STATE OF WISCONSIN

SENATE CHAIR
Alberta Darling

317 East, State Capitol
P.O. Box 7882
Madison, WI 53707-7882
Phone: (608) 266-5830

ASSEMBLY CHAIR
John Nygren

309 East, State Capitol
P.O. Box 8953
Madison, WI 53708-8953
Phone: (608) 266-2343

JOINT COMMITTEE ON FINANCE

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Alberta Darling
Representative John Nygren

Date: February 11, 2016

Re: DHS Report to JFC

Attached is a report on the hospital assessment from the Department of Health Services, pursuant to s. 50.38(7), Stats.

This report is being provided for your information only. No action by the Committee is required. Please feel free to contact us if you have any questions.

Attachments

AD:JN:jm

State of Wisconsin
Department of Health Services

Scott Walker, Governor
Kitty Rhoades, Secretary

RECEIVED
FEB 1 1 2016
BY: Jt. Finance

February 9, 2016

The Honorable Alberta Darling
Joint Committee on Finance Co-chair
Room 317 East State Capitol
Madison WI 53702

The Honorable John Nygren
Joint Committee on Finance Co-chair
Room 309 East State Capitol
Madison, WI 53702

Dear Senator Darling and Representative Nygren:

In accordance with Wis. Stat. § 50.38 (7), the Department of Health Services is submitting two reports. The first is a report on the implementation of the hospital assessment during state fiscal year 2015, available at https://www.dhs.wisconsin.gov/publications/p01210.pdf. The second is a report on the implementation of the critical access hospital assessment during state fiscal year 2015, available at https://www.dhs.wisconsin.gov/publications/p01210a.pdf.

Sincerely,

Kitty Rhoades
Secretary

State Fiscal Year 2015 Critical Access Hospital Assessment Report

Attached is a report that illustrates the critical access hospital assessment and the effect it has had on critical access hospital rates. The department has not conducted any audits relating to the critical access hospital assessment and thus has no report on audits and/or actions taken by the department as a result of the audits.

Pages 1-2 Individual Critical Access Hospital Assessment Payments and Revenues

- Column 1, which addresses Wis. Stat. § 50.38 (7) (a), represents the amount each eligible critical access hospital paid under the critical access hospital assessment.

- Column 2, which addresses Wis. Stat. § 50.38 (7) (c), represents the amount of assessment funding each eligible critical access hospital received from the health maintenance organizations (HMOs).

- Column 3, which addresses Wis. Stat. § 50.38 (7) (d), represents the total amount of payment increases the department made in connection with the critical access hospital assessment for inpatient critical access hospital services that are reimbursed on a fee-for-service basis.

- Column 4, which also addresses Wis. Stat. § 50.38 (7) (d), represents the total amount of payment increases the department made in connection with the critical access hospital assessment for outpatient critical access hospital services that are reimbursed on a fee-for-service basis.

- Column 5, which also addresses Wis. Stat. § 50.38 (7) (d), represents the total increase in fee-for-service rates due to the assessment (the sum of columns 3 and 4).

- Column 6, which addresses Wis. Stat. § 50.38 (7) (e), represents the total amount of fee-for-service payments the department made to assessed critical access hospitals (access payments and critical access hospital base rates).

Page 3 Health Maintenance Organization Assessment Payments

This chart, which addresses Wis. Stat. § 50.38 (7) (b), represents the amount the department paid each HMO in connection with the critical access hospital assessment. This is the amount paid for BadgerCare Plus inpatient and outpatient services and Social Security Insurance (SSI) Managed Care inpatient and outpatient services. For state fiscal year 2009, the biennial budget (2009 Act 2) established the basis for how HMOs should pay critical access hospital assessment funds to critical access hospitals. Note the assessment funding provided to HMOs matches the funding HMOs paid to critical access hospitals under column 2 of the Individual Critical Access Hospital Assessment Payments and Revenues chart.

Page 4 Capitation Rates

The department does not calculate HMO specific capitation rates. Instead, HMO capitation rates are calculated by region for a variety of age/gender groups. These charts, which address Wis. Stat. § 50.38 (7) (f), represent the statewide average for HMO capitation rates based on inpatient and outpatient services. The top charts show the all funds (state and federal funds) amount of the capitation payment. The bottom charts represent the average general purpose revenue portion of the capitation payments.

State Fiscal Year 2015 Hospital Assessment Report

Attached is a report that illustrates the hospital assessment and the effect it has had on hospital rates. The department has not conducted any audits relating to the hospital assessment and thus has no report on audits and/or actions taken by the department as a result of the audits.

Pages 1-2 Individual Hospital Assessment Payments and Revenues

- Column 1, which addresses Wis. Stat. § 50.38 (7) (a), represents the amount each eligible hospital paid under the hospital assessment.

- Column 2, which addresses Wis. Stat. § 50.38 (7) (c), represents the amount of assessment funding each eligible hospital received from the health maintenance organizations (HMOs).

- Column 3, which addresses Wis. Stat. § 50.38 (7) (d), represents the total amount of payment increases the department made in connection with the hospital assessment for inpatient hospital services that are reimbursed on a fee-for-service basis. These amounts include pay-for-performance payments, rural payments, and trauma payments made to hospitals for inpatient services.

- Column 4, which also addresses Wis. Stat. § 50.38 (7) (d), represents the total amount of payment increases the department made in connection with the hospital assessment for outpatient hospital services that are reimbursed on a fee-for-service basis. These amounts include trauma payments made to hospitals for outpatient services.

- Column 5, which also addresses Wis. Stat. § 50.38 (7) (d), represents the total increase in fee-for-service rates due to the assessment (the sum of columns 3 and 4).

- Column 6, which addresses Wis. Stat. § 50.38 (7) (e), represents the total amount of fee-for-service payments the department made to assessed hospitals (access payments, hospital base rates, pay-for-performance payments, rural payments, and trauma payments).

Page 3 Health Maintenance Organization Assessment Payments

This chart, which addresses Wis. Stat. § 50.38 (7) (b), represents the amount the department paid each HMO in connection with the hospital assessment. This is the amount paid for BadgerCare Plus inpatient and outpatient services and Social Security Insurance (SSI) Managed Care inpatient and outpatient services. For state fiscal year 2009, the biennial budget (2009 Act 2) established the basis for how HMOs should pay hospital assessment funds to hospitals. Note the assessment funding provided to HMOs matches the funding HMOs paid to hospitals under column 2 of the Individual Hospital Assessment Payments and Revenues chart.

Page 4 Capitation Rates

The department does not calculate HMO specific capitation rates. Instead, HMO capitation rates are calculated by region for a variety of age/gender groups. These charts, which address Wis. Stat. § 50.38 (7) (f), represent the statewide average for HMO capitation rates based on inpatient and outpatient services. The top charts show the all funds (state and federal funds) amount of the capitation payment. The bottom charts represent the average general purpose revenue portion of the capitation payments.

State of Wisconsin
Department of Health Services
Division of Health Care Access and Accountability
Hospital Tax Revenue Reconciliation
SFY 2015 Individual Critical Access Hospital Assessment Payments and Revenues

			Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Provider Name	System	Location	50.38(7)(a) Hospital Assessment Paid by Hospital	50.38(7)(c) Total Amount of Assessment Funding Received by each Hospital from HMOs	50.38(7)(d) Total Increase in IP FFS rates Due to Assessment	50.38(7)(d) Total Increase in OP FFS rates Due to Assessment	50.38(7)(d) Total Increase in FFS rates Due to Assessment	50.38(7)(e) Total Amount of FFS Payments made to Hospitals (Includes Base and Access)
Amery Regional Medical Center	Independent	Amery	$225,516	$164,369	$105,480	$203,616	$309,096	$1,956,061
Aspirus Medford Hospital & Clinics	Independent	Medford	$122,215	$354,559	$60,975	$53,100	$114,075	$1,144,034
Baldwin Area Medical Center Inc	Independent	Baldwin	$89,451	$115,450	$17,422	$23,904	$41,326	$553,453
Berlin Memorial Hospital	ThedaCare	Berlin	$449,159	$290,197	$51,280	$31,464	$82,744	$823,157
Black River Memorial Hospital	Independent	Black River Falls	$157,621	$223,181	$58,072	$34,956	$93,028	$1,308,473
Boscobel Area Health Care	Gundersen Lutheran	Boscobel	$51,577	$57,419	$4,839	$26,100	$30,939	$337,578
Burnett Medical Center Inc	Independent	Grantsburg	$61,849	$95,945	$17,422	$20,160	$37,582	$337,037
Calumet Medical Center	Ascension	Chilton	$74,341	$59,921	$11,581	$17,784	$29,365	$331,851
Chippewa Valley Hospital	Adventist Health System	Durand	$41,307	$6,855	$3,871	$12,636	$16,507	$200,605
Columbus Community Hospital Inc	Independent	Columbus	$185,128	$87,299	$11,614	$20,700	$32,314	$357,492
Crossing Rivers Health	Independent	Prairie du Chien	$200,781	$137,778	$26,132	$18,324	$44,456	$565,436
Cumberland Memorial Hospital	Independent	Cumberland	$97,543	$59,185	$11,614	$10,512	$22,126	$213,503
Edgerton Hospital and Health Services	Independent	Edgerton	$91,550	$29,594	$4,839	$14,328	$19,167	$312,056
Flambeau Hospital Inc	Ascension	Park Falls	$87,855	$66,878	$10,646	$23,148	$33,794	$358,926
Good Samaritan Health Center	Ascension	Merrill	$73,816	$109,233	$8,711	$32,400	$41,111	$375,390
Grant Regional Health Center Inc	Independent	Lancaster	$93,494	$178,979	$36,762	$19,800	$56,562	$381,733
Hayward Area Memorial Hospital	Regional Enterprises	Hayward	$157,538	$165,350	$128,726	$76,284	$205,010	$2,003,612
Hudson Hospital	Health Partners	Hudson	$265,892	$366,000	$67,750	$30,600	$98,350	$1,194,451
Indianhead Medical Center Shell Lake Inc	Independent	Shell Lake	$28,678	$29,148	$10,646	$10,620	$21,266	$203,689
Ladd Memorial dba Osceola Medical Center	Independent	Osceola	$93,154	$44,651	$44,522	$57,888	$102,410	$1,210,991
Langlade Memorial Hospital	Independent	Antigo	$188,061	$428,470	$104,529	$76,608	$181,137	$2,076,085
Mayo Clinic Health System - Chippewa Valley	Mayo Clinic Health System	Bloomer	$137,286	$8,841	$1,936	$3,240	$5,176	$138,000
Mayo Clinic Health System - Franciscan Sparta	Mayo Clinic Health System	Sparta	$72,499	$62,893	$7,743	$30,600	$38,343	$348,066
Mayo Clinic Health System - Northland	Mayo Clinic Health System	Barron	$125,061	$122,098	$40,650	$30,492	$71,142	$1,040,168

Mayo Clinic Health System - Oakridge	Mayo Clinic Health System	Osseo	$88,747	$8,181	$1,936	$4,176	$6,112	$160,092
Mayo Clinic Health System - Red Cedar	Mayo Clinic Health System	Menomonie	$213,474	$333,798	$93,866	$58,356	$152,222	$1,606,130
Memorial Hospital Inc	Independent	Neillsville	$69,516	$70,776	$2,904	$19,836	$22,740	$271,961
Memorial Hospital of Lafayette County	Independent	Darlington	$58,189	$57,791	$18,406	$10,044	$28,450	$244,326
Memorial Medical Center	Regional Enterprises	Ashland	$278,618	$326,150	$275,773	$128,664	$404,437	$4,530,825
Mercy Walworth Hospital and Med Center	Mercy Alliance	Lake Geneva	$325,384	$197,483	$58,072	$38,844	$96,916	$1,135,589
Ministry Door County Medical Center	Ascension Ministry	Sturgeon Bay	$274,381	$274,300	$30,004	$34,992	$64,996	$616,781
Ministry Eagle River Memorial Hospital	Ascension	Eagle River	$66,233	$39,736	$5,807	$11,808	$17,615	$288,820
Moundview Memorial Hospital	Independent	Friendship	$21,605	$83,433	$3,871	$50,616	$54,487	$680,945
Oconto Hospital and Medical Ctr. (aka Bond)	Bellin Health System	Oconto	$18,071	$56,236	$968	$16,164	$17,132	$245,067
Our Lady of Victory Hospital	Ascension	Stanley	$77,166	$58,878	$4,839	$16,632	$21,471	$211,492
Reedsburg Area Medical Center	Independent	Reedsburg	$209,453	$260,527	$106,414	$86,544	$192,958	$1,672,432
Richland Hospital Inc	Independent	Richland Center	$186,959	$83,410	$167,440	$64,836	$232,276	$1,999,347
Ripon Medical Center	Agnesian Health Care	Ripon	$119,579	$86,068	$13,550	$14,256	$27,806	$316,209
River Falls Area Hospital	Allina	River Falls	$222,336	$138,593	$17,422	$20,088	$37,510	$431,544
Rusk County Memorial Hospital & Nursing Home	Independent	Ladysmith	$91,135	$60,738	$12,582	$33,084	$45,666	$572,564
Sacred Heart Hospital Inc	Ascension	Tomahawk	$48,291	$50,841	$3,871	$16,020	$19,891	$194,909
Shawano Medical Center	ThedaCare	Shawano	$181,817	$377,849	$208,057	$127,728	$335,785	$3,039,495
Southwest Health Center Inc	Independent	Platteville	$167,618	$208,985	$37,730	$63,144	$100,874	$931,057
Spooner Health System	Independent	Spooner	$86,660	$100,180	$10,646	$27,504	$38,150	$505,588
St. Clare Memorial Hospital	Hospital Sisters System	Oconto Falls	$149,919	$103,856	$12,582	$30,888	$43,470	$452,456
St. Croix Regional Medical Center	Independent	St. Croix Falls	$270,414	$82,054	$235,157	$177,948	$413,105	$2,950,870
St. Joseph's Community Health Services Inc	Gunderson Lutheran	Hillsboro	$46,143	$47,055	$4,839	$23,544	$28,383	$395,465
St. Mary's Hospital of Superior	St. Mary's Duluth Clinic Health System	Superior	$64,086	$138,451	$1,936	$41,004	$42,940	$518,555
Stoughton Hospital Association	Independent	Stoughton	$225,912	$99,817	$3,888	$27,504	$31,392	$330,304
Theda Care Medical Center - New London	ThedaCare	New London	$131,948	$251,049	$29,019	$26,712	$55,731	$596,218
ThedaCare Medical Center-Waupaca	ThedaCare	Waupaca	$102,004	$258,937	$33,858	$39,132	$72,990	$729,294
Tomah Memorial Hospital Inc	Independent	Tomah	$114,431	$367,503	$95,785	$50,940	$146,725	$1,287,021
Tri-County Memorial Hospital Inc	Gundersen Lutheran	Whitehall	$54,505	$50,764	$2,904	$20,520	$23,424	$233,895
Upland Hills Health Inc	Independent	Dodgeville	$204,672	$181,242	$47,425	$37,116	$84,541	$653,202
Vernon Memorial Hospital	Independent	Viroqua	$346,093	$198,468	$36,779	$34,128	$70,907	$806,215
Waupun Memorial Hospital	Agnesian Health Care	Waupun	$204,227	$111,451	$42,586	$15,372	$57,958	$723,824
Westfields Hospital	Independent	New Richmond	$140,124	$230,005	$20,291	$73,836	$94,127	$793,804
Wild Rose Community Memorial Hospital Inc	ThedaCare	Wild Rose	$63,295	$38,231	$2,904	$12,924	$15,828	$198,976
TOTALS			**$8,094,373**	**$8,297,130**	**$2,491,875**	**$2,334,168**	**$4,826,043**	**$48,097,120**

Total Amount of Increased Medicaid Payments Received by Hospitals	**$13,123,173**
Total HMO and FFS Payment Increase Required Under Assessment	**$13,123,173**
Over/Under Payment in Medicaid Payments Made to Hospitals	**$0**
Tax to Payment Increase Ratio Per Statutory Language	**61.68%**
ASSESSMENT REFUND AMOUNT TO HOSPITALS	**$0**

Per Act 2:
Wis. Stat. § 50.38(7)(b)

Health Maintenance Organization Assessment Payments

HMO Name	Wis. Stat. § 50.38(7)(b) the amount of assessment funding the Department paid to the HMOs
Anthem Blue Cross Blue Shield	$22,173
Care Wisconsin	$19,823
Children's Community Health Plan	$7,611
Compcare Health Plan	$824,167
Dean Health Plan	$638,467
Group Health Cooperative Eau Claire	$1,194,106
Group Health Cooperative South Central Wisconsin	$26,204
Gunderson Lutheran Health Plan	$579,706
Health Tradition Health Plan	$282,358
Independent Care Health Plan (iCare)	$0
MercyCare Health Plan	$183,116
MHS Health Wisconsin	$456,474
Molina Health	$110,873
Network Health Plan	$433,178
Physicians Plus Insurance Corporation	$14,165
Security Health Plan of Wisconsin, Inc.	$1,138,243
Trilogy Health Insurance	$1,306
United Healthcare of Wisconsin, Inc.	$2,341,826
Unity Health Plan Insurance Corporation	$23,335
Total	**$8,297,130**

Per Act 2:
Wis. Stat. § 50.38(7)(f)

ALL FUNDS

Calendar Year 2014

Family Medicaid Managed Care

	Statewide Inpatient	Statewide Outpatient
Standard Plan Excluding Maternity	23.67	24.27
Standard Plan Including Maternity*	29.46	25.39
Benchmark Plan**	13.86	17.44

SSI Managed Care (Region 6)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	160.17	5.29	72.61	10.26
SSI_Rel	293.61	23.13	94.34	11.11
MAPP	387.15	23.09	132.29	22.26

SSI Managed Care (Region 5)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	142.90	3.17	61.24	9.48
SSI_Rel	191.87	21.98	73.16	10.37
MAPP	387.15	23.09	132.29	22.26

Calendar Year 2015

Family Medicaid Managed Care

	Statewide Inpatient	Statewide Outpatient
Standard Plan Excluding Maternity	25.14	24.47
Standard Plan Including Maternity*	30.94	25.59

SSI Managed Care (Region 6)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI***	168.29	5.42	76.97	10.62
MAPP	387.15	23.09	132.29	22.26

SSI Managed Care (Region 5)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	145.32	3.18	61.99	9.53
MAPP	387.15	23.09	132.29	22.26

General Purpose Revenues

Calendar Year 2014

Family Medicaid Managed Care

	Statewide Inpatient	Statewide Outpatient
Standard Plan Excluding Maternity	9.74	9.98
Standard Plan Including Maternity	12.12	10.44
Benchmark Plan	5.70	7.17

SSI Managed Care (Region 6)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	65.89	2.18	29.87	4.22
SSI_Rel	120.78	9.52	38.81	4.57
MAPP	159.26	9.50	54.42	9.16

SSI Managed Care (Region 5)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	58.79	1.30	25.19	3.90
SSI_Rel	78.93	9.04	30.10	4.27
MAPP	159.26	9.50	54.42	9.16

Calendar Year 2015

Family Medicaid Managed Care

	Statewide Inpatient	Statewide Outpatient
Standard Plan Excluding Maternity	10.49	10.21
Standard Plan Including Maternity	12.92	10.68

SSI Managed Care (Region 6)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	70.24	2.26	32.13	4.43
MAPP	161.59	9.64	55.22	9.29

SSI Managed Care (Region 5)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	60.66	1.33	25.87	3.98
MAPP	161.59	9.64	55.22	9.29

Does not include portion of capitation payments related to hospital access payments

Estimated based on rate development. Actual portions will vary based on case mix, actual enrollment and vary by HMO.

PMPM amounts include administration associated with hospital services

CY14 State Share of FMAP Rate 0.411

CY15 State Share of FMAP Rate 0.417

*Estimated Maternity PMPMs = final kick payment * # of annual deliveries / projected member months

**Benchmark was discontinued in April 2014, numbers reflect CY2013 values

*** SSI Rel rates was discontinued and blended into SSI program for CY 2015.

Per Act 2:
Wis. Stat. § 50.38(7)(f)

ALL FUNDS

Calendar Year 2014

Family Medicaid Managed Care

	Statewide Inpatient	Statewide Outpatient
Standard Plan Excluding Maternity	23.67	24.27
Standard Plan Including Maternity*	29.46	25.39
Benchmark Plan**	13.86	17.44

SSI Managed Care (Region 6)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	160.17	5.29	72.61	10.26
SSI_Rel	293.61	23.13	94.34	11.11
MAPP	387.15	23.09	132.29	22.26

SSI Managed Care (Region 5)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	142.90	3.17	61.24	9.48
SSI_Rel	191.87	21.98	73.16	10.37
MAPP	387.15	23.09	132.29	22.26

Calendar Year 2015

Family Medicaid Managed Care

	Statewide Inpatient	Statewide Outpatient
Standard Plan Excluding Maternity	25.14	24.47
Standard Plan Including Maternity*	30.94	25.59

SSI Managed Care (Region 6)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI***	168.29	5.42	76.97	10.62
MAPP	387.15	23.09	132.29	22.26

SSI Managed Care (Region 5)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	145.32	3.18	61.99	9.53
MAPP	387.15	23.09	132.29	22.26

General Purpose Revenue

Calendar Year 2014

Family Medicaid Managed Care

	Statewide Inpatient	Statewide Outpatient
Standard Plan Excluding Maternity	9.74	9.98
Standard Plan Including Maternity	12.12	10.44
Benchmark Plan	5.70	7.17

SSI Managed Care (Region 6)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	65.89	2.18	29.87	4.22
SSI_Rel	120.78	9.52	38.81	4.57
MAPP	159.26	9.50	54.42	9.16

SSI Managed Care (Region 5)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	58.79	1.30	25.19	3.90
SSI_Rel	78.93	9.04	30.10	4.27
MAPP	159.26	9.50	54.42	9.16

Calendar Year 2015

Family Medicaid Managed Care

	Statewide Inpatient	Statewide Outpatient
Standard Plan Excluding Maternity	10.49	10.21
Standard Plan Including Maternity	12.92	10.68

SSI Managed Care (Region 6)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	70.24	2.26	32.13	4.43
MAPP	161.59	9.64	55.22	9.29

SSI Managed Care (Region 5)

	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	60.66	1.33	25.87	3.98
MAPP	161.59	9.64	55.22	9.29

Does not include portion of capitation payments related to hospital access payments

Estimated based on rate development. Actual portions will vary based on case mix, actual enrollment and vary by HMO.

PMPM amounts include administration associated with hospital services

CY14 State Share of FMAP Rate 0.411

CY15 State Share of FMAP Rate 0.417

*Estimated Maternity PMPMs = final kick payment * # of annual deliveries / projected member months

**Benchmark was discontinued in April 2014, numbers reflect CY2013 values

*** SSI Rel rates was discontinued and blended into SSI program for CY 2015.

Per Act 2:
Wis. Stat. § 50.38(7)(b)

Health Maintenance Organization Assessment Payments

HMO Name	Wis. Stat. § 50.38(7)(b) the amount of assessment funding the Department paid to the HMOs
Anthem Blue Cross Blue Shield	$37,106,621
Care Wisconsin	$2,979,235
Children's Community Health Plan	$92,988,452
Compcare Health Plan	$6,211,670
Dean Health Plan	$20,466,992
Group Health Cooperative Eau Claire	$14,803,901
Group Health Cooperative South Central Wisconsin	$2,396,530
Gunderson Lutheran Health Plan	$7,086,520
Health Tradition Health Plan	$4,073,160
Independent Care Health Plan (iCare)	$13,298,155
MercyCare Health Plan	$7,808,655
MHS Health Wisconsin	$26,816,923
Molina Health	$54,482,147
Network Health Plan	$21,407,510
Physicians Plus Insurance Corporation	$6,557,865
Security Health Plan of Wisconsin, Inc.	$25,435,529
Trilogy Health Insurance	$1,804,242
United Healthcare of Wisconsin, Inc.	$81,953,050
Unity Health Plan Insurance Corporation	$12,038,724
Total	**$439,715,880**

Per Act 2:
Wis. Stat. § 50.38(7)(f)

ALL FUNDS

Calendar Year 2014

Family Medicaid Managed Care	Statewide Inpatient	Statewide Outpatient
Standard Plan Excluding Maternity	23.67	24.27
Standard Plan Including Maternity*	29.46	25.39
Benchmark Plan**	13.86	17.44

SSI Managed Care (Region 6)	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	160.17	5.29	72.61	10.26
SSI_Rel	293.61	23.13	94.34	11.11
MAPP	387.15	23.09	132.29	22.26

SSI Managed Care (Region 5)	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	142.90	3.17	61.24	9.48
SSI_Rel	191.87	21.98	73.16	10.37
MAPP	387.15	23.09	132.29	22.26

Calendar Year 2015

Family Medicaid Managed Care	Statewide Inpatient	Statewide Outpatient
Standard Plan Excluding Maternity	25.14	24.47
Standard Plan Including Maternity*	30.94	25.59

SSI Managed Care (Region 6)	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI***	168.29	5.42	76.97	10.62
MAPP	387.15	23.09	132.29	22.26

SSI Managed Care (Region 5)	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	145.32	3.18	61.99	9.53
MAPP	387.15	23.09	132.29	22.26

General Purpose Revenues

Calendar Year 2014

Family Medicaid Managed Care	Statewide Inpatient	Statewide Outpatient
Standard Plan Excluding Maternity	9.74	9.98
Standard Plan Including Maternity	12.12	10.44
Benchmark Plan	5.70	7.17

SSI Managed Care (Region 6)	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	65.89	2.18	29.87	4.22
SSI_Rel	120.78	9.52	38.81	4.57
MAPP	159.26	9.50	54.42	9.16

SSI Managed Care (Region 5)	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	58.79	1.30	25.19	3.90
SSI_Rel	78.93	9.04	30.10	4.27
MAPP	159.26	9.50	54.42	9.16

Calendar Year 2015

Family Medicaid Managed Care	Statewide Inpatient	Statewide Outpatient
Standard Plan Excluding Maternity	10.49	10.21
Standard Plan Including Maternity	12.92	10.68

SSI Managed Care (Region 6)	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	70.24	2.26	32.13	4.43
MAPP	161.59	9.64	55.22	9.29

SSI Managed Care (Region 5)	Statewide Inpatient		Statewide Outpatient	
	MA	Dual	MA	Dual
SSI	60.66	1.33	25.87	3.98
MAPP	161.59	9.64	55.22	9.29

Does not include portion of capitation payments related to hospital access payments

Estimated based on rate development. Actual portions will vary based on case mix, actual enrollment and vary by HMO.

PMPM amounts include administration associated with hospital services

CY14 State Share of FMAP Rate 0.411

CY15 State Share of FMAP Rate 0.417

*Estimated Maternity PMPMs = final kick payment * # of annual deliveries / projected member months

**Benchmark was discontinued in April 2014, numbers reflect CY2013 values

*** SSI Rel rates was discontinued and blended into SSI program for CY 2015.