08	\$308.19	\$293.96	\$317.85	\$320.14	\$339.39	\$294.96
All Ages	\$0.00	\$0.00	\$182.84	\$179.80	\$0.00	\$0.00	\$182.73
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	0	1	487	15	0	0	503
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,451.49

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Health Tradition Health Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	-	-	432	9	-	-	441
Ages 1-14	-	-	4,131	67	-	-	4,198
Ages 15-20	-	-	916	12	-	-	928
Ages 21-44	-	-	1,701	37	-	-	1,738
Ages 45+	-	-	323	5	-	-	328
All Ages	-	-	7,503	130	-	-	7,633
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$472.13	\$407.03	\$422.04	\$422.00	\$425.06	\$454.62	\$422.04
Ages 1-14	\$114.04	\$98.22	\$98.61	\$89.54	\$100.40	\$102.94	\$98.47
Ages 15-20	\$155.82	\$133.98	\$131.09	\$137.58	\$137.50	\$142.61	\$131.17
Ages 21-44	\$239.75	\$206.15	\$209.71	\$212.77	\$211.93	\$222.81	\$209.78
Ages 45+	\$329.88	\$282.70	\$300.47	\$292.33	\$291.85	\$308.45	\$300.35
All Ages	\$0.00	\$0.00	\$155.07	\$159.86	\$0.00	\$0.00	\$155.16
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$469.72	\$405.18	\$419.46	\$420.42	\$424.03	\$454.34	\$419.48
Ages 1-14	\$112.45	\$97.00	\$96.91	\$88.50	\$99.72	\$102.75	\$96.78
Ages 15-20	\$152.97	\$131.79	\$128.04	\$135.72	\$136.29	\$142.28	\$128.14
Ages 21-44	\$233.19	\$201.11	\$202.70	\$208.49	\$209.14	\$222.04	\$202.82
Ages 45+	\$322.24	\$276.83	\$292.31	\$287.34	\$288.60	\$307.55	\$292.23
All Ages	\$0.00	\$0.00	\$151.68	\$157.64	\$0.00	\$0.00	\$151.78
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$471.93	\$406.89	\$421.86	\$421.86	\$424.92	\$454.50	\$421.86
Ages 1-14	\$96.00	\$86.27	\$83.37	\$77.27	\$88.47	\$92.38	\$83.27
Ages 15-20	\$138.90	\$122.76	\$116.79	\$126.08	\$126.30	\$132.70	\$116.91
Ages 21-44	\$227.85	\$198.33	\$199.04	\$204.19	\$204.27	\$215.42	\$199.15
Ages 45+	\$316.69	\$274.03	\$288.64	\$282.81	\$283.36	\$300.26	\$288.55
All Ages	\$0.00	\$0.00	\$142.00	\$149.66	\$0.00	\$0.00	\$142.13
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$469.52	\$405.04	\$419.28	\$420.28	\$423.89	\$454.22	\$419.30
Ages 1-14	\$94.41	\$85.05	\$81.67	\$76.23	\$87.79	\$92.19	\$81.58
Ages 15-20	\$136.05	\$120.57	\$113.74	\$124.22	\$125.09	\$132.37	\$113.88
Ages 21-44	\$221.29	\$193.29	\$192.03	\$199.91	\$201.48	\$214.65	\$192.20
Ages 45+	\$309.05	\$268.16	\$280.48	\$277.82	\$280.11	\$299.36	\$280.44
All Ages	\$0.00	\$0.00	\$138.60	\$147.43	\$0.00	\$0.00	\$138.75
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	0	0	221	3	0	1	225
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,460.44

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Independent Care (ICare)							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	-	158	2	21	110	246	537
Ages 1-14	-	797	9	98	509	1,217	2,630
Ages 15-20	-	180	2	17	127	327	653
Ages 21-44	-	421	4	45	256	751	1,477
Ages 45+	-	54	-	8	30	104	196
All Ages	-	1,610	17	189	1,032	2,645	5,493
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$545.49	\$480.39	\$495.40	\$495.36	\$498.42	\$527.98	\$506.53
Ages 1-14	\$187.40	\$171.58	\$177.41	\$173.93	\$173.76	\$176.30	\$174.29
Ages 15-20	\$229.18	\$207.34	\$214.69	\$210.94	\$210.86	\$215.97	\$212.46
Ages 21-44	\$313.11	\$279.51	\$290.51	\$286.13	\$285.29	\$296.17	\$289.21
Ages 45+	\$403.24	\$356.06	\$370.54	\$365.69	\$365.21	\$381.81	\$371.52
All Ages	\$0.00	\$240.29	\$245.82	\$247.80	\$246.16	\$256.03	\$249.25
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$543.08	\$478.54	\$492.82	\$493.78	\$497.39	\$527.70	\$505.57
Ages 1-14	\$185.81	\$170.36	\$175.71	\$172.89	\$173.08	\$176.11	\$173.66
Ages 15-20	\$226.33	\$205.15	\$211.64	\$209.08	\$209.65	\$215.64	\$211.40
Ages 21-44	\$306.55	\$274.47	\$283.50	\$281.85	\$282.50	\$295.40	\$286.75
Ages 45+	\$395.60	\$350.19	\$362.38	\$360.70	\$361.96	\$380.91	\$368.72
All Ages	\$0.00	\$237.75	\$242.61	\$245.69	\$244.78	\$255.62	\$247.96
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$545.29	\$480.25	\$495.22	\$495.22	\$498.28	\$527.86	\$506.39
Ages 1-14	\$169.36	\$159.63	\$162.17	\$161.66	\$161.83	\$165.74	\$162.97
Ages 15-20	\$212.26	\$196.12	\$200.39	\$199.44	\$199.66	\$206.06	\$201.89
Ages 21-44	\$301.21	\$271.69	\$279.84	\$277.55	\$277.63	\$288.78	\$281.61
Ages 45+	\$390.05	\$347.39	\$358.71	\$356.17	\$356.72	\$373.62	\$363.09
All Ages	\$0.00	\$230.77	\$233.54	\$237.95	\$236.74	\$247.51	\$240.21
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$542.88	\$478.40	\$492.64	\$493.64	\$497.25	\$527.58	\$505.44
Ages 1-14	\$167.77	\$158.41	\$160.47	\$160.62	\$161.15	\$165.55	\$162.33
Ages 15-20	\$209.41	\$193.93	\$197.34	\$197.58	\$198.45	\$205.73	\$200.82
Ages 21-44	\$294.65	\$266.65	\$272.83	\$273.27	\$274.84	\$288.01	\$279.15
Ages 45+	\$382.41	\$341.52	\$350.55	\$351.18	\$353.47	\$372.72	\$360.30
All Ages	\$0.00	\$228.23	\$230.32	\$235.83	\$235.36	\$247.10	\$238.93
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	0	84	0	8	58	149	299
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,314.47

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Mercy Care Insurance Company							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	-	-	1	590	1	-	592
Ages 1-14	-	3	-	6,377	8	3	6,391
Ages 15-20	-	-	-	1,696	1	-	1,697
Ages 21-44	-	2	-	2,961	3	-	2,966
Ages 45+	-	-	-	413	2	-	415
All Ages	-	5	1	12,037	15	3	12,061
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$475.91	\$410.81	\$425.82	\$425.78	\$428.84	\$458.40	\$425.79
Ages 1-14	\$117.82	\$102.00	\$107.83	\$100.35	\$104.18	\$106.72	\$100.36
Ages 15-20	\$159.60	\$137.76	\$145.11	\$139.35	\$141.28	\$146.39	\$139.35
Ages 21-44	\$243.53	\$209.93	\$220.93	\$212.91	\$215.71	\$226.59	\$212.91
Ages 45+	\$333.66	\$286.48	\$300.96	\$304.47	\$295.63	\$312.23	\$304.43
All Ages	\$0.00	\$145.17	\$425.82	\$156.49	\$176.13	\$106.72	\$156.52
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$473.50	\$408.96	\$423.24	\$424.20	\$427.81	\$458.12	\$424.20
Ages 1-14	\$116.23	\$100.78	\$106.13	\$99.31	\$103.50	\$106.53	\$99.32
Ages 15-20	\$156.75	\$135.57	\$142.06	\$137.49	\$140.07	\$146.06	\$137.49
Ages 21-44	\$236.97	\$204.89	\$213.92	\$208.63	\$212.92	\$225.82	\$208.63
Ages 45+	\$326.02	\$280.61	\$292.80	\$299.48	\$292.38	\$311.33	\$299.45
All Ages	\$0.00	\$142.42	\$423.24	\$154.37	\$174.63	\$106.53	\$154.40
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$475.71	\$410.67	\$425.64	\$425.64	\$428.70	\$458.28	\$425.65
Ages 1-14	\$99.78	\$90.05	\$92.59	\$88.08	\$92.25	\$96.16	\$88.09
Ages 15-20	\$142.68	\$126.54	\$130.81	\$127.85	\$130.08	\$136.48	\$127.85
Ages 21-44	\$231.63	\$202.11	\$210.26	\$204.33	\$208.05	\$219.20	\$204.33
Ages 45+	\$320.47	\$277.81	\$289.13	\$294.95	\$287.14	\$304.04	\$294.91
All Ages	\$0.00	\$134.87	\$425.64	\$145.92	\$166.35	\$96.16	\$145.96
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$473.30	\$408.82	\$423.06	\$424.06	\$427.67	\$458.00	\$424.06
Ages 1-14	\$98.19	\$88.83	\$90.89	\$87.04	\$91.57	\$95.97	\$87.05
Ages 15-20	\$139.83	\$124.35	\$127.76	\$125.99	\$128.87	\$136.15	\$125.99
Ages 21-44	\$225.07	\$197.07	\$203.25	\$200.05	\$205.26	\$218.43	\$200.05
Ages 45+	\$312.83	\$271.94	\$280.97	\$289.96	\$283.89	\$303.14	\$289.93
All Ages	\$0.00	\$132.13	\$423.06	\$143.81	\$164.84	\$95.97	\$143.84
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	1	1	0	376	0	2	380
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,078.75

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard MHS Health Wisconsin							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	175	420	89	189	104	263	1,240
Ages 1-14	1,595	5,897	1,087	2,911	573	1,274	13,337
Ages 15-20	382	1,402	225	725	156	350	3,240
Ages 21-44	740	2,296	478	1,140	290	731	5,675
Ages 45+	107	394	80	193	48	101	923
All Ages	2,999	10,409	1,959	5,158	1,171	2,719	24,415
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$500.20	\$435.10	\$450.11	\$450.07	\$453.13	\$482.69	\$459.25
Ages 1-14	\$131.39	\$123.78	\$120.78	\$124.29	\$124.84	\$127.48	\$124.96
Ages 15-20	\$172.22	\$160.11	\$145.76	\$158.55	\$152.11	\$176.31	\$161.56
Ages 21-44	\$268.80	\$228.88	\$235.18	\$244.66	\$220.73	\$218.61	\$236.05
Ages 45+	\$323.69	\$303.95	\$310.84	\$334.59	\$319.92	\$300.14	\$313.66
All Ages	\$198.88	\$171.24	\$174.29	\$175.52	\$189.37	\$199.04	\$179.75
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$497.79	\$433.25	\$447.53	\$448.49	\$452.10	\$482.41	\$457.71
Ages 1-14	\$129.80	\$122.56	\$119.08	\$123.25	\$124.16	\$127.29	\$123.81
Ages 15-20	\$169.37	\$157.92	\$142.71	\$156.69	\$150.90	\$175.98	\$159.55
Ages 21-44	\$262.24	\$223.84	\$228.17	\$240.38	\$217.94	\$217.84	\$231.46
Ages 45+	\$316.05	\$298.08	\$302.68	\$329.60	\$316.67	\$299.24	\$308.25
All Ages	\$195.64	\$168.84	\$170.83	\$173.48	\$187.96	\$198.64	\$177.51
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$500.00	\$434.96	\$449.93	\$449.93	\$452.99	\$482.57	\$459.11
Ages 1-14	\$113.35	\$111.83	\$105.54	\$112.02	\$112.91	\$116.92	\$112.07
Ages 15-20	\$155.30	\$148.89	\$131.46	\$147.05	\$140.91	\$166.40	\$149.53
Ages 21-44	\$256.90	\$221.06	\$224.51	\$236.08	\$213.07	\$211.22	\$227.37
Ages 45+	\$310.50	\$295.28	\$299.01	\$325.07	\$311.43	\$291.95	\$304.07
All Ages	\$183.71	\$160.90	\$161.09	\$164.72	\$179.79	\$190.51	\$168.73
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$497.59	\$433.11	\$447.35	\$448.35	\$451.96	\$482.29	\$457.57
Ages 1-14	\$111.76	\$110.61	\$103.84	\$110.98	\$112.23	\$116.73	\$110.93
Ages 15-20	\$152.45	\$146.70	\$128.41	\$145.19	\$139.70	\$166.07	\$147.53
Ages 21-44	\$250.34	\$216.02	\$217.50	\$231.80	\$210.28	\$210.45	\$222.78
Ages 45+	\$302.86	\$289.41	\$290.85	\$320.08	\$308.18	\$291.05	\$298.66
All Ages	\$180.47	\$158.50	\$157.64	\$162.68	\$178.38	\$190.11	\$166.49
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	144	321	101	124	48	142	880
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,362.45

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Molina Healthcare							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	55	351	37	83	674	1,745	2,945
Ages 1-14	343	2,976	284	634	8,824	19,998	33,059
Ages 15-20	62	643	51	133	1,950	4,258	7,097
Ages 21-44	181	1,411	137	281	3,514	8,075	13,599
Ages 45+	14	214	16	25	532	941	1,742
All Ages	655	5,595	525	1,156	15,494	35,017	58,442
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$505.47	\$440.37	\$455.38	\$455.34	\$458.40	\$487.96	\$474.52
Ages 1-14	\$135.03	\$129.33	\$134.09	\$131.12	\$127.30	\$131.17	\$130.04
Ages 15-20	\$189.16	\$160.13	\$174.67	\$183.58	\$159.80	\$169.90	\$166.70
Ages 21-44	\$248.07	\$220.48	\$250.66	\$243.51	\$226.53	\$233.70	\$231.04
Ages 45+	\$363.22	\$279.75	\$330.52	\$325.67	\$298.58	\$317.54	\$307.71
All Ages	\$207.37	\$181.12	\$197.08	\$191.96	\$174.18	\$182.31	\$180.65
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$503.06	\$438.52	\$452.80	\$453.76	\$457.37	\$487.68	\$473.78
Ages 1-14	\$133.44	\$128.11	\$132.39	\$130.08	\$126.62	\$130.98	\$129.58
Ages 15-20	\$186.31	\$157.94	\$171.62	\$181.72	\$158.59	\$169.57	\$165.89
Ages 21-44	\$241.51	\$215.44	\$243.65	\$239.23	\$223.74	\$232.93	\$229.09
Ages 45+	\$355.58	\$273.88	\$322.36	\$320.68	\$295.33	\$316.64	\$305.30
All Ages	\$204.09	\$178.61	\$193.61	\$189.92	\$172.85	\$181.95	\$179.73
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$505.27	\$440.23	\$455.20	\$455.20	\$458.26	\$487.84	\$474.39
Ages 1-14	\$116.99	\$117.38	\$118.85	\$118.85	\$115.37	\$120.61	\$118.83
Ages 15-20	\$172.24	\$148.91	\$160.37	\$172.08	\$148.60	\$159.99	\$156.19
Ages 21-44	\$236.17	\$212.66	\$239.99	\$234.93	\$218.87	\$226.31	\$223.42
Ages 45+	\$350.03	\$271.08	\$318.69	\$316.15	\$290.09	\$309.35	\$299.28
All Ages	\$192.74	\$171.16	\$184.29	\$181.61	\$163.94	\$173.15	\$171.00
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$502.86	\$438.38	\$452.62	\$453.62	\$457.23	\$487.56	\$473.65
Ages 1-14	\$115.40	\$116.16	\$117.15	\$117.81	\$114.69	\$120.42	\$118.38
Ages 15-20	\$169.39	\$146.72	\$157.32	\$170.22	\$147.39	\$159.66	\$155.38
Ages 21-44	\$229.61	\$207.62	\$232.98	\$230.65	\$216.08	\$225.54	\$221.47
Ages 45+	\$342.39	\$265.21	\$310.53	\$311.16	\$286.84	\$308.45	\$296.87
All Ages	\$189.46	\$168.65	\$180.81	\$179.56	\$162.61	\$172.78	\$170.08
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	33	228	22	44	570	1,581	2,478
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,495.42



Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Network Health Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	123	716	118	100	140	214	1,411
Ages 1-14	1,300	8,337	1,210	1,261	634	1,021	13,763
Ages 15-20	254	2,072	307	277	132	245	3,287
Ages 21-44	585	3,312	558	460	330	608	5,853
Ages 45+	90	636	92	68	27	57	970
All Ages	2,352	15,073	2,285	2,166	1,263	2,145	25,284
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$498.93	\$433.83	\$448.84	\$448.80	\$451.86	\$481.42	\$450.83
Ages 1-14	\$132.60	\$123.24	\$128.94	\$125.51	\$125.15	\$125.95	\$125.12
Ages 15-20	\$182.73	\$165.11	\$156.55	\$164.67	\$148.90	\$152.51	\$164.04
Ages 21-44	\$258.34	\$227.78	\$231.14	\$236.79	\$208.77	\$207.91	\$228.73
Ages 45+	\$324.70	\$300.49	\$311.34	\$350.56	\$318.65	\$335.25	\$309.82
All Ages	\$195.80	\$174.20	\$181.47	\$176.14	\$189.83	\$193.24	\$179.43
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$496.52	\$431.98	\$446.26	\$447.22	\$450.83	\$481.14	\$449.21
Ages 1-14	\$131.01	\$122.02	\$127.24	\$124.47	\$124.47	\$125.76	\$123.94
Ages 15-20	\$179.88	\$162.92	\$153.50	\$162.81	\$147.69	\$152.18	\$161.93
Ages 21-44	\$251.78	\$222.74	\$224.13	\$232.51	\$205.98	\$207.14	\$223.98
Ages 45+	\$317.06	\$294.62	\$303.18	\$345.57	\$315.40	\$334.35	\$304.00
All Ages	\$192.56	\$171.78	\$177.99	\$174.16	\$188.45	\$192.84	\$177.10
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$498.73	\$433.69	\$448.66	\$448.66	\$451.72	\$481.30	\$450.68
Ages 1-14	\$114.56	\$111.29	\$113.70	\$113.24	\$113.22	\$115.39	\$112.38
Ages 15-20	\$165.81	\$153.89	\$142.25	\$153.17	\$137.70	\$142.60	\$152.17
Ages 21-44	\$246.44	\$219.96	\$220.47	\$228.21	\$201.11	\$200.52	\$220.22
Ages 45+	\$311.51	\$291.82	\$299.51	\$341.04	\$310.16	\$327.06	\$300.41
All Ages	\$180.52	\$163.96	\$168.39	\$165.40	\$180.47	\$184.76	\$168.61
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$496.32	\$431.84	\$446.08	\$447.08	\$450.69	\$481.02	\$449.06
Ages 1-14	\$112.97	\$110.07	\$112.00	\$112.20	\$112.54	\$115.20	\$111.20
Ages 15-20	\$162.96	\$151.70	\$139.20	\$151.31	\$136.49	\$142.27	\$150.06
Ages 21-44	\$239.88	\$214.92	\$213.46	\$223.93	\$198.32	\$199.75	\$215.47
Ages 45+	\$303.87	\$285.95	\$291.35	\$336.05	\$306.91	\$326.16	\$294.58
All Ages	\$177.29	\$161.54	\$164.90	\$163.42	\$179.09	\$184.36	\$166.28
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	100	490	104	63	71	126	954
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,200.44

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Physicians Plus Insurance Co							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	-	-	-	445	-	-	445
Ages 1-14	-	-	-	4,217	-	-	4,217
Ages 15-20	-	-	-	857	-	1	858
Ages 21-44	-	-	-	1,602	-	-	1,602
Ages 45+	-	-	-	286	-	-	286
All Ages	-	-	-	7,407	-	1	7,408
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$510.01	\$444.91	\$459.92	\$459.88	\$462.94	\$492.50	\$459.88
Ages 1-14	\$151.92	\$136.10	\$141.93	\$139.15	\$138.28	\$140.82	\$139.15
Ages 15-20	\$193.70	\$171.86	\$179.21	\$160.40	\$175.38	\$180.49	\$160.42
Ages 21-44	\$277.63	\$244.03	\$255.03	\$251.34	\$249.81	\$260.69	\$251.34
Ages 45+	\$367.76	\$320.58	\$335.06	\$307.40	\$329.73	\$346.33	\$307.40
All Ages	\$0.00	\$0.00	\$0.00	\$191.64	\$0.00	\$180.49	\$191.64
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$507.60	\$443.06	\$457.34	\$458.30	\$461.91	\$492.22	\$458.30
Ages 1-14	\$150.33	\$134.88	\$140.23	\$138.11	\$137.60	\$140.63	\$138.11
Ages 15-20	\$190.85	\$169.67	\$176.16	\$158.54	\$174.17	\$180.16	\$158.57
Ages 21-44	\$271.07	\$238.99	\$248.02	\$247.06	\$247.02	\$259.92	\$247.06
Ages 45+	\$360.12	\$314.71	\$326.90	\$302.41	\$326.48	\$345.43	\$302.41
All Ages	\$0.00	\$0.00	\$0.00	\$189.62	\$0.00	\$180.16	\$189.62
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$509.81	\$444.77	\$459.74	\$459.74	\$462.80	\$492.38	\$459.74
Ages 1-14	\$133.88	\$124.15	\$126.69	\$126.88	\$126.35	\$130.26	\$126.88
Ages 15-20	\$176.78	\$160.64	\$164.91	\$148.90	\$164.18	\$170.58	\$148.93
Ages 21-44	\$265.73	\$236.21	\$244.36	\$242.76	\$242.15	\$253.30	\$242.76
Ages 45+	\$354.57	\$311.91	\$323.23	\$297.88	\$321.24	\$338.14	\$297.88
All Ages	\$0.00	\$0.00	\$0.00	\$181.09	\$0.00	\$170.58	\$181.09
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$507.40	\$442.92	\$457.16	\$458.16	\$461.77	\$492.10	\$458.16
Ages 1-14	\$132.29	\$122.93	\$124.99	\$125.84	\$125.67	\$130.07	\$125.84
Ages 15-20	\$173.93	\$158.45	\$161.86	\$147.04	\$162.97	\$170.25	\$147.07
Ages 21-44	\$259.17	\$231.17	\$237.35	\$238.48	\$239.36	\$252.53	\$238.48
Ages 45+	\$346.93	\$306.04	\$315.07	\$292.89	\$317.99	\$337.24	\$292.89
All Ages	\$0.00	\$0.00	\$0.00	\$179.07	\$0.00	\$170.25	\$179.07
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	0	0	0	287	0	0	287
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,072.17

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Security Health Plan of Wisconsin							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	1,440	20	890	-	-	-	2,350
Ages 1-14	15,790	192	9,314	4	-	6	25,306
Ages 15-20	4,030	37	2,404	-	-	1	6,472
Ages 21-44	6,892	96	4,125	1	-	1	11,115
Ages 45+	1,515	16	808	1	-	-	2,340
All Ages	29,667	361	17,541	6	-	8	47,583
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$489.80	\$424.70	\$439.71	\$439.67	\$442.73	\$472.29	\$470.28
Ages 1-14	\$135.44	\$110.20	\$127.80	\$118.24	\$118.07	\$120.61	\$132.43
Ages 15-20	\$179.54	\$151.65	\$168.28	\$155.25	\$155.17	\$160.28	\$175.20
Ages 21-44	\$271.50	\$225.49	\$244.34	\$230.44	\$229.60	\$240.48	\$261.02
Ages 45+	\$357.26	\$300.37	\$330.78	\$310.00	\$309.52	\$326.12	\$347.71
All Ages	\$201.57	\$170.96	\$185.93	\$168.90	\$0.00	\$140.55	\$195.56
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$487.39	\$422.85	\$437.13	\$438.09	\$441.70	\$472.01	\$467.81
Ages 1-14	\$133.85	\$108.98	\$126.10	\$117.20	\$117.39	\$120.42	\$130.80
Ages 15-20	\$176.69	\$149.46	\$165.23	\$153.39	\$153.96	\$159.95	\$172.27
Ages 21-44	\$264.94	\$220.45	\$237.33	\$226.16	\$226.81	\$239.71	\$254.30
Ages 45+	\$349.62	\$294.50	\$322.62	\$305.01	\$306.27	\$325.22	\$339.90
All Ages	\$198.30	\$168.38	\$182.45	\$166.66	\$0.00	\$140.27	\$192.22
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$489.60	\$424.56	\$439.53	\$439.53	\$442.59	\$472.17	\$470.08
Ages 1-14	\$117.40	\$98.25	\$112.56	\$105.97	\$106.14	\$110.05	\$115.47
Ages 15-20	\$162.62	\$140.43	\$153.98	\$143.75	\$143.97	\$150.37	\$159.28
Ages 21-44	\$259.60	\$217.67	\$233.67	\$221.86	\$221.94	\$233.09	\$249.61
Ages 45+	\$344.07	\$291.70	\$318.95	\$300.48	\$301.03	\$317.93	\$335.02
All Ages	\$186.22	\$160.98	\$172.81	\$157.70	\$0.00	\$130.47	\$181.07
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$487.19	\$422.71	\$436.95	\$437.95	\$441.56	\$471.89	\$467.61
Ages 1-14	\$115.81	\$97.03	\$110.86	\$104.93	\$105.46	\$109.86	\$113.84
Ages 15-20	\$159.77	\$138.24	\$150.93	\$141.89	\$142.76	\$150.04	\$156.36
Ages 21-44	\$253.04	\$212.63	\$226.66	\$217.58	\$219.15	\$232.32	\$242.90
Ages 45+	\$336.43	\$285.83	\$310.79	\$295.49	\$297.78	\$317.03	\$327.21
All Ages	\$182.95	\$158.41	\$169.34	\$155.47	\$0.00	\$130.19	\$177.74
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	780	16	532	5	1	1	1,335
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$6,156.82

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Trilogy Health Insurance							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	6	76	2	5	75	185	349
Ages 1-14	25	435	34	39	443	1,200	2,176
Ages 15-20	8	100	3	13	118	312	554
Ages 21-44	14	243	11	19	230	604	1,121
Ages 45+	3	25	-	4	27	79	138
All Ages	56	879	50	80	893	2,380	4,338
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$531.11	\$466.01	\$481.02	\$480.98	\$484.04	\$513.60	\$496.53
Ages 1-14	\$173.02	\$157.20	\$163.03	\$159.55	\$159.38	\$161.92	\$160.56
Ages 15-20	\$214.80	\$192.96	\$200.31	\$196.56	\$196.48	\$201.59	\$199.01
Ages 21-44	\$298.73	\$265.13	\$276.13	\$271.75	\$270.91	\$281.79	\$275.93
Ages 45+	\$388.86	\$341.68	\$356.16	\$351.31	\$350.83	\$367.43	\$359.52
All Ages	\$260.35	\$223.05	\$202.87	\$221.89	\$226.06	\$231.70	\$228.64
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$528.70	\$464.16	\$478.44	\$479.40	\$483.01	\$513.32	\$495.68
Ages 1-14	\$171.43	\$155.98	\$161.33	\$158.51	\$158.70	\$161.73	\$160.01
Ages 15-20	\$211.95	\$190.77	\$197.26	\$194.70	\$195.27	\$201.26	\$198.07
Ages 21-44	\$292.17	\$260.09	\$269.12	\$267.47	\$268.12	\$281.02	\$273.63
Ages 45+	\$381.22	\$335.81	\$348.00	\$346.32	\$347.58	\$366.53	\$356.99
All Ages	\$256.92	\$220.48	\$199.88	\$219.72	\$224.66	\$231.31	\$227.50
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$530.91	\$465.87	\$480.84	\$480.84	\$483.90	\$513.48	\$496.40
Ages 1-14	\$154.98	\$145.25	\$147.79	\$147.28	\$147.45	\$151.36	\$149.26
Ages 15-20	\$197.88	\$181.74	\$186.01	\$185.06	\$185.28	\$191.68	\$188.43
Ages 21-44	\$286.83	\$257.31	\$265.46	\$263.17	\$263.25	\$274.40	\$268.28
Ages 45+	\$375.67	\$333.01	\$344.33	\$341.79	\$342.34	\$359.24	\$351.03
All Ages	\$246.17	\$213.44	\$189.29	\$211.52	\$216.42	\$222.92	\$219.36
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$528.50	\$464.02	\$478.26	\$479.26	\$482.87	\$513.20	\$495.55
Ages 1-14	\$153.39	\$144.03	\$146.09	\$146.24	\$146.77	\$151.17	\$148.70
Ages 15-20	\$195.03	\$179.55	\$182.96	\$183.20	\$184.07	\$191.35	\$187.49
Ages 21-44	\$280.27	\$252.27	\$258.45	\$258.89	\$260.46	\$273.63	\$265.98
Ages 45+	\$368.03	\$327.14	\$336.17	\$336.80	\$339.09	\$358.34	\$348.51
All Ages	\$242.75	\$210.87	\$186.31	\$209.34	\$215.02	\$222.53	\$218.22
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	1	24	0	1	30	119	175
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,482.25

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Unitedhealthcare Community Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	653	2,979	260	391	542	1,120	5,945
Ages 1-14	6,893	32,788	2,465	4,743	3,341	6,403	56,633
Ages 15-20	1,502	7,264	580	1,072	951	1,770	13,139
Ages 21-44	3,056	13,992	1,242	2,042	1,888	3,860	26,080
Ages 45+	541	2,381	219	393	428	655	4,617
All Ages	12,645	59,404	4,766	8,641	7,150	13,808	106,414
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$501.31	\$436.21	\$451.22	\$451.18	\$454.24	\$483.80	\$455.61
Ages 1-14	\$141.13	\$128.79	\$129.00	\$127.02	\$132.68	\$138.18	\$131.44
Ages 15-20	\$175.92	\$163.71	\$162.95	\$168.20	\$172.10	\$181.18	\$168.40
Ages 21-44	\$256.81	\$240.33	\$252.56	\$251.50	\$252.32	\$272.37	\$249.33
Ages 45+	\$377.33	\$320.40	\$336.73	\$333.42	\$333.57	\$368.22	\$336.96
All Ages	\$201.93	\$182.43	\$192.45	\$185.60	\$205.92	\$220.15	\$191.92
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$498.90	\$434.36	\$448.64	\$449.60	\$453.21	\$483.52	\$454.06
Ages 1-14	\$139.54	\$127.57	\$127.30	\$125.98	\$132.00	\$137.99	\$130.32
Ages 15-20	\$173.07	\$161.52	\$159.90	\$166.34	\$170.89	\$180.85	\$166.44
Ages 21-44	\$250.25	\$235.29	\$245.55	\$247.22	\$249.53	\$271.60	\$244.87
Ages 45+	\$369.69	\$314.53	\$328.57	\$328.43	\$330.32	\$367.32	\$331.80
All Ages	\$198.68	\$179.97	\$188.86	\$183.49	\$204.43	\$219.74	\$189.68
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$501.11	\$436.07	\$451.04	\$451.04	\$454.10	\$483.68	\$455.47
Ages 1-14	\$123.09	\$116.84	\$113.76	\$114.75	\$120.75	\$127.62	\$118.74
Ages 15-20	\$159.00	\$152.49	\$148.65	\$156.70	\$160.90	\$171.27	\$156.55
Ages 21-44	\$244.91	\$232.51	\$241.89	\$242.92	\$244.66	\$264.98	\$240.91
Ages 45+	\$364.14	\$311.73	\$324.90	\$323.90	\$325.08	\$360.03	\$327.62
All Ages	\$186.63	\$172.26	\$179.50	\$174.97	\$196.31	\$211.52	\$181.22
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$498.70	\$434.22	\$448.46	\$449.46	\$453.07	\$483.40	\$453.91
Ages 1-14	\$121.50	\$115.62	\$112.06	\$113.71	\$120.07	\$127.43	\$117.62
Ages 15-20	\$156.15	\$150.30	\$145.60	\$154.84	\$159.69	\$170.94	\$154.59
Ages 21-44	\$238.35	\$227.47	\$234.88	\$238.64	\$241.87	\$264.21	\$236.45
Ages 45+	\$356.50	\$305.86	\$316.74	\$318.91	\$321.83	\$359.13	\$322.46
All Ages	\$183.39	\$169.81	\$175.90	\$172.86	\$194.82	\$211.11	\$178.98
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	449	1,827	163	266	280	643	3,628
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,237.39

Exhibit 21A Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates Including CDPS, P4P, and Access Payments BadgerCare Plus Standard Unity Healthplans Insurance							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Age 0	-	12	17	815	-	-	844
Ages 1-14	-	86	59	7,914	-	1	8,060
Ages 15-20	-	19	26	1,720	-	-	1,765
Ages 21-44	-	35	42	3,084	-	-	3,161
Ages 45+	-	3	7	596	-	1	607
All Ages	-	155	151	14,129	-	2	14,437
<b>2017 All Services Capitation Rate PMPM</b>							
Age 0	\$516.87	\$451.77	\$466.78	\$466.74	\$469.80	\$499.36	\$466.53
Ages 1-14	\$158.78	\$141.40	\$148.79	\$154.88	\$145.14	\$147.68	\$154.69
Ages 15-20	\$200.56	\$178.72	\$186.07	\$190.95	\$182.24	\$187.35	\$190.75
Ages 21-44	\$284.49	\$250.89	\$261.89	\$249.87	\$256.67	\$267.55	\$250.04
Ages 45+	\$374.62	\$327.44	\$341.92	\$332.51	\$336.59	\$353.19	\$332.63
All Ages	\$0.00	\$198.33	\$231.42	\$205.49	\$0.00	\$250.44	\$205.69
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13A)</b>							
Age 0	\$514.46	\$449.92	\$464.20	\$465.16	\$468.77	\$499.08	\$464.92
Ages 1-14	\$157.19	\$140.18	\$147.09	\$153.84	\$144.46	\$147.49	\$153.64
Ages 15-20	\$197.71	\$176.53	\$183.02	\$189.09	\$181.03	\$187.02	\$188.87
Ages 21-44	\$277.93	\$245.85	\$254.88	\$245.59	\$253.88	\$266.78	\$245.72
Ages 45+	\$366.98	\$321.57	\$333.76	\$327.52	\$333.34	\$352.29	\$327.60
All Ages	\$0.00	\$195.99	\$227.61	\$203.44	\$0.00	\$249.89	\$203.62
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16A)</b>							
Age 0	\$516.67	\$451.63	\$466.60	\$466.60	\$469.66	\$499.24	\$466.39
Ages 1-14	\$140.74	\$129.45	\$133.55	\$142.61	\$133.21	\$137.12	\$142.40
Ages 15-20	\$183.64	\$167.50	\$171.77	\$179.45	\$171.04	\$177.44	\$179.21
Ages 21-44	\$272.59	\$243.07	\$251.22	\$241.29	\$249.01	\$260.16	\$241.44
Ages 45+	\$361.43	\$318.77	\$330.09	\$322.99	\$328.10	\$345.00	\$323.09
All Ages	\$0.00	\$188.38	\$219.47	\$194.93	\$0.00	\$241.06	\$195.12
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6A)</b>							
Age 0	\$514.26	\$449.78	\$464.02	\$465.02	\$468.63	\$498.96	\$464.78
Ages 1-14	\$139.15	\$128.23	\$131.85	\$141.57	\$132.53	\$136.93	\$141.36
Ages 15-20	\$180.79	\$165.31	\$168.72	\$177.59	\$169.83	\$177.11	\$177.33
Ages 21-44	\$266.03	\$238.03	\$244.21	\$237.01	\$246.22	\$259.39	\$237.12
Ages 45+	\$353.79	\$312.90	\$321.93	\$318.00	\$324.85	\$344.10	\$318.06
All Ages	\$0.00	\$186.04	\$215.66	\$192.89	\$0.00	\$240.52	\$193.06
<b>2017 Maternity Kick Payment Base Period Deliveries (November 2014 - October 2015)</b>							
All Ages	0	2	4	402	1	0	409
<b>2017 Maternity Kick Payment (From Exhibit 9)</b>							
All Ages	\$6,666.88	\$4,732.50	\$5,464.65	\$5,072.17	\$5,214.67	\$5,694.41	\$5,074.70

**F. BadgerCare Plus Childless Adults (CLA) Rate Exhibits**

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults New HMOs							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	7,202	10,078	6,742	11,233	8,265	25,357	68,877
Ages 45+	8,202	8,814	6,022	8,824	6,944	16,249	55,055
All Ages	15,404	18,892	12,764	20,057	15,209	41,606	123,932
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$226.43	\$213.74	\$207.51	\$208.71	\$229.78	\$219.27	\$217.60
Ages 45+	\$419.25	\$396.33	\$383.92	\$387.26	\$426.62	\$407.57	\$404.07
All Ages	\$329.10	\$298.93	\$290.74	\$287.26	\$319.65	\$292.81	\$300.44
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$223.12	\$210.39	\$203.93	\$206.11	\$228.00	\$218.66	\$215.55
Ages 45+	\$414.50	\$391.52	\$378.80	\$383.54	\$424.06	\$406.70	\$400.86
All Ages	\$325.02	\$294.90	\$286.43	\$284.17	\$317.52	\$292.10	\$297.87
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$216.53	\$207.31	\$198.30	\$202.25	\$221.81	\$211.62	\$209.89
Ages 45+	\$403.05	\$385.80	\$368.84	\$376.67	\$413.57	\$395.03	\$391.28
All Ages	\$315.84	\$290.58	\$278.76	\$278.99	\$309.36	\$283.25	\$290.47
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$213.22	\$203.96	\$194.72	\$199.65	\$220.03	\$211.01	\$207.84
Ages 45+	\$398.30	\$380.99	\$363.72	\$372.95	\$411.01	\$394.16	\$388.06
All Ages	\$311.77	\$286.55	\$274.45	\$275.89	\$307.23	\$282.54	\$287.90

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Anthem Blue Cross Blue Shield							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	52	1,298	69	715	1,754	4,228	8,116
Ages 45+	33	951	32	541	1,656	2,899	6,112
All Ages	85	2,249	101	1,256	3,410	7,127	14,228
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$226.43	\$206.84	\$207.51	\$218.74	\$235.65	\$220.57	\$221.40
Ages 45+	\$419.25	\$364.29	\$383.92	\$377.31	\$427.46	\$389.78	\$395.05
All Ages	\$301.29	\$273.42	\$263.40	\$287.04	\$328.80	\$289.40	\$295.99
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$223.12	\$203.49	\$203.93	\$216.14	\$233.87	\$219.96	\$219.88
Ages 45+	\$414.50	\$359.48	\$378.80	\$373.59	\$424.90	\$388.91	\$392.81
All Ages	\$297.42	\$269.45	\$259.33	\$283.96	\$326.64	\$288.68	\$294.17
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$216.53	\$200.41	\$198.30	\$212.28	\$227.68	\$212.92	\$213.95
Ages 45+	\$403.05	\$353.76	\$368.84	\$366.72	\$414.41	\$377.24	\$382.82
All Ages	\$288.94	\$265.25	\$252.33	\$278.80	\$318.36	\$279.76	\$286.49
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$213.22	\$197.06	\$194.72	\$209.68	\$225.90	\$212.31	\$212.43
Ages 45+	\$398.30	\$348.95	\$363.72	\$363.00	\$411.85	\$376.37	\$380.59
All Ages	\$285.07	\$261.29	\$248.26	\$275.72	\$316.20	\$279.04	\$284.67

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Childrens Comm Health Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	-	474	-	109	1,447	4,803	6,833
Ages 45+	-	274	-	60	1,024	2,301	3,659
All Ages	-	748	-	169	2,471	7,104	10,492
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$226.43	\$200.14	\$207.51	\$215.26	\$240.39	\$227.93	\$228.44
Ages 45+	\$419.25	\$352.17	\$383.92	\$387.26	\$444.33	\$416.46	\$418.97
All Ages	\$0.00	\$255.83	\$0.00	\$276.33	\$324.90	\$289.00	\$294.88
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$223.12	\$196.79	\$203.93	\$212.66	\$238.61	\$227.32	\$227.36
Ages 45+	\$414.50	\$347.36	\$378.80	\$383.54	\$441.77	\$415.59	\$417.28
All Ages	\$0.00	\$251.95	\$0.00	\$273.33	\$322.80	\$288.30	\$293.59
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$216.53	\$193.71	\$198.30	\$208.80	\$232.42	\$220.28	\$220.82
Ages 45+	\$403.05	\$341.64	\$368.84	\$376.67	\$431.28	\$403.92	\$406.47
All Ages	\$0.00	\$247.90	\$0.00	\$268.40	\$314.83	\$279.76	\$285.57
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$213.22	\$190.36	\$194.72	\$206.20	\$230.64	\$219.67	\$219.74
Ages 45+	\$398.30	\$336.83	\$363.72	\$372.95	\$428.72	\$403.05	\$404.78
All Ages	\$0.00	\$244.01	\$0.00	\$265.40	\$312.73	\$279.07	\$284.27

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults CompCare							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	1,031	1	509	434	-	-	1,975
Ages 45+	1,017	-	457	416	-	-	1,890
All Ages	2,048	1	966	850	-	-	3,865
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$212.43	\$213.74	\$203.92	\$208.30	\$229.78	\$219.27	\$209.33
Ages 45+	\$406.99	\$396.33	\$379.82	\$337.92	\$426.62	\$407.57	\$385.22
All Ages	\$309.05	\$213.74	\$287.14	\$271.74	\$0.00	\$0.00	\$295.34
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$209.12	\$210.39	\$200.34	\$205.70	\$228.00	\$218.66	\$206.11
Ages 45+	\$402.24	\$391.52	\$374.70	\$334.20	\$424.06	\$406.70	\$380.60
All Ages	\$305.02	\$210.39	\$282.83	\$268.59	\$0.00	\$0.00	\$291.44
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$202.53	\$207.31	\$194.71	\$201.84	\$221.81	\$211.62	\$200.37
Ages 45+	\$390.79	\$385.80	\$364.74	\$327.33	\$413.57	\$395.03	\$370.52
All Ages	\$296.02	\$207.31	\$275.15	\$263.26	\$0.00	\$0.00	\$283.57
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$199.22	\$203.96	\$191.13	\$199.24	\$220.03	\$211.01	\$197.14
Ages 45+	\$386.04	\$380.99	\$359.62	\$323.61	\$411.01	\$394.16	\$365.91
All Ages	\$291.99	\$203.96	\$270.84	\$260.11	\$0.00	\$0.00	\$279.67



Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Dean Health Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	-	1	30	2,268	-	1	2,300
Ages 45+	-	-	41	2,101	-	-	2,142
All Ages	-	1	71	4,369	-	1	4,442
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$226.43	\$213.74	\$207.51	\$221.82	\$229.78	\$219.27	\$221.63
Ages 45+	\$419.25	\$396.33	\$383.92	\$386.11	\$426.62	\$407.57	\$386.07
All Ages	\$0.00	\$213.74	\$309.38	\$300.83	\$0.00	\$219.27	\$300.92
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$223.12	\$210.39	\$203.93	\$219.22	\$228.00	\$218.66	\$219.02
Ages 45+	\$414.50	\$391.52	\$378.80	\$382.39	\$424.06	\$406.70	\$382.32
All Ages	\$0.00	\$210.39	\$304.91	\$297.69	\$0.00	\$218.66	\$297.76
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$216.53	\$207.31	\$198.30	\$215.36	\$221.81	\$211.62	\$215.13
Ages 45+	\$403.05	\$385.80	\$368.84	\$375.52	\$413.57	\$395.03	\$375.39
All Ages	\$0.00	\$207.31	\$296.78	\$292.38	\$0.00	\$211.62	\$292.41
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$213.22	\$203.96	\$194.72	\$212.76	\$220.03	\$211.01	\$212.52
Ages 45+	\$398.30	\$380.99	\$363.72	\$371.80	\$411.01	\$394.16	\$371.65
All Ages	\$0.00	\$203.96	\$292.31	\$289.24	\$0.00	\$211.01	\$289.25

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Group Health Coop Eau Claire							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	1,685	-	1,157	476	-	-	3,318
Ages 45+	1,898	-	925	396	-	-	3,219
All Ages	3,583	-	2,082	872	-	-	6,537
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$228.40	\$213.74	\$214.10	\$197.24	\$229.78	\$219.27	\$218.94
Ages 45+	\$399.64	\$396.33	\$399.59	\$337.92	\$426.62	\$407.57	\$392.03
All Ages	\$319.11	\$0.00	\$296.51	\$261.13	\$0.00	\$0.00	\$304.18
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$225.09	\$210.39	\$210.52	\$194.64	\$228.00	\$218.66	\$215.64
Ages 45+	\$394.89	\$391.52	\$394.47	\$334.20	\$424.06	\$406.70	\$387.30
All Ages	\$315.04	\$0.00	\$292.25	\$258.02	\$0.00	\$0.00	\$300.17
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$218.50	\$207.31	\$204.89	\$190.78	\$221.81	\$211.62	\$209.78
Ages 45+	\$383.44	\$385.80	\$384.51	\$327.33	\$413.57	\$395.03	\$376.84
All Ages	\$305.87	\$0.00	\$284.69	\$252.79	\$0.00	\$0.00	\$292.05
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$215.19	\$203.96	\$201.31	\$188.18	\$220.03	\$211.01	\$206.48
Ages 45+	\$378.69	\$380.99	\$379.39	\$323.61	\$411.01	\$394.16	\$372.12
All Ages	\$301.80	\$0.00	\$280.43	\$249.68	\$0.00	\$0.00	\$288.04

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Group Health Coop SC WI							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	-	-	1	1,367	-	-	1,368
Ages 45+	-	-	-	655	-	-	655
All Ages	-	-	1	2,022	-	-	2,023
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$226.43	\$213.74	\$207.51	\$188.03	\$229.78	\$219.27	\$188.04
Ages 45+	\$419.25	\$396.33	\$383.92	\$353.22	\$426.62	\$407.57	\$353.22
All Ages	\$0.00	\$0.00	\$207.51	\$241.54	\$0.00	\$0.00	\$241.52
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$223.12	\$210.39	\$203.93	\$185.43	\$228.00	\$218.66	\$185.44
Ages 45+	\$414.50	\$391.52	\$378.80	\$349.50	\$424.06	\$406.70	\$349.50
All Ages	\$0.00	\$0.00	\$203.93	\$238.58	\$0.00	\$0.00	\$238.56
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$216.53	\$207.31	\$198.30	\$181.57	\$221.81	\$211.62	\$181.58
Ages 45+	\$403.05	\$385.80	\$368.84	\$342.63	\$413.57	\$395.03	\$342.63
All Ages	\$0.00	\$0.00	\$198.30	\$233.74	\$0.00	\$0.00	\$233.73
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$213.22	\$203.96	\$194.72	\$178.97	\$220.03	\$211.01	\$178.98
Ages 45+	\$398.30	\$380.99	\$363.72	\$338.91	\$411.01	\$394.16	\$338.91
All Ages	\$0.00	\$0.00	\$194.72	\$230.78	\$0.00	\$0.00	\$230.76

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Gundersen Lutheran Health							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	-	-	1,190	87	-	-	1,277
Ages 45+	-	-	1,156	79	-	-	1,235
All Ages	-	-	2,346	166	-	-	2,512
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$226.43	\$213.74	\$217.10	\$208.71	\$229.78	\$219.27	\$216.53
Ages 45+	\$419.25	\$396.33	\$374.97	\$318.03	\$426.62	\$407.57	\$371.33
All Ages	\$0.00	\$0.00	\$294.89	\$260.74	\$0.00	\$0.00	\$292.63
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$223.12	\$210.39	\$213.52	\$206.11	\$228.00	\$218.66	\$213.02
Ages 45+	\$414.50	\$391.52	\$369.85	\$314.31	\$424.06	\$406.70	\$366.30
All Ages	\$0.00	\$0.00	\$290.55	\$257.60	\$0.00	\$0.00	\$288.37
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$216.53	\$207.31	\$207.89	\$202.25	\$221.81	\$211.62	\$207.51
Ages 45+	\$403.05	\$385.80	\$359.89	\$307.44	\$413.57	\$395.03	\$356.53
All Ages	\$0.00	\$0.00	\$282.79	\$252.31	\$0.00	\$0.00	\$280.77
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$213.22	\$203.96	\$204.31	\$199.65	\$220.03	\$211.01	\$203.99
Ages 45+	\$398.30	\$380.99	\$354.77	\$303.72	\$411.01	\$394.16	\$351.50
All Ages	\$0.00	\$0.00	\$278.45	\$249.18	\$0.00	\$0.00	\$276.52

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Health Tradition Health Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	-	-	646	4	-	-	650
Ages 45+	-	-	541	4	-	-	545
All Ages	-	-	1,187	8	-	-	1,195
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$226.43	\$213.74	\$214.70	\$208.71	\$229.78	\$219.27	\$214.66
Ages 45+	\$419.25	\$396.33	\$375.71	\$387.26	\$426.62	\$407.57	\$375.79
All Ages	\$0.00	\$0.00	\$288.08	\$297.99	\$0.00	\$0.00	\$288.15
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$223.12	\$210.39	\$211.12	\$206.11	\$228.00	\$218.66	\$211.09
Ages 45+	\$414.50	\$391.52	\$370.59	\$383.54	\$424.06	\$406.70	\$370.69
All Ages	\$0.00	\$0.00	\$283.80	\$294.83	\$0.00	\$0.00	\$283.88
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$216.53	\$207.31	\$205.49	\$202.25	\$221.81	\$211.62	\$205.47
Ages 45+	\$403.05	\$385.80	\$360.63	\$376.67	\$413.57	\$395.03	\$360.75
All Ages	\$0.00	\$0.00	\$276.20	\$289.46	\$0.00	\$0.00	\$276.29
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$213.22	\$203.96	\$201.91	\$199.65	\$220.03	\$211.01	\$201.90
Ages 45+	\$398.30	\$380.99	\$355.51	\$372.95	\$411.01	\$394.16	\$355.64
All Ages	\$0.00	\$0.00	\$271.92	\$286.30	\$0.00	\$0.00	\$272.01

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Independent Care (ICare)							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	-	628	19	52	531	2,335	3,565
Ages 45+	-	410	4	38	428	1,692	2,572
All Ages	-	1,038	23	90	959	4,027	6,137
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$226.43	\$200.56	\$207.51	\$208.71	\$209.02	\$234.20	\$224.01
Ages 45+	\$419.25	\$372.88	\$383.92	\$387.26	\$403.43	\$426.17	\$413.25
All Ages	\$0.00	\$268.62	\$238.19	\$284.10	\$295.78	\$314.86	\$303.32
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$223.12	\$197.21	\$203.93	\$206.11	\$207.24	\$233.59	\$222.70
Ages 45+	\$414.50	\$368.07	\$378.80	\$383.54	\$400.87	\$425.30	\$411.42
All Ages	\$0.00	\$264.70	\$234.34	\$281.02	\$293.66	\$314.14	\$301.79
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$216.53	\$194.13	\$198.30	\$202.25	\$201.05	\$226.55	\$216.54
Ages 45+	\$403.05	\$362.35	\$368.84	\$376.67	\$390.38	\$413.63	\$400.97
All Ages	\$0.00	\$260.58	\$227.96	\$275.89	\$285.55	\$305.15	\$293.83
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$213.22	\$190.78	\$194.72	\$199.65	\$199.27	\$225.94	\$215.22
Ages 45+	\$398.30	\$357.54	\$363.72	\$372.95	\$387.82	\$412.76	\$399.14
All Ages	\$0.00	\$256.65	\$224.11	\$272.82	\$283.42	\$304.44	\$292.30

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Mercy Care Insurance Company							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	-	1	-	1,182	-	-	1,183
Ages 45+	-	-	-	1,095	-	-	1,095
All Ages	-	1	-	2,277	-	-	2,278
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$226.43	\$213.74	\$207.51	\$223.04	\$229.78	\$219.27	\$223.03
Ages 45+	\$419.25	\$396.33	\$383.92	\$395.29	\$426.62	\$407.57	\$395.29
All Ages	\$0.00	\$213.74	\$0.00	\$305.87	\$0.00	\$0.00	\$305.83
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$223.12	\$210.39	\$203.93	\$220.44	\$228.00	\$218.66	\$220.43
Ages 45+	\$414.50	\$391.52	\$378.80	\$391.57	\$424.06	\$406.70	\$391.57
All Ages	\$0.00	\$210.39	\$0.00	\$302.74	\$0.00	\$0.00	\$302.70
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$216.53	\$207.31	\$198.30	\$216.58	\$221.81	\$211.62	\$216.57
Ages 45+	\$403.05	\$385.80	\$368.84	\$384.70	\$413.57	\$395.03	\$384.70
All Ages	\$0.00	\$207.31	\$0.00	\$297.43	\$0.00	\$0.00	\$297.39
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$213.22	\$203.96	\$194.72	\$213.98	\$220.03	\$211.01	\$213.97
Ages 45+	\$398.30	\$380.99	\$363.72	\$380.98	\$411.01	\$394.16	\$380.98
All Ages	\$0.00	\$203.96	\$0.00	\$294.29	\$0.00	\$0.00	\$294.25

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults MHS Health Wisconsin							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	403	968	308	555	519	1,947	4,700
Ages 45+	373	753	228	413	330	1,044	3,141
All Ages	776	1,721	536	968	849	2,991	7,841
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$221.40	\$217.09	\$195.13	\$200.93	\$202.93	\$200.87	\$205.83
Ages 45+	\$413.53	\$405.71	\$379.07	\$381.14	\$410.18	\$403.93	\$401.35
All Ages	\$313.75	\$299.62	\$273.37	\$277.82	\$283.49	\$271.75	\$284.15
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$218.09	\$213.74	\$191.55	\$198.33	\$201.15	\$200.26	\$203.86
Ages 45+	\$408.78	\$400.90	\$373.95	\$377.42	\$407.62	\$403.06	\$398.22
All Ages	\$309.75	\$295.63	\$269.14	\$274.74	\$281.40	\$271.05	\$281.72
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$211.50	\$210.66	\$185.92	\$194.47	\$194.96	\$193.22	\$198.24
Ages 45+	\$397.33	\$395.18	\$363.99	\$370.55	\$397.13	\$391.39	\$388.88
All Ages	\$300.82	\$291.39	\$261.67	\$269.60	\$273.54	\$262.39	\$274.61
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$208.19	\$207.31	\$182.34	\$191.87	\$193.18	\$192.61	\$196.28
Ages 45+	\$392.58	\$390.37	\$358.87	\$366.83	\$394.57	\$390.52	\$385.74
All Ages	\$296.82	\$287.41	\$257.43	\$266.52	\$271.46	\$261.69	\$272.17

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Molina Healthcare							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	175	837	139	199	1,073	3,203	5,626
Ages 45+	121	644	85	175	682	1,657	3,364
All Ages	296	1,481	224	374	1,755	4,860	8,990
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$203.90	\$202.44	\$185.74	\$202.98	\$200.44	\$209.10	\$205.50
Ages 45+	\$347.35	\$352.56	\$288.42	\$399.12	\$386.99	\$374.02	\$370.72
All Ages	\$262.54	\$267.72	\$224.70	\$294.76	\$272.93	\$265.33	\$267.33
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$200.59	\$199.09	\$182.16	\$200.38	\$198.66	\$208.49	\$204.03
Ages 45+	\$342.60	\$347.75	\$283.30	\$395.40	\$384.43	\$373.15	\$368.36
All Ages	\$258.64	\$263.73	\$220.54	\$291.63	\$270.85	\$264.63	\$265.52
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$194.00	\$196.01	\$176.53	\$196.52	\$192.47	\$201.45	\$197.91
Ages 45+	\$331.15	\$342.03	\$273.34	\$388.53	\$373.94	\$361.48	\$358.37
All Ages	\$250.06	\$259.51	\$213.27	\$286.36	\$262.99	\$256.01	\$257.95
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$190.69	\$192.66	\$172.95	\$193.92	\$190.69	\$200.84	\$196.44
Ages 45+	\$326.40	\$337.22	\$268.22	\$384.81	\$371.38	\$360.61	\$356.01
All Ages	\$246.17	\$255.52	\$209.10	\$283.24	\$260.91	\$255.31	\$256.15

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Network Health Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	350	1,339	328	362	467	1,762	4,608
Ages 45+	323	1,238	307	230	307	872	3,277
All Ages	673	2,577	635	592	774	2,634	7,885
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$203.03	\$205.37	\$167.57	\$166.53	\$219.85	\$179.67	\$191.09
Ages 45+	\$417.62	\$393.99	\$359.30	\$398.74	\$394.16	\$368.36	\$386.60
All Ages	\$306.02	\$295.98	\$260.26	\$256.75	\$288.99	\$242.14	\$272.34
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$199.72	\$202.02	\$163.99	\$163.93	\$218.07	\$179.06	\$188.99
Ages 45+	\$412.87	\$389.18	\$354.18	\$395.02	\$391.60	\$367.49	\$383.10
All Ages	\$302.02	\$291.93	\$255.94	\$253.71	\$286.90	\$241.44	\$269.66
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$193.13	\$198.94	\$158.36	\$160.07	\$211.88	\$172.02	\$183.57
Ages 45+	\$401.42	\$383.46	\$344.22	\$388.15	\$381.11	\$355.82	\$374.31
All Ages	\$293.10	\$287.58	\$248.22	\$248.68	\$279.00	\$232.87	\$262.84
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$189.82	\$195.59	\$154.78	\$157.47	\$210.10	\$171.41	\$181.48
Ages 45+	\$396.67	\$378.65	\$339.10	\$384.43	\$378.55	\$354.95	\$370.81
All Ages	\$289.10	\$283.53	\$243.89	\$245.65	\$276.91	\$232.17	\$260.16

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Physicians Plus Insurance Co							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	1	-	-	1,781	-	-	1,782
Ages 45+	-	-	-	1,044	-	-	1,044
All Ages	1	-	-	2,825	-	-	2,826
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$226.43	\$213.74	\$207.51	\$191.51	\$229.78	\$219.27	\$191.53
Ages 45+	\$419.25	\$396.33	\$383.92	\$389.17	\$426.62	\$407.57	\$389.17
All Ages	\$226.43	\$0.00	\$0.00	\$264.56	\$0.00	\$0.00	\$264.54
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$223.12	\$210.39	\$203.93	\$188.91	\$228.00	\$218.66	\$188.93
Ages 45+	\$414.50	\$391.52	\$378.80	\$385.45	\$424.06	\$406.70	\$385.45
All Ages	\$223.12	\$0.00	\$0.00	\$261.54	\$0.00	\$0.00	\$261.53
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$216.53	\$207.31	\$198.30	\$185.05	\$221.81	\$211.62	\$185.07
Ages 45+	\$403.05	\$385.80	\$368.84	\$378.58	\$413.57	\$395.03	\$378.58
All Ages	\$216.53	\$0.00	\$0.00	\$256.57	\$0.00	\$0.00	\$256.56
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$213.22	\$203.96	\$194.72	\$182.45	\$220.03	\$211.01	\$182.47
Ages 45+	\$398.30	\$380.99	\$363.72	\$374.86	\$411.01	\$394.16	\$374.86
All Ages	\$213.22	\$0.00	\$0.00	\$253.56	\$0.00	\$0.00	\$253.54

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Security Health Plan of Wisconsin							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	2,249	43	1,572	1	-	-	3,865
Ages 45+	3,219	52	1,681	-	-	-	4,952
All Ages	5,468	95	3,253	1	-	-	8,817
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$244.36	\$213.74	\$214.90	\$208.71	\$229.78	\$219.27	\$232.03
Ages 45+	\$441.31	\$396.33	\$394.74	\$387.26	\$426.62	\$407.57	\$425.03
All Ages	\$360.30	\$313.68	\$307.83	\$208.71	\$0.00	\$0.00	\$340.43
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$241.05	\$210.39	\$211.32	\$206.11	\$228.00	\$218.66	\$228.61
Ages 45+	\$436.56	\$391.52	\$389.62	\$383.54	\$424.06	\$406.70	\$420.15
All Ages	\$356.15	\$309.53	\$303.46	\$206.11	\$0.00	\$0.00	\$336.19
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$234.46	\$207.31	\$205.69	\$202.25	\$221.81	\$211.62	\$222.45
Ages 45+	\$425.11	\$385.80	\$379.66	\$376.67	\$413.57	\$395.03	\$409.27
All Ages	\$346.70	\$305.01	\$295.59	\$202.25	\$0.00	\$0.00	\$327.37
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$231.15	\$203.96	\$202.11	\$199.65	\$220.03	\$211.01	\$219.03
Ages 45+	\$420.36	\$380.99	\$374.54	\$372.95	\$411.01	\$394.16	\$404.39
All Ages	\$342.54	\$300.86	\$291.21	\$199.65	\$0.00	\$0.00	\$323.14

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Trilogly Health Insurance							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	9	328	23	28	356	1,614	2,358
Ages 45+	3	130	11	12	177	721	1,054
All Ages	12	458	34	40	533	2,335	3,412
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$226.43	\$154.54	\$207.51	\$208.71	\$164.34	\$176.42	\$172.43
Ages 45+	\$419.25	\$341.23	\$383.92	\$387.26	\$416.92	\$355.42	\$364.84
All Ages	\$274.64	\$207.53	\$264.58	\$262.28	\$248.22	\$231.69	\$231.87
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$223.12	\$151.19	\$203.93	\$206.11	\$162.56	\$175.81	\$171.20
Ages 45+	\$414.50	\$336.42	\$378.80	\$383.54	\$414.36	\$354.55	\$363.11
All Ages	\$270.97	\$203.77	\$260.51	\$259.34	\$246.18	\$231.00	\$230.48
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$216.53	\$148.11	\$198.30	\$202.25	\$156.37	\$168.77	\$164.89
Ages 45+	\$403.05	\$330.70	\$368.84	\$376.67	\$403.87	\$342.88	\$352.45
All Ages	\$263.16	\$199.94	\$253.47	\$254.58	\$238.56	\$222.53	\$222.83
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$213.22	\$144.76	\$194.72	\$199.65	\$154.59	\$168.16	\$163.66
Ages 45+	\$398.30	\$325.89	\$363.72	\$372.95	\$401.31	\$342.01	\$350.72
All Ages	\$259.49	\$196.17	\$249.40	\$251.64	\$236.52	\$221.84	\$221.45

Exhibit 21B Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Unitedhealthcare Community Plan							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	1,247	4,156	747	1,007	2,118	5,464	14,739
Ages 45+	1,215	4,361	552	896	2,340	5,063	14,427
All Ages	2,462	8,517	1,299	1,903	4,458	10,527	29,166
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$214.40	\$228.38	\$189.34	\$224.48	\$257.54	\$242.21	\$234.27
Ages 45+	\$410.26	\$415.48	\$385.41	\$410.98	\$441.37	\$433.44	\$424.11
All Ages	\$311.06	\$324.18	\$272.66	\$312.29	\$354.03	\$334.18	\$328.18
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$211.09	\$225.03	\$185.76	\$221.88	\$255.76	\$241.60	\$232.20
Ages 45+	\$405.51	\$410.67	\$380.29	\$407.26	\$438.81	\$432.57	\$421.11
All Ages	\$307.04	\$320.08	\$268.42	\$309.16	\$351.84	\$333.45	\$325.65
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$204.50	\$221.95	\$180.13	\$218.02	\$249.57	\$234.56	\$226.73
Ages 45+	\$394.06	\$404.95	\$370.33	\$400.39	\$428.32	\$420.90	\$411.81
All Ages	\$298.05	\$315.65	\$260.95	\$303.89	\$343.40	\$324.18	\$318.28
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$201.19	\$218.60	\$176.55	\$215.42	\$247.79	\$233.95	\$224.66
Ages 45+	\$389.31	\$400.14	\$365.21	\$396.67	\$425.76	\$420.03	\$408.81
All Ages	\$294.03	\$311.55	\$256.72	\$300.76	\$341.21	\$323.45	\$315.75

<b>Exhibit 21B</b> Wisconsin Department of Health Services 2017 BadgerCare Plus Capitation Rate Development Final Capitation Rates including CDPS and P4P BadgerCare Plus Childless Adults Unity Healthplans Insurance							
August 2016 Membership by Rate Cell	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	All Regions
Ages 19-44	-	4	4	606	-	-	614
Ages 45+	-	1	2	669	-	-	672
All Ages	-	5	6	1,275	-	-	1,286
<b>2017 All Services Capitation Rate PMPM</b>							
Ages 19-44	\$226.43	\$213.74	\$207.51	\$233.08	\$229.78	\$219.27	\$232.79
Ages 45+	\$419.25	\$396.33	\$383.92	\$448.84	\$426.62	\$407.57	\$448.57
All Ages	\$0.00	\$250.26	\$266.31	\$346.29	\$0.00	\$0.00	\$345.54
<b>2017 Medical &amp; Dental Capitation Rate PMPM (From Exhibit 13B)</b>							
Ages 19-44	\$223.12	\$210.39	\$203.93	\$230.48	\$228.00	\$218.66	\$230.18
Ages 45+	\$414.50	\$391.52	\$378.80	\$445.12	\$424.06	\$406.70	\$444.84
All Ages	\$0.00	\$246.62	\$262.22	\$343.10	\$0.00	\$0.00	\$342.35
<b>2017 Medical &amp; Chiropractic Capitation Rate PMPM (From Exhibit 16B)</b>							
Ages 19-44	\$216.53	\$207.31	\$198.30	\$226.62	\$221.81	\$211.62	\$226.31
Ages 45+	\$403.05	\$385.80	\$368.84	\$438.25	\$413.57	\$395.03	\$437.97
All Ages	\$0.00	\$243.01	\$255.15	\$337.66	\$0.00	\$0.00	\$336.91
<b>2017 Medical Capitation Rate PMPM (From Exhibit 6B)</b>							
Ages 19-44	\$213.22	\$203.96	\$194.72	\$224.02	\$220.03	\$211.01	\$223.70
Ages 45+	\$398.30	\$380.99	\$363.72	\$434.53	\$411.01	\$394.16	\$434.24
All Ages	\$0.00	\$239.37	\$251.05	\$334.48	\$0.00	\$0.00	\$333.72

All terms and conditions of the January 1, 2016 through December 31, 2017 contract and any prior amendments that are not affected by this amendment shall remain in full force and effect.

<b>HMO Name</b>	<b>Department of Health Services</b>
Official Signature	Official Signature
Printed Name	Printed Name <b>Michael Heifetz</b>
Title	Title <b>Medicaid Director</b>