

## **Contract Amendment for Foster Care Medical Home Program Services**

The agreement entered into for the period of January 1, 2014 through December 31, 2015 between the State of Wisconsin acting by or through the Department of Health Services, hereinafter referred to as the “Department” and Children’s Hospital and Health System, a Prepaid Inpatient Health Plan with a certificate of authority to do business in Wisconsin for the Foster Care Medical Home Program hereinafter referred to as the “PIHP,” is hereby amended as follows:

### **1. Article III, C, 13 – Clinical Laboratory Improvement Amendments (CLIA)**

#### **Amend #13 to read:**

#### **13. Clinical Laboratory Improvement Amendments (CLIA) Requirements**

The PIHP must use only certain laboratories. All laboratory testing sites providing services under this Contract must have a valid CLIA certificate along with a CLIA identification number, and comply with CLIA regulations as specified by [42 CFR Part 493](#) “Laboratory Requirements and Basis and Scope.” Those laboratories with certificates must provide only the types of tests permitted under the terms of their certification.

The PIHP shall comply with the following federal compliance requirements for the services listed below:

1. Standards and Certification, [42 CFR 493](#) -- Laboratory Requirements.
2. Clinical Laboratory Improvement Amendments, [42 CFR 263a](#) – Laboratory Requirements.
3. Wisconsin Administrative Code, Chapter 105, DHS 105.42(1-2) and DHS 105.46 – Medical Assistance.

Sanctions in the amount of \$10,000.00 may be imposed for non-compliance with the above compliance requirements.

### **2. Article VI, F – Hospital Access Payment**

#### **Amend to read:**

#### **F. Hospital Access Payment**

The non-risk prepayment rates paid to the PIHP include funds for access payments. Consistent with reconciling after benefit costs to the Medicaid fee schedule these payments made to the PIHP as part of the prepayment non-risk prepayment rates will be reconciled to the Medicaid fee for service payment rates after the end of the contract year.

The PIHP shall make payments to Acute Care Hospitals or Critical Access Hospitals (CAH) based on the number of qualifying discharges and visits in the previous month. To ensure consistency with the reconciliation, the PIHP should pay the previous month’s access payments at the fee for service access payment amount for the appropriate dates of

service. Fee for service access payment information can be found on the Department's website. The PIHP shall make payments to the hospitals no later than 15<sup>th</sup> of the following month.

These payments are in addition to any amount the PIHP is required by agreement to pay the hospital for provision of services to PIHP members.

An "acute care hospital" means a Wisconsin hospital that is not a critical access hospital, an institution for mental disease, or a general psychiatric hospital for which the Department has issued a certificate of approval that applies only to the psychiatric hospital and that is not a satellite of an acute care hospital.

An "eligible CAH" means a Wisconsin CAH that is not an acute care hospital, an institution for mental disease, or a general psychiatric hospital for which the Department has issued a certificate of approval that applies only to the psychiatric hospital and that is not a satellite of an acute care hospital.

A list of qualifying hospitals is available from the Department upon request.

"Qualifying discharges and claims" are inpatient discharges and outpatient claims for which the PIHP made payments in the preceding month, for services to the PIHP's members, other than members who are eligible for both Medicaid and Medicare or Childless Adult (CLA) plan members. The PIHP shall exclude all members who are dually-eligible and all dual-eligible claims and members of Childless Adult (CLA) plans. If a third party pays the claim in full, and the PIHP does not make a payment, the claim shall not count as a qualifying claim for the hospital access payment. If the PIHP pays any part of the claim, even if there is a third party payer, the claim will be counted as a qualifying claim for hospital access payments.

i. Monthly reporting requirements

1. The PIHP shall send a report along with its monthly payment to each eligible hospital that contains the following information:
  - a. The number of qualifying inpatient discharges for the PIHP's members;
  - b. The number of qualifying outpatient claims for the PIHP's members;
  - c. Access payment amount per qualifying inpatient discharge as specified by the Department;
  - d. Access payment amount per qualifying outpatient claims as specified by the Department;
  - e. The amount of the total access payments.

2. Within 20 calendar days of the payment of Access Payments, the PIHP must submit the report in Addendum V, F to the Department.

ii. Noncompliance

The Department shall have the right to audit any records of the PIHP to determine if the PIHP has complied with the requirements in this section. If at any time the Department determines that the PIHP has not complied with any requirement in this section, the Department will issue an order to the PIHP that it comply and the PIHP shall comply within 15 calendar days after the Department's determination of noncompliance. If the PIHP fails to comply after an order, the Department may terminate the contract as provided under Article XII.

Upon request, the PIHP must submit a list of paid inpatient and outpatient claims to the Department and any other records the Department deems necessary to determine compliance.

If the PIHP fails to send payment to the hospital within the payment timeframe, the PIHP will pay a fine to the Department equal to three percent of the delayed payment.

iii. Payment disputes

If the PIHP or a hospital dispute the monthly amount that the PIHP is required to pay the hospital, either party may request that the Department determine the amount of the payment if the request is filed within six months after the first day of the month in which the payment is due. The Department will determine the amount of the payment within 60 days after the request for a determination is made. The PIHP or hospital may request a contested case hearing under Ch. 227 on the Department's determination.

iv. Resolution of Reporting Errors

The PIHP shall adjust prior hospital access payments that were based on an inaccurate counting of qualifying inpatient discharges or outpatient claims. If an error is discovered, the Bureau of Fiscal Management must be contacted in writing within 15 days of the discovery.

**3. Article VI, G – Ambulatory Surgical Center (ASC) Assessment**

**Amend to read:**

**G. Ambulatory Surgical Center (ASC) Assessment**

The non-risk prepayment rates paid to the PIHP include funds for access payments. Consistent with reconciling after benefit costs to the Medicaid fee schedule these payments made to the PIHP as part of the prepayment non-risk prepayment rates will be reconciled to the Medicaid fee for service payment rates after the end of the contract year.

The PIHP shall make payments to ASCs based on the qualifying claims in the previous month. To ensure consistency with the reconciliation, the PIHP should pay the previous month's access payments at the fee for service access payment amount for the appropriate dates of service. Fee for service access payment information can be found on the Department's website. The PIHP shall make payments to the hospitals no later than 15<sup>th</sup> of the following month.

An "eligible ASC" is a Medicare certified ASC in the state of Wisconsin. A list of qualifying ASCs is available from the Department upon request.

"Qualifying claim" is any claim on which the PIHP made payments, in the preceding month for services to the PIHP's members. The PIHPs shall include all members who are dually-eligible and all dual-eligible visits. The PIHP shall exclude all Childless Adult (CLA) Plan members.

- Non-Crossover Claims  
For non-crossover claims, if a third party pays the claim in full, and the PIHP does not make a payment, the claim shall not count as a qualifying claim for the ASC access payment. If the PIHP pays any part of the claim, even if there is a third party payer, the claim will be counted as a qualifying claim for the ASC access payment.
- Crossover Claims  
For crossover claims, if the PIHP adjudicates a claim to be valid, the claim shall count as a qualifying claim for the ASC access payment even if the adjudication results in a payment of zero. If the PIHP pays any part of the claim, even if there is a third party payer, the claim will be counted as a qualifying claim for the ASC access payment.

#### 1. Monthly reporting requirements

- a. The PIHP shall send a report along with its monthly payment to each eligible ASC that contains the following information:
  - 1) The number of qualifying claims for the PIHP's members;
  - 2) Access payment amount per qualifying claim;
  - 3) The amount of the total access payments.
- b. The PIHP must submit the report in Addendum V, G to the Department within 20 calendar days after the payment of the Access Payments.

## 2. Noncompliance

The Department shall have the right to audit any records of the PIHP to determine if the PIHP has complied with the requirements in this section. If at any time the Department determines that the PIHP has not complied with any requirement in this section, the Department will issue an order to the PIHP that it comply and the PIHP shall comply within 15 calendar days after the Department's determination of noncompliance. If the PIHP fails to comply after an order, the Department may terminate the contract as provided under Article XII.

Upon request, the PIHP must submit a list of qualifying claims to the Department and any other records the Department deems necessary to determine compliance.

If the PIHP fails to send access payment to an ASC within the service payment time frame, the PIHP will pay a fine to the Department equal to three percent of the delayed payment.

## 3. Payment disputes

If the PIHP or an ASC dispute the amount that the PIHP is required to pay the ASC, either party may request that the Department determine the amount of the payment if the request is filed within six months after the first day of the month in which the payment is due. The Department will determine the amount of the payment within 60 days after the request for a determination is made. The PIHP or ASC may request a contested case hearing under Ch. 227 on the Department's determination.

## 4. Resolution of Reporting Errors

The PIHP shall adjust prior ASC payments that were based on an inaccurate counting of qualifying claims. If an error is discovered, the Bureau of Fiscal Management must be contacted in writing within 15 days of the discovery.

## 4. Article VI, E – PPACA Primary Care Rate Increase

### **Add a new second paragraph that reads:**

Additionally, PIHP(s) are required to continue making provider payments on services which appear on the monthly PPACA Primary Care Report until December 31, 2016 or until the Department informs them in writing that the payments and reports will be discontinued as of a specific date.

**Article VII, I – Provider and Facility Network Data Submission**

**Amend #1 to read:**

1. The PIHP that contracts with the Department to provide FCMH services must submit a detailed provider network and facility report, in the format designated by DHS, to the State’s FTP whenever the PIHP experiences significant change with respect to network adequacy. (Facility report includes any physical address in which PIHP providers serve members, i.e. clinics and hospitals.)

**5. Article VII, J – Contracted Specified Reports and Due Dates**

**Amend the “PIHP Provider and Facility Network” row to read:**

PIHP Provider and Facility Network	Whenever there are significant changes	Next month	DHS	Electronic Media	Art. III, H Art. VII, I
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**6. Addendum V, E – Summary Hospital Access Payment Report to Department of Health Services**

**Amend to read:**

<b>PIHP Name</b>	
<b>Month, Year payment was received from the Department</b>	
<b>Month, Year from which hospital discharge and claims data is being reported (i.e. previous month)</b>	
<b>Date the last hospital access payment was sent</b>	
<b>* Grand Total Payment</b>	

\*

Total payments made to all hospitals should be equal to the total amount the HMO received from the Department. The distribution of these funds by the HMO to hospitals shall be based on eligible discharges and claims in the prior month paid by the HMO to eligible hospitals.

1	2	3	4	5	6	7	8	9	10	11	12	13
MA ID	NPI	Hospital Name	Inpatient Funding Received from DHS	Number of Hospital Qualifying Inpatient Discharges Paid to the Individual Hospital	Number of Total Inpatient Discharges Paid by PIHP to All Eligible Hospitals	Percent of the Hospital's Total Inpatient Discharges Paid by the PIHP (Column 5 / Column 6)	Payment to Hospital for Inpatient Discharges (Column 4 x Column 7)	Outpatient Funding Received from DHS	Number of Hospital Qualifying Outpatient Claims Paid to the Individual Hospital	Number of Total Outpatient Claims Paid by PIHP to All Eligible Hospitals	Percent of the Hospital's Total Outpatient Claims Paid by PIHP (Column 10 / Column 11)	Payment to Hospital for Outpatient Claims (Column 9 x Column 12)
		<b>Total:</b>										

I hereby attest and affirm that the information being submitted is complete, factual and correct to the best of my knowledge. I furthermore attest and affirm that no material facts have been omitted from this form. I understand that payment and satisfaction of this/these claim(s) will be from federal and state public funds and that I may be prosecuted under applicable federal and state laws for any false claims, statements, or documents, or concealment of a material fact. I furthermore understand that state or federal authorities may inspect all claims, records or documents pertaining to the provision of these services.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**7. Addendum VII – RATES**

**Amend to read:**

	Reconciled Cost		Non-Reconciled Cost		Final Rate	
	Total Benefit PMPM		Administrative PMPM			
Age Group	Title IV-E	Non Title IV-E	Title IV-E	Non Title IV-E	Title IV-E	Non Title IV-E
Age 0	\$919.66	\$894.54	\$150.18	\$145.74	\$1,069.84	\$1,040.28
Ages 1-5	\$559.41	\$523.65	\$86.60	\$80.29	\$646.01	\$603.94
Ages 6-14	\$613.30	\$588.63	\$96.11	\$91.76	\$709.41	\$680.38
Ages 15-20 F	\$742.39	\$674.95	\$118.89	\$106.99	\$861.28	\$781.94
Ages 15-20 M	\$618.10	\$628.58	\$96.96	\$98.81	\$715.06	\$727.39
All Ages	\$631.12	\$610.24	\$99.26	\$95.57	\$730.38	\$705.81

Wisconsin Department of Health Services

Rate Setting for  
Care4Kids  
Member Months and PMPM Summary  
Selection Criteria Updated, November 2013

Member Months Summary		Title IV-E			Non Title IV-E			Total		
Eligibility	Age Group	2009	2010	2011	2009	2010	2011	2009	2010	2011
CCF/WAM	Age 0									
	Ages 1-5									
	Ages 6-14	454	572	892	648	705	305	1,102	1,277	1,197
	Ages 15-20 F	281	440	656	429	378	203	710	818	859
	Ages 15-20 M	328	621	1,386	1,443	1,323	565	1,771	1,944	1,951
CCF/WAM Total		1,063	1,633	2,934	2,520	2,406	1,073	3,583	4,039	4,007
All Other	Age 0	2,581	3,137	3,285	2,022	1,993	1,784	4,603	5,130	5,069
	Ages 1-5	12,248	14,503	17,249	7,261	8,528	9,864	19,509	23,031	27,113
	Ages 6-14	11,505	13,332	16,016	9,003	9,285	10,673	20,508	22,617	26,689
	Ages 15-20 F	3,718	4,185	5,180	4,577	4,683	4,157	8,295	8,868	9,337
	Ages 15-20 M	3,566	4,219	5,255	5,953	6,211	5,858	9,519	10,430	11,113
All Other Total		33,618	39,376	46,985	28,816	30,700	32,336	62,434	70,076	79,321
All Eligibility Categories	Age 0	2,581	3,137	3,285	2,022	1,993	1,784	4,603	5,130	5,069
	Ages 1-5	12,248	14,503	17,249	7,261	8,528	9,864	19,509	23,031	27,113
	Ages 6-14	11,959	13,904	16,908	9,651	9,990	10,978	21,610	23,894	27,886
	Ages 15-20 F	3,999	4,625	5,836	5,006	5,061	4,360	9,005	9,686	10,196
	Ages 15-20 M	3,894	4,840	6,641	7,396	7,534	6,423	11,290	12,374	13,064
All Eligibility Categories Total		34,681	41,009	49,919	31,336	33,106	33,409	66,017	74,115	83,328

<b>PMPM Summary</b>		<b>Title IV-E</b>			<b>Non Title IV-E</b>			<b>Total</b>		
<b>Eligibility</b>	<b>Age Group</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
CCF/WAM	Age 0									
	Ages 1-5									
	Ages 6-14	\$105.81	\$131.16	\$94.55	\$143.85	\$138.67	\$76.42	\$128.18	\$135.30	\$89.93
	Ages 15-20 F	\$202.59	\$224.79	\$173.74	\$213.54	\$189.52	\$200.50	\$209.21	\$208.49	\$180.07
	Ages 15-20 M	\$119.64	\$171.28	\$112.91	\$257.95	\$221.14	\$68.48	\$232.33	\$205.21	\$100.05
CCF/WAM Total		\$135.66	\$171.65	\$120.93	\$221.05	\$192.01	\$95.72	\$195.72	\$183.77	\$114.18
All Other	Age 0	\$395.88	\$518.01	\$706.72	\$707.72	\$424.18	\$424.42	\$532.86	\$481.56	\$607.37
	Ages 1-5	\$189.28	\$181.23	\$150.92	\$134.20	\$125.16	\$133.29	\$168.78	\$160.47	\$144.51
	Ages 6-14	\$292.73	\$248.76	\$202.41	\$283.47	\$205.23	\$165.00	\$288.66	\$230.89	\$187.45
	Ages 15-20 F	\$411.55	\$363.52	\$386.11	\$347.55	\$301.89	\$276.53	\$376.24	\$330.97	\$337.32
	Ages 15-20 M	\$305.60	\$265.37	\$196.06	\$282.28	\$215.94	\$285.15	\$291.02	\$235.93	\$243.02
All Other Total		\$277.47	\$259.31	\$238.31	\$285.56	\$214.11	\$205.74	\$281.20	\$239.51	\$225.03



	Ages 6-14	\$23.79	\$30.66	\$22.85	\$21.78	\$28.27	\$16.43	\$22.61	\$29.34	\$21.21
	Ages 15-20 F	\$64.93	\$68.57	\$46.62	\$50.92	\$61.13	\$46.30	\$56.46	\$65.13	\$46.54
	Ages 15-20 M	\$21.91	\$22.53	\$24.98	\$21.65	\$23.70	\$14.56	\$21.70	\$23.32	\$21.96
Physician Total		\$34.09	\$37.79	\$29.17	\$26.67	\$30.92	\$21.09	\$28.87	\$33.69	\$27.01
Other	Age 0									
	Ages 1-5									
	Ages 6-14	\$24.16	\$36.75	\$15.20	\$74.97	\$65.24	\$18.94	\$54.04	\$52.48	\$16.16
	Ages 15-20 F	\$34.28	\$49.82	\$39.05	\$68.70	\$52.17	\$50.65	\$55.07	\$50.91	\$41.79
	Ages 15-20 M	\$47.84	\$104.48	\$24.67	\$193.66	\$154.92	\$26.81	\$166.65	\$138.81	\$25.29
Other Total		\$34.14	\$66.03	\$25.01	\$141.87	\$112.50	\$29.08	\$109.91	\$93.71	\$26.10
Dental	Age 0									
	Ages 1-5									
	Ages 6-14	\$15.14	\$14.33	\$17.33	\$16.32	\$18.68	\$16.19	\$15.83	\$16.73	\$17.04
	Ages 15-20 F	\$19.08	\$19.20	\$21.44	\$15.16	\$20.50	\$14.65	\$16.71	\$19.80	\$19.84
	Ages 15-20 M	\$17.45	\$24.51	\$19.54	\$20.52	\$17.26	\$12.87	\$19.95	\$19.58	\$17.61
Dental Total		\$16.89	\$19.51	\$19.29	\$18.53	\$18.19	\$14.15	\$18.04	\$18.72	\$17.92
All Services and Ages		\$135.66	\$171.65	\$120.93	\$221.05	\$192.01	\$95.72	\$195.72	\$183.77	\$114.18

# Wisconsin Department of Health Services

Draft  
Exhibit  
2a

## Rate Setting for Care4Kids Rate Cell PMPM by Broad Category of Service and Calendar Year All Other FFS Eligibles

Service Category	Age Group	All Other								
		Title IV-E			Non Title IV-E			Total		
		2009	2010	2011	2009	2010	2011	2009	2010	2011
Hospital Inpatient	Age 0	\$183.03	\$326.67	\$482.25	\$467.11	\$220.57	\$269.39	\$307.82	\$285.45	\$407.33
	Ages 1-5	\$14.41	\$38.90	\$22.63	\$19.86	\$19.58	\$21.06	\$16.44	\$31.75	\$22.06
	Ages 6-14	\$50.78	\$35.17	\$36.14	\$82.57	\$39.73	\$24.73	\$64.73	\$37.04	\$31.58
	Ages 15-20 F	\$155.42	\$139.45	\$156.93	\$141.94	\$85.05	\$81.19	\$147.98	\$110.72	\$123.21
	Ages 15-20 M	\$114.71	\$80.07	\$56.40	\$98.07	\$50.53	\$148.88	\$104.30	\$62.48	\$105.15
Hospital Inpatient Total		\$66.03	\$75.66	\$77.95	\$106.38	\$54.97	\$66.86	\$84.66	\$66.60	\$73.43
Hospital Outpatient	Age 0	\$44.51	\$31.39	\$45.07	\$48.19	\$33.50	\$30.18	\$46.13	\$32.21	\$39.83
	Ages 1-5	\$32.02	\$23.84	\$23.75	\$33.81	\$22.48	\$21.81	\$32.69	\$23.33	\$23.04
	Ages 6-14	\$23.22	\$21.80	\$20.77	\$27.98	\$18.51	\$17.26	\$25.31	\$20.45	\$19.37
	Ages 15-20 F	\$46.50	\$41.66	\$45.61	\$41.19	\$37.43	\$47.72	\$43.57	\$39.42	\$46.55
	Ages 15-20 M	\$23.47	\$26.62	\$27.45	\$25.33	\$24.11	\$22.38	\$24.64	\$25.13	\$24.78
Hospital Outpatient Total		\$30.66	\$25.94	\$27.05	\$32.42	\$24.60	\$24.20	\$31.47	\$25.36	\$25.89
NH, HHC, PC, PDN	Age 0	\$2.84	\$19.08	\$27.63	\$8.04	\$32.71	\$14.14	\$5.12	\$24.38	\$22.88
	Ages 1-5	\$35.75	\$12.95	\$22.50	\$4.15	\$5.64	\$8.53	\$23.99	\$10.24	\$17.42
	Ages 6-14	\$1.03	\$11.98	\$11.19	\$14.78	\$1.98	\$3.39	\$7.06	\$7.87	\$8.07
	Ages 15-20 F	\$0.00	\$0.00	\$0.00	\$1.09	\$4.18	\$0.25	\$0.60	\$2.21	\$0.11
	Ages 15-20 M	\$1.83	\$1.09	\$0.00	\$0.06	\$6.58	\$15.19	\$0.72	\$4.36	\$8.01
NH, HHC, PC, PDN Total		\$13.79	\$10.46	\$14.00	\$6.41	\$6.26	\$7.29	\$10.38	\$8.62	\$11.27
Physician	Age 0	\$108.28	\$95.81	\$103.87	\$136.70	\$94.03	\$81.79	\$120.76	\$95.12	\$96.10

	Ages 1-5	\$32.43	\$35.54	\$29.01	\$31.65	\$29.93	\$29.43	\$32.14	\$33.46	\$29.16
	Ages 6-14	\$17.76	\$18.45	\$19.31	\$22.78	\$19.36	\$17.64	\$19.97	\$18.82	\$18.64
	Ages 15-20 F	\$42.06	\$39.74	\$48.23	\$42.85	\$41.76	\$38.38	\$42.50	\$40.81	\$43.85
	Ages 15-20 M	\$15.90	\$18.36	\$16.69	\$20.26	\$18.50	\$19.50	\$18.63	\$18.44	\$18.17
Physician Total		\$32.54	\$33.16	\$31.68	\$35.68	\$30.38	\$27.78	\$33.99	\$31.95	\$30.09
Other	Age 0	\$57.17	\$44.98	\$47.75	\$47.62	\$43.29	\$28.83	\$52.97	\$44.32	\$41.09
	Ages 1-5	\$67.16	\$61.31	\$46.23	\$36.53	\$39.24	\$43.01	\$55.76	\$53.13	\$45.06
	Ages 6-14	\$185.03	\$147.08	\$101.08	\$122.16	\$112.25	\$88.11	\$157.43	\$132.78	\$95.89
	Ages 15-20 F	\$149.06	\$125.18	\$117.46	\$102.56	\$118.01	\$94.60	\$123.40	\$121.39	\$107.28
	Ages 15-20 M	\$137.66	\$125.44	\$83.17	\$125.03	\$104.72	\$68.79	\$129.76	\$113.10	\$75.59
Other Total		\$123.27	\$102.71	\$77.02	\$92.83	\$86.85	\$68.41	\$109.22	\$95.76	\$73.51
Dental	Age 0	\$0.05	\$0.09	\$0.17	\$0.05	\$0.07	\$0.09	\$0.05	\$0.08	\$0.14
	Ages 1-5	\$7.52	\$8.69	\$6.81	\$8.20	\$8.30	\$9.45	\$7.77	\$8.55	\$7.77
	Ages 6-14	\$14.91	\$14.27	\$13.92	\$13.20	\$13.41	\$13.88	\$14.16	\$13.92	\$13.90
	Ages 15-20 F	\$18.51	\$17.49	\$17.88	\$17.91	\$15.48	\$14.38	\$18.18	\$16.43	\$16.32
	Ages 15-20 M	\$12.03	\$13.78	\$12.37	\$13.54	\$11.49	\$10.41	\$12.97	\$12.42	\$11.33
Dental Total		\$11.17	\$11.38	\$10.61	\$11.84	\$11.05	\$11.20	\$11.48	\$11.23	\$10.85
All Services and Ages		\$277.47	\$259.31	\$238.31	\$285.56	\$214.11	\$205.74	\$281.20	\$239.51	\$225.03

Wisconsin Department of Health Services

DRAFT  
Exhibit  
2b

Rate Setting for  
Care4Kids  
Rate Cell PMPM by Broad Category of Service - CY2009-11 Blended Average  
CCF/WAM and All Other FFS Eligibles

		CY2009-11 Average									
		CCF/WAM		All Other				CCF/WAM and All Other			
Service Category	Age Group	Title IV-E	Non Title IV-E	Total	Title IV-E	Non Title IV-E	Total	Title IV-E	Non Title IV-E	Total	
Hospital Inpatient	Age 0				\$342.26	\$321.55	\$334.15	\$342.26	\$321.55	\$334.15	
	Ages 1-5				\$25.70	\$20.23	\$23.69	\$25.70	\$20.23	\$23.69	
	Ages 6-14	\$14.80	\$4.65	\$10.09	\$39.94	\$47.52	\$43.09	\$38.82	\$45.20	\$41.48	
	Ages 15-20 F	\$29.53	\$29.50	\$29.52	\$150.91	\$103.26	\$126.78	\$139.35	\$98.10	\$118.75	
	Ages 15-20 M	\$18.45	\$6.02	\$11.14	\$80.00	\$98.20	\$90.56	\$70.65	\$83.82	\$78.31	
Hospital Inpatient Total		\$19.92	\$9.59	\$14.59	\$73.86	\$75.29	\$74.48	\$71.44	\$71.26	\$71.36	
Hospital Outpatient	Age 0				\$40.14	\$37.60	\$39.15	\$40.14	\$37.60	\$39.15	
	Ages 1-5				\$26.08	\$25.43	\$25.84	\$26.08	\$25.43	\$25.84	
	Ages 6-14	\$27.24	\$23.21	\$25.37	\$21.80	\$20.99	\$21.46	\$22.04	\$21.11	\$21.65	
	Ages 15-20 F	\$47.28	\$42.68	\$45.34	\$44.60	\$41.90	\$43.23	\$44.86	\$41.96	\$43.41	
	Ages 15-20 M	\$17.31	\$16.01	\$16.54	\$26.09	\$23.95	\$24.85	\$24.76	\$22.71	\$23.57	
Hospital Outpatient Total		\$28.02	\$22.49	\$25.17	\$27.70	\$26.91	\$27.36	\$27.71	\$26.64	\$27.24	
NH, HHC, PC, PDN	Age 0				\$17.54	\$18.39	\$17.88	\$17.54	\$18.39	\$17.88	
	Ages 1-5				\$23.04	\$6.33	\$16.89	\$23.04	\$6.33	\$16.89	
	Ages 6-14	\$1.03	\$0.00	\$0.55	\$8.58	\$6.48	\$7.71	\$8.25	\$6.13	\$7.36	
	Ages 15-20 F	\$0.00	\$0.00	\$0.00	\$0.00	\$1.91	\$0.97	\$0.00	\$1.77	\$0.89	
	Ages 15-20 M	\$0.00	\$0.00	\$0.00	\$0.85	\$7.22	\$4.55	\$0.72	\$6.10	\$3.85	

NH, HHC, PC, PDN Total		\$0.35	\$0.00	\$0.17	\$12.78	\$6.67	\$10.13	\$12.22	\$6.26	\$9.61
Physician	Age 0				\$102.32	\$105.14	\$103.43	\$102.32	\$105.14	\$103.43
	Ages 1-5				\$32.11	\$30.22	\$31.42	\$32.11	\$30.22	\$31.42
	Ages 6-14	\$25.40	\$23.56	\$24.55	\$18.59	\$19.79	\$19.09	\$18.90	\$19.99	\$19.36
	Ages 15-20 F	\$57.37	\$53.81	\$55.86	\$43.76	\$41.08	\$42.41	\$45.06	\$41.98	\$43.52
	Ages 15-20 M	\$23.90	\$21.26	\$22.35	\$17.01	\$19.41	\$18.40	\$18.06	\$19.69	\$19.01
Physician Total		\$32.60	\$27.37	\$29.90	\$32.41	\$31.13	\$31.85	\$32.42	\$30.90	\$31.75
Other	Age 0				\$49.48	\$40.35	\$45.91	\$49.48	\$40.35	\$45.91
	Ages 1-5				\$57.03	\$39.92	\$50.73	\$57.03	\$39.92	\$50.73
	Ages 6-14	\$23.75	\$60.53	\$40.80	\$139.73	\$106.43	\$125.92	\$134.53	\$103.95	\$121.77
	Ages 15-20 F	\$41.52	\$58.88	\$48.87	\$128.91	\$105.49	\$117.05	\$120.59	\$102.22	\$111.42
	Ages 15-20 M	\$49.15	\$149.97	\$108.42	\$111.75	\$99.75	\$104.79	\$102.24	\$107.58	\$105.35
Other Total		\$38.63	\$109.91	\$75.40	\$98.41	\$82.24	\$91.40	\$95.73	\$83.93	\$90.56
Dental	Age 0				\$0.11	\$0.07	\$0.09	\$0.11	\$0.07	\$0.09
	Ages 1-5				\$7.63	\$8.71	\$8.03	\$7.63	\$8.71	\$8.03
	Ages 6-14	\$15.92	\$17.30	\$16.56	\$14.31	\$13.52	\$13.98	\$14.38	\$13.72	\$14.11
	Ages 15-20 F	\$20.24	\$17.05	\$18.89	\$17.93	\$15.97	\$16.94	\$18.15	\$16.04	\$17.10
	Ages 15-20 M	\$20.57	\$17.93	\$19.02	\$12.73	\$11.82	\$12.20	\$13.92	\$12.77	\$13.25
Dental Total		\$18.90	\$17.61	\$18.24	\$11.02	\$11.35	\$11.16	\$11.37	\$11.73	\$11.53
All Services and Ages		\$138.42	\$186.98	\$163.47	\$256.17	\$233.58	\$246.38	\$250.90	\$230.72	\$242.06

# Wisconsin Department of Health Services

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Exhibit 3

## Rate Setting for Care4Kids

### Utilization Adjustments

#### CCF/WAM and All Other FFS Eligibles

Note: Base data is summarized across CY2009-11 and uniformly applied to all rate cells unless otherwise noted

#### Care Coordination applicable to All Ages

Twenty instances of T1016 per member month at \$10.81 per instance; PMPM value	<b>\$216.20</b>	A
--	-----------------	---

#### Mental Health Services applicable to All Ages

1 Increase in utilization for 96110 and 96111		
Claims associated with procedure codes	\$30,022	
2009-11 Member Months	223,460	
<b>Value of 10% increased utilization; PMPM value</b>	<b>\$0.01</b>	B

2 Add procedure code 96101 (rate \$65.65) once per year per child		
Unique member count	28,530	
Cost per Unit	\$65.65	
2009-11 Member Months	223,460	
Adjustment PMPM Value = Total Unique Members x Cost per Unit / 2009-11 MM	<b>\$8.38</b>	C

3 Add four instances of procedure code H0004 (rate is per four instances); PMPM value	<b>\$65.72</b>	D
---	----------------	---

#### Physical, Occupational, and Speech Therapies applicable to All Ages

Increase in utilization for select procedure codes in Evaluations, Therapeutic Procedures, Modalities, Speech and Language Pathology, and Other Procedures: 93797, 93798, 94667, 94668

Claims associated with procedure codes	\$2,048,326	
2009-11 Member Months	223,460	
<b>Value of 10% increased utilization; PMPM value</b>	<b>\$0.92</b>	E

#### HealthCheck (EPSDT) applicable to All Ages

1 Add procedure code 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395

Cost per Unit	CCF/WA M		All Other	
	Title IV-E	Non Title IV- E	Title IV- E	Non Title IV-E
\$57.53				

1 per Member Month for members 0-5 months old = MM x Cost per Unit

Ages 0 Member Months (0-5 months)

4,276 2,737

1 per 3 Member Months for members 6 months - 23 months old = MM / 3 x Cost per Unit

Ages 0 Member Months (6-11 months)

4,727 3,062

Ages 1-5 Member Months (12-23 months)

33,788 19,815

1 per 6 Member Months for members 2 years old and older = MM / 6 x Cost per Unit

Ages 1-5 Member Months (> 23 months)

10,212 5,838

Ages 6-20 Member Months

5,630 5,999 66,976 60,400

**Aggregate Adjustment**

**Ages 0 PMPM add-on**

**\$0.00 \$0.00 \$37.39 \$37.28**

F

**Ages 1-5 PMPM add-on**

**\$0.00 \$0.00 \$16.95 \$16.99**

G

**Ages 6-20 PMPM add-on**

**\$9.59 \$9.59 \$9.59 \$9.59**

H

2 Add procedure code 99212 (rate \$21.96) once per year per child

Unique member count

28,530

Cost per Unit

\$21.96

2009-11 Member Months

223,460

Adjustment PMPM Value = Total Unique Members x Cost per Unit / 2009-11 MM

\$2.80

Average Base Physician PMPM

\$31.75

**Adjustment Value = Adjustment PMPM Value / Average Base PMPM**

**8.8%**

I

**New Enrollee Assessments applicable to All Ages**

Add procedure code 99381 (rate \$57.53) once per child

Add procedure codes D2150 (rate \$45) and D0150 (rate \$41.95) once per child

Projected 2014 New Enrollees

2,739

Cost per Unit

\$144.48

Projected 2014 Member Months

14,358

**Adjustment PMPM Value = Projected New Enrollees x Cost per Unit / Projected Member Months**

**\$27.56** J

# Wisconsin Department of Health Services

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Exhibit 3

## Rate Setting for Care4Kids All Adjustments - Summary CCF/WAM and All Other FFS Eligibles

Trend	Data Period	Contract Period	Contract Period	Trend Factors			IBNR	Total Trend+IBNR
				Data Period	Contract Period	Contract Period		
Hospital Inpatient	0.0%	0.0%	2.1%	1.0000	1.0000	1.0214	1.0048	<b>1.0263</b>
Hospital Outpatient	0.0%	0.0%	8.7%	1.0000	1.0000	1.0869	1.0029	<b>1.0901</b>
NH, HHC, PC, PDN	0.0%	0.0%	2.1%	1.0000	1.0000	1.0214	1.0045	<b>1.0260</b>
Physician	0.0%	0.0%	3.2%	1.0000	1.0000	1.0321	1.0028	<b>1.0350</b>
Other	0.0%	0.0%	2.1%	1.0000	1.0000	1.0214	1.0045	<b>1.0260</b>
Chiropractic	0.0%	0.0%	3.2%	1.0000	1.0000	1.0321	1.0000	<b>1.0321</b>
Dental	0.0%	0.0%	8.7%	1.0000	1.0000	1.0869	1.0000	<b>1.0869</b>
Months of Trend:				<b>18</b>	<b>30</b>	<b>12</b>		

### Regional Variation

Statewide PMPM	\$242.06
Region 5-6 PMPM	\$206.37
Factor to apply to All Rate Cells	<b>0.8526</b>

**Final Utilization Adjustments Summary - Projected 2014 PMPM**

<b>Physician</b>		<b>CCF/WAM</b>	
<b>Age Group</b>		<b>Title IV-E</b>	<b>Non Title IV-E</b>
Age 0			
Ages 1-5			
Ages 6-14		\$12.75	\$12.58
Ages 15-20 F		\$15.57	\$15.26
Ages 15-20 M		\$12.62	\$12.38

<b>All Other</b>	
<b>Title IV-E</b>	<b>Non Title IV-E</b>
\$47.34	\$47.48
\$20.70	\$20.58
\$12.15	\$12.25
\$14.37	\$14.13
\$12.01	\$12.22

<b>NOTES</b>
E+F+(I x Respective Base PMPM from Ex 2b)
E+G+(I x Respective Base PMPM from Ex 2b)
E+H+(I x Respective Base PMPM from Ex 2b)

**New Service Categories**

		<b>CCF/WAM</b>	
<b>Service Category</b>		<b>Title IV-E</b>	<b>Non Title IV-E</b>
Care Coordination		\$216.20	\$216.20
Mental Health		\$74.12	\$74.12
New Enrollee Assessments		\$27.56	\$27.56

<b>All Other</b>	
<b>Title IV-E</b>	<b>Non Title IV-E</b>
\$216.20	\$216.20
\$74.12	\$74.12
\$27.56	\$27.56

<b>NOTES</b>
A
B+C+D
J

Wisconsin Department of Health Services

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Exhibit  
4a

Rate Setting for Care4Kids  
CY2015 Blended PMPM with Adjustments  
CCF/WAM and All Other FFS Eligibles

Note: All weighted averages calculated based on underlying CY2009-11 member months

CY2009-11 Member Months		CCF/WAM			All Other			CCF/WAM and All Other		
Age Group	Title IV-E	Non Title IV-E	Total	Title IV-E	Non Title IV-E	Total	Title IV-E	Non Title IV-E	Total	
Age 0	0	0	0	9,003	5,799	14,802	9,003	5,799	14,802	
Ages 1-5	0	0	0	44,000	25,653	69,653	44,000	25,653	69,653	
Ages 6-14	1,918	1,658	3,576	40,853	28,961	69,814	42,771	30,619	73,390	
Ages 15-20 F	1,377	1,010	2,387	13,083	13,417	26,500	14,460	14,427	28,887	
Ages 15-20 M	2,335	3,331	5,666	13,040	18,022	31,062	15,375	21,353	36,728	
All Ages	5,630	5,999	11,629	119,979	91,852	211,831	125,609	97,851	223,460	

		CCF/WAM			All Other			CCF/WAM and All Other		
Service Category	Age Group	Title IV-E	Non Title IV-E	Total	Title IV-E	Non Title IV-E	Total	Title IV-E	Non Title IV-E	Total
Hospital Inpatient	Age 0	\$0.00	\$0.00	\$0.00	\$299.46	\$281.34	\$292.36	\$299.46	\$281.34	\$292.36
	Ages 1-5	\$0.00	\$0.00	\$0.00	\$22.49	\$17.70	\$20.73	\$22.49	\$17.70	\$20.73
	Ages 6-14	\$12.95	\$4.06	\$8.83	\$34.95	\$41.58	\$37.70	\$33.96	\$39.54	\$36.29
	Ages 15-20 F	\$25.84	\$25.81	\$25.83	\$132.04	\$90.35	\$110.93	\$121.92	\$85.83	\$103.90
	Ages 15-20 M	\$16.14	\$5.27	\$9.75	\$70.00	\$85.92	\$79.24	\$61.82	\$73.34	\$68.52
Hospital Inpatient Total		\$17.43	\$8.39	\$12.77	\$64.62	\$65.87	\$65.16	\$62.51	\$62.35	\$62.44
Hospital Outpatient	Age 0	\$0.00	\$0.00	\$0.00	\$37.31	\$34.95	\$36.38	\$37.31	\$34.95	\$36.38

	Ages 1-5	\$0.00	\$0.00	\$0.00	\$24.24	\$23.63	\$24.02	\$24.24	\$23.63	\$24.02
	Ages 6-14	\$25.31	\$21.57	\$23.58	\$20.26	\$19.51	\$19.95	\$20.49	\$19.62	\$20.12
	Ages 15-20									
	F	\$43.94	\$39.67	\$42.13	\$41.45	\$38.94	\$40.18	\$41.69	\$38.99	\$40.34
	Ages 15-20									
	M	\$16.08	\$14.88	\$15.38	\$24.25	\$22.26	\$23.10	\$23.01	\$21.11	\$21.90
Hospital Outpatient Total		\$26.04	\$20.90	\$23.39	\$25.74	\$25.01	\$25.43	\$25.76	\$24.76	\$25.32
NH, HHC, PC, PDN	Age 0	\$0.00	\$0.00	\$0.00	\$15.35	\$16.09	\$15.64	\$15.35	\$16.09	\$15.64
	Ages 1-5	\$0.00	\$0.00	\$0.00	\$20.15	\$5.54	\$14.77	\$20.15	\$5.54	\$14.77
	Ages 6-14	\$0.90	\$0.00	\$0.48	\$7.51	\$5.66	\$6.74	\$7.21	\$5.36	\$6.44
	Ages 15-20									
	F	\$0.00	\$0.00	\$0.00	\$0.00	\$1.67	\$0.84	\$0.00	\$1.55	\$0.78
	Ages 15-20									
	M	\$0.00	\$0.00	\$0.00	\$0.75	\$6.32	\$3.98	\$0.63	\$5.33	\$3.37
NH, HHC, PC, PDN Total		\$0.31	\$0.00	\$0.15	\$11.18	\$5.83	\$8.86	\$10.69	\$5.47	\$8.41
Physician	Age 0	\$0.00	\$0.00	\$0.00	\$137.64	\$140.26	\$138.66	\$137.64	\$140.26	\$138.66
	Ages 1-5	\$0.00	\$0.00	\$0.00	\$49.04	\$47.25	\$48.38	\$49.04	\$47.25	\$48.38
	Ages 6-14	\$35.16	\$33.37	\$34.33	\$28.55	\$29.71	\$29.04	\$28.85	\$29.91	\$29.29
	Ages 15-20									
	F	\$66.20	\$62.74	\$64.73	\$52.98	\$50.39	\$51.67	\$54.24	\$51.25	\$52.75
	Ages 15-20									
	M	\$33.70	\$31.14	\$32.20	\$27.02	\$29.34	\$28.37	\$28.04	\$29.62	\$28.96
Physician Total		\$42.15	\$37.08	\$39.53	\$46.75	\$44.54	\$45.79	\$46.54	\$44.08	\$45.46
Other	Age 0	\$0.00	\$0.00	\$0.00	\$43.28	\$35.30	\$40.15	\$43.28	\$35.30	\$40.15
	Ages 1-5	\$0.00	\$0.00	\$0.00	\$49.88	\$34.92	\$44.37	\$49.88	\$34.92	\$44.37
	Ages 6-14	\$20.77	\$52.94	\$35.69	\$122.23	\$93.10	\$110.15	\$117.68	\$90.93	\$106.52
	Ages 15-20									
	F	\$36.32	\$51.51	\$42.74	\$112.76	\$92.27	\$102.39	\$105.48	\$89.42	\$97.46
	Ages 15-20									
	M	\$43.00	\$131.18	\$94.84	\$97.75	\$87.25	\$91.66	\$89.43	\$94.11	\$92.15
Other Total		\$33.79	\$96.15	\$65.96	\$86.08	\$71.93	\$79.95	\$83.74	\$73.42	\$79.22
Dental	Age 0	\$0.00	\$0.00	\$0.00	\$0.10	\$0.07	\$0.09	\$0.10	\$0.07	\$0.09
	Ages 1-5	\$0.00	\$0.00	\$0.00	\$7.07	\$8.07	\$7.44	\$7.07	\$8.07	\$7.44
	Ages 6-14	\$14.75	\$16.03	\$15.34	\$13.26	\$12.53	\$12.96	\$13.33	\$12.72	\$13.07
	Ages 15-20									
	F	\$18.76	\$15.80	\$17.51	\$16.62	\$14.80	\$15.70	\$16.82	\$14.87	\$15.85
	Ages 15-20									
	M	\$19.06	\$16.61	\$17.62	\$11.80	\$10.95	\$11.30	\$12.90	\$11.83	\$12.28

	M									
Dental Total		\$17.52	\$16.32	\$16.90	\$10.21	\$10.52	\$10.34	\$10.54	\$10.87	\$10.68
Care Coordination	All Ages	\$216.20	\$216.20	\$216.20	\$216.20	\$216.20	\$216.20	\$216.20	\$216.20	\$216.20
Mental Health	All Ages	\$74.12	\$74.12	\$74.12	\$74.12	\$74.12	\$74.12	\$74.12	\$74.12	\$74.12
New Enrollee Assessments	All Ages	\$27.56	\$27.56	\$27.56	\$27.56	\$27.56	\$27.56	\$27.56	\$27.56	\$27.56
All Services and Ages		\$455.11	\$496.71	\$476.57	\$562.46	\$541.58	\$553.41	\$557.65	\$538.83	\$549.41

**Wisconsin Department of Health Services**

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4b**

**Rate Setting for Care4Kids**

**CY2015 Final PMPM**

**CCF/WAM and All Other FFS Eligibles**

Note: All weighted averages calculated based on underlying CY2009-11 member months

	CY2015 Blended PMPM with Adjustments								
	CCF/WAM			All Other			CCF/WAM and All Other		
Age Group	Title IV-E	Non Title IV-E	Total	Title IV-E	Non Title IV-E	Total	Title IV-E	Non Title IV-E	Total
Age 0				\$851.00	\$825.88	\$841.16	\$851.00	\$825.88	\$841.16
Ages 1-5				\$490.75	\$454.99	\$477.58	\$490.75	\$454.99	\$477.58
Ages 6-14	\$427.73	\$445.86	\$436.13	\$544.64	\$519.97	\$534.40	\$539.40	\$515.95	\$529.62
Ages 15-20 F	\$508.92	\$513.40	\$510.82	\$673.73	\$606.29	\$639.58	\$658.03	\$599.79	\$628.94
Ages 15-20 M	\$445.87	\$516.96	\$487.66	\$549.44	\$559.92	\$555.52	\$533.71	\$553.22	\$545.05
All Ages	\$455.11	\$496.71	\$476.57	\$562.46	\$541.58	\$553.41	\$557.65	\$538.83	\$549.41

	CY2015 Final PMPM with Admin at 15.0%								
	CCF/WAM			All Other			CCF/WAM and All Other		
Age Group	Title IV-E	Non Title IV-E	Total	Title IV-E	Non Title IV-E	Total	Title IV-E	Non Title IV-E	Total

Age 0				\$1,001.18	\$971.62	\$989.60	\$1,001.18	\$971.62	\$989.60
Ages 1-5				\$577.35	\$535.28	\$561.86	\$577.35	\$535.28	\$561.86
Ages 6-14	\$503.21	\$524.54	\$513.10	\$640.75	\$611.72	\$628.71	\$634.59	\$607.00	\$623.08
Ages 15-20 F	\$598.74	\$604.00	\$600.96	\$792.62	\$713.28	\$752.45	\$774.16	\$705.63	\$739.93
Ages 15-20 M	\$524.55	\$608.19	\$573.72	\$646.40	\$658.73	\$653.55	\$627.89	\$650.85	\$641.24
All Ages	\$535.42	\$584.37	\$560.67	\$661.72	\$637.15	\$651.07	\$656.06	\$633.92	\$646.36

**Access Payment Based on 2015 BCP Standard CCHP Access Payment PMPM**

Acute Hospital Inpatient	\$34.68
Acute Hospital Outpatient	\$33.92
Critical Access Hospital Inpatient	\$0.00
Critical Access Hospital Outpatient	\$0.00
Ambulatory Service Center	\$0.06
<b>Access Payment Total PMPM</b>	<b>\$68.66</b>

Age Group	CY2015 Final PMPM with Admin at 15.0% and Access Payment			All Other			CCF/WAM and All Other		
	Title IV-E	Non Title IV-E	Total	Title IV-E	Non Title IV-E	Total	Title IV-E	Non Title IV-E	Total
Age 0				\$1,069.84	\$1,040.28	\$1,058.26	\$1,069.84	\$1,040.28	\$1,058.26
Ages 1-5				\$646.01	\$603.94	\$630.52	\$646.01	\$603.94	\$630.52
Ages 6-14	\$571.87	\$593.20	\$581.76	\$709.41	\$680.38	\$697.37	\$703.25	\$675.66	\$691.74
Ages 15-20 F	\$667.40	\$672.66	\$669.62	\$861.28	\$781.94	\$821.11	\$842.82	\$774.29	\$808.59
Ages 15-20 M	\$593.21	\$676.85	\$642.38	\$715.06	\$727.39	\$722.21	\$696.55	\$719.51	\$709.90
All Ages	\$604.08	\$653.03	\$629.33	\$730.38	\$705.81	\$719.73	\$724.72	\$702.58	\$715.02

<b>Reconciled Cost</b>		<b>Non-Reconciled</b>	
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			Cost			
	Total Benefit PMPM		Administrative PMPM		Final Rate	
Age Group	Title IV-E	Non Title IV-E	Title IV-E	Non Title IV-E	Title IV-E	Non Title IV-E
<b>CCF/WAM</b>						
Age 0						
Ages 1-5						
Ages 6-14	\$496.39	\$514.52	\$75.48	\$78.68	\$571.87	\$593.20
Ages 15-20 F	\$577.58	\$582.06	\$89.81	\$90.60	\$667.40	\$672.66
Ages 15-20 M	\$514.53	\$585.62	\$78.68	\$91.23	\$593.21	\$676.85
All Ages	\$523.77	\$565.37	\$80.31	\$87.66	\$604.08	\$653.03
<b>All Other</b>						
Age 0	\$919.66	\$894.54	\$150.18	\$145.74	\$1,069.84	\$1,040.28
Ages 1-5	\$559.41	\$523.65	\$86.60	\$80.29	\$646.01	\$603.94
Ages 6-14	\$613.30	\$588.63	\$96.11	\$91.76	\$709.41	\$680.38
Ages 15-20 F	\$742.39	\$674.95	\$118.89	\$106.99	\$861.28	\$781.94
Ages 15-20 M	\$618.10	\$628.58	\$96.96	\$98.81	\$715.06	\$727.39
All Ages	\$631.12	\$610.24	\$99.26	\$95.57	\$730.38	\$705.81

All terms and conditions of the January 1, 2014 through December 31, 2015 contract and any prior amendments that are not affected by this amendment shall remain in full force and effect.

<b>PIHP Name</b>	<b>Department of Health Services</b>
Official Signature	Official Signature
Printed Name	Printed Name Marlia Mattke
Title	Title Deputy Medicaid Director Division of Health Care Access and Accountability
Date	Date