

State Demonstrations to Integrate Care for Dual Eligibles

Demonstration Proposal

Wisconsin

Summary: In 2011, Wisconsin was competitively selected to receive funding through CMS' *State Demonstrations to Integrate Care for Dual Eligible Individuals*. As part of this Demonstration, CMS provided support to the State to design a demonstration proposal that describes how it would structure, implement, and monitor an integrated delivery system and payment model aimed at improving the quality, coordination, and cost-effectiveness of services for dual eligible individuals. Through the demonstration proposal, the State must demonstrate its ability to meet or exceed certain CMS established standards and conditions including beneficiary protections. These standards and conditions include factors such as beneficiary protections, stakeholder engagement, and network adequacy among others. In order for CMS to determine whether the standards and conditions have been met, States are asked to submit a demonstration proposal that outlines their proposed approach for integrating care for dual eligible individuals. The Wisconsin Department of Health Services has submitted this proposal for CMS review.

As part of the review process, CMS will seek public comment through a 30-day notice period. During this time interested individuals or groups may submit comments to help inform CMS' review of the proposal.

CMS will make all decisions related to the implementation of proposed demonstrations following a thorough review of the proposal and supporting documentation. Further discussion and/or development of certain aspects of the demonstration (e.g., quality measures, rate methodology, etc.) may be required before any formal agreement is finalized.

Publication of this proposal does not imply CMS approval of the demonstration.

Invitation for public comment: We welcome public input on this proposal. To be assured consideration, please submit comments by 5 p.m., May 31, 2012. You may submit comments on this proposal to WI-MedicareMedicaidCoordination@cms.hhs.gov.

**State of Wisconsin
Department of Health Services
Division of Long Term Care**

**Wisconsin's Demonstration to Integrate Care for Individuals
Dually Eligible for Medicare and Medicaid**



Final Proposal to the Centers for Medicare & Medicaid Services

April 26, 2012

This publication was developed under Contract Number HHSM-500-2011-00044C, "State Demonstration to Integrate Care for Dual Eligible Individuals."

Table of Contents

A. Executive Summary	1
B. Background	3
Vision	3
Barriers	3
Population Description	4
Population Data	5
Cost & Utilization Information	8
C. Care Model	9
Proposed Delivery System	9
Person-Centered Care Coordination	9
Use of Information Technology and Data in Care Coordination	11
Geographic Service Area(s) and ICO Certification	11
Enrollment Method	12
Available Networks	13
Benefit Design & Alignment	14
Proposed Benefit Design	14
Alignment with the Medicare- Medicaid Benefit	14
New & Modified Benefits	15
Supplemental Benefits/ Ancillary Support Services	15
Modifications to Existing Services	15
Use of Evidence-Based Practices in Care Model	15
Fit with Existing Waivers, Services, and Programs	16
Fit with Current Medicaid Programs	16
D. Stakeholder Engagement and Beneficiary Protections	16
Stakeholder Engagement	16
Stakeholder Outreach	16
Use of Stakeholder Input in Program Design	18
Plans for Additional Program Design Input	19
Beneficiary Protections	19
Appeals and Grievances	20
Ongoing Stakeholder Engagement Plan	20
Ongoing Stakeholder Input	20
Member Information & Education	21
E. Financing and Payment	22
Payment Reforms	22
Payments to ICOs & Providers	22
Payments to ICOs: Capitated Model	22
Payments to Providers	24
Savings in the Capitated Model	24
Operations	25
F. Expected Outcomes	25
State Ability to Monitor, Collect & Track Data on Quality & Cost Outcomes	25
Department Experience with Monitoring & Collecting Data on Quality & Cost	25
Quality & Cost Outcome Measurement in the Demonstration Program	26
Impact on Medicare and Medicaid Costs	27
Service Utilization	27
Administrative Efficiencies	28
Specific Savings Opportunities	28
Range of Potential Savings	29
G. Infrastructure and Implementation	30

State and Contractor Infrastructure and Capacity	30
State Staff Capacity.....	30
Contractors.....	31
Analytic Capacity.....	32
Waiver of Medicaid and/or Medicare Rules	33
Expansion Plans	33
Implementation Strategy & Timeline	33
H. Feasibility and Sustainability	34
Strategies for Addressing Barriers & Challenges	34
State Statutory or Regulatory Changes	34
Scalability & Replicability	35
Letters of Support	35
I. CMS Implementation Support—Budget Request	35
J. Additional Documentation (as applicable)	35
K. Interaction with Other HHS/CMS Initiatives	35
Appendices	36

List of Tables

Table 1: Executive Summary Chart
Table 2: Demographics for all People with Full Dual Eligibility at any point in 2010 - Age, Gender, and Category
Table 3: 2010 Number of Members in FFS Institutional Group at Any Point in 2010 by Subcategory
Table 4: Elderly & Disabled Population Sub-Categories for FFS Institutional NH Long-Stay Dual Eligible Members Receiving Medicare Services via FFS System

List of Appendices

Appendix 1: Population and Cost Data (Original)
Appendix 1A: Revised Population and Cost Data (Updated)
Appendix 1B: DQA Region Map
Appendix 1C: Virtual PACE Eligible Population Recommendations
Appendix 2: Wisconsin Benefit Package Spectrum
Appendix 3: Examples of Business Model Suggestions
Appendix 4: Virtual PACE Stakeholder Outreach & Input Catalogue
Appendix 5: Proposed Elements of an Integrated Grievance & Appeals System
Appendix 6: Cost & Quality Measure and Pay for Performance Experience
Appendix 7: Workplan/Timeline
Appendix 8: Analysis of Care Coordination Models in Current Programs
Appendix 9: ICO Contracting and Certification Analysis
Appendix 10: Enrollee Outreach Timeline
Appendix 11: Provider Network Standards Analysis
Appendix 12: Letters of Support
Appendix 13: List of Acronyms

A. Executive Summary

Wisconsin proposes to implement a new vision for the provision of Medicare- and Medicaid-funded care to persons residing in nursing home settings. The program, known as Virtual PACE, borrows its naming convention from the Programs of All-inclusive Care for the Elderly (PACE), one of the few fully integrated programs. The name has been selected because, like the national PACE model, the primary goals of this initiative are to:

- fully integrate the two major public payer systems, improving the delivery and financing of primary, acute, mental health, and long-term care services;
- eliminate artificial barriers and treatment patterns resulting from differing, and sometimes competing, regulatory and financing arrangements; and
- improve physical and mental health and long-term care outcomes for our most vulnerable citizens by creating incentives for better and more timely delivery of primary care, stronger management of care transitions, and more flexible service delivery.

The expectation is that these improved linkages will ensure better physical and mental health and quality of life for people residing in these settings and increase cost-effectiveness for payers. As a second generation integrated care model, this pilot program will benefit from the lessons learned in the implementation and administration of Wisconsin's current set of integrated programs.

The overall vision for Virtual PACE is similar to PACE in terms of its inclusive service, care model, and accountability standards. However, there are important differences in the Virtual PACE demonstration. First, the program is not intended to be provided exclusively in one care setting. While the initial target population is persons residing in nursing homes, the program will extend to the community as individuals are presented with options to relocate. Second, Virtual PACE will have different enrollment criteria. There will be no age limits within the adult population, and other functional, diagnostic, and behavioral enrollment restrictions will not apply in Virtual PACE. Third, the preservation of enrollees' valued and long-standing relationships with specific service providers will be explicitly encouraged and supported.

The long-term vision for this program is that the current fragmented system of care for the publicly-funded, nursing home population will be fully reformed, putting it on par with Wisconsin's community-based programs as a 21st century model of care for the rest of the nation. The nursing home setting will continue to evolve from one of predominantly custodial care to predominantly skilled care. The facilities themselves will have opportunities to update and modernize. Individuals who are in a more restrictive setting than needed or desired will have opportunities to relocate to the community. Financial incentives will be aligned to support these moves, including opportunities for nursing home providers to diversify their business models and bring valuable skill sets into the community. Nursing home care will remain an appropriate option within the overall continuum of long-term care, but it will be a more sustainable model of care. Virtual PACE will increase the focus on post-acute stays and the provision of critical health services to frail and vulnerable persons.

The philosophical and operational systems that underpin the current PACE program will motivate this systems-level change. This model has been selected because it already has an established framework for eliminating the enrollment, service, financing, and quality conflicts—and the associated administrative and bureaucratic burdens—that the Medicare and Medicaid programs have engendered. A more integrated system will result in broad-based administrative efficiencies; reduced regulatory infrastructure; improved consumer care, access and satisfaction; and a more sustainable system prior to the imminent influx of the baby boomer generation.¹

This project does not aim to replace or supplant the existing array of successful programs which Wisconsin has pioneered to date, but to complement and expand the successes of those programs to additional individuals not now similarly served. Wherever possible, the initiative will leverage existing program structures and value sets that have evolved over the course of the past fifteen years of long term care systems reform. In particular, the demonstration program will improve services for the target population by moving their current service model further along four distinct, but related, areas:

¹ See long term demographic projections for the elderly population for Wisconsin at: <http://www.dhs.wisconsin.gov/aging/demographics/index.htm>.

- enhanced person-centeredness (i.e., greater inclusion of the individual being served) in all health and long term care decisions;
- greater access to all Medicaid- and Medicare-covered services;
- increased integration of benefits that are now separately administered; and
- improved coordination of the service delivery system and overall accountability.

In developing this proposal, the Wisconsin Department of Health Services (DHS) has relied on input from many stakeholders. These detailed and meaningful conversations have played a pivotal role in shaping this proposal, and continued feedback will remain a cornerstone during program implementation. The letters of Support in Appendix 12 demonstrate the value of these partnerships.

DHS will work with the federal Centers for Medicare & Medicaid Services (CMS) to establish a joint Memorandum of Understanding (MOU), based on the 3-party MOU that currently governs Wisconsin’s PACE program. The MOU will outline a joint approach to contracting with Integrated Care Organizations (ICOs) to coordinate care through a capitated rate model. The MOU will establish standards for quality and cost effectiveness, resulting in improved outcomes to consumers and the public systems. This approach will generate savings which will be shared across the federal government, the state government, the ICOs, and consumers.

Eligible individuals will be thoroughly informed about the demonstration initiative prior to implementation. This will include the provision of comprehensive information and individualized counseling on the new program model and the specific plan offerings that will be available. The program design includes passive enrollment and a mandatory trial period of six months. After this time period, the person may opt back to the fee-for-service system, or select from available community-based programs in the region for which s/he is eligible.

Advanced technologies will be leveraged, and developed, to support this initiative. Wisconsin will make investments in standardized infrastructures to enable the sharing of information about care needs and provided services, while respecting important concerns about consumer privacy. Predictive modeling, electronic medical records, and cutting edge data warehousing approaches will improve administrative efficiency.

Target Population	Full dual eligible members residing in nursing homes in long-term FFS Medicaid stays
Total Number of Full Benefit Medicare-Medicaid Enrollees Statewide	About 124,000
Total Number of Beneficiaries Eligible for Demonstration	About 15,000-16,000 statewide, with geographic expansion over three years.
Geographic Service Area	Southeastern region in Year 1 with statewide expansion by Year 3.
Summary of Covered Benefits	<ul style="list-style-type: none"> • Medicaid State Plan • Medicare Parts A, B and D • Supplemental or In-lieu of services
Financing Model	Capitation Model
Summary of Stakeholder Engagement/Input (Provide high level listing of events/dates—Section D asks for more detailed information)	<ul style="list-style-type: none"> • Four public forums prior to drafting the proposal and three more during the public comment period. • Website, online survey, and listserv • Over 50 organization presentations and responses to forum updates • Internal and external advisory committees • Targeted meetings, forums and information exchanges sessions.
Proposed Implementation Date(s)	January 2013

B. Background

Vision

Wisconsin's overall vision for this demonstration initiative is to improve upon the access to care and person-centeredness, integration, and coordination of care for persons dually eligible for Medicaid and Medicare (dual eligible members) who now reside in nursing homes. The state's current array of service delivery systems for dual eligible members consists of a multitude of programs with different models of, predominantly, community-based care. These have been thoughtfully developed and implemented with meaningful input from key stakeholder groups. All of these program offerings exist on a spectrum ranging from no integration, coordination, and person-centered planning in the fee-for-service (FFS) system to delivery models with significant integration, coordination, and person-centeredness in the PACE and Family Care-Partnership programs. This demonstration will introduce these cornerstone elements - integration, coordination, and person-centeredness - to institutional settings, where care may be fragmented and primarily delivered in a FFS environment. The project will improve administrative and operational systems, increase cohesion across existing programs and providers, and improve quality of care.

This approach will drive practical, sustained reform and improvement throughout Wisconsin's entire health and long term care environment. Existing care delivery systems will be challenged and incentivized to seek linkages that enhance the systematic sharing of information, encourage collaborative decision-making, and heighten both organizational and personal accountability. The result will be a transformed care delivery landscape extending far beyond the Medicaid and Medicare programs. The entire population will benefit - private pay individuals who are relatively healthy and require primarily preventive/health maintenance care as well as persons requiring intensive daily care whose care is publicly financed. All individuals' interactions with the health and long term care (LTC) system will be timelier, more sensitive to individual preferences and needs, and include higher quality care transitions. The resulting efficiencies will optimize existing resources, allowing for reinvestments at every level of the system. This transformation will be achieved through the broader adoption of a PACE-like structure: elimination of multiple programs, integration of the financing, and full alignment of the program oversight structures now administered by the federal and state governments.

Thus, Wisconsin intends to use this initiative as a platform to begin the process of fully modernizing the Medicaid and Medicare programs. These programs are highly influential as national large payers of health care costs. These programs are also critical safety-nets for vulnerable elderly, disabled, and low income populations. However, these programs have retained program design components and operational systems that are that can be outdated, overly bureaucratized, require automation, or are otherwise in need of improvement. Improvements in these programs will lead to broader changes in the health care sector. Opportunities to affect significant change with this initiative are neither fleeting nor small.

A central component of this vision is that one entity will be accountable for addressing all of a given member's health, mental health, and long-term care needs. There will not be unnecessary care transitions that are driven by an agency, by a rule, or by a payment structure. The ICO will assure that all care needs are identified and addressed, eliminating the multiple assessments, the potential for redundant care, the possibility of gaps in care, and the higher costs that result. Care decisions will no longer be dictated by the funding stream. The elimination of inefficient cost shifting will leave both participants and funders significantly better off.

The development of new and innovative behavioral health strategies will also be an important component of the Virtual PACE initiative. The Medicaid and Medicare systems require better alignment in order to improve outcomes for persons with serious and persistent mental health. Each system now has borders that serve as disincentives to providing critical preventive care and encourages both cost shifting and "care shifting." This initiative will improve Wisconsin's delivery of these critical services.

Barriers

Wisconsin has faced several obstacles in integrating care and service delivery, including a lack of Medicare data necessary to inform and direct broad-based change; an absence of a focused initiative to align the two public systems; and long-standing financial incentives to provide care in a manner that shifts costs to other funders, or providers. Current programs have addressed these barriers various ways for specific populations. The impact of

such efforts has ranged from modest to significant, depending upon the population and benefit set, but current efforts have not reduced fragmentation for members remaining in institutions in the FFS system.

Previous reform efforts have made progress in establishing capitated rate models, including Medicare Special Needs Plans (SNPs) and state-level managed care models. Several SNPs in Wisconsin already serve members in the institutional category, but member transitions to community settings are often neglected in these models. Members not receiving home and community-based services (HCBS) may be served by Medicaid managed care programs such as BadgerCare Plus and SSI managed care, but those models neglect to continue services as the member ages or becomes more frail. These strategies have resulted in valued improvements *within* each payer source and benefit category, but they all lack the authority to integrate services across the Medicare-Medicaid spectrum. The person's care needs, which do not observe artificial program boundaries, suffer as a result. For nursing home eligible members, the various HCBS models vary from full FFS arrangements to partially integrated programs to fully integrated models.

Within the array of capitated funding models, the Family Care Partnership (FC-P) program and Program of All-Inclusive Care for the Elderly (PACE) most comprehensively integrate funding and care coordination in a person-centered model. FC-P, when originally piloted as a demonstration model in the late 1990s, set out to achieve many of the same objectives as articulated in this proposal. However, specific barriers to true integration have included incongruent funding models between Medicare and Medicaid and variation in administrative, reporting, enrollment, and beneficiary protection requirements across federal and state governments. These barriers continue to impede the realization of this model's full effects in improved care and cost effectiveness. However, these models also provide a rich experience base upon which Wisconsin can build more successful reforms under this initiative and extend them to a new population.

Nationally, the Medicare Payment Advisory Commission (MedPAC) has identified similar barriers to fully integrated care. These include a wide-ranging set of preference, policy, and business issues. The Department addresses many of these barriers within the proposal, and plans to address the remaining barriers throughout the subsequent planning and implementation phases of this project. These barriers have included:

- the undesirable changes in provider relationships that have often been necessitated;
- the significant and unaffordable investment costs of new programs;
- concerns from providers, advocates, and state agencies who are fearful of dismantling elements of current systems that are well-functioning;
- Medicare choice requirements;
- the overwhelming set of conflicting Medicare and Medicaid rules; and
- state concerns about making sizeable investments, when the returns would be expected to be realized within the Medicare program.

This demonstration, made available through the Medicare-Medicaid Coordination Office (MMCO), provides the opportunity to further instill true integration of the two benefit packages, to develop more synergistic payment approaches, to provide more coordinated care, and to increase accountability. The Medicare data that have been made available by MMCO provide an unprecedented opportunity for planners and other stakeholders alike to better understand the specific opportunities for integration that are now achievable. These data reduce the uncertainty and accompanying fears that were created by past information gaps. Stakeholders from all sectors of the systems recognize this to be a unique opportunity for Wisconsin to leverage existing investments in strength-based, person-centered care and render the barriers themselves unsustainable.

Population Description

Wisconsin's proposed demonstration includes all people who are full dual eligible members over the age of 18 residing in a Nursing Home (NH) on a long-term basis and receiving Medicaid services via the FFS system at the time of enrollment. The program will be available statewide in the long-run, and this population description is therefore based on statewide data. However, it is anticipated that qualified and willing partners will only be prepared to pilot in a subset of counties, or service regions, by January, 2013. The pilot will thus begin with a subset of counties in the southeastern portion of the state and then expand statewide over the three years of the demonstration.

The below population description includes information on all full dual eligible members. While the Virtual PACE program will only enroll the FFS Institutional population, and only the NH long-stay subset of that group, the background data on the larger population provides context for the Department's decision to focus on this group.

FFS Institutional Dual Eligible Members

The FFS institutional population, for purposes of the data found in this proposal, is the set of dual eligible members residing in a Nursing Home (NH) or Intermediate Care Facility for the Mentally Retarded² (ICF-MR) settings *and* receiving all of their Medicaid benefits through the FFS system. As described further below, it is those FFS Institutional members with a long-term NH stay that are included in the demonstration; ICF-MR and short-stay NH residents will be excluded. FFS Institutional members are not enrolled in a managed LTC program. Care in this category is neither integrated nor coordinated across Medicare and Medicaid; because of this lack of coordination and integration, and the significant savings opportunities discussed later in this proposal, this population is the focus of the Virtual PACE Demonstration. Most members who reside in institutions are in this FFS Institutional category, although some members in the HCBS programs described below may also reside in institutions (e.g., persons in Family Care, PACE, or Partnership).

Home and Community Based Services (HCBS) Dual Eligible Members

Dual eligible members enrolled in HCBS programs in Wisconsin may be served by a number of HCBS programs depending on their target group, county of residency, level of care eligibility, and other program parameters. Wisconsin's current LTC service programming includes seven HCBS programs (i.e., Community Integration Program, Community Options Program, Brian Injury waiver, two Family Care waivers, and two IRIS waivers), as well as PACE. Members in each of the HCBS categories currently receive a person-centered care plan, with varying levels of care coordination and integration of their Medicare, Medicaid, and LTC services. Family Care and PACE/FC-P are treated as separate categories, because those programs may include members residing in the community or in institutions. Members in the remaining set of programs – IRIS, CIP, and COP – are grouped as “Community Waiver” dual eligible members, as they would never be residing in institutional settings.

The Department will not disrupt the existing delivery systems for these members, who already have person-centered plans with some level of coordination, integration, and/or self-direction depending on the program. Therefore, the HCBS dual eligible population is excluded from the Virtual PACE demonstration.

Community Non-Waiver Dual Eligible Members

Community Non-Waiver dual eligible members are those who receive full Medicare and Medicaid benefits through each system's eligibility criteria, but who do not reside in an institution and are not enrolled in a LTC waiver program. This group is sometimes referred to as the “community well” in the context of the CMS demonstration initiative. However, the group is heterogeneous with respect to both health and functioning, and consists of many individuals with serious mental illness and/or other chronic diseases. They may have LTC needs, and a small number may be on a wait list for LTC services. This group of people typically has the least integration of benefits, no specific coordination of their care, and services are delivered in a primarily medically-based model. The majority of these people are served via the fee-for-service system in both Medicaid and Medicare.

Given the heterogeneous population in this category, it is uncertain whether the addition of care coordination as a service for all members in a capitated program will produce sufficient savings to justify the new cost. Therefore, this population will be served by a separate Health Homes initiative currently under development, and not the Virtual PACE demonstration.

Population Data

Average monthly enrollment in 2010 for Wisconsin residents age 18 and older who were dually eligible for full Medicaid benefits and Medicare Parts A, B, and D was about 118,000, with an end of year (December 2010)

² Recent Wisconsin legislation has revised terminology referring to this population to “intellectually disabled” rather than “mentally retarded;” however, the facility type is still commonly known as “ICF-MR,” and that term will be used in this proposal.

enrollment of about 121,000. Average monthly enrollment for the FFS NH long-stay subgroup that is the focus of this demonstration (as described further below) was just under 17,000 in 2010. By the latter half of 2011, there were about 124,000 people with full dual eligibility, and about 15,500 people in the Medicaid FFS NH subset.³ Data used to describe this population will focus on 2010 data as more complete programmatic, population, and cost data are available for that time period.

Category Definitions for Dual Eligible Members:

- FFS Institutional: Individuals receiving their LTC in a NH or ICF-MR institution via FFS Medicaid and not enrolled in any HCBS program.⁴ Individuals receiving services from an Institute for Mental Disease (IMD) are not included in the FFS Institutional category.
- Family Care: Individuals receiving their LTC in a partially capitated program including HCBS services, who may reside in either institutional or community settings.
- PACE/FC-P: Individuals receiving their LTC in a fully integrated and capitated program including HCBS Waiver services, who may reside in either institutional or community settings.
- Community Waiver: Individuals receiving their long-term supports in a FFS HCBS program, including self-directed services in the IRIS program or agency-directed HCBS in a county-run, “legacy waiver” program, and who reside in community settings.
- Community Non-waiver: Individuals residing in the community and receiving no waiver services (but who may still receive some LTC services under the Medicaid state plan, e.g., personal care, home health, therapies, etc.). These individuals may receive their services in FFS settings or in other managed care programs, primarily SSI managed care, and some are on a waitlist for a program providing HCBS.

Table 2: Demographics for all People with Full Dual Eligibility at any point in 2010 - Age, Gender, and Category

Age Group	Gender	FFS Institutional	Family Care	PACE/FC-P	Community Waiver	Community Non-Waiver	Sum (not unduplicated)
18-64	F	1,655	5,987	892	3,810	28,817	41,161
	M	1,686	6,580	711	4,276	24,999	38,252
	<i>Total</i>	<i>3,341</i>	<i>12,567</i>	<i>1,603</i>	<i>8,086</i>	<i>53,816</i>	<i>79,413</i>
65+	F	17,024	12,118	2,283	3,510	18,192	53,127
	M	7,219	4,498	823	1,369	8,926	22,835
	<i>Total</i>	<i>24,243</i>	<i>16,616</i>	<i>3,106</i>	<i>4,879</i>	<i>27,118</i>	<i>75,962</i>
Totals 18+		27,584	29,183	4,709	12,965	80,934	155,375
Percentage		18%	19%	3%	8%	52%	

Table 2 above shows the number of full dual eligible members in each category at any point during 2010.⁵

Age and gender observations: The population is close to evenly divided between adults age 18-64 and elders age 65 and older, with slightly less than half in the 65+ age group. Overall, about 60% of the population is female. The proportion is closer to half in the 18-64 age group, with a larger gender difference (about 70% female) in the 65+ group. This disparity likely grows in older sub groups.

Program category observations: Just over half (52%) of the dual eligible population is in the Community Non-Waiver category (also referred to as “well duals” in some work associated with this demonstration). The remainder of the population is divided across a number of HCBS programs and FFS institutions. Of this LTC population, just over one-third are in the FFS Institutional group, a subset of which is the focus of this demonstration.

³Counts are based on data in Appendix 1A exhibits as well as updated counts obtained from the “Analytics-Member” and “Claims Analysis” Medicaid databases. For the updated 2011 FFS Institutional number, the estimate is from June 2011 and excludes ICF-MR residents.

⁴Note again that only long-stay NH residents are included in the demonstration; however, the broader FFS Institutional group in the data shown here also includes short-stay and ICF-MR residents.

⁵Since this is a count of members across the year and members may be eligible or enrolled only part of the year, this count will be higher than average monthly enrollment, or enrollment for any one month. Members may also be counted in more than one category if they change categories during the year; thus, it is not an unduplicated count.

The distribution of the population across programs varies by geographic region of the state. Data on dual eligible members by county is contained in Tables 7 and 8 in Appendix 1, and updated data on dual eligible members by region is contained in Appendix 1A.

Additional Demographic Information for the Virtual PACE Population

The FFS Institutional population is further subdivided based on type of institution (NH or ICF-MR) and length of stay. It is the Department’s intention to include members residing in a NH once they have moved from a short-term rehabilitation stay funded by Medicare to a long-term Medicaid stay. For the purpose of data used in this proposal, long-stay NH residents are defined as those with 100 days or more in a NH in a calendar year. DHS intends to enroll dual eligible members meeting enrollment criteria into Virtual PACE when their short-term rehabilitation stay becomes a Medicaid stay, regardless of whether this happens at or prior to their 100th day in the nursing home. Specific operational criteria and processes for enrollment will be developed as DHS works toward implementation of the initiative; the 100 day definition is being used for purposes of the data in this proposal.

Table 3 below shows the number of FFS Institutional members from the above table by population subdivisions. This table also indicated which members are included and excluded from Virtual PACE. The NH long-stay group that is included in the demonstration accounts for about 70% of all members in the FFS Institutional group at any point during 2010.

Table 3: 2010 Number of Members in FFS Institutional Group at Any Point in 2010 by Subcategory

Virtual PACE Enrollment Group		Excluded	Included
Institution Type	Length of Stay		
ICF-MR	N/A	636	
Nursing Home	Short Stay	7,774	
	Long Stay		19,174
Total		8,410	19,174

Of the FFS Institutional long-stay group (the 19,174 in the above table), only those receiving their Medicare services via the FFS system (vs. Medicare Advantage) will be passively enrolled. Average monthly enrollment in the FFS NH long-stay group was about 16,985 in 2010; the majority, or about 16,510, received Medicare services via the FFS system.⁶

Table 4 shows the division of the FFS Medicaid NH Long-Stay Institutional FFS Medicare population (the population to be passively enrolled in Virtual PACE) between elderly and disability groups based on Medicare Entitlement Reason. Dual eligible members may be entitled to Medicare based on Old Age and Survivor’s Insurance (OASI) benefits, Disability Insurance Benefits (DIB), End Stage Renal Disease (ESRD), or a combination of DIB and ESRD. The reason for Medicare entitlement may also change, most commonly from DIB to OASI. In the below table, members are categorized as “Elderly” if their current and original reasons for entitlement are OASI, as “Disabled” if their current and original reasons for Medicare entitlement are DIB, and as “Disabled/Elderly” if their original reason for Medicare entitlement was DIB and the current reason is OASI.

⁶ Note again that this is lower than the 19,174 figure in Table 3 because Table 3 shows a count of all members in the category at any point during the year, while Table 4 shows average monthly enrollment.

Table 4: Elderly & Disabled Population Sub-Categories for FFS Institutional NH Long-Stay Dual Eligible Members Receiving Medicare Services via FFS System

Population Sub-Category based on Medicare Entitlement Reasons	2010 Average Monthly Enrollment	Percentage of FFS NH Long-Stay Medicare FFS Population
Elderly	12,345	74.8%
Disabled	1,230	7.4%
Disabled/Elderly	2,042	12.4%
Other	893	5.4%
Total	16,510	100%

Most FFS Medicaid dual eligible members residing in institutions are long-stay NH residents, and few of these receive Medicare services from a Medicare Advantage plan. Of this FFS NH long-stay population eligible for passive enrollment in Virtual Pace, the majority (92% in total) are elderly. Most of these are both originally and currently entitled to Medicare due to age (86% of all currently entitled via OASI and 79% overall), while 13% overall were originally entitled to Medicare due to disability but are now elderly.

In the 2010 claims-based diagnostic data (see Appendix 1A), the most common diagnostic category in the FFS NH long-stay population is Diseases of the Circulatory system, which includes various forms of heart disease, along with cerebrovascular and hypertensive disease; 29% of members had a diagnosis in this category. About 19% of members had diagnoses in the categories Diseases of the Genitourinary System and Diseases of the Respiratory System. These diagnostic categories would include, but not be limited to, diagnoses of pneumonia, influenza, and urinary tract infections.⁷ 7.2% had a 2010 claim with a diagnosis in the Mental Disorders category; the majority of those with a Mental Disorders claim diagnosis (5.7% of the total FFS NH long stay population) had a claim with an Organic Psychotic Condition diagnosis, which would include but not be limited to dementia.

Appendix 1A also contains an exhibit showing primary diagnoses for inpatient claims. The most frequent diagnoses in inpatient admissions across the three years (2008-2010) included other forms of heart disease (including but not limited to congestive heart failure), pneumonia and influenza, and other bacterial diseases.

Additional Demographic Information for HCBS and Community Non-Waiver Members

Additional information on HCBS and Community Non-Waiver dual eligible members can be found in Appendices 1 and 1A. This includes target group and managed care enrollment information. Data is provided by target group based on the Long Term Care Functional Screen (LTCFS) for HCBS members.⁸ There are three target groups for these programs: Frail Elderly (FE), Developmentally Disabled (DD), and Physically Disabled (PD). Member counts by programs, including SSI and BadgerCare Plus managed care are provided for the Community Non-Waiver populations, as well as information on members on a waitlist for HCBS programs.

Cost & Utilization Information

The Department has collaborated closely with CMS and Hewlett-Packard (HP) in order to obtain, prepare, clean, and store a significant amount of historical Medicare data, which can be linked with individual-level Medicaid data. This activity is one of the key successes of this planning period. These data and analyses have been updated from the draft proposal posted March 16, 2011, to include more months of data and greater detail than in the draft. However, analysis of Medicaid and Medicare cost and utilization information is ongoing, and program design details, savings estimates, and payment methods will be updated and refined as additional data is received, validated, and analyzed. While this proposal currently presents a high level overview that will be the basis for

⁷ The data has not been analyzed at a level of diagnostic detail that allows conclusions about the frequency of these specific diagnoses; however, they are commonly of concern in the nursing home population based on other research, and thus are mentioned as examples of the diagnoses included within the broader categories.

⁸ See [the functional screen located on the DHS website](#) for more information.

preliminary savings estimates, it is not intended to produce any final conclusions about specific savings targets, nor likely payment rates for the demonstration program.

The cost data presented here is based on combined Medicaid and Medicare data including all Medicaid costs and Medicare Part A and Part B costs. Data on Medicare Part D drugs was received later than Part A and Part B data, and did not include Medicare cost information; it is thus not available in cleaned, priced, and summarized form for inclusion in this proposal. Per Member Per Month (PMPM) costs for each dual eligible population, along with PMPM costs, excluding Part D, for subsets of the FFS Institutional population, are shown in Appendix 1A.

In general, members in the community non-waiver category have lower costs, members in community waiver and Family Care programs have significantly higher costs, and FFS institutional members have the highest costs. The cost differences between the community non-waiver, community waiver, and FFS institutional categories are greatest in the Medicaid PMPM; differences in the Medicare PMPM are generally of a smaller magnitude. In the community non-waiver category, the Medicare PMPM makes up the larger share of the Total PMPM. In the other categories, which include more LTC services, the Medicaid PMPM is the larger share of the Total PMPM.

In the FFS long-stay NH population that is the focus of the demonstration, Medicaid costs make up by far the largest share of the PMPM costs; this is to be expected as long-term nursing home care is the primary cost, which is Medicaid-funded. In 2010, these Medicaid nursing home costs ranged from about \$3,400 to about \$3,600 PMPM depending on region, and made up 70-80% of combined costs excluding Part D. Total inpatient costs (mostly Medicare), which will be one of the main areas of savings as described further in Section F, represent about 7% of combined costs excluding Part D, with some variation in certain regions.

C. Care Model

Proposed Delivery System

The proposed care delivery system in Virtual PACE will be based upon an ICO providing person-centered and integrated care coordination for each member. The Department expects that all contracted entities will possess equal abilities to assess levels of medical, palliative, LTC, and behavioral/mental health care needs. Each member will have an individually-tailored care plan addressing the member's needs in each of these areas.

Person-Centered Care Coordination

Each ICO will be accountable for the person-centered, integrated care coordination of each member. Each member will have their care coordinated in an interdisciplinary care team (IDT) model. The IDT will include a flexible array of professional staff working with the member to develop, implement, and monitor a comprehensive plan for the member's care.

The Department recognizes that although many of the people that will be served in this model are elders with chronic health conditions, individuals with behavioral health needs, developmental disabilities, and physical disabilities are also experiencing care in institutional settings. Care coordination competencies, and principles for the provisions of service to all enrollees, will be clearly articulated in the ICO certification standards. Condition-specific and/or target-group specific resources will be required. This will assure that the ICO will be well-positioned to meet all of a member's care needs and that unnecessary care transitions are avoided.

Stakeholder Input Regarding Care Coordination

The Department received significant input from stakeholders on the importance and the composition of the IDT model. Managed care organization (MCO) and service provider input focused on avoiding overly rigid and duplicative care coordination requirements, and advocates and consumers voiced concerns that diagnosis or philosophically specific competencies are present within the IDT.

Input from LTC MCOs overwhelmingly recommended that the program deviate from current IDT structures offered in Family Care and FC-P, wherein a care manager and registered nurse are required team members for each member, and a nurse practitioner is also required in the FC-P model. MCOs indicated that requiring these specific IDT members for *all* members is overly-prescriptive and limits the MCO's ability align the proper resources on a

tailored, individualized basis. Importantly, each program includes the member in the IDT, and preserving this component was identified as essential.

Direct service providers also voiced concerns about duplicative care coordination requirements. When an MCO and a service provider each must follow an overlapping set of requirements to coordinate the same member's care, care coordination services for the member may be duplicated.

Some advocacy and consumer stakeholders emphasized the importance of preserving expertise that has been developed to manage care for people with certain diagnoses, conditions, or chronic illnesses, as well as the importance of honoring peoples' choices. Stakeholders identified the need for behavioral health expertise on the IDT for members with significant mental health needs, and for clinical and pharmacological competency when coordinating care for members with Alzheimer's Disease or age-related dementia diagnoses. Some consumers voiced concerns that ICOs would be focused on limiting utilization, access, or otherwise attempting to negatively control personal life choices and preferences. The Department values each of these inputs, and holds an unwavering expectation that each certified ICO will have specific plans for addressing quality coordinated care in a positive, person-centered manner.

Proposed Care Coordination Model

Collectively, the feedback described above has influenced the DHS proposal that care coordination be individualized to the needs and preferences of each member. Parameters will be established using best practice standards, and participating ICOs will be expected to propose IDT structures that align with these best practices. Results of these practices will be measured as a part of the demonstration's quality oversight and program evaluation metrics. In some nursing home settings, care coordination models include the infusion of a nurse practitioner into a primary care coordination role. The PACE model prescribes specific expertise that must be available within or to the PACE organization. An analysis of the PACE model and other existing program models is attached as Appendix 8. The Virtual PACE model will seek to explore these and other IDT models that individualize and support quality care.

The IDT will center its care coordination on the member's values, strengths, personal support and care network, and broadly-defined support and care needs. This team will have the authority and responsibility to develop, monitor, measure, and modify the member's care plan. The ICO will make available a range of care coordination expertise appropriate to the acuity and complexity of the ICO's members, with expertise available to each member based on that member's specific needs. This range is expected to include paraprofessionals, peer specialists, care coordinators and social workers, mental health and psychiatric specialists, nurses, nurse practitioners, pharmacists, physician assistants, and medical practitioners, including those with diagnosis and target group specific expertise. Any of the above may be employees of the ICO or subcontracted providers.

Each member will experience person-centered, integrated care coordination. Members newly enrolled in the program will participate in an initial screening to establish the level of care coordination and specific expertise needed, followed by an individualized strength-based assessment (or set of assessments, as applicable), and care plan development. The ICO will orient members to the IDT care coordination process, including education on their role, authority and responsibility on the team. Introduction to a Consumer Bill of Rights, modeled on that now used in the PACE program⁹, will be a component of this orientation. The team, including the member, will then collaboratively develop an individualized care plan. The IDT will match the member's needs and preferences to resources available within the ICO network and support the member in self-directing a portion of their service delivery based on the member's preferences and abilities.

The intensity, frequency and specific types of IDT involvement will be based on the needs of the member. This individualized approach will support the goal of providing the appropriate amount of care coordination to each person. This demonstration will avoid prescriptively applying standards of frequency and times of interventions to entire categories of members, in order to reduce bureaucratic barriers and promote delivery of the appropriate amount of service for each member. Rather than prescribe the method of intervention, the Department will establish

⁹ For information on PACE member rights protections, see the National PACE Association website, specifically pages 20-22 here: [National PACE Association website](#).

goals for the outcomes of interventions in partnership with ICOs. This will include the alignment of prevention, wellness, inclusiveness, education and access to supports in order to increase health, wellness, and appropriate utilization of resources. The ICO will be required to rely on best practice—whether medical, LTC, or behavioral—in achieving these outcomes. Some best practice process requirements may be established in ICO contracts.

Use of Information Technology and Data in Care Coordination

There are three specific areas where the Department believes technology can be better leveraged to improve care coordination and efficient public program administration. First, the Department intends to leverage its outward facing data warehouse structure to support the contracted entities. This data structure holds a significant amount of program and person-level information. Security roles can be structured such that the ICO will be able to access data for its members. This will allow a team to review critical clinical information about the member around whom they are constructing a comprehensive care plan.

Second, the Department will leverage its assessment, claims, and screening databases to assemble predictive modeling-based reports that can assist ICOs with coordinating and providing care. These reports will be based on those used within the SSI managed care program and will contain historical diagnostic, utilization, and cost information for an entity's enrollees, as well as an assessment of the potential future risks with which the member presents. This can help with triage, identification of specific assessments that might be warranted for an individual, and the development of specific team interventions. The outward facing data warehouse may be used to deliver these reports to ICOs.

Finally, the demonstration presents an opportunity to further support the system-wide adoption of common electronic medical records formats. The Department would not directly invest in such a system, but will define certification requirements for contracting entities that include the operation and maintenance of a system holding common information in shareable formats. The development of web-based records or charts in such a system would allow for care teams, authorized providers, and other ICOs (in instances of member transitions across multiple entities) to share the information that is at the root of effective care planning.

Geographic Service Area(s) and ICO Certification

Wisconsin intends to pilot this initiative in the southeastern region of the state and expand throughout the three years of the demonstration as success is demonstrated. Pilot regions may be adjusted based on feedback from ICO partners. A regional grouping of counties used by the Department's Division of Quality Assurance (DQA) in overseeing nursing homes is used to describe regions and present regional data in this proposal. A map of these DQA regions can be found in Appendix 1B, and expansion timelines are described in Section G and Appendix 7.

The Department will seek willing partners as ICOs, and is open to modifying the precise regional configuration based on proposals from those partners. Nevertheless, initial informal feedback suggests this general southeast-to-northwest rollout approach resonates with the interests of potential ICOs and providers. The Department will use a certification process to determine which ICO proposals meet the goals and criteria for pilot implementation, and subsequent readiness reviews will establish each ICO's capacity within pilot areas.

The Department proposes to consider several factors in reviewing proposals jointly with CMS and certifying ICO pilots:

- ICO capacity and expertise in the areas of medical, long-term, palliative, and mental/behavioral health care;
- Managed care administrative capabilities, including strong financial management practices, and the ability to manage and bear financial risk;
- potential for obtaining and managing varying enrollment volumes, and scalability over time;
- a specific care coordination model that will be fully resourced;
- ability to flex the level of benefits being offered, on a member-specific basis, to complement programs that are already in place;
- an established provider network that can support the comprehensive public-payer benefit package (i.e., services that are now covered by both Medicare and Medicaid);
- community support capacity, in order to support members who opt to relocate to the community while enrolled in the ICO;

- a quality management plan that spans all major business areas of the organization;
- a series of strong internal beneficiary protections;
- commitment to partnering with other businesses operating in a given service region; and
- understanding of, and willingness to embrace, the values and vision described in this proposal.

Entities interested in participating in the pilot may propose an ICO based on any practical business model aligning with the demonstration's goals. This could include an HMO contracting with both DHS and CMS to be the ICO and hold service contracts with providers, or it could include nursing homes partnering with hospitals and/or health systems to form an ICO. The Department is also open to proposed business models from other types of entities, including LTC MCOs. These options, along with others that were discussed during the program design process, are illustrated in Appendix 3.

The Department is now working with its Advisory Committee to assess the specific, "critical path" information needed by business interests who may consider offering the Virtual PACE program. It is assumed that much of this information can be provided over the next two months. At that point in time, the Department would seek proposals from ICOs that can be assessed according to the criteria identified above. Prior to requesting those proposals, the Department will work to define specific standards operationalizing those criteria. The standards will be based on analysis of those used in current programs and will reflect a full integration of Medicare and Medicaid standards. An analysis of these current program standards is attached as Appendix 9, though a specific proposal for their integration is not yet defined.

Enrollment Method

The enrollment method must balance the goals and concerns of numerous stakeholder groups. The enrollment strategy will be coupled with improved, and strengthened, member protections, including education, continuity of care requirements, and integrated grievance and appeal rights.

The components of the proposed enrollment method include passive enrollment, wherein eligible members will be automatically enrolled, and retention, which requires members to remain in the program for a specified time period. Passive enrollment will increase the number of members enrolled, as it does not require the member to take any action to be included in the demonstration. Retention provisions will encourage trial of the care model and exposure to its advantages. Groups who will be able to opt out during retention periods will be defined based on framework used in establishing policies in the current Medicaid SSI managed care program, with potential changes to be considered by the Virtual PACE Advisory Committee. The SSI managed care program has had success with passive enrollment; approximately 85% of passively enrolled members remain in the program.

Members currently served in the FFS Medicaid system and residing in a nursing home on a long term Medicaid stay, who receive Medicare services via the FFS system and do not have employer-sponsored insurance or Part D drug subsidies, will be passively enrolled in the demonstration and retained for six months, with exceptions for opt out to be specified as described above. FFS NH long-stay members who are enrolled in Medicare Advantage plans or have employer sponsored insurance or employer/union retiree drug subsidies may voluntarily enroll in Virtual PACE. These enrollment provisions are summarized in Appendix 1C.

After the six month retention period, members will have the opportunity to opt out, and may receive additional options counseling to assist in making this decision. In instances where nursing home residents seek to relocate from the institution, ICOs would establish a community care plan with the individual and their support system. The member would continue to be served by the Virtual PACE demonstration upon moving out of the institution. After the six month retention period, the person could elect to enroll in other available community-based programs such as Family Care or IRIS.

Stakeholder Input on Enrollment Methods

The mandatory enrollment provisions identified in Wisconsin's initial grant application garnered the most stakeholder input of all program design elements. Potential business partners generally viewed this provision as necessary to acquiring an adequate enrollment base and justifying initial capital outlays. On the other hand, advocates and consumers viewed this provision as contrary to consumer choice principles that are particularly well-

held in Wisconsin's LTC delivery environment. Confusion and uncertainty about the demonstration's goals, and whether and how people would move in and out of the demonstration, underscored the displeasure expressed with the passive enrollment provision. Retention periods, ranging from three to six months, were also a source of significant public comment. Assurance that people could return to the program or model of care that they came from was essential to stakeholders. The enrollment method proposed here attempts to reasonably balance these competing inputs.

Additional stakeholder input received during the public comment period reinforced the importance of strong member protections to address concerns about the enrollment methods and attempt to balance the competing inputs. A timeline for aggressive outreach, education, and counseling has been assembled and is attached as Appendix 10.

Operations

Continued work is needed on the operational details associated with this proposed enrollment policy. The Department could leverage the significant experience of Wisconsin's Aging and Disability Resource Centers (ADRCs) in member options counseling, education and enrollment; other experienced enrollment or counseling providers could be considered as well. This choice will be made as DHS further defines the enrollment and counseling operational details. The Department is committed to engaging with CMS, stakeholders, and the demonstration's Advisory Committee to identify a highly member-friendly enrollment policy that includes significant member protections.

Available Networks

Wisconsin's experience quantifying service delivery networks for its Medicaid populations will be leveraged to establish provider network credentialing and access standards for Virtual Pace ICOs. ICOs will be required to establish their provider networks based on quality and effectiveness of care delivery, and will be incentivized to develop a rich array of resources supporting choice, inclusiveness, and cost-effectiveness.

ICOs will be required to establish comprehensive provider networks with the capacity to meet the full and comprehensive needs of current and anticipated members. Network establishment will have to take into account expected utilization of services, relying on measures of acuity, complexity and the overall health care needs of program membership, including physically accessible service sites. ICOs will have to demonstrate cultural competency in establishing provider networks, including the availability of Native American health care providers as well as providers who understand the varied needs and cultures of different disability groups.

Other specific provider network issues may arise depending on the business model of the ICO. If an HMO contracts with nursing homes and other providers, the HMO will need to contract with a sufficient number of nursing homes that enough members can be enrolled to make the pilot viable in their region. If a nursing home collaborates with hospitals and/or health systems to form an ICO, the collaborating entities will need to ensure they also contract with other entities as needed to serve their enrolled members, including specialists or provider types that may not currently be a part of the entities forming the ICO.

The Department will certify each ICO's network during the certification and readiness review processes. DHS expects to incorporate into its MOU with CMS and subsequently contract negotiations with ICO one unified standard for network adequacy. An analysis of Medicaid, Medicare and PACE access, hours, and out of network standards attached as Appendix 11 incorporates the key provisions of the standard DHS would work with CMS to put forward in the MOU. These standards will be integrated with established Wisconsin Medicaid provider network standards, so that duplicate, competing, or mis-aligned standards are eliminated.

ICO provider network selection and retention policies will be required to demonstrate adherence to the standards collaboratively established by DHS and CMS, which will guide the ICO in establishing and monitoring the comprehensiveness and effectiveness of its service delivery system. ICOs will have the flexibility to use out of network and single case agreement providers in conformance with their Departmental-approved policies. The Department will certify, verify, and monitor each ICOs network as a matter of routine oversight, and will direct the addition of new providers necessary to meet needs of members, as necessary.

Benefit Design & Alignment

Proposed Benefit Design

The benefit package included in the demonstration will include all Medicaid state plan and Medicare services for every member. The ICO will coordinate, receive capitation for, and be accountable for all services in the benefit package. Appendix 2 illustrates this integration of Medicaid and Medicare services in the Virtual PACE benefit package. Other potential benefit designs that were considered but not incorporated into this proposal are also illustrated there.

If a member enrolls in the demonstration as a FFS Institutional member, and subsequently chooses to develop a plan for relocation to the community, the member will receive services to support the relocation. This may include Medicaid state plan LTC services, HCBS, and/or additional services provided in lieu of institutional or other LTC services. The ICO will retain flexibility to work with the member to substitute services deemed to be more effective, and more cost effective, in meeting the member's individual health and LTC outcomes.

Alignment with the Medicare- Medicaid Benefit

The Virtual PACE demonstration will be administered as its own unique design and benefit package, moving away from the distinction inherent in defining a service as Medicare or Medicaid. Blending the capitation rate development methods and creating one integrated set of administrative and regulatory requirements for ICOs are key elements of this objective.

A key means to achieving the objective of an integrated member experience within the demonstration will be the successful alignment of the Medicare and Medicaid benefit packages. Some design elements supporting this goal will be further specified within the CMS/DHS MOU, while other elements will be specified within the ICO contracts. Collectively, this approach will move the complexities associated with the care systems further away from the member's experience to create a more seamless care delivery system, and reduce cost shifting between the two systems.

At the CMS/DHS level, DHS will work with CMS to build on current efforts to integrate the services that are derived from each system. DHS and CMS will collaborate to identify with further precision overlapping services where coverage for the same service under different rules, conditions, and payment rates results in fragmentation of care and cost shifting. MOU negotiations between CMS and DHS will include the development of integrated and standardized definitions and requirements in key areas:

- Criteria for Medicare and Medicaid service provision determination;
- Standards for provider network adequacy;
- Standards for member materials;
- Regulations related to marketing; and
- Appeal and grievance processes.

At the contract level, DHS and CMS will work with ICOs to further reduce fragmentation across the service delivery system, concentrating again on the benefit services that overlap between the two systems. DHS seeks to give the ICOs flexibility in negotiations with service providers to break down the divide between these overlapping services. ICOs may establish integrated and standardized credentialing, access and utilization policies, approved by DHS, which focus on quality care, timely service provision, and effective outcomes for members. ICOs may also propose innovative approaches to service provider payments, including the blending of Medicaid and Medicare payment rates for overlapping services; this is discussed in Section E.

New & Modified Benefits

Supplemental Benefits/ Ancillary Support Services

Focused care coordination will benefit all members participating in the demonstration, with variation in intensity of care coordination depending on the member's needs. The care coordination service will be an additional benefit for FFS Institutional dual eligible members, beyond what is now included in the current FFS systems.¹⁰

ICOs will also be encouraged and incentivized to establish greater flexibility in the application of the service packages, and funding supports, that can best meet the needs of individual members. CMS and Wisconsin have experience operationalizing this flexible benefit package concept. "In lieu of" services, meaning a service provided instead of another service explicitly listed in the benefit package, can be offered when these can substitute for a covered service, are effective in meeting defined outcomes, and are also cost effective. The PACE program includes, in addition to all Medicaid state plan and Medicare services, any other services deemed necessary by the IDT. "In lieu of" services is a very similar concept, providing the member and the care team the flexibility they need while assuring overall cost effectiveness.

The substitutions will typically be preventive and proactive in nature and aimed at replacing, or reducing, the authorization of reactive, costly services. While the supplemental benefits or ancillary support services may include additional flexibility in the institutional setting, these "in lieu of" services will be particularly important in supporting relocations. More specifically, the set of non-institutional Medicaid state plan services and especially Medicaid home and community-based services will be able to be leveraged to support the individual in the community, *in place of* the provision of institutional care. The goal will be to delay further declines in member health and functioning. These flexible investments will motivate innovations that will ultimately be the economic engine driving the initiative's long-term savings.

Modifications to Existing Services

No modifications to the definition of existing defined services have been identified.

Use of Evidence-Based Practices in Care Model

ICOs will be expected to incorporate evidenced-based practices into care coordination in a manner complementing the person-centeredness that is a cornerstone of the demonstration program. ICO use of evidence-based practices will build on the requirements for Quality Assessment and Performance Improvement (QAPI) programs in PACE and the requirements for National Committee for Quality Assurance (NCQA) Model of Care (MOC) accreditation for Medicare Advantage Special Needs Plans (SNPs).

ICOs will be required to develop, implement, maintain, and evaluate an effective data-driven quality assessment and performance improvement (QAPI) program, taking into consideration the wide range of services furnished under the demonstration. ICOs will have flexibility to develop a QAPI program that best meets the needs of enrolled members. The desired outcome of the QAPI requirement is that data-driven quality assessment serves as the engine that drives and prioritizes continuous improvements.

While ICOs will not be SNPs and thus will not be required to obtain NCQA MOC approval, ICOs are expected to consider the evidence-based practice requirements related to that accreditation. The scoring criteria for approval include consideration of SNP processes for ensuring providers evidence-based practices, including review of medical and pharmacy record and medical specialist reports, audio or video-conferencing for discussion of protocols, and having providers send written protocols to the plan's Medical Director for review.¹¹ NCQA criteria also includes non-clinical elements such as facilitation of beneficiary participation in the care team and assessment of psychosocial, functional, and cognitive needs and mental health history in addition to medical needs and history. Some of these requirements may be incorporated into ICO certification processes; this will be determined jointly with CMS.

¹⁰ Targeted Case Management is available as a Medicaid State Plan service, but is limited to specific populations; the Virtual PACE demonstration will include care coordination as a benefit for all dual-eligible members.

¹¹ See scoring criteria at [the CMS website located here](#).

Fit with Existing Waivers, Services, and Programs

Fit with Current Medicaid Programs

Acute/Primary Medicaid Programs

Members must be eligible for full Medicaid benefits to enroll in Virtual PACE; this would be the full set of Medicaid benefits currently received by members in elderly, blind, and disabled (EBD) Medicaid eligibility categories, or in the Badger Care Plus Standard Plan.¹² As discussed in the benefit package section above, all members enrolled in Virtual PACE will receive all Medicaid services through the Virtual PACE ICO.

LTC Medicaid Programs

Wisconsin currently administers five LTC waiver programs and PACE for several of the other dual eligible populations not included this initiative. These current programs include the Community Options and Community Integration Programs, the IRIS program, Family Care, FC-P and PACE. Each of these programs includes HCBS services. Family Care also includes a host of (former) state plan LTC services. FC-P includes all HCBS, Medicaid state plan, and Medicare services. Family Care and FC-P are managed care programs, while the others provide HCBS in a FFS system.

This demonstration will add another LTC program alongside the above options. Virtual PACE will not replace or eliminate those programs. FFS Institutional members who are enrolled in Virtual PACE may choose to opt out after six months; at that time, they may return to the FFS system or enroll in any of the above programs that are available in their area and appropriate to their current setting. For members still residing in the institution at that time, that could include Family Care or FC-P if available in their area. For members who relocate to the community while in Virtual PACE and subsequently opt-out, that could include Family Care, FC-P, IRIS, CIP or COP, depending on options available in their area.

D. Stakeholder Engagement and Beneficiary Protections

Stakeholder Engagement

DHS has meaningfully engaged many internal and external stakeholders, representing a number of groups and organizations, throughout the design phase of the demonstration. These stakeholders provided input on a variety of program design topics. That input has been taken seriously and incorporated into this proposal.

Stakeholder Outreach

Stakeholder outreach included education and an orientation to the demonstration initiative, as well as soliciting stakeholders' experiences with Wisconsin's current systems. All stakeholder input was catalogued and aggregated by topic area, based on topics that stakeholders identified as critical. DHS received input via numerous methods, including advisory committees and workgroups, public forums, public comment periods, stakeholder surveys, external stakeholder meetings, and reviewing written recommendations from stakeholders. Detailed meetings and inputs from the program design period prior to the posting of the draft proposal are catalogued in Appendix 4.

Advisory Committees and Workgroups

DHS relied upon both internal and external advisory committees for input on program design.

The internal Department Advisory Committee, along with content experts in internal workgroups, leveraged years of experience across the organization on policies unique to Wisconsin. Internal groups also assisted in identifying external stakeholders from whom to seek input. The internal Department Advisory Committee and content experts are comprised of DHS staff from:

- Division of Health Care Access and Accountability
- Division of LTC

¹² Members eligible only for another Badger Care Plus plan such as Benchmark or Core, or members eligible only for another partial or limited benefit plan like Senior Care, will not be eligible to enroll in Virtual PACE. See eligibility online at [EMD Medicaid handbook](#) and [at the Badger Care Plus handbook](#).

- Office of Family Care Expansion ;
- Bureau of Aging and Disability Resources;
- Bureau of Long Term Support; and
- Office of Resource Center Development.
- Division of Quality Assurance
- Division of Mental Health and Substance Abuse Services

Several internal and external stakeholders recommended the creation of an external Stakeholder Advisory Committee, and the Department concluded that type of input is critical. The Virtual PACE Advisory Committee is expected to provide recommendations to the Department based on the experiences of the numerous stakeholder groups represented on the committee. DHS staffs the meetings, participates in discussions, shares information, solicits feedback, and provides minutes of the meetings to the public.

The Virtual PACE Advisory Committee is comprised of stakeholders representing the following groups:

- Eligible beneficiaries, including persons with disabilities and elders;
- Advocates and advocacy groups;
- Managed care entities;
- Service providers, including LTC and acute & primary;
- Tribal and county leadership;
- Wisconsin's LTC Council; and
- Aging and Disability Resource Centers.

Public Forums and Comment Periods

DHS held four town hall forums prior to developing the proposed program. The forums were announced via statewide public meeting notices and were held in Milwaukee, Madison, Amherst, and La Crosse. The sites were selected to include diverse geographic regions. The meetings were three hours in length and included an orientation to Virtual PACE, a question and answer period, and an opportunity for stakeholders to speak. A total of 133 people attended the four town hall meetings and about thirty provided formal input. DHS gathered formal feedback through stakeholder input forms, as well as informal feedback via participant comments. Feedback on program design at the meetings initially focused on enrollment policies, with discussion broadening in subsequent stakeholder meetings.

DHS posted this proposal for public comment for thirty days, March 16-April 16, 2012. A summary of public comment during the 30 day review period is provided in the cover memo issued with the final proposal. CMS has an additional thirty day public comment period for the public to provide feedback, giving the public a total of sixty days to provide formal comments about the demonstration proposal prior to implementation.

Surveys and Focus Groups

DHS made surveys available online, tailoring these to four distinct groups of stakeholders, and also solicited input by directing stakeholders to the Virtual PACE website. There is a separate survey for each major group: providers, health plans, consumers and advocates. Survey results were catalogued and analyzed weekly.¹³ Major themes in consumer surveys included the importance in enrollment choices and member education. Provider survey feedback also mentioned the importance of member education and noted specific program complexities and misalignments that affect the care of dual eligible members.

The Department had originally planned to use focus groups to solicit input from people with long term care needs, but was unable to finalize the details of a plan to do so prior to the submission of this proposal. Wisconsin focus groups could occur within institutions, the primary setting of this reform effort, but further planning is required before executing this strategy. DHS will propose that the Virtual PACE Advisory Committee assist in conducting

¹³ The Virtual PACE surveys were structured in a questionnaire format to solicit more general open-ended responses. Therefore, results could not be quantified and generalized. Online surveys can be accessed by visiting [the Virtual PACE website](#).

focus groups in the future. In developing the current proposal, DHS also considered national data from focus groups conducted by AARP, Kaiser Family Foundation, Thomson & Reuters, and the National Senior Citizens Law Center. These data provided a national view of the participant perspective and were analyzed and catalogued by DHS staff.

Peoples' experiences from Wisconsin's SSI managed care program were also relevant to the design of Virtual PACE. Certain SSI managed care elements, including enrollment policies, informed the design of Virtual PACE. Information from DHCAA staff and from advocates on the implementation of that program was helpful in understanding people's experiences during implementation of a managed care program. That model has successfully navigated an all-in/opt-out enrollment model by carefully balancing the business need for minimum enrollment levels with peoples' preferences.

Additional External Stakeholder Input: Meetings & Recommendations

DHS coordinated individual meetings with stakeholders who were identified as resources for program design input. This included formal presentations to a number of stakeholder groups, such as:

- Governor's Committee for Persons with Disabilities;
- Managed Care Organization Leadership Council;
- LTC Advisory Council;
- Nursing Home Associations; and
- HMO Leadership Forum.

Significant staff time was invested in the coordination of meetings and cataloging and analyzing input. Meetings with external stakeholders included sharing DHS thinking regarding specific content areas, and discussing stakeholder concerns with DHS proposals. Appendix 4 includes additional details from the period prior to posting the draft proposal on March 16, 2012..

Some stakeholders submitted formal written recommendations and considerations to DHS. These inputs provided valuable guidance, particularly where multiple stakeholder organizations coordinated to provide organized feedback that demonstrated a sense of agreement between the stakeholder groups. Those recommendation documents will be shared with the Virtual PACE Advisory Committee.

Use of Stakeholder Input in Program Design

The Department is committed to planning an initiative of this magnitude with the support and participation of key stakeholders. DHS expended significant time and resources engaging stakeholders and synthesizing their inputs. This outreach effort, along with the acquisition and analysis of Medicare data, has been the primary focus of the planning period. Several major themes developed from stakeholder outreach, and that input was particularly important to program design in these areas.

Stakeholder input was important to major decisions regarding the timeline and population for the demonstration program. Early in the stakeholder outreach process, DHS received much feedback that the timeline was too aggressive and a July 1st, 2012 implementation date would be detrimental to the program. The feedback directly influenced the joint decision by DHS and CMS to adjust the timeline with a January 1st, 2013 implementation date. More recently, the Virtual PACE Advisory Committee members have expressed a preference for beginning with smaller pilots to allow for study and further refinement prior to statewide implementation.

Stakeholder input also informed DHS decisions regarding the population categories eligible for Virtual PACE. DHS initially proposed to enroll all dual eligible members with a Nursing Home Level of Care.¹⁴ Based on stakeholder feedback and subsequent analysis of the Medicare cost and utilization data, the Department considered expanding this proposal to include all dual eligible members with full Medicaid and Medicare benefits. Stakeholder feedback then suggested that such a broad-based effort would risk disrupting services and programs that are well-established and liked by members. The refined approach described in this proposal fully leverages the opportunity

¹⁴ Level of Care in the community is determined by the LTCFS; Nursing Home Level of Care (NHLOC) is similar in concept to "nursing home certifiable" populations discussed in other proposals and research.

presented by the MMCO and targets the institutional population that has historically received the least attention in Wisconsin's LTC reform efforts to date.

Stakeholders also provided much and varied input regarding enrollment policies. Health plans generally expressed a preference for passive enrollment and a retention period; this is desirable as it allows for more certain enrollment projections and provides time for care plan development. Advocates and consumers stressed the importance of choice and voiced concerns regarding closed networks and access to preferred physicians or other providers. These stakeholder concerns informed the proposed enrollment strategy discussed in Section C, which attempts to balance passive enrollment with opt-out windows and enhanced beneficiary protection provisions. (Beneficiary protection provisions are described later in Section D.)

The interaction between Virtual PACE and existing programs and its implications for ICO business models was another major theme in the input from certain stakeholders. MCOs currently operating Family Care expressed concern that if the initiative includes HCBS members and is piloted in regions where they operate, then the Department would shift the majority of the organizations' members to a new ICO and cause the MCO's business plan to become unsustainable.¹⁵ DHS aims to build on and strengthen, not threaten, the existing infrastructure of programs and organizations currently serving the dual eligible population. While additional work will be needed to determine the precise interactions between programs, depending on the pilot regions, these concerns are addressed via discussion of potential business models, which are inclusive and not exclusive, and the selection of the target population. Potential business models are illustrated in Appendix 3.

Other major themes from stakeholders involve questions around care coordination models and Medicaid and Medicare alignment opportunities. The initial outreach period was focused primarily on providing information and an orientation to the initiative. Follow-up discussions have provided the Department with increasingly more detailed insights and suggestions, and these are expected to continue over the next months.

Plans for Additional Program Design Input

The Department received substantial feedback on its draft proposal during the 30-day Wisconsin public comment period. These comments and the Department's efforts to incorporate certain recommendations into the proposal are summarized in the cover letter that preceded this proposal. Specific comments can also be found on the Department's website.¹⁶

The Department has a comprehensive plan to continue to gather stakeholder input throughout the demonstration and is committed to ongoing information-sharing with members and other stakeholders. DHS will also continue to gather input through surveys, follow-up meetings, and recommendations from advisory committees and workgroups.

Beneficiary Protections

Beneficiary protections are a key element of the program design, and establishing and monitoring these protections will be an important part of both CMS-DHS MOU negotiation and ICO contracting. DHS will build on existing standards in Medicare and Medicaid, so that the demonstration will include the most comprehensive set of beneficiary protections possible.

Key areas of attention in both the CMS-DHS MOU and the ICO contracts will focus on:

- Empowering members in decision making;
- Assuring access to necessary services;
- Mandating continuity of care and transition support;
- Providing clear and meaningful notice and education materials; and
- Creating an effective and easy to understand grievance and appeals system.

¹⁵ Approximately 80% of all members served in Family Care are dual eligible members.

¹⁶ Comments are categorized by stakeholder type; links are available on the main Virtual PACE website:

<http://www.dhs.wisconsin.gov/wipartnership/pace/index.htm>

In each of the areas listed above, the Department will seek to establish simplified, integrated, and effective standards in cooperation with CMS and ICOs. The goal is to move system complexity and bureaucracy further away from members, so that the member and IDT can focus on their care coordination and the regulatory and oversight structures can support that objective.

Appeals and Grievances

Many stakeholders have encouraged simplification of the appeals and grievance systems. DHS will work with CMS and stakeholders to standardize a grievance and appeal system that builds on the protections afforded by Medicaid and Medicare systems. This system will generally be modeled upon the PACE structure, which has a 7-point Bill of Rights at its heart.¹⁷

The Virtual PACE grievance and appeal system will:

- Provide members meaningful, effective opportunities to challenge adverse decisions before independent, informed, competent, and neutral decision-makers;
- Encourage and not preempt informal dispute resolution and negotiated solutions;
- Be simple and straightforward so that members can understand and use it effectively;
- Provide sufficient time and tools for members to understand an adverse action, consider options, and secure assistance with an appeal, recognizing the vulnerable nature of the population;
- Promote faster decisions and therefore faster resolutions, consistent with due process;
- Give ICOs an opportunity to review decisions and correct errors;
- Encourage administrative streamlining consistent with a more integrated, coordinated, person-centered system; and
- Help address and mitigate the concerns and apprehensions of members and advocates about the transition to a new system.

CMS and DHS will negotiate specific requirements and processes for a standardized grievance and appeal system in the MOU, but will use established PACE processes as the point of departure. The Department's general approach will be to propose the requirement or process from whichever system best protects the member. Some additional elements that DHS might propose in a standardized grievance and appeal system are described in Appendix 5.

Ongoing Stakeholder Engagement Plan

DHS is committed to developing a program that improves members' experiences through better care coordination and integration of the benefit package while maintaining a person-centered approach. Ongoing stakeholder engagement, including gathering stakeholder input and providing information to members, will be critical to honoring this commitment. This commitment is a central feature of every one of Wisconsin's current Medicaid programs and will be evidenced in the approaches described below.

Ongoing Stakeholder Input

DHS has identified three major methods of ongoing stakeholder outreach and input:

- Advisory Committees and Workgroups;
- Public Forums and Information Sharing; and
- Surveys and Research.

Virtual PACE Advisory Committees

The Virtual PACE Advisory Committee will provide additional input during the design phase and in planning for implementation of the pilot program. The Stakeholder Advisory Committee met bimonthly in March and April, prior to the April 26th, 2012 submission of this proposal, and will meet monthly up to the point of implementation. The Committee will decide on a post-implementation meeting schedule thereafter. The Department has received recommendations from this Committee on major program design components, and expects this input to continue through implementation. It is anticipated that this Committee may form topic-specific and/or region-specific subcommittees that may meet individually and report back to the larger Virtual PACE Advisory Committee. The

¹⁷ See the federal PACE regulation at 42 CFR, Part 460, Subpart G: "Participant Rights."

Department proposes to use these opportunities to provide additional information about the PACE program and the important enhancements this proposal makes to that model.

The internal Division Advisory Committee will continue to meet monthly and review all recommendations from the Virtual PACE Advisory Committee. The internal committee will also address issues related to the demonstration program's interaction with other Departmental programs and systems. Enrollment, payment, and quality oversight are likely to be the primary areas of focus for this ongoing group.

Information Sharing and Public Forums

The Department is committed to sharing information widely and providing opportunities for stakeholders to receive information, ask questions, and provide feedback. The Department will distribute project updates and reference materials on the Virtual PACE website and program "listserv."¹⁸ Following ICO certification, and prior to implementation, certified ICOs and DHS will jointly hold public forums in regions identified as Virtual PACE pilot sites. In these meetings, DHS and the ICOs will provide information on the implementation of Virtual PACE in the region, and stakeholders will have an opportunity to ask questions and comment on implementation plans. Institutional settings would be a natural location for some of these sessions.

Information-sharing will also include sharing of DHS data and analyses. Analysis of Medicare and Medicaid data on the dual eligible population will continue throughout the project, and the Department envisions sharing de-identified aggregate data with stakeholders in the form of a comprehensive "chart book." The Department's goal in sharing data and analyses is to inform stakeholders and guide discussion of program design and implementation issues.

Surveys and Research

The Department will continue to catalogue online survey results. The surveys will be updated to obtain feedback specific to stakeholders' experiences during implementation. These surveys will be one source of stakeholder feedback on the demonstration, and may be used both to identify implementation issues on an ongoing basis and as a source of data in evaluating the pilot program.

The Department also plans to review and analyze ongoing relevant national research on care coordination for dual eligible members. Numerous efforts to reform care delivery for this population are occurring across the country, and the Department will monitor thematic issues that develop across the other states as their demonstrations are implemented. This will be another means of identifying potential implementation issues, insofar as issues that occur in other states may require further consideration in Wisconsin.

Member Information & Education

The Department will work with CMS to establish integrated standards for information to be distributed to members who may be enrolled in the demonstration. Specific standards for member education materials, and possibly a review process for those materials, will be negotiated within the DHS/CMS MOU, but will largely build on current PACE standards. These standards will include provision of materials in different languages and in formats accessible to individuals with disabilities. The Department will ask the Virtual PACE Advisory Committee to provide input on methods of consumer education and standards for member materials; this may include additional outreach to consumers and advocates by the Virtual PACE Advisory Committee.

ICOs will be required to develop outreach plans specific to their regions. This is to include extensive outreach efforts to inform and educate members prior to, and immediately following, their enrollment in the demonstration. Any materials developed by the ICO must meet the integrated DHS/CMS standards, and may be subject to a review process. PACE marketing provisions will be the point of departure for the development and review of these materials.

¹⁸ DHS maintains a Virtual PACE "listserv," or email distribution list. As of the posting of this proposal, over 300 individuals had signed up to receive these emails from DHS about Virtual PACE.

E. Financing and Payment

Payment Reforms

Wisconsin proposes significant modifications from the models put forth by CMS. Thus, DHS is not specifically pursuing either of CMS' financial alignment models as described in the July 8, 2011 State Medicaid Director letter¹⁹, but rather its own payment reforms detailed below.

Payments to ICOs & Providers

Payments to ICOs: Capitated Model

Wisconsin will leverage its long history of making capitated payments to managed care plans. The Medicaid HMO program for the low-income family population was expanded statewide in 1995; the programs serving that population are now known as Badger Care Plus, and Badger Care Plus HMOs now serve about 670,000 members. Wisconsin has also developed an SSI managed care program serving aged and disabled Medicaid members; SSI HMOs now serve about 33,000 members. Managed LTC programs have been operational since the same time period and now serve about 38,000 members; these programs include institutional enrollees, and payment rates are therefore highly sensitive to member acuity.²⁰ Program data, internal staff, and external actuarial capacity are all highly developed and have supported numerous program changes and expansions over the course of the past 15 years.

The primary objectives of the capitated funding model will be the following:

- to fairly reimburse the ICOs according to the needs of program enrollees, eliminating current Medicaid and Medicare payment system idiosyncrasies and inefficiencies;
- to incentivize the provision of quality care, and support the transition of members in institutional care, back to the community, whenever possible;
- to realize the savings that result from integrating the disparate service delivery systems and financing models; and
- to establish, and document, a sustainable funding approach that is transparent to Wisconsin stakeholders and portable to other states' fully integrated programs.

Cost Basis: Services

The State proposes to use the actuarial cost base for the dually eligible institutional population for purposes of benchmarking this initiative. The service cost base for all Medicaid services and Medicare Part A and B services will consist of the prior three years of cost data.²¹ The full savings associated with this initiative can be best estimated by establishing the cost profile within each region, assuming a trajectory for cost growth without the intervention, assuming a level of savings in the current program structures, and assuming a time period (or "maturation trajectory") over which the new program will achieve full savings. These data are now available and have been used to generate general ranges of savings, as described in Section F.

It is the Department's current understanding that CMS expects payments for Part D drugs in all integration demonstrations to be based on Part D national average bids with some risk adjustment methodology. For Wisconsin's Virtual PACE population, DHS proposed that the average bid used to determine Part D payments include only the institutional population in the average. DHS is not proposing an alternative payment methodology at this time, but may propose future changes after further review of very recently received Part D data.

Cost Basis: Administration

The Wisconsin Medicaid program has detailed cost information related to the administration of LTC and other managed care programs, as well as detailed, audited cost reports provided by each institution in the state. The Department therefore understands the fixed and variable costs centers for both the institutions and the managed

¹⁹ http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Financial_Models_Supporting_Integrated_Care_SMD.pdf

²⁰ Managed care enrollment figures based on DHS data from the "Analytics-Member" universe as of early 2012.

²¹ 2008 – 2010 or 2009 – 2011, depending on availability of 2011 data at the time of rate setting.

LTC plans. This information can be used to target measurable PMPM savings within each area. The primary funding goals of the new program, with respect to administration, are to maximize the proportion of total dollars that are used to fund member services and to maximize the efficiency of the technology-driven infrastructure. (Note that Wisconsin intends to classify care management as a service, as it now does for its managed LTC programs.)

Solvency

The Department has begun conversations with colleagues in Wisconsin's Office of the Commissioner of Insurance (OCI). The goal of those conversations is to share with OCI staff the goals and objectives of the Virtual PACE program and to assess what risk management approaches would be most appropriate, given the benefit packages and business models under consideration. OCI has shared their knowledge of existing insurance law. Several approaches appear to be viable for this demonstration, but further work will be needed to develop these pathways and assess which will be utilized.

The key challenge in this area is that the Department is interested in allowing for the entry of new, innovative business models to develop. At the same time, current insurance law requires that any such new model would have to be a licensed insurer, given the risk associated with the capitated financing and the inclusion of acute care services in the benefit set. The capital requirements associated with this requirement effectively limit the entry of any new, creative business models. Options that will be explored include statutory changes; a demonstration-funded loan mechanism; and an initial waiver, or phase-in, period that allows formal risk management-related requirements to be met over a period of time. DHS will also consider risk sharing as a complementary program design element that will aid in spreading the large risks associated with a new program model; this is discussed further below.

Risk Adjustment

Wisconsin has a number of risk adjustment systems that are currently operational for capitating its contracted managed care plans. Appropriately adjusting payment levels by ICO, or for only one ICO, when that organization is "competing against" the FFS system, is a key analytical area of focus for Departmental staff. Back-end financial reports and comprehensive encounter reporting allow for continued improvement and refinement, year over year.

In the LTC arena, a state-specific system has been developed that relies on the functional status of enrolled members, relying on a statewide, web-based screening tool (the LTCFS previously discussed). It has been used for over 10 years to establish actuarially sound capitation rates for LTC MCOs. The state intends to continue exploring use of this tool and risk adjustment approach for the ICOs proposed in this model. However, the Department has also developed significant analytical capacity in using the Minimum Data Set (MDS) for purposes of reimbursing institutions within the FFS system. For the initial period of ICO enrollment, when consumers will reside in an institutional setting, this tool offers rich, standardized assessment information that might be used to mimic, or enhance, the current LTCFS-based risk adjustment methodology.

Plans that now participate in the State's SSI managed care program are capitated via the Chronic Illness and Disability Payment System (CDPS). This system, or a modified version of CMS's Hierarchical Coexisting Conditions (HCC) system, may be used in risk adjusting the total acute care component of the capitation rate, based on an assessment of both tools using Wisconsin-specific data. Wisconsin will continue to invest significant staff and actuarial resources into this component of the demonstration, as significant limitations exist in the current application of the HCC system to persons at a high level of care.

Risk Sharing Arrangements

The Virtual PACE initiative is expected to be a full-risk model at statewide implementation. The level of risk that is present at program inception, however, is one of the greatest deterrents to federal, state, and plan participation. The Department has significant experience structuring risk sharing approaches in the pilot years of new programs, and this experience will be leveraged in order to mitigate the risk exposure faced by all three entities. Any risk sharing corridor approach will be time-limited and will be phased out by the end of the second year of the pilot period. The primary goal of this approach is to bridge the time period when the program has not yet established its foothold and the risks are less known and quantifiable. This period of significant uncertainty poses one of the greatest risks to piloting and sustaining the project.

Quality Bonuses

Given the novelty of this particular initiative, it will be difficult to establish a sound quality bonus approach during the initial pilot period. The payment system and the quality measurement system will be newly implemented, and volatility will result from enrollment ramp-up, relatively modest enrollment, and a lack of a baseline. Although, those challenges are real and will hamper implementation of incentive payments, or quality bonuses, on day one, Wisconsin is committed to payment systems that promote quality care. The first year of the pilot period will therefore be used to establish a consistent and meaningful quality measurement methodology that will be used for quality bonuses and/or withholds in years two and three.

Payments to Providers

ICOs will largely have the freedom to negotiate payment arrangements with providers. If an ICO is formed by provider entities like nursing homes, hospitals, and/or health systems, that organization will have flexibility to determine how to split funding for its internally provided services amongst its component entities. As mentioned in Section C, ICOs may propose to pay for services that overlap the Medicare and Medicaid benefit package at a rate that blends the payment rates from the two systems. ICOs may also propose other innovative purchasing strategies.

Stakeholder input has emphasized the importance of allowing ICOs to experiment with value-based purchasing initiatives, which the current environment has not fully supported. These purchasing strategies will generally be up to the ICO, as is common in Medicare and acute/primary Medicaid managed care systems. However, it is the Department's expectation that provider payment arrangements under Virtual PACE do not disadvantage providers as compared to current systems; as such, some parameters for provider payments may be established in the ICO contract, or during the ICO certification process. For example, during implementation, some Department-level appeals mechanism may be important in assuring the fairness and equity principles this proposal embraces. Furthermore, cost-effectiveness is an important constraint on any innovative purchasing strategies.

At the same time, there are a number of institutional-specific reimbursement issues that remain to be resolved within this model. For example, Wisconsin has a number of public nursing homes which currently operate under the structure of a Certified Public Expenditure program; how this operates within the ICO structure will need to be addressed. Similarly, counties in Wisconsin invest a significant amount of funding into the provision of many mental health services, including some which are provided in institutional settings. Stakeholders have raised these specific concerns, as well as the general concern that the initiative intends to reduce nursing facility payment rates. This is not the program's goal. The Department is committed to working with all involved stakeholders to structure program design elements and contractual provisions that support the objective of treating the whole person and eliminating unnecessary care transitions and promote the greatest value for a given investment level.

Provider payment strategies will also vary depending upon the specific business model. In some models, the ICO could be formed by a set of providers working together to create a new organization; this may result in more flexible and creative options. For example, if a set of nursing homes formed an ICO, they would have greater flexibility to set an appropriate institutional payment level. This would presumably be some blend of current Medicare and Medicaid payment levels. This removes any incentive from the care delivery system to have care decisions based on funding source. While the details of that particular arrangement would have to be further explored, the Department will encourage payment provisions that support a broad choice of providers in order to maximize member choice and encourage the development of innovative business models that will help reshape the public system. While appropriate payment is the broader objective, the Medicare and Medicaid fee schedules, as they exist today, cannot be an operational constraint.

Savings in the Capitated Model

Source of Savings

Wisconsin believes that significant, documented program savings have already been generated through implementation of its current array of managed LTC programs and its Medicaid HMO program and various Medicaid efficiency projects, some of which have taken place in the institutional setting. In the LTC arena, it is estimated that program savings have accrued to *both* the Medicaid system *and* the Medicare system, as a result of

the implementation of those various programs and initiatives. This new program proposes to achieve similar levels of savings, across both payer systems, but within another population and environment.

This demonstration affords a second, larger opportunity for savings, which largely result from the ill-coordinated provision of care and the over-provision of high-cost care stemming from the fragmented Medicare-Medicaid service environment. Improvements in coordinating these types of services and care will reduce duplication and redundancy, eliminating unnecessary, excess cost from the system, which will generate funding that can be re-invested in increased care coordination and shared across the public payers as described below. The savings opportunities associated with this opportunity are detailed elsewhere in this proposal—see Section F. The Department will aggressively seek these opportunities, and will implement monitoring activities to assure the savings are well-documented.

Sharing of Savings

Wisconsin proposes that program savings first accrue to the federal and state governments, as the primary purchasers of these services. These will be calculated in advance of the development of the capitation rates, as part of the collaborative CMS-DHS actuarial effort. Estimates of these savings will be publicly documented and shared with all key stakeholder groups for their review.

Further program savings are anticipated to be achieved at the ICO level. It is the expectation of the Department that some of these savings will be shared with members in the form of additional benefits, namely enhanced care coordination. The ICO may also wish to consider the provision of other, more flexible, services. The existing PACE standard in this regard is that all Medicare and Medicaid service are included in the benefit package, as are all other services deemed necessary by the team to improve and maintain the member's health and functional status. This approach to enhancing benefits for members, either through the provision of additional services (e.g., care coordination) and/or reduced out-of-pocket expenses, is an important way to make the integrated care model, which has heretofore suffered from a lack of significant voluntary uptake, more appealing to members.

Operations

No significant operational overhauls are expected to support this model, although many changes will certainly be necessary. Payments to managed care entities will continue to be made as they are now being made, in general terms. The Department has worked with its fiscal agent, Hewlett-Packard (HP) to build a comprehensive payment system that supports all of its managed care programs. This includes registration of each managed care entity, including program, service region, and effective dates; payment according to tailored rate cells; generation of standard HIPAA transactions (i.e., the 820 and 834 transactions); data feeds into the Department's accounting system; and federal reporting. The Department has core infrastructure that can support the program, although investments are required to modify those systems. Those modifications, and their associated costs, are discussed in Sections G and I. One critical area of systems integrations, which has been raised by stakeholders, is that the federal and state governments must collaborate to resolve issues related to the "system of record."

F. Expected Outcomes

State Ability to Monitor, Collect & Track Data on Quality & Cost Outcomes

Department Experience with Monitoring & Collecting Data on Quality & Cost

The Department has extensive experience collecting and monitoring cost and quality data for managed care programs and nursing homes. DHCAA and DLTC both have extensive experience utilizing quality measures for purposes of overseeing that access to care is being provided and that the quality of care is being improved. Both Divisions also routinely monitor a variety of cost and utilization data for oversight of cost efficiency in managed care programs. The Division of Quality Assurance (DQA) has extensive experience with nursing home regulation and quality oversight, as well as specific initiatives to improve care within nursing homes. Department experience monitoring and measuring cost, utilization, quality, and beneficiary experience in current programs is further described in Appendix 6.

Quality & Cost Outcome Measurement in the Demonstration Program

DHS plans to use a number of different data sources and measurement systems in monitoring quality and cost outcomes for the demonstration program. The goal will be to develop a comprehensive quality oversight system that leverages current approaches but eliminates redundancy and competing, or conflicting, measurements across the Medicaid and Medicare environments. Specific metrics will be selected from all of these sources based on further discussion within DHS, with CMS, and with the entities contracted to evaluate the demonstration programs. The Department expects the Virtual PACE Advisory Committee will also have an important role in guiding the development of this system.

DHS will collect encounter data similar to that currently collected for the FC-P program. Certain improvements may be made in order to improve reporting of internally provided services and consistency of utilization and cost reporting for LTC services without a standardized fee schedule. Encounter data will be used to develop metrics on service utilization and cost. The Department proposes to explore the consolidation of federal and state encounter reporting systems, again with the goal of leveraging the best system that is now in place while eliminating costly, redundant reporting.

Quality and beneficiary experience outcome measurement will also draw on multiple data sources, potentially including encounter, MDS, survey, interview, and/or chart review data. Some HEDIS measures, likely drawn from those used in current Medicaid and Medicare managed care programs, will be used; these will be specified based on discussion with CMS and the entities contracted to evaluate demonstration programs. CAHPS survey data may be used to measure beneficiary experience for all populations in the demonstration program. PEONIES data will be used for a sample of the population to better evaluate personal experience outcomes. Guidance from the Virtual PACE Advisory Committee will be important in balancing the critical need to oversee continuous improvement at the ICO level with the increased administrative efficiency that the fully integrated model promises. Appendix 6 includes more information on each of these possible sources of measures.

A final investment, and deliverable, from the current planning grant will be a proposed program evaluation design that can be leveraged once the program is implemented. This plan will cover both a general quality oversight structure that integrates existing requirements, and also a formal health sciences research evaluation that can measure and document the effectiveness of the new program model. CMS technical assistance will be leveraged in developing this plan, but it will need to be highly tailored to the Wisconsin program and delivery environment. That deliverable is expected to the Department by early Fall, 2012.

Potential Improvement Targets

DHS expects to build upon the success of current initiatives in existing programs and services and to align focus areas for improvement with other CMS' initiatives such as Value Based Purchasing, meaningful use, and measures for Medicare Advantage SNPs. DHS priorities are to improve quality and reduce costs by reducing preventable care and improving management of chronic conditions.

Reducing preventable care, which is also conceptualized as the “downward substitution of more cost effective services,” is an important element in this initiative. This generally encompasses reducing inappropriate emergency room utilization and hospitalizations, as well as monitoring the prevalence, and appropriate treatment of, ambulatory care sensitive conditions. Improving management of chronic conditions and mental health outcomes is another priority for the Department. DHS will explore utilizing different measures from CMS, NCQA, AHRQ, NQF, and the Joint Commission to target specific conditions prevalent in the program's population.²² For example, important prevalent conditions in the institutional population include pressure ulcers, urinary tract infections, and falls, and specific measures may be targeted for these conditions. Additional areas of program improvement targets

²² “Dual eligibles typically have multiple chronic conditions. When compared with other Medicare beneficiaries, dual eligibles are 100% more likely to be in poor health, 50% more likely to have diabetes, 600% more likely to live in a nursing home, and 250% more likely to have Alzheimer's disease”—Barbara Coulter Edwards, Susan Tucker, Brenda Klutz, Lynda Flowers, *Integrating Medicare and Medicaid: State Experience with Eligible Medicare Advantage Special Needs Plans* (Washington, DC: AARP Public Policy Institute, September 2009), p. 1.

may be selected based on further discussion with stakeholders, analysis and synthesis of improvement targets used in other Department and Medicare programs, and discussion with CMS and the contracted evaluation entity.

During the first year of this demonstration, DHS proposes to analyze of the prevalence of different conditions and costs to define the areas of focus that will be targeted in years two and three. The first year will be a baseline year in which the quality measures will be defined to set goals for ICOs in subsequent years. As discussed in Section E, the novelty of the demonstration program's approach makes value-based purchasing initiatives during the demonstration period challenging; thus, payment systems will not be based on these measures until the later demonstration years. The focus areas and quality measures will be developed by a workgroup across DLTC, DHCAA, and DQA, with input from the Chief Medical Officer, the Quality Leads in each Division, the External Quality Review Organization (EQRO), and HP Analytic Services.

Impact on Medicare and Medicaid Costs

One goal of the Virtual PACE demonstration is to lower costs. Savings may be achieved by: (i) reducing cost shifting; and (ii) providing care coordination, both of which will lead to more cost-effective service utilization. The program will also include initiatives related to reducing certain specific costs, like those associated with hospitalizations and inappropriate use of emergency rooms. Some amount of additional savings is expected to be achieved by improving administrative efficiency.

Service Utilization

Cost Shifting

Providers and health plans may each have incentives to shift costs between programs where Medicare and Medicaid benefits overlap. For services that might be covered by either program depending on certain circumstances, providers have incentives to provide services under those circumstances meeting criteria for the higher Medicare payment rates. In programs where a health plan receives a capitation payment for Medicaid services that may also be provided by Medicare, the plan has a financial incentive to shift services to those that meet Medicare coverage criteria as much as possible, known as "Medicare maximization". Medicare maximization is not necessarily an inappropriate strategy; where Medicare covers a benefit, the Medicare program should pay for the service. However, reducing cost-shifting in a more integrated program will save money by incentivizing all service decisions to be based on the most cost-effective service that meets the member's needs, regardless of funding source and the qualifying rules.

There are several benefit areas where Medicare and Medicaid coverage overlap, creating a potential for cost shifting. These are nursing homes, hospice, durable medical equipment (DME), home health, and skilled therapies. Each of these services is heavily utilized by people in institutional settings. In the DME, home health, and behavioral health benefits, each program may cover different types of services or equipment and have different rules for that coverage. In the skilled therapy benefit, the programs have different provider credentialing requirements. Integration in these benefit areas will remove from the service authorization process all consideration of different standards, requirements, and payment sources. In the nursing home benefit, different reimbursement policies create incentives to shift costs between programs and payers through, for example, the triggering of a qualifying hospital stay. Reducing hospitalizations by reducing cost shifting incentives (along with incentivizing other best practices) is a major focus for the demonstration program in the FFS nursing home population; this is described further below.

Care Coordination

One source of cost savings in the demonstration program will be the coordination of care currently provided in a FFS setting. Managed care can reduce service costs as care coordination practices promote more efficient and timely service utilization. Adding care coordination for populations where care is not currently coordinated will add a new cost for these populations. It is expected that the savings from coordinated care will be greater than the new cost. Care coordination costs for people in the demonstration are expected to be lower than in the current managed LTC programs because the demonstration program will triage the intensity of care coordination services and the composition of the IDT based on the member's needs. A more flexible care coordination model will limit cost growth relative to care management that is provided in some of the current programs.

These care coordination strategies will directly improve the quality of care being provided in institutional settings. The delivery of timely primary care will be emphasized. Medications will be regularly reviewed, administered, and updated. Therapies will be better tailored to the member's needs and outcomes. Acute hospital episodes will be minimized and re-admissions to hospitals will be reduced. Falls will be prevented. Wound care will improve. Overall satisfaction with services will increase. These quality improvements will be measurable, and will foster greater competition and innovation.

Integration of Medicaid and Medicare services will also reduce care coordination time in some cases. The integrated benefit package will not require care coordinators to spend any time navigating separate and possibly conflicting requirements current imposed by the separate payment sources. For example, if the IDT develops a plan including the use of durable medical equipment, there is no need to determine whether Medicare or Medicaid will pay for it, as in partially integrated programs or the FFS system. As discussed elsewhere, this will greatly benefit and incentivize the appropriate and efficient handling of complex behavioral health cases, eliminating redundant screenings, assessments, and interventions.

Administrative Efficiencies

An integrated program can produce administrative efficiencies as compared to current managed care programs. Wisconsin's Partnership MCOs must separately manage the Medicare Advantage bid process as a SNP and Medicaid rate negotiations with the state. They currently receive and account for two separate capitation payments. The federal Medicare and Medicaid and state Medicaid programs may each stipulate different contracting requirements; for example, reporting requirements differ between the programs. MCOs contracting with both CMS for Medicare and DHS for Medicaid must navigate separate requirements and processes for appeals & grievances, marketing, quality data and quality improvement. Integrating these requirements and determining a blended rate through an integrated process will reduce the MCO's administrative costs and thus the level of administrative funding needed in a capitation payment. However, this is likely a relatively small dollar amount of savings, as most MCOs have relatively low administrative cost ratios (i.e., as a proportion of overall revenue, or expenses).

Specific Savings Opportunities

This section discusses costs for current members and the expected impact of reduced cost shifting, administrative efficiencies, care coordination, and the above service utilization initiatives on those costs. The total savings of the program will depend on overall enrollment levels within the specific geographic areas where the program is piloted. The data presented in the Table 12 in Appendix 1 provides a one-month, statewide snapshot of December, 2010, integrated costs for each population. These data represent a rough estimate of the baseline costs, which are now being refined to cover a broader time horizon. The data begin to provide an understanding of the specific areas where care is not being maximized and where specific programmatic interventions can generate program savings. (The same caveats presented in Section B apply to this data.)

Dual eligible members in institutions in FFS Medicaid have very high service costs and a significant opportunity for savings via reduced cost shifting and providing care coordination. Current Medicare and Medicaid policies on FFS payment of nursing home and inpatient hospital services result in significant cost-shifting incentives. An integrated program will have an opportunity to reduce cost shifting between nursing homes and hospitals, thereby reducing costs to Medicaid and Medicare. The opportunities for increased primary care, and the corresponding "downward substitution of services," are great. The presence and availability of a nurse practitioner within this setting is thought to be one specific intervention by which these savings can be achieved.

Including this population in a capitated program under the demonstration could provide incentives to implement evidenced-based interventions to reduce preventable hospitalizations. This may include using nurse practitioners in nursing facilities to coordinate care, better supporting transitions between hospitals and nursing facilities, and implementing best practices to prevent falls and other events leading to hospitalizations. CMS-supported research found that for dual eligible members residing in nursing facilities in 2005, almost 40% of their hospitalizations were preventable. Reducing these preventable hospitalizations in the demonstration program could yield significant savings in this population.

Some institutional dual-eligible members are enrolled in Medicare Advantage HMOs, though this is less than 20% of FFS Medicaid Institutional dual eligible members. This population would still have high Medicaid costs, but the Medicare costs would be unknown, and so the cost impact on Medicare services for that subset cannot be estimated.

Savings may also be achieved by promoting relocations back to the community. In general terms, the average cost of community placements is below the average costs of an institutional placement. Persons who are no longer in need of institutional care will retain their enrollment in Virtual PACE, relocate back to the community, and have lower-than-expected costs. In the short-run, these savings would be used to support the member's transition costs. In the longer-run, these savings will help to bend the overall cost curve associated with the two entitlement programs.

Care coordination will also improve care outcomes for persons with dementia. A 2010 report from the Alzheimer's Challenging Behaviors Task Force articulates the importance of improvements to care and coordination for residents of long term care facilities who have challenging behaviors associated with dementia. The data underscore the potential in this area. Recent snapshot data from the DQA indicated there were 15,000 persons living in a nursing home with a diagnosis of dementia, and, of this group, roughly one-third were reported to have exhibited an incident of disruptive behavior within the past week.

Concentrated resourcing in the area of age-related dementia, broad interdisciplinary expertise, and diligent preventive medical and psychiatric care have the potential to significantly reduce the risk of discharge or emergency detention petitions for these individuals. Care coordination and MOUs between the ICO and specialty facilities are two concrete opportunities to further improve care and reduce unnecessary transitions. The Department will promote these, and other, strategies to address these issues.

Another opportunity is in the area of overmedication. Nursing home residents experience lower quality of care and life when prescription drugs are not regularly reviewed, prescribed, and monitored. Focused training, standards of care and quality monitoring can greatly reduce these misuses. The Inspector General for the U.S. Department of Health and Human Services has found, nationally, that:

- about 14 percent of nursing home residents had Medicare claims for antipsychotic drugs;
- more than half of these should not have been covered by Medicare, based on a review of the medical criteria; and
- the medications were frequently dispensed in ways that violated standards for their use, meaning either doses were too high or residents were on the medication for too long.²³

In an aligned initiative, the Department proposes to carry out specific analyses, using the Medicare data files, to quantify this phenomenon in Wisconsin and help to structure appropriate programming in response.

Range of Potential Savings

DHS continues to work with its contracted actuarial firm, CMS, and the CMS contracted actuarial firm to develop and refine specific savings estimates. In this proposal, DHS is using a cost estimate model developed by its contracted actuary based on an assessment of historical data and trend. DHS used this cost estimate model to estimate savings in the demonstration program in 2013-2015 by selecting a base cost year and adjusting cost trends for each service type to show the impact of the proposed intervention on cost growth in each region of the state. Though the demonstration program is envisioned as a statewide program in the long-run, it will not be implemented immediately in all areas of the state, and because savings may vary by region, the actual savings will depend in part on the geographic areas where the program is initially piloted. The model does not predict additional care management and administrative costs; the figures below are thus estimates of gross savings on current services, not net of care management or administrative costs.

Savings estimates are preliminary and will continue to be refined; however, DHS expects reduced hospitalization costs in a range 5-15% and reduced emergency department costs in a range of 2-6%, partially offset by increased care coordination and primary care costs in a range of 5-15%. Using the model, DHS estimates the lower end of

²³ See http://oig.hhs.gov/newsroom/testimony-and-speeches/levinson_051011.asp.

these savings to be approximately \$1.6 million in the first year growing to \$7.5 million in the third year of the demonstration assuming implementation in the southeast geographic region in the first year and becoming statewide by the third year. While the model calculates trend from the base year of 2010 through the pilot period, percentage savings assumptions entered into the model are moderated to account for the cost impact beginning sometime between 2013 and 2015.

The savings are expected in services with large PMPM expenditure levels, and the increased investments expected in services with lower PMPM expenditure levels. (Expenditures by services are shown in the data exhibits in Appendix 1A; the costs and trends for the long-stay nursing home population are the basis for the savings estimates discussed here.) The expectation, therefore, is that overall savings can be achieved given the enrollment strategies described above, even if some increased investment in prevention and care coordination is made at program inception.

The savings amounts noted above (\$1.6 million growing to \$7.5 million) could be considered conservative, as they are based on the lower end of the percentage ranges. There are potential savings in other service lines, and Part D savings are also possible. However, these savings are difficult to estimate at this time, and the savings model does not include Part D data. To provide a sense of the overall savings that are possible, note that an overall reduction in annual trend of just 0.5% results in \$4.2 million savings in the first year growing to \$28.2 million in the third year.

G. Infrastructure and Implementation

State and Contractor Infrastructure and Capacity

State Staff Capacity

Wisconsin has strong state capacity to develop, implement and oversee the proposed demonstration. The demonstration program is a priority for the Department of Health Services (DHS) leadership. Secretary Dennis Smith has many years of experience with Medicaid programs at the federal level and in other states.²⁴ The demonstration program has been developed within the Division of LTC (DLTC); DLTC Administrator Pris Boroniec has over 33 years of health policy experience, including as a consultant and as a previous Division of Health Care Access and Accountability (DHCAA) Deputy Administrator.²⁵

Staff in the Division of LTC (DLTC), the Division of Health Care Access and Accountability (DHCAA), and the Division of Quality Assurance (DQA) have strong experience with implementing and overseeing managed care programs and various provider groups. DHS has implemented and overseen several different managed care programs, including the fully integrated PACE/Partnership, the partially integrated Family Care LTC programs, and the SSI managed care program. The Department of Health Services therefore has the structure, staff, and contract resources to develop system changes and provide strong fiscal and programmatic oversight,

Primary responsibility for implementation and oversight of the proposed demonstration program will be housed within DLTC. DLTC has over ten years of experience administering the various MLTC programs. Within DLTC, the Bureau of Financial Management (BFM) is responsible for fiscal functions and oversight, and the Office of Family Care Expansion (OFCE) is responsible for program development and quality oversight functions. In the MLTC programs, each MCO has a quality oversight team including contract coordinators and member care quality specialists from OFCE and accountants and budget/policy analysts from BFM. This structure will be a point of departure for overseeing the ICOs, with a functional-based team approach being a second alternative.

The Bureau of Aging and Disability Resources (BADR) oversees the ADRCs, which have played a key role in implementation of existing MLTC programs in their education and counseling of members on enrollment options. Both the central BADR and the local ADRCs will play pivotal roles in the front-end of the Virtual PACE system, where outreach, education, and information sharing, and strong beneficiary protections will all be critical. This Bureau is also within the Division of Long-Term Care, and management teams and staff work closely together.

²⁴ Online bio: [DHS Secretary Dennis Smith's Bio](#)

²⁵ Press release: [DHS April 4th, 2011 Press Release](#)

This DLTC infrastructure for oversight of current MLTC programs will provide the basis for oversight of the demonstration program. However, DLTC will coordinate very closely with both DHCAA and DQA, as some DHCAA processes for oversight of HMOs in those programs will be more appropriate given benefits under management and will therefore also be used in the pilot demonstration. DQA holds primary responsibility for certifying, licensing, and overseeing the quality of care that is provided in a number of settings, including institutions, so their strong participation and contributions will be critical. The final oversight model for the program is therefore likely to be a hybrid, leveraging the best that each of these Divisions has to offer. The Department is equally interested in integrating into this oversight approach any best practices their CMS oversight colleagues have developed and implemented, from either the Medicaid or Medicare perspective.

Additional Staff Capacity Needed for Demonstration Program

Program oversight is proposed to be provided by ICO-specific oversight teams, with specific team composition still to be developed. Depending on the size of the ICOs involved, a contract compliance staff person may be able to cover one or more ICOs. DHS anticipates additional staffing will be necessary to work on the development of the new, more integrated regulatory environment in the short-term, and for ongoing fiscal and programmatic oversight of the demonstration program.

If entities that are selected to contract for the demonstration program operate current programs, DHS expects that current oversight teams for those entities will also participate in oversight of the new demonstration program operated by the same organizations, offering MCO-specific expertise, and additional resources would be needed to focus on effective integration of the Medicaid and Medicare services provided to members. If a number of new entities not operating current programs are included in the pilot, then a greater number of additional staff will be needed to develop additional oversight teams for the new entities in the new program. Existing resources will therefore be leveraged and maximized, but they are not sufficient to administer the current programs *and* reform the system as described in this proposal. In addition to these general policy and oversight activities, it is envisioned that targeted resources will be needed to interface with the Division of Quality Assurance as the current nursing home oversight regulation and oversight activities are fully integrated with those developed within Virtual PACE.

DHS currently has two major resources for enrollment of members into managed care programs. A contracted enrollment broker handles this function for managed care programs operated by DHCAA, and ADRCs provide enrollment options counseling for DLTC-administered programs. As operational details remain to be determined, so the precise role of ADRCs is currently uncertain. However, ADRCs will play some role in member education and enrollment. For example, ADRC contact information may be provided on all enrollment notices, and Wisconsin may set up a helpline to handle initial inquiries, which would then refer more complex issues to ADRCs.

Additional detail on staffing levels and costs are included in the budget narrative submitted separately to CMS.

Contractors

The Department plans to rely on several existing contractors to implement the Virtual PACE Program:

- Hewlett-Packard (HP), as the Department's contracted Medicaid fiscal agent, will be modifying Wisconsin's MMIS, interChange. HP will also be modifying the DLTC's data warehouse to support the initiative, and other systems will be evaluated for the synergies they would bring to this platform (e.g., the PRISM system developed within the State of Washington).
- Deloitte, as the contracted entity that maintains and modifies the CARES eligibility system, will make modifications needed to track eligibility information for the program and send this information to interchange.
- Pricewaterhouse Coopers (PWC) is the contracted actuary that established capitation rates for Wisconsin's Medicaid managed care programs, as well as IRIS individual budget amounts. DHS will work with PWC, and CMS and its actuaries, to establish capitation rates for Virtual PACE.
- JEN Associates is an experienced vendor in the analysis of integrated Medicaid-Medicare datasets with which DHS has contracted for consultation during program design. DHS expects to continue this for ongoing data analysis through implementation

- A contracted enrollment broker is used in some current programs, and may have a role (yet to be defined) in Virtual PACE. Regardless, significant front-end investments will be made in member outreach, education, information sharing, and counseling.
- DHS contracts with an EQRO for quality oversight of current managed care programs and anticipates doing so for the demonstration program as well.
- CMS has contracted with RTI for evaluation of demonstration programs, and RTI has indicated that the Urban Institute will be evaluating Wisconsin's program; these contractors may thus have a role in quality measurement and program evaluation for Virtual PACE. Prior to that project, Wisconsin will invest in an evaluation and quality oversight structure that will be more specific to the local demonstration and can be leveraged by CMS's contractor(s).
- Ombudsmen and other advocacy entities may be contracted for additional member education, outreach, or advocacy activities during implementation of the pilot program, in addition to current ombudsman services.²⁶

Analytic Capacity

Wisconsin has strong analytical capacity to implement the proposed innovative program design, including capacity to receive and analyze Medicare data. The Department has already received three years of Medicare Parts A and B claims, and staff at HP have imported them into a data mart for analysis. State staff are in the process of validating and analyzing that data. JEN Associates is currently providing consultation on data integration and the use of the data in program design. Part D data has also been received, and staff at HP are importing the prescription drug data, pricing it, and integrating it into the Medicare claims data mart.

DHS also has strong capacity to collect and analyze encounter data from the integrated pilot program. DHS has developed a full encounter reporting system that collects detailed utilization *and* cost data for all persons enrolled in Wisconsin's reformed LTC system. While most states struggle with obtaining such detailed cost information from contracted plans, Wisconsin has a rich supply of these data. These data include costs for Medicaid services in the Family Care and IRIS programs, as well as Medicaid and Medicare-related spending for PACE and the FCP program. DHS plans to use this existing infrastructure to collect Medicaid and Medicare-related utilization and cost data for the demonstration program.

The Long Term Care Functional Screen is another important piece of Wisconsin's data infrastructure that will be used for members in the demonstration program who have LTC needs. LTCFS data is available for each individual served in the LTC system and provides functional, behavioral and cognitive data to supplement full diagnostic data. LTCFS and encounter data are two important inputs to the development of effective risk adjustment and quality measurement systems. These two primary data sources have been used for rating purposes for the Family Care program for ten years, and DHS has recently begun to leverage the encounter data for rating the Medicaid capitation in PACE and the FC-P program.

Additional sources of information on dual eligible members include MDS data and potentially data that is gathered via a mental health screening tool for members with mental health diagnoses. DLTC staff and contractors have significant experience using the MDS data in developing nursing home rate methodologies. This experience will be leveraged to explore how the data can be used for quality purposes. DMHSAS have experience with mental health screen data that may also be used in program design to better identify, describe, and serve members with mental health needs.

DHS staff have extensive experience analyzing data from these sources to generate information that guides state-level policy development and decision making. Staff are adept at linking encounter data to other meaningful data sources at the individual member level, including Medicaid enrollment information and fee-for-service costs and utilization (i.e., for the partially capitated Family Care program). Staff are also currently developing the capacity to

²⁶ For existing LTC programs, Disability Rights Wisconsin (DRW) is the ombudsman for the 18-59 age group, and the Wisconsin Board on Aging and LTC (BOALTC) is the ombudsman for those age 60 and older. The SSI and Badger Care Plus managed care programs also include ombudsmen.

link all of these data sources to the recently received Medicare data. Two key vendor relationships, with PWC and JEN Associates, will augment DHS's internal information system, data analysis, and staff analyst capacities.

As the Department's actuarial firm, PWC will, in conjunction with Department staff, be heavy consumers of the integrated data sets, assisting with the establishment of baseline, historical costs, a shared savings model tailored to the program, a viable capitation rate structure, and rates. State and PWC staff have been working with CMS contracted actuaries at Mercer to share data and begin establishing baseline costs and a shared savings model. In preparation for implementation of the demonstration program, state staff and PWC will work with CMS and any CMS-contracted actuary on additional detailed analysis of historic data for the institutional population, to establish baseline costs and expected cost trajectories in the absence of any programmatic intervention. This work will lead into the setting of capitation rates for the demonstration program.

Waiver of Medicaid and/or Medicare Rules

In collaboration with CMS, DHS is in the process of determining whether existing Medicaid authorities are sufficient for the demonstration program, or if new Medicaid authorities will be needed. It is expected that the Medicare-Medicaid Coordination Office (MMCO) will provide any waivers of all Medicare rules needed to implement the program under its broad authority to authorize these demonstrations. Further analysis of specific authorities that may be needed will proceed as additional program implementation details are determined. It is the Department's objective to seek the most expeditious pathway to identifying and implementing these additional authorities, so the proposed January, 2013, start date will not be jeopardized.

Expansion Plans

While the program is ultimately intended to be statewide, and include all fully dually eligible individuals residing in institutions, DHS does not expect that there would be ICO partners prepared to implement the program in all areas of the state January 1, 2013. Further, many stakeholders have recommended that the Department begin with a smaller pilot. Therefore, the program will initially be implemented in one region of the state and expanded statewide over the three years of the demonstration. DHS is currently proposing the initial and expansion regions based on the DQA region map attached in Appendix 1B; however, some changes to regions and timelines could occur depending on ICO proposals. DHS currently proposes to first pilot the program in the Southeastern region, with expansion to the Southern and Northeastern regions in Year 2 and the Western and Northern regions in Year 3. Expansion areas and timelines may be modified or refined based on availability of willing partners in those regions.

Implementation Strategy & Timeline

Wisconsin has an aggressive implementation timeline; thus, the implementation strategy includes a number of key implementation tasks that must proceed concurrently during the summer and fall months of 2012 to prepare for a January 2013 implementation. Current DHS dialogue with the Advisory Committee is focusing on identifying "critical path" priorities, and organizing all resources around those efforts, so that this overall timeline can be sustained. The Workplan/Timeline template can be found in Appendix 7, and the timeline and key milestones are also discussed briefly here.

Key 2012 Milestones Prior to Implementation

This proposal is being submitted to CMS on April 26th. Key milestones during Spring and Summer 2012 will include DHS/CMS MOU negotiation (concurrent with CMS public comment period), CMS approval to proceed with implementation, and the beginning of systems modification work as soon as approval is obtained. While CMS will also need to post the proposal for a public comment period, DHS also plans to concurrently work on Memorandum of Understanding (MOU) development with CMS during the spring of 2011. Partner selection & contracting will be the key activity in Summer 2012, as selection is a key milestone that must be completed by July 31, 2012, with contracts to be finalized and signed by September 20, 2012.²⁷ Several key milestones will occur in Fall 2012, including partner readiness reviews, notification of beneficiaries being passively enrolled, key systems modification deadlines, and hiring of new staff and/or finalization of contracts for financial and quality oversight.

²⁷ Suggested "target dates" in Capitated Financial Alignment model materials released by CMS in January 2012; described in discussions with CMS as deadlines.

2013-2015 Implementation & Expansion

On January 1, 2013, Wisconsin will implement Virtual PACE in the Southeastern region. Enrollment may be phased in over a number of months depending on enrollment system and expected ICO capacity constraints; details will be further refined following partner selection. The program will expand to the Southern and Northeastern regions in 2014 and will be implemented statewide in 2015 with expansion to the Northern & Western regions.

H. Feasibility and Sustainability

Strategies for Addressing Barriers & Challenges

There are three primary challenges the Department faces in implementing this initiative: timeline challenges due to complexity of current systems, uncertainty introducing risks to stakeholders, and addressing the division of financial and regulatory accountability between ICO entities and nursing home providers.

The overall implementation timeline is a challenge given the sheer complexity and fragmentation of the current system. Complexities abound across all of the functional areas of both public programs, and even minor changes to one system within one of the programs can have large, ripple effects throughout a seemingly unrelated system in the other program. A transformation on par with that proposed here creates large scale uncertainty and risk. To address this challenge, the planning team will continue to leverage forums with key stakeholder groups to share the vision and purpose of this initiative throughout the planning and demonstration period. DHS will pursue and implement learning opportunities and sharing of content expertise across historically “siloes” areas in order to expand the common knowledge base of persons working in different program areas. Expansion of these capacities is a lynchpin in knitting together the fragmented systems.

Related to the first challenge, there is uncertainty about how, specifically, the future, more integrated system will operate. This uncertainty introduces risks to many stakeholders in the current system, including both consumers and business entities, which could undermine the proposed changes. To address this challenge, DHS will continue to emphasize that the focus on integration, coordination, and person-centeredness is real and that the benefits for consumers alone warrant pursuit of these ideals. The Department intends to continue to document and quantify the consumer benefits that are associated with integrated care, for purposes of sharing with key stakeholder groups. Additionally, risk mitigation strategies outlined in Section E will be pursued, with respect to the business risks that present.

A final challenge is in aligning incentives and requirements between ICOs and nursing homes given the potential for division of financial and regulatory accountability. Nursing homes are a type of provider that is heavily regulated, and nursing home providers will remain accountable for following all applicable regulations in their industry. In this demonstration, ICOs will be responsible both for meeting the program’s quality standards and for the costs of all the members’ Medicaid and Medicare services. Placing financial responsibility with one entity (the ICO) as the coordinator and payer of all care while another entity (the nursing home) retains regulatory responsibility could create conflicting incentives. Even where a nursing home may form an ICO, their ICO contractual obligations could conflict with other regulatory obligations. The Department will address this challenge by working across Divisions to ensure alignment between the demonstration’s quality standards and financing provisions and the regulatory requirements in the nursing home industry.

State Statutory or Regulatory Changes

DHS is currently exploring the potential need for statutory or regulatory changes.

Funding Commitments & Contracting Processes

No new service funding commitments are anticipated as a result of program implementation; the program will be implemented in a manner that will achieve savings and will also be one prong of a broader set of strategies that will generate greater savings. The Department’s current array of LTC programs has achieved significant efficiencies and savings relative to the legacy system that preceded it. This is now well-established and well-documented, but it is equally clear that continued efficiencies are critical to the long-term sustainability of these entitlement programs. The Department is pursuing a set of continued reforms that are expected to achieve an additional, approximate \$80

million in savings over the next 16 months. These anticipated savings are above and beyond the \$3 million in program savings projected as a result of Virtual PACE implementation over the same time period.

With respect to administrative commitments, the Department has existing authority to continue to support the three staff positions that have formed the planning team and intends to exercise that authority. The information systems changes that are being proposed to support the pilot program are outlined in Section I. The budget implications associated with those changes have been estimated for the pilot period, but the longer-term costs to implement the program statewide will need further consideration at a later date.

Scalability & Replicability

The program proposed here will be scalable statewide and replicable in other states. As discussed earlier in this proposal, the Virtual PACE program will be expanded throughout the state building on lessons learned during the early portion of the pilot period. Further, the program will be replicable nationally, providing a model for introducing coordinated, integrated, and person-centered care in FFS institutional settings. One element that could vary in other states may be the opportunity and options for relocations from institutions. Wisconsin has already made progress in rebalancing the LTC system between institutions and the community through a wide array of HCBS programs. However, in any state, the main strategies and program design elements would remain applicable, while the specifics of relocation strategies could vary depending on the state's existing options.

Letters of Support

Letters of support are attached in Appendix 12.

I. CMS Implementation Support—Budget Request

A separate budget request is being sent to CMS along with this proposal; it is not being made public at this time. It requests funding for administrative resources, beneficiary outreach and education, and systems & IT costs.

J. Additional Documentation (as applicable)

The state has not yet been asked to provide additional documentation.

K. Interaction with Other HHS/CMS Initiatives

DHS has considered Virtual PACE interaction with other CMS initiatives, including the Partnership for Patients, Million Hearts Campaign, and the Pioneer Accountable Care Organization (ACO) model, and Reducing Preventable Hospitalizations among Nursing Facility Residents. These initiatives may interact in several ways:

- The goals of Virtual PACE align with those of Partnership for Patients; both initiatives aim to reduce hospital readmissions through preventative care.
- Though no specific role has been identified for specific Partnership For Patients provider entities in the demonstration, 89 entities in Wisconsin have signed the Partnership for Patients Pledge.²⁸
- Virtual PACE will contribute to the goals of the Million Hearts Campaign as improved care coordination enhances clinical prevention efforts
- Virtual PACE and the Pioneer ACO model also share the goal of lowering costs via care coordination; if Virtual PACE is piloted in an area with ACO sites,²⁹ DHS will work with CMS to determine how the initiatives will interact.
- The Virtual PACE and Reducing Preventable Hospitalizations among Nursing Facility Residents initiatives are complementary; while Virtual PACE is seeking a broader impact than hospitalizations we see the opportunity to collaborate and share learning, best practices and further synergizes for these two initiatives.
- Virtual PACE will work closely with the Money Follows the Person Demonstrations to support the mutual state and federal goals of supporting individuals to relocate from institutional settings.

²⁸ This includes 48 hospitals, 28 clinicians or other providers, six consumer or patient organizations and five entities identified as Employer/Union/Health Plan/State or Local Governments.

²⁹ The ACO Model approved Allina Hospitals & Clinics who serve Minnesota and Western Wisconsin and Bellin-Thedacare Healthcare Partners who serve Northeast Wisconsin.

Appendices

Appendix 1: Population Data and Cost Data

Additional Demographic Data by Category

Note: the tables in original Appendix 1 from the draft proposal posted on March 16, 2012 are retained here, but this was preliminary snapshot data and should not be relied on. It may not be consistent, either in terms of the way data is grouped or in the validation of the numbers, with the updated data contained in Appendix 1A.

Members by Target Group for LTC HCBS Programs

	DD	FE	PD	Unknown	Total
Family Care	9,407	7,782	8,218	53	25,460
%	37%	31%	32%	0%	
PACE/FC-P	497	1,759	1,493	12	3,761
%	13%	47%	40%	0%	
IRIS	536	393	563	4	1,496
%	36%	26%	38%	0%	
Legacy Waiver	2,471	1,212	1,004	368	5,055
%	49%	24%	20%	7%	

Additional Program Detail for Community Non-Waiver

Age Group	FFS	Badger Care Plus HMO	SSI HMO	SSI HMO & Waitlist	FFS Waitlist for HCBS Programs	Total
18-64	39,155	108	5,431	385	1,657	46,736
65+	18,322	9	1,890	12	625	20,858
Total	57,477	117	7,321	397	2,282	67,594

Data by County or Tribe

The county/tribe information in the below tables is based on Medicaid data, which sometimes shows records for more than one county for a member. This can lead to some discrepancies in member counts by county, and so a small number of members may appear in a program that is not actually offered in a given county. This data is presented to provide a general picture of the geographic distribution of dual eligible members; as such, small discrepancies should not be a major concern. Note that these figures are from the original March 16th, 2012 draft proposal; updated figures by region are available in Appendix 1A.

Number of Full Benefit Dual Eligible Members by Medicaid Program and County/Tribe, December 2010

County or Tribe Name	Community Non-Waiver	Community Waiver	Family Care	PACE/Partnership	Institution	Grand Total
Adams	483	92	<10	-	62	637
Ashland	377	16	120	-	121	634
Bad River	29	<10	-	-	<10	29
Barron	1,187	31	251	<10	316	1,785
Bayfield	170	<10	92	-	40	302
Brown	2,669	905	17	-	593	4,184
Buffalo	184	24	60	<10	61	329
Burnett	308	<10	70	-	43	421
Calumet	224	<10	140	<10	113	477
Chippewa	857	23	189	371	132	1,572
Clark	401	16	178	<10	205	800
Columbia	497	28	290	36	217	1,068
Crawford	277	<10	133	-	87	497
Dane	4,181	1,425	29	838	715	7,188
Dodge	697	22	256	26	498	1,499
Door	235	125	-	-	107	467
Douglas	869	30	312	<10	190	1,401
Dunn	445	16	122	249	105	937
Eau Claire	1,181	65	295	885	250	2,676
Florence	84	23	-	-	37	144
Fond du Lac	914	40	880	<10	287	2,121
Forest	171	63	<10	<10	88	322
Grant	809	17	210	-	383	1,419
Green	410	<10	237	-	162	809
Green Lake	253	<10	120	-	89	462
Iowa	286	12	70	-	94	462
Iron	146	<10	51	-	67	264
Jackson	305	<10	149	<10	78	532
Jefferson	632	26	583	53	226	1,520
Juneau	396	<10	131	-	145	672
Kenosha	2,193	58	792	34	475	3,552
Kewaunee	164	148	<10	-	75	387
La Crosse	1,228	36	1,483	-	361	3,108
Lac Du Flambe	55	21	-	-	<10	76
Lafayette	209	<10	47	-	55	311
Langlade	429	113	-	-	113	655
Lincoln	375	180	<10	-	228	783

County or Tribe Name	Community Non-Waiver	Community Waiver	Family Care	PACE/ Partnership	Institution	Grand Total
Manitowoc	888	21	470	-	396	1,775
Marathon	1,507	63	771	<10	496	2,837
Marinette	718	197	<10	-	352	1,267
Marquette	248	<10	114	-	44	406
Menominee	102	22	-	-	<10	124
Milwaukee	17,006	626	7,532	876	1,781	27,821
Monroe	493	20	270	-	160	943
Oconto	473	102	<10	-	117	692
Oneida	647	213	<10	-	160	1,020
Oneida Tr	32	<10	-	-	18	50
Outagamie	1,529	49	495	38	426	2,537
Ozaukee	403	16	340	19	162	940
Pepin	101	<10	34	-	55	190
Pierce	236	10	145	13	121	525
Polk	544	14	139	-	229	926
Portage	581	17	784	-	62	1,444
Price	343	10	125	-	117	595
Racine	2,454	48	844	123	431	3,900
Red Cliff	20	-	-	-	-	20
Richland	231	11	319	-	56	617
Rock	2,391	567	15	<10	504	3,477
Rusk	323	21	123	-	88	555
Sauk	606	22	294	51	252	1,225
Sawyer	347	10	100	-	84	541
Shawano	454	226	<10	-	205	885
Sheboygan	1,056	26	648	-	425	2,155
Sokaogon	<10	<10	-	-	<10	<10
St. Croix	427	52	235	23	227	964
Stockbridge	<10	-	-	-	<10	<10
Taylor	281	119	<10	-	161	561
Trempealeau	335	13	225	<10	235	808
Unknown	<10	-	-	-	-	<10
Vernon	427	13	187	-	132	759
Vilas	220	95	<10	-	49	364
Walworth	889	64	339	<10	266	1,558
Washburn	448	15	144	<10	91	698
Washington	648	12	488	16	324	1,488
Waukesha	1,889	64	1,187	57	855	4,052
Waupaca	749	12	216	32	818	1,827
Waushara	372	12	175	-	38	597
Winnebago	1,788	119	747	<10	533	3,187
Wood	1,052	16	621	<10	286	1,975
Grand Total³⁰	67,588	6,472	25,433	3,740	17,574	120,807

³⁰ Totals do not match statewide population totals as cell sizes less than 10 are not included in sums.

Number of Full Benefit Dual Eligible Members by Medicare FFS vs. Medicare HMO and County/Tribe, December 2010

County or Tribe Name	FFS Medicare	Medicare HMO	Grand Total
Adams	630	14	644
Ashland	614	18	632
Bad River	27	<10	27
Barron	1,709	74	1,783
Bayfield	295	12	307
Brown	3,705	476	4,181
Buffalo	314	17	331
Burnett	419	10	429
Calumet	411	73	484
Chippewa	1,151	416	1,567
Clark	767	34	801
Columbia	987	79	1,066
Crawford	466	37	503
Dane	6,140	1,037	7,177
Dodge	1,385	112	1,497
Door	453	14	467
Douglas	1,351	47	1,398
Dunn	659	275	934
Eau Claire	1,752	917	2,669
Florence	140	<10	140
Fond du Lac	1,842	279	2,121
Forest	311	13	324
Grant	1,310	107	1,417
Green	802	15	817
Green Lake	409	54	463
Iowa	446	15	461
Iron	252	17	269
Jackson	497	46	543
Jefferson	1,423	95	1,518
Juneau	654	22	676
Kenosha	3,382	166	3,548
Kewaunee	363	25	388
La Crosse	2,807	294	3,101
Lac Du Flambe	81	-	81
Lafayette	305	<10	305
Langlade	636	17	653
Lincoln	722	64	786
Manitowoc	1,634	137	1,771
Marathon	2,647	186	2,833
Marinette	1,221	46	1,267
Marquette	387	22	409
Menominee	126	<10	126
Milwaukee	19,673	8,079	27,752

County or Tribe Name	FFS Medicare	Medicare HMO	Grand Total
Monroe	847	94	941
Oconto	636	59	695
Oneida	966	55	1,021
Oneida Tr	50	<10	50
Outagamie	2,125	411	2,536
Ozaukee	850	90	940
Pepin	190	<10	190
Pierce	485	39	524
Polk	891	33	924
Portage	1,316	128	1,444
Price	563	32	595
Racine	3,182	710	3,892
Red Cliff	20	-	20
Richland	601	15	616
Rock	3,390	79	3,469
Rusk	521	33	554
Sauk	1,132	93	1,225
Sawyer	517	22	539
Shawano	792	96	888
Sheboygan	1,878	275	2,153
Sokaogon	<10	-	<10
St. Croix	884	77	961
Stockbridge	<10	<10	<10
Taylor	503	58	561
Trempealeau	739	69	808
Unknown	<10	<10	<10
Vernon	674	83	757
Vilas	350	12	362
Walworth	1,526	34	1,560
Washburn	683	16	699
Washington	1,277	206	1,483
Waukesha	3,552	496	4,048
Waupaca	1,560	264	1,824
Waushara	541	56	597
Winnebago	2,643	536	3,179
Wood	1,824	148	1,972
Grand Total³¹	103,013	17,680	120,693

³¹ Totals do not match statewide population totals as cell sizes less than 10 are not included in sums; 224 members for whom Medicaid data could not be linked to Medicare data were excluded.

Additional Cost Data by Population Group & Program Category

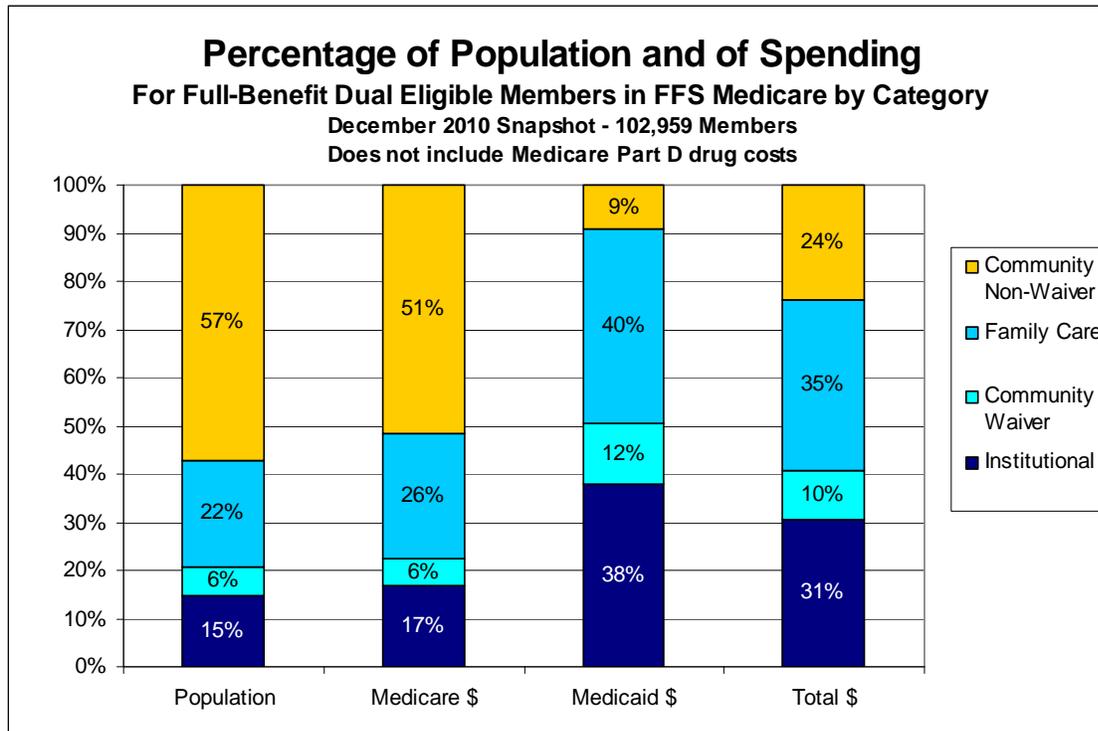
As with the rest of Appendix 1, these figures are from the original March 16th, 2012 draft proposal; updated figures are contained in Appendix 1A

December, 2010 Member Counts for PMPM Calculations

Category		Total by Program	Not Linked	In Medicare Advantage: Medicaid PMPM Only	Medicare FFS: Denominator for Combined PMPMs
Community Non-Waiver	Badger Care Plus	117	1	14	102
	FFS	57,478	110	4,150	53,218
	SSI HMO	7,323	17	3,760	3,546
	SSI MC & Waitlist	397	1	248	148
	Waitlist	2,282	4	250	2,028
<i>Community Non-Waiver Sum</i>		<i>67,597</i>	<i>133</i>	<i>8,422</i>	<i>59,042</i>
Community Waiver	IRIS	1,496	4	109	1,383
	Waiver	5,055	5	207	4,843
<i>Community Waiver Sum</i>		<i>6,551</i>	<i>9</i>	<i>316</i>	<i>6,226</i>
<i>Family Care</i>		<i>25,461</i>	<i>56</i>	<i>2,844</i>	<i>22,561</i>
<i>PACE/FC-P</i>		<i>3,762</i>	<i>7</i>	<i>3,690</i>	<i>65³²</i>
<i>FFS Institutional</i>		<i>17,590</i>	<i>19</i>	<i>2,441</i>	<i>15,130</i>
Total		120,961	224	17,713	103,024

³² Members and associated costs removed from PMPM calculation; PACE/FC-P members are not in Medicare FFS, so members are in this category only due to enrollment discrepancy or timing issue.

Percentages of Population and of Spending



Full Benefit Dual Eligible Members in Medicare HMOs by Category: PMPM Costs for Medicaid, December 2010, & PACE/Partnership Medicare Costs

Category		# Members	Medicaid PMPM	Medicare PMPM	Total PMPM
Community Non-Waiver	Badger Care Plus HMO	14	274	<i>Medicare data unavailable</i>	
	FFS	4,150	258		
	SSI HMO	3,760	268		
	SSI MC & Waitlist	248	\$268		
	Waitlist	250	\$945		
<i>Community Non-Waiver Sum</i>		8,422	\$283		
Community Waiver	IRIS	109	\$1,548		
	Waiver	207	\$1,962		
<i>Community Waiver Sum</i>		316	\$1,819		
<i>Family Care</i>		2,844	\$2,801		
<i>PACE/FC-P</i>		3,690	\$3,223	\$1,990 ³³	\$ 5,213
<i>FFS Institutional</i>		2,441	\$3,669		
Total		17,713	\$1,794		

The Medicaid PMPM costs for members in Medicare Advantage plans are not easily compared to those for members receiving FFS Medicare services, as the data are not adjusted for acuity. Also, several subsets of this population have relatively few members enrolled in Medicare HMOs, which introduce the potential of volatility into a one-month cost snapshot.

³³ Partnership is the only program for which DHS has Medicare Advantage cost information. The PMPM is based on average 2010 Medicare revenue to Partnership MCOs; unlike the FFS Medicare data, this includes Part D.

Integrated Medicare-Medicaid Costs for December, 2010, by Population

	Community Non-Waiver	IRIS	Waiver	Family Care	FFS Institutional
Medicaid					
FFS LTC/SNF	\$5.21	\$-	\$1.01	\$8.58	\$ 3,990.56
FFS Professional/Carrier/DMERC	\$82.64	\$ 121.15	\$ 136.28	\$25.23	\$55.36
FFS Inpatient	\$33.48	\$40.51	\$31.26	\$33.45	\$52.70
FFS Outpatient	\$51.48	\$25.31	\$18.21	\$16.13	\$47.36
FFS Home Health	50.98	\$1,040.99	\$ 627.39	\$0.37	\$1.13
Medicaid FFS Dental	\$6.56	\$6.51	\$5.85	\$6.51	\$5.73
Medicaid FFS Pharmacy	\$7.85	\$5.49	\$7.06	\$6.55	\$8.22
Medicaid Capitation	\$12.09	\$11.22	\$0.28	\$ 2,872.28	\$0.01
Medicaid Waiver	\$8.24	\$-	\$ 2,594.30	\$0.20	\$4.17
Medicaid IRIS Encounter	\$-	\$ 1,538.29	\$-	\$-	\$-
Subtotal: Medicaid	\$258.53	\$2,789.48	\$3,421.64	\$2,969.31	\$4,165.23
Medicare³⁴					
FFS LTC/SNF	\$89.53	\$29.97	\$64.03	\$164.53	\$197.93
FFS Professional/Carrier/DMERC	\$208.13	\$308.92	\$217.18	\$256.48	\$218.17
FFS Inpatient	\$239.32	\$453.80	\$251.04	\$336.08	\$295.25
FFS Outpatient	\$178.49	\$196.43	\$149.28	\$181.32	\$244.58
FFS Home Health ³⁵	\$1.95	\$3.96	\$3.19	\$4.96	\$0.89
MCR Hospice	\$53.16	\$28.62	\$78.60	\$74.89	\$24.13
Subtotal: Medicare	\$770.58	\$ 1,021.70	\$763.32	\$ 1,018.25	\$980.94
Combined Costs					
FFS LTC/SNF	\$94.74	\$29.97	\$65.03	\$173.11	\$4,188.49
FFS Professional/Carrier/DMERC	\$290.77	\$430.07	\$353.46	\$281.71	\$273.52
FFS Inpatient	\$272.80	\$494.31	\$282.30	\$369.53	\$347.94
FFS Outpatient	\$229.97	\$221.74	\$167.50	\$197.45	\$291.94
FFS Home Health	\$52.93	\$ 1,044.96	\$630.59	\$5.33	\$2.02
MCR Hospice	\$53.16	\$28.62	\$78.60	\$74.89	\$24.13
Medicaid FFS Dental	\$6.56	\$6.51	\$5.85	\$6.51	\$5.73
Medicaid FFS Pharmacy	\$7.85	\$5.49	\$7.06	\$6.55	\$8.22
Medicaid Capitation	\$12.09	\$11.22	\$0.28	\$ 2,872.28	\$0.01
Medicaid Waiver	\$8.24	\$-	\$ 2,594.30	\$0.20	\$4.17
Medicaid IRIS Encounter	\$-	\$ 1,538.29	\$-	\$-	\$-
Total Combined Costs	\$1,029.11	\$ 3,811.18	\$ 4,184.96	\$ 3,987.56	\$5,146.18

³⁴ The Department is still analyzing potential claims run-out issues associated with the December 2010 Medicare data used in this snapshot. Some services may be more affected than others.

³⁵ Medicare Home Health costs are likely underrepresented in this snapshot.

Appendix 1A: Revised Population Data and Cost Data

The following exhibits that comprise Appendix 1A are preliminary exhibits for the DHS dual eligible members “Chartbook” project. These exhibits will be further refined, summarized, and made user-friendly, and then will be posted to the Department website as the completed Chartbook. Note that exhibits developed by the Department’s contracted actuarial firm, PWC, are marked as drafts, the Department and PWC have decided they can be released in draft form for this proposal. A refined chartbook will be developed and posted on the Department’s website at a later date.

A preliminary chartbook table of contents precedes the exhibits and is organized by section. The sections are described below. While this proposal will not be formatted with tabs from the original spreadsheet containing the exhibits, this provides an ordered list of the exhibits as they appear on subsequent pages.

Section 1 – Nursing Home Counts

This table is based on data from the University of Wisconsin Center for Health Systems Research & Analysis (CHSRA) and contains counts of nursing homes, nursing home beds, and nursing home dual eligible residents by county from June 2011.

Section 2 - Demographics (member counts)

These tables show dual eligible counts of lives. Any full dual eligible member for any portion of 2010 was counted, so counts are greater than point-in-time counts or monthly average enrollment. The full dual eligible population is broken out by programmatic category; FFS Non-NH corresponds to the FFS portion of the “Community Non-Waiver” or “Well Dual” group. The FFS Institutional population is further broken out by sub-categories used to define eligibility for Virtual PACE.

Section 3 - Statewide Institutional Cost Exhibits

These tables show statewide PMPM cost figures by year and length of stay and/or elderly/disabled grouping for the Institutional population, a portion of which is the focus for the Virtual PACE demonstration.

Section 4 – Costs by Population and DQA Region

These tables show PMPM figures by the DQA regions for all dual eligible populations, to provide context for the Department’s decision to focus on the Institutional population in the Virtual PACE demonstration.

Section 5 – Costs by Institutional Sub-Categories and DQA Region

These tables show PMPM figures by DQA region and NH sub-categories, including length of stay and elderly/disabled breakouts to demonstrate costs for the long-stay population included in Virtual PACE and the excluded short-stay group, as well as the long-stay population broken out by the passive enrollment Medicare FFS group and the voluntary enrollment Medicare HMO group.

Section 6 – Institutional Population Trend

These tables show trend by service for the long-stay and short-stay institutional populations.

Section 7 – Additional Diagnosis Data for Nursing Home Populations

These tables provide diagnostic detail on a statewide basis for NH residents, broken out by the long term stay group included in the Virtual PACE demonstration and the short stay group excluded from the demonstration.

Appendix 1A Preliminary Chartbook- Table of Contents

Section & Tab

Numbers

List of Tables in Appendix 1A

CHSRA Exhibit:

Section 1

Nursing Home Counts

A

Count of Nursing Homes, Nursing Home Beds, and Dual Eligible Nursing Home Residents in June 2011 by County

PWC Exhibits:

Section 2

Demographics (member counts)

1

Dual Eligible Lives Family Care

2

Dual Eligible Lives Partnership / PACE

3

Dual Eligible Lives IRIS

4

Dual Eligible Lives Waiver

5

Dual Eligible Lives Waitlist

6

Dual Eligible Lives FFS Non-NH

7

Dual Eligible Lives FFS Institutional

Section 3

Statewide Institutional Cost Exhibits

8

CY08-CY10 Statewide Institutional Per Member Per Month Costs - Long Stay Population

9

CY08-CY10 Statewide Institutional Per Member Per Month Costs - Short Stay Population

10

Nursing Home Long Stay Population - Elderly Original / Elderly Current

11

Nursing Home Long Stay Population - Disabled Original / Disabled Current

12

Nursing Home Long Stay Population - Disabled Original / Elderly Current

13

Nursing Home Short Stay Population - Elderly Original / Elderly Current

14

Nursing Home Short Stay Population - Disabled Original / Disabled Current

15

Nursing Home Short Stay Population - Disabled Original / Elderly Current

Section 4

Costs by Population and DQA Region

16

CY 2008 Non-Nursing Home FFS using DQA Regional Configuration

17

CY 2009 Non-Nursing Home FFS using DQA Regional Configuration

18

CY 2010 Non-Nursing Home FFS using DQA Regional Configuration

19

CY 2008 Waitlist using DQA Regional Configuration

20

CY 2009 Waitlist using DQA Regional Configuration

21

CY 2010 Waitlist using DQA Regional Configuration

22

CY 2008 Waiver using DQA Regional Configuration

23

CY 2009 Waiver using DQA Regional Configuration

24

CY 2010 Waiver using DQA Regional Configuration

25

CY 2008 Family Care using DQA Regional Configuration

26

CY 2009 Family Care using DQA Regional Configuration

27

CY 2010 Family Care using DQA Regional Configuration

28

CY 2010 FCP-PACE using DQA Regional Configuration

29

CY 2010 IRIS using DQA Regional Configuration

Section & Tab

Numbers

List of Tables in Appendix 1A

Section 5

Costs by Institutional Sub-Categories and DQA Region

30	Medicare FFS using DQA Regional Configuration - CY 2008 Nursing Home Long Stay Population - Elderly Original / Elderly Current
31	Medicare FFS using DQA Regional Configuration - CY 2008 Nursing Home Long Stay Population - Disabled Original / Disabled Current
32	Medicare FFS using DQA Regional Configuration - CY 2008 Nursing Home Long Stay Population - Disabled Original / Elderly Current
33	Medicare FFS using DQA Regional Configuration - CY 2008 Nursing Home Long Stay Population: All Populations
34	Medicare FFS using DQA Regional Configuration - CY 2009 Nursing Home Long Stay Population - Elderly Original / Elderly Current
35	Medicare FFS using DQA Regional Configuration - CY 2009 Nursing Home Long Stay Population - Disabled Original / Disabled Current
36	Medicare FFS using DQA Regional Configuration - CY 2009 Nursing Home Long Stay Population - Disabled Original / Elderly Current
37	Medicare FFS using DQA Regional Configuration - CY 2009 Nursing Home Long Stay Population: All Populations
38	Medicare FFS using DQA Regional Configuration - CY 2010 Nursing Home Long Stay Population - Elderly Original / Elderly Current
39	Medicare FFS using DQA Regional Configuration - CY 2010 Nursing Home Long Stay Population - Disabled Original / Disabled Current
40	Medicare FFS using DQA Regional Configuration - CY 2010 Nursing Home Long Stay Population - Disabled Original / Elderly Current
41	Medicare FFS using DQA Regional Configuration - CY 2010 Nursing Home Long Stay Population: All Populations
42	Medicare HMO using DQA Regional Configuration - CY 2008 Nursing Home Long Stay Population - Elderly Original / Elderly Current
43	Medicare HMO using DQA Regional Configuration - CY 2008 Nursing Home Long Stay Population - Disabled Original / Disabled Current
44	Medicare HMO using DQA Regional Configuration - CY 2008 Nursing Home Long Stay Population - Disabled Original / Elderly Current
45	Medicare HMO using DQA Regional Configuration - CY 2008 Nursing Home Long Stay Population: All Populations
46	Medicare HMO using DQA Regional Configuration - CY 2009 Nursing Home Long Stay Population - Elderly Original / Elderly Current
47	Medicare HMO using DQA Regional Configuration - CY 2009 Nursing Home Long Stay Population - Disabled Original / Disabled Current
48	Medicare HMO using DQA Regional Configuration - CY 2009 Nursing Home Long Stay Population - Disabled Original / Elderly Current
49	Medicare HMO using DQA Regional Configuration - CY 2009 Nursing Home Long Stay Population: All Populations
50	Medicare HMO using DQA Regional Configuration - CY 2010 Nursing Home Long Stay Population - Elderly Original / Elderly Current
51	Medicare HMO using DQA Regional Configuration - CY 2010 Nursing Home Long Stay Population - Disabled Original / Disabled Current
52	Medicare HMO using DQA Regional Configuration - CY 2010 Nursing Home Long Stay Population - Disabled Original / Elderly Current
53	Medicare HMO using DQA Regional Configuration - CY 2010 Nursing Home Long Stay Population: All Populations

Section 6

Institutional Population Trend

54	Virtual PACE Trend Rate Analysis for Medicaid and Medicare Services - Nursing Home FFS Institutional Individuals: Long-Term Stay
55	Virtual PACE Trend Rate Analysis for Medicaid and Medicare Services - Nursing Home FFS Institutional Individuals: Short-Term Stay

Section 7

Additional Diagnosis Data for Nursing Home Populations

56	Institutional Cost per Admit by Primary Diagnosis - Nursing Home Long Stay Population - Elderly Original / Elderly Current
57	Institutional Cost per Admit by Primary Diagnosis - Nursing Home Long Stay Population - Disabled Original / Disabled Current
58	Institutional Cost per Admit by Primary Diagnosis - Nursing Home Long Stay Population - Disabled Original / Elderly Current
59	Institutional Cost per Admit by Primary Diagnosis - Nursing Home Short Stay Population - Elderly Original / Elderly Current
60	Institutional Cost per Admit by Primary Diagnosis - Nursing Home Short Stay Population - Disabled Original / Disabled Current
61	Institutional Cost per Admit by Primary Diagnosis - Nursing Home Short Stay Population - Disabled Original / Elderly Current
62	CY08 Diagnosis Occurrences Nursing Home Long Stay Population Medicare Entitlement Population
63	CY09 Diagnosis Occurrences Nursing Home Long Stay Population Medicare Entitlement Population
64	CY10 Diagnosis Occurrences Nursing Home Long Stay Population Medicare Entitlement Population

**Section & Tab
Numbers**

List of Tables in Appendix 1A

Section 7 (cont'd.)

Additional Diagnosis Data for Nursing Home Populations

65	CY08 Diagnosis Occurrences Nursing Home Short Stay Population Medicare Entitlement Population
66	CY09 Diagnosis Occurrences Nursing Home Short Stay Population Medicare Entitlement Population
67	CY10 Diagnosis Occurrences Nursing Home Short Stay Population Medicare Entitlement Population
68	CY08 Diagnosis Occurrences Ranked Nursing Home Long Stay Population Medicare Entitlement Population
69	CY09 Diagnosis Occurrences Ranked Nursing Home Long Stay Population Medicare Entitlement Population
70	CY10 Diagnosis Occurrences Ranked Nursing Home Long Stay Population Medicare Entitlement Population
71	CY08 Diagnosis Occurrences Ranked Nursing Home Short Stay Population Medicare Entitlement Population
72	CY09 Diagnosis Occurrences Ranked Nursing Home Short Stay Population Medicare Entitlement Population
73	CY10 Diagnosis Occurrences Ranked Nursing Home Short Stay Population Medicare Entitlement Population
74	CY08 Broad Diagnostic Classifications Nursing Home Long Stay Population Medicare Entitlement Population
75	CY09 Broad Diagnostic Classifications Nursing Home Long Stay Population Medicare Entitlement Population
76	CY10 Broad Diagnostic Classifications Nursing Home Long Stay Population Medicare Entitlement Population
77	CY08 Broad Diagnostic Classifications Nursing Home Short Stay Population Medicare Entitlement Population
78	CY09 Broad Diagnostic Classifications Nursing Home Short Stay Population Medicare Entitlement Population
79	CY10 Broad Diagnostic Classifications Nursing Home Short Stay Population Medicare Entitlement Population
80	CY08 Coexisting Conditions Nursing Home Long Stay Population Medicare Entitlement Population
81	CY09 Coexisting Conditions Nursing Home Long Stay Population Medicare Entitlement Population
82	CY10 Coexisting Conditions Nursing Home Long Stay Population Medicare Entitlement Population

June 2011 Count of Dual Eligible Nursing Home Residents by County

County	Number of Nursing Homes	Number of Nursing Home Beds	Dual-Eligible Medicaid FFS NH Residents		
			<=10	65+	Total
ADAMS	1	85	<=10	48	48
ASHLAND	3	258	<=10	104	104
BARRON	8	493	<=10	267	267
BAYFIELD	1	75	<=10	40	40
BROWN	13	1,282	55	470	525
BUFFALO	2	100	<=10	47	47
BURNETT	1	50	<=10	37	37
CALUMET	3	199	<=10	92	92
CHIPPEWA	5	302	<=10	113	113
CLARK	4	385	16	200	216
COLUMBIA	5	395	<=10	203	203
CRAWFORD	2	130	<=10	68	68
DANE	21	1,737	59	539	598
DODGE	10	991	29	447	476
DOOR	3	210	<=10	85	85
DOUGLAS	4	430	<=10	183	183
DUNN	3	249	<=10	92	92
EAU CLAIRE	7	686	<=10	227	227
FLORENCE	1	73	<=10	38	38
FOND DU LAC	9	825	30	247	277
FOREST	2	100	<=10	70	70
GRANT	9	622	16	325	341
GREEN	3	301	<=10	134	134
GREEN LAKE	3	167	<=10	82	82
IOWA	3	182	<=10	71	71
IRON	2	101	<=10	66	66
JACKSON	2	145	<=10	59	59
JEFFERSON	4	292	13	123	136
JUNEAU	3	196	<=10	134	134
KENOSHA	9	1,087	35	407	442
KEWAUNEE	2	126	<=10	71	71
LA CROSSE	7	907	21	328	349
LAFAYETTE	1	80	<=10	42	42
LANGLADE	1	166	<=10	87	87
LINCOLN	3	324	<=10	197	197
MANITOWOC	6	721	11	342	353
MARATHON	8	939	25	420	445
MARINETTE	6	532	20	295	315
MARQUETTE	1	50	<=10	23	23
MENOMINEE	-	-	<=10	<=10	<=10
MILWAUKEE	40	4,853	174	1,293	1,467
MONROE	3	284	<=10	123	123
OCONTO	4	234	<=10	106	106
ONEIDA	3	292	<=10	150	150
OUTAGAMIE	10	956	33	387	420

County	Number of Nursing Homes	Number of Nursing Home Beds	Dual-Eligible Medicaid FFS NH Residents		
			<65	65+	Total
OZAUKEE	5	404	<=10	127	127
PEPIN	2	100	<=10	59	59
PIERCE	5	271	<=10	105	105
POLK	5	372	<=10	220	220
PORTAGE	2	214	<=10	50	50
PRICE	2	213	<=10	92	92
RACINE	7	844	23	319	342
RICHLAND	2	129	<=10	50	50
ROCK	10	819	33	406	439
RUSK	2	112	<=10	71	71
SAINT CROIX	9	531	13	193	206
SAUK	5	414	<=10	202	202
SAWYER	2	109	<=10	69	69
SHAWANO	5	408	<=10	175	175
SHEBOYGAN	10	876	37	338	375
TAYLOR	3	209	<=10	111	111
TREMPEALEAU	8	420	<=10	235	235
VERNON	3	247	<=10	90	90
VILAS	1	50	<=10	37	37
WALWORTH	8	533	<=10	233	233
WASHBURN	2	140	<=10	87	87
WASHINGTON	5	605	<=10	256	256
WAUKESHA	18	2,112	46	668	714
WAUPACA	10	1,346	55	709	764
WAUSHARA	1	50	<=10	24	24
WINNEBAGO	10	1,028	36	452	488
WOOD	6	611	16	239	255
TOTAL	389	35,779	1,006	14,499	15,505

This table is based on figures received from the University of Wisconsin Center for Health Systems Research & Analysis (CHSRA).

Wisconsin Department of Health Services
Chart Book: CY10 Dual-Eligible Enrollment by DQA Region

Family Care Population

Age	Gender	Region					Grand Total
		Northeastern	Northern	Southeastern	Southern	Western	
18-64	Male	1,219	732	2,588	668	1,373	6,580
	Female	988	689	2,546	497	1,267	5,987
	Total	2,207	1,421	5,134	1,165	2,640	12,567
65+	Male	613	498	2,342	355	690	4,498
	Female	1,688	1,340	6,629	761	1,700	12,118
	Total	2,301	1,838	8,971	1,116	2,390	16,616
TOTAL	Male	1,832	1,230	4,930	1,023	2,063	11,078
	Female	2,676	2,029	9,175	1,258	2,967	18,105
	Total	4,508	3,259	14,105	2,281	5,030	29,183

Wisconsin Department of Health Services
Chart Book: CY10 Dual-Eligible Enrollment by DQA Region

FCP-PACE Population

Age	Gender	Region					Grand Total
		Northeastern	Northern	Southeastern	Southern	Western	
18-64	Male	12	-	192	156	351	711
	Female	6	-	257	218	411	892
	Total	18	-	449	374	762	1,603
65+	Male	19	-	239	188	377	823
	Female	45	-	725	575	938	2,283
	Total	64	-	964	763	1,315	3,106
TOTAL	Male	31	-	431	344	728	1,534
	Female	51	-	982	793	1,349	3,175
	Total	82	-	1,413	1,137	2,077	4,709

Wisconsin Department of Health Services
Chart Book: CY10 Dual-Eligible Enrollment by DQA Region

IRIS Population

Age	Gender	Region					Grand Total
		Northeastern	Northern	Southeastern	Southern	Western	
18-64	Male	173	124	534	74	271	1,176
	Female	154	95	516	75	261	1,101
	Total	327	219	1,050	149	532	2,277
65+	Male	32	20	123	17	52	244
	Female	65	58	309	41	125	598
	Total	97	78	432	58	177	842
TOTAL	Male	205	144	657	91	323	1,420
	Female	219	153	825	116	386	1,699
	Total	424	297	1,482	207	709	3,119

Wisconsin Department of Health Services
Chart Book: CY10 Dual-Eligible Enrollment by DQA Region

Waiver Population

Age	Gender	Region					Grand Total
		Northeastern	Northern	Southeastern	Southern	Western	
18-64	Male	1,223	271	658	935	13	3,100
	Female	1,014	232	628	825	10	2,709
	Total	2,237	503	1,286	1,760	23	5,809
65+	Male	578	203	17	324	3	1,125
	Female	1,553	490	39	824	6	2,912
	Total	2,131	693	56	1,148	9	4,037
TOTAL	Male	1,801	474	675	1,259	16	4,225
	Female	2,567	722	667	1,649	16	5,621
	Total	4,368	1,196	1,342	2,908	32	9,846

Wisconsin Department of Health Services
Chart Book: CY10 Dual-Eligible Enrollment by DQA Region

Waitlist Population

Age	Gender	Region					Grand Total
		Northeastern	Northern	Southeastern	Southern	Western	
18-64	Male	258	123	491	124	100	1,096
	Female	313	141	626	110	74	1,264
	Total	571	264	1,117	234	174	2,360
65+	Male	76	47	23	48	42	236
	Female	219	92	77	118	88	594
	Total	295	139	100	166	130	830
TOTAL	Male	334	170	514	172	142	1,332
	Female	532	233	703	228	162	1,858
	Total	866	403	1,217	400	304	3,190

Wisconsin Department of Health Services
Chart Book: CY10 Dual-Eligible Enrollment by DQA Region

FFS Non-NH Population

Age	Gender	Region					Grand Total
		Northeastern	Northern	Southeastern	Southern	Western	
18-64	Male	4,667	2,658	8,238	4,370	3,970	23,903
	Female	5,445	2,911	9,662	5,273	4,262	27,553
	Total	10,112	5,569	17,900	9,643	8,232	51,456
65+	Male	1,605	1,089	2,949	1,461	1,586	8,690
	Female	3,286	2,082	6,400	2,919	2,911	17,598
	Total	4,891	3,171	9,349	4,380	4,497	26,288
TOTAL	Male	6,272	3,747	11,187	5,831	5,556	32,593
	Female	8,731	4,993	16,062	8,192	7,173	45,151
	Total	15,003	8,740	27,249	14,023	12,729	77,744

Wisconsin Department of Health Services

Chart Book: CY10 Dual-Eligible Enrollment by DQA Region: Medicare Entitlement & Long-Short Stay

FFS Institutional Population

Type	Age	Gender	Region																							
			Northeastern				Northern				Southeastern				Southern				Western				Grand Total			
			E/E	D/D	D/E	Total	E/E	D/D	D/E	Total	E/E	D/D	D/E	Total	E/E	D/D	D/E	Total	E/E	D/D	D/E	Total	E/E	D/D	D/E	Total
NH-Long Stay	18-64	Male	3	240	6	249	1	64	4	69	2	260	2	264	1	111	3	115	1	82	1	84	8	757	16	781
		Female	3	177	5	185	-	79	4	83	3	245	8	256	1	124	2	127	2	75	1	78	9	700	20	729
		Total	6	417	11	434	1	143	8	152	5	505	10	520	2	235	5	242	3	157	2	162	17	1,457	36	1,510
	65+	Male	1,105	30	320	1,455	510	14	134	658	914	24	275	1,213	653	15	164	832	675	11	175	861	3,857	94	1,068	5,019
		Female	2,783		367	3,174			176	1,621			338	3,165			256	2,477			214	2,208		74	1,351	12,645
		Total	3,888		687	4,629	1,950		310	2,279	3,727		613	4,378	2,852		420	3,309	2,660		389	3,069	168	2,419	17,664	
	Total	Male	1,108	270	326	1,704	511	78	138	727	916	284	277	1,477	654	126	167	947	676	93	176	945	3,865	851	1,084	5,800
		Female	2,786		372	3,158			180	2,804			346	3,488			258	2,684			215	2,286		774	1,371	13,374
		Total	3,894		698	5,063	1,951		318	2,431	3,727		623	4,898	2,852		425	3,551	2,660		391	3,280	1,625	2,455	19,174	
	NH-Short Stay	18-64	Male	1	166	2	169	1	74	-	75	-	184	1	185	-	97	3	100	2	74	-	76	4	595	6
Female			1	184	5	1,490	2	84	2	2,888	1	205	3	2,209	2	126	1	1,987	3	103	1	1,187	9	702	12	723
Total			2	350	7	359	3	158	2	163	1	389	4	394	2	223	4	229	5	177	1	159	13	1,297	18	1,328
65+		Male	423	8	92	523	220	3	63	286	465	6	106	577	282	5	74	361	294	8	89	391	1,684	30	424	2,138
		Female	897	5	123	1,025		3	73	561	1,005		150	1,165		9	104	753	707	6	91	804	3,734	33	541	4,308
		Total	1,320		215	1,548	6	136	847	1,470	1,470		256	1,742	282	14	178	1,114	707	14	180	1,195	5,418	63	965	6,446
Total		Male	424	174	94	692	221	77	63	361	465	190	107	762	282	102	77	461	296	82	89	467	1,688	625	430	2,743
		Female	898	189	128	1,215		87	75	649	1,006		153	1,374		135	105	882	710	109	92	911	3,743	735	553	5,031
		Total	1,322		222	1,907	164	138	1,010	1,671	1,671		260	2,136	282	237	182	1,343	14	181	181	1,378	5,418	1,360	983	7,774
ICF-MR		18-64	Male	-	20	-	20	-	13	-	13	-	187	1	188	-	70	-	70	-	8	1	9	-	298	2
	Female		-	20	-	20	-	6	-	6	215	115	-	115	-	49	-	49	19	13	-	13	-	203	-	203
	Total		363	40	-	708	-	19	-	19	405	302	1	303	-	119	-	119	19	21	1	22	-	501	2	503
	65+	Male	1	1	2	4	-	-	1	1	1	2	34	37	1	3	7	11	3	1	5	9	6	7	49	62
		Female	-	1	2	3	-	-	2	2	4	3	33	40	3	-	18	21	2	-	3	5	9	4	58	71
		Total	1	2	4	7	-	-	3	3	5	5	67	77	4	3	25	32	5	1	8	14	15	11	107	133
	Total	Male	1	21	2	24	-	13	1	14	1	189	35	225	1	73	7	81	3	9	6	18	6	305	51	362
		Female	-	21	2	23	-	6	2	8	4	118	33	155	3	49	18	70	2	13	3	18	9	207	58	274
		Total	1	42	4	47	-	19	3	22	5	307	68	380	4	122	25	151	5	22	9	36	15	512	109	636
	Grand Total	18-64	Male	4	426	8	438	2	151	4	157	2	631	4	637	1	278	6	285	3	164	2	169	12	1,650	24
Female			4	381	10	395	2	169	6	177	4	565	11	580	3	299	3	305	5	191	2	198	18	1,605	32	1,655
Total			8	807	18	833	4	320	10	334	6	1,196	15	1,217	4	577	9	590	8	355	4	367	30	3,255	56	3,341
65+		Male	1,529	39	414	1,982	730	17	198	945	1,380	32	415	1,827	936	23	245	1,204	972	20	269	1,261	5,547	131	1,541	7,219
		Female	3,680		492	4,202			251	2,184	3,822		521	4,370			378	3,251			308	3,017		111	1,950	17,024
		Total	5,209		906	6,184	2,655		449	3,129	5,202	15	936	6,197	3,778		623	4,455	3,666		577	4,278	242	3,491	24,243	
Total		Male	1,533	465	422	2,420	732	168	202	1,102	1,382	663	419	2,464	937	301	251	1,489	975	184	271	1,430	5,559	1,781	1,565	8,905
		Female	3,684		502	4,367			257	2,361	3,826		532	4,956			381	3,588			310	3,213		1,716	1,982	18,679
		Total	5,217		924	7,017	2,659		459	3,463	5,208		951	7,414	3,782		632	5,045	3,666		581	4,643	2,497	3,497	3,547	27,584
			411		1,927	177		592	1,255		2,845	330		2,699	206		14,981									
			876			345				951			631		390		20,540									

Wisconsin Department of Health Services

Draft

Chart Book: CY08-CY10 Statewide Institutional Per Member Per Month Costs

Long Stay Population

	2008	2009	2010
Exposure Months	232,070	222,490	210,906
State FFS Plan Services			
Inpatient	22.18	19.88	20.99
Emergency Room	0.36	0.21	0.30
Outpatient	3.87	4.48	6.88
Nursing Home	2,990.14	2,903.74	3,912.53
Physician	9.78	10.77	10.44
Mental Health	0.74	0.60	0.61
DME	12.84	15.81	15.69
Drug	8.16	11.75	8.05
HomeCare	0.06	0.07	0.10
Lab/Radiology	1.66	1.78	2.04
Therapy	1.16	1.02	1.29
Dental	5.58	6.11	6.38
Transportation	8.93	8.76	9.01
Other	559.25	855.34	23.09
Composite FFS PMPM	3,624.72	3,840.32	4,017.39
Medicare Plan Services			
Inpatient	301.44	282.04	307.46
Outpatient	163.47	192.22	204.39
Carrier	142.60	151.62	158.42
DME	20.38	20.08	20.33
Home Health	1.43	1.48	1.58
Hospice	16.65	22.01	26.53
SNF	289.93	286.17	275.04
Composite Medicare PMPM	935.89	955.61	993.74
Total FFS + Medicare PMPM	4,560.61	4,795.93	5,011.14

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services

Draft

Chart Book: CY08-CY10 Statewide Institutional Per Member Per Month Costs

Short Stay Population

	2008	2009	2010
Exposure Months	18,981	17,536	19,393
State FFS Plan Services			
Inpatient	150.01	136.68	144.71
Emergency Room	1.04	0.83	1.32
Outpatient	11.64	6.92	14.83
Nursing Home	1,406.13	1,336.56	2,021.23
Physician	27.75	31.59	31.08
Mental Health	6.18	6.28	6.31
DME	11.71	13.10	14.17
Drug	25.38	30.51	24.98
HomeCare	1.63	0.90	3.90
Lab/Radiology	5.78	6.29	6.93
Therapy	2.08	3.48	3.45
Dental	2.93	3.41	3.13
Transportation	15.37	13.95	14.81
Other	569.40	695.04	86.97
Composite FFS PMPM	2,237.02	2,285.52	2,377.81
Medicare Plan Services			
Inpatient	1,954.68	2,048.30	2,161.70
Outpatient	322.52	355.68	370.21
Carrier	465.43	492.39	488.05
DME	25.25	26.56	24.99
Home Health	68.35	75.03	71.95
Hospice	143.62	177.90	172.52
SNF	1,824.76	1,801.92	1,751.73
Composite Medicare PMPM	4,804.62	4,977.78	5,041.16
Total FFS + Medicare PMPM	7,041.64	7,263.30	7,418.97

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

Nursing Home Long Stay Population - Elderly Original / Elderly Current

	CY 2008	CY 2009	CY 2010
Exposure Months	167,165	162,101	152,871
State FFS Plan Services			
Inpatient	16.82	16.62	16.33
Emergency Room	0.31	0.17	0.25
Outpatient	2.69	2.92	5.19
Nursing Home	2,584.72	2,476.63	3,494.69
Physician	8.65	9.45	9.17
Mental Health	0.34	0.17	0.19
DME	10.44	12.58	12.87
Drug	7.20	11.66	7.97
HomeCare	0.03	0.04	0.02
Lab/Radiology	1.34	1.45	1.66
Therapy	0.75	0.63	0.93
Dental	5.21	5.87	6.12
Transportation	6.72	6.60	6.79
Other	563.98	865.83	25.53
Composite FFS PMPM	3,209.21	3,410.61	3,587.71
Medicare Plan Services			
Inpatient	262.66	244.86	258.01
Outpatient	158.27	185.42	199.26
Carrier	132.81	141.40	146.01
DME	10.79	11.40	11.77
Home Health	0.87	1.33	1.41
Hospice	19.41	24.67	31.28
SNF	292.76	288.70	268.44
Composite Medicare PMPM	877.57	897.79	916.17
Grand Total All Service Costs	4,086.77	4,308.40	4,503.88

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

Nursing Home Long Stay Population - Disabled Original / Disabled Current

	CY 2008	CY 2009	CY 2010
Exposure Months	15,861	15,580	15,124
State FFS Plan Services			
Inpatient	61.43	43.62	73.37
Emergency Room	0.68	0.40	0.63
Outpatient	13.52	18.47	18.32
Nursing Home	2,817.61	2,782.51	3,726.97
Physician	20.15	22.68	20.41
Mental Health	4.05	5.36	4.59
DME	33.21	37.19	36.27
Drug	11.43	12.59	8.92
HomeCare	0.39	0.40	0.76
Lab/Radiology	4.23	4.18	4.25
Therapy	3.27	2.55	4.02
Dental	9.76	9.75	9.72
Transportation	21.64	22.01	22.10
Other	580.44	814.28	17.27
Composite FFS PMPM	3,581.82	3,776.00	3,947.60
Medicare Plan Services			
Inpatient	663.48	673.63	763.04
Outpatient	287.70	336.46	339.41
Carrier	261.84	274.46	305.31
DME	79.39	65.09	65.19
Home Health	5.78	4.47	4.88
Hospice	18.43	15.50	17.00
SNF	473.38	501.01	544.10
Composite Medicare PMPM	1,790.00	1,870.62	2,038.92
Grand Total All Service Costs	5,371.82	5,646.61	5,986.52

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

Nursing Home Long Stay Population - Disabled Original / Elderly Current

	CY 2008	CY 2009	CY 2010
Exposure Months	28,166	26,903	25,134
State FFS Plan Services			
Inpatient	34.03	32.51	25.14
Emergency Room	0.45	0.30	0.38
Outpatient	4.66	4.25	7.24
Nursing Home	2,689.40	2,597.40	3,644.72
Physician	12.62	13.81	13.97
Mental Health	1.26	0.75	1.07
DME	17.43	24.00	22.10
Drug	7.70	9.52	7.05
HomeCare	0.05	0.11	0.29
Lab/Radiology	2.10	2.18	2.95
Therapy	1.88	1.74	1.64
Dental	6.03	6.51	6.97
Transportation	13.17	12.70	12.01
Other	556.30	873.12	21.53
Composite FFS PMPM	3,347.06	3,578.91	3,767.07
Medicare Plan Services			
Inpatient	425.85	351.12	420.58
Outpatient	197.14	224.34	242.11
Carrier	180.10	190.81	199.89
DME	25.29	26.94	26.88
Home Health	2.92	1.63	1.59
Hospice	11.47	23.03	21.42
SNF	370.31	328.04	333.72
Composite Medicare PMPM	1,213.09	1,145.92	1,246.18
Grand Total All Service Costs	4,560.15	4,724.83	5,013.24

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

Nursing Home Short Stay Population - Elderly Original / Elderly Current

	CY 2008	CY 2009	CY 2010
Exposure Months	12,914	11,837	12,774
State FFS Plan Services			
Inpatient	92.44	90.88	99.33
Emergency Room	0.95	0.68	0.99
Outpatient	6.03	3.94	8.04
Nursing Home	1,373.99	1,290.15	2,076.71
Physician	20.52	23.88	21.92
Mental Health	0.56	0.58	0.84
DME	8.62	11.16	10.76
Drug	26.36	32.67	28.67
HomeCare	0.92	0.43	1.64
Lab/Radiology	4.30	4.80	5.26
Therapy	1.22	1.65	2.77
Dental	2.25	3.18	2.63
Transportation	10.71	10.86	9.28
Other	625.43	780.83	100.21
Composite FFS PMPM	2,174.32	2,255.69	2,369.07
Medicare Plan Services			
Inpatient	1,711.04	1,614.71	1,738.56
Outpatient	282.44	334.91	349.04
Carrier	406.10	416.49	403.30
DME	17.27	16.65	13.84
Home Health	49.48	58.42	52.96
Hospice	178.85	221.56	207.85
SNF	1,652.66	1,599.93	1,501.30
Composite Medicare PMPM	4,297.84	4,262.67	4,266.86
Grand Total All Service Costs	6,472.15	6,518.36	6,635.92

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

Nursing Home Short Stay Population - Disabled Original / Disabled Current

	CY 2008	CY 2009	CY 2010
Exposure Months	2,493	2,421	2,843
State FFS Plan Services			
Inpatient	426.38	291.93	291.09
Emergency Room	1.56	1.43	3.52
Outpatient	29.77	16.39	40.38
Nursing Home	1,024.38	1,143.99	1,305.86
Physician	65.68	72.37	77.78
Mental Health	40.45	37.80	35.01
DME	19.14	22.54	27.63
Drug	13.32	16.85	13.06
HomeCare	4.31	2.74	16.27
Lab/Radiology	12.24	13.50	14.24
Therapy	4.36	9.86	5.91
Dental	5.10	5.41	5.06
Transportation	33.84	27.26	35.15
Other	279.46	301.00	51.28
Composite FFS PMPM	1,959.99	1,963.07	1,922.22
Medicare Plan Services			
Inpatient	3,670.46	4,556.10	4,228.48
Outpatient	549.89	545.11	581.88
Carrier	886.90	983.28	990.98
DME	67.97	83.37	78.40
Home Health	171.65	168.98	190.43
Hospice	62.60	78.09	74.42
SNF	3,351.53	3,427.41	3,300.64
Composite Medicare PMPM	8,760.98	9,842.34	9,445.22
Grand Total All Service Costs	10,720.97	11,805.41	11,367.44

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

Nursing Home Short Stay Population - Disabled Original / Elderly Current

	CY 2008	CY 2009	CY 2010
Exposure Months	2,110	1,991	2,207
State FFS Plan Services			
Inpatient	249.96	237.42	268.47
Emergency Room	1.32	1.30	1.22
Outpatient	10.35	7.22	16.27
Nursing Home	1,483.74	1,216.36	1,867.26
Physician	32.97	35.42	37.43
Mental Health	3.87	5.65	4.44
DME	21.44	15.59	19.46
Drug	18.23	22.70	14.10
HomeCare	2.48	1.59	1.55
Lab/Radiology	7.34	7.41	9.57
Therapy	0.86	1.84	1.57
Dental	4.02	3.55	3.37
Transportation	20.63	17.31	22.06
Other	398.05	701.75	112.79
Composite FFS PMPM	2,255.25	2,275.12	2,379.55
Medicare Plan Services			
Inpatient	2,452.47	2,306.54	3,037.36
Outpatient	382.98	376.63	397.15
Carrier	568.30	555.03	571.60
DME	32.08	29.61	30.51
Home Health	102.60	92.80	75.76
Hospice	122.43	153.78	214.52
SNF	2,224.89	2,084.06	2,323.28
Composite Medicare PMPM	5,885.74	5,598.45	6,650.17
Grand Total All Service Costs	8,140.99	7,873.57	9,029.72

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services
Mercer Data Request: Non Nursing Home FFS Duals

Draft
Not for Distribution

2008 Base Data Summary
By DQA Region

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	75,100	115,494	107,130	128,821	220,164	646,709
State FFS Plan Services						
Inpatient	26.30	27.48	22.75	18.80	33.70	26.95
Emergency Room	2.04	1.73	1.91	1.67	1.64	1.75
Outpatient	9.70	7.98	8.15	6.62	9.76	8.54
Nursing Home	-	-	-	-	0.00	0.00
Physician	20.11	15.09	15.58	16.90	16.86	16.72
Mental Health	20.86	35.66	21.09	21.58	19.78	23.32
DME	9.12	9.03	7.89	8.88	10.41	9.29
Drug	9.72	9.15	9.29	8.62	10.64	9.64
HomeCare	1.84	5.44	3.46	6.70	12.92	7.49
Lab/Radiology	4.33	3.42	3.39	3.71	4.39	3.91
Therapy	0.34	1.09	0.27	0.25	0.25	0.41
Dental	7.69	5.57	8.31	5.10	6.50	6.49
Transportation	4.49	2.28	3.49	2.47	4.22	3.44
Other	22.76	29.45	19.34	30.52	37.93	30.10
Composite FFS PMPM	139.31	153.36	124.92	131.82	# 169.00	# 148.05
Medicare Plan Services						
Inpatient	232.75	247.53	207.74	195.16	309.84	250.00
Outpatient	124.86	119.44	142.02	117.56	143.88	131.76
Physician	140.17	122.34	121.23	126.99	151.85	135.20
DME	32.19	28.60	27.76	33.12	33.01	31.28
Home Health	5.83	7.75	3.88	6.72	11.75	8.04
Hospice	37.24	46.80	17.43	67.20	65.33	51.20
SNF	-	-	-	-	-	-
Composite Medicare PMPM	573.03	572.45	520.06	546.75	# 715.66	# 607.47
Total FFS + Medicare PMPM	712.34	725.80	644.97	678.58	884.67	755.53

Wisconsin Department of Health Services
Mercer Data Request: Non Nursing Home FFS Duals

Draft
Not for Distribution

2009 Base Data Summary
By DQA Region

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	77,461	121,762	109,543	130,573	221,612	660,951
State FFS Plan Services						
Inpatient	23.98	25.72	23.86	19.10	27.09	24.36
Emergency Room	1.21	1.26	1.29	1.12	1.05	1.16
Outpatient	16.43	11.92	8.46	8.26	15.39	12.32
Nursing Home	-	-	-	-	-	-
Physician	21.56	17.56	17.51	19.44	17.75	18.46
Mental Health	24.50	35.06	21.19	21.23	20.57	23.93
DME	8.08	9.16	8.23	9.31	11.32	9.63
Drug	8.55	9.01	9.18	10.17	11.27	9.97
HomeCare	2.20	5.15	6.19	6.45	14.69	8.43
Lab/Radiology	5.49	4.20	4.16	4.89	4.89	4.71
Therapy	0.34	0.21	0.29	0.22	0.29	0.27
Dental	8.50	6.31	8.46	5.17	7.56	7.12
Transportation	4.48	2.66	3.43	2.38	3.36	3.18
Other	36.90	44.89	26.30	46.02	62.72	47.07
Composite FFS PMPM	162.21	173.11	138.54	153.75	# 197.98	# 170.61
Medicare Plan Services						
Inpatient	227.47	264.95	218.46	195.61	319.42	257.42
Outpatient	144.44	135.67	160.28	131.80	156.49	146.99
Physician	150.87	133.56	127.25	133.65	162.14	144.14
DME	29.75	28.72	28.59	35.82	33.63	31.87
Home Health	5.30	9.20	4.49	7.78	11.77	8.54
Hospice	40.39	45.70	17.17	70.75	71.22	53.86
SNF	-	-	-	-	-	-
Composite Medicare PMPM	598.21	617.80	556.24	575.41	# 754.68	# 642.82
Total FFS + Medicare PMPM	760.42	790.90	694.78	729.16	952.66	813.44

Wisconsin Department of Health Services
Mercer Data Request: Non Nursing Home FFS Duals

Draft
Not for Distribution

2010 Base Data Summary
By DQA Region

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	81,132	130,818	118,180	135,835	236,103	702,068
State FFS Plan Services						
Inpatient	24.21	26.99	21.79	19.89	29.50	25.26
Emergency Room	2.30	2.18	2.70	1.90	2.00	2.17
Outpatient	28.76	23.20	16.28	16.27	28.91	23.26
Nursing Home	-	-	-	-	-	-
Physician	21.33	16.50	18.96	20.19	19.49	19.19
Mental Health	24.84	35.03	22.46	22.23	20.75	24.46
DME	9.33	10.41	10.45	10.78	12.62	11.11
Drug	6.77	8.04	7.17	8.47	11.36	8.94
HomeCare	4.54	10.10	8.72	11.49	34.09	17.56
Lab/Radiology	5.09	4.17	4.11	5.28	4.96	4.75
Therapy	0.41	0.42	0.35	0.24	0.37	0.36
Dental	9.10	7.09	8.48	5.54	8.23	7.64
Transportation	4.43	1.71	3.48	2.58	2.94	2.90
Other	28.12	32.83	16.89	38.87	45.02	34.87
Composite FFS PMPM	169.22	178.67	141.83	163.75	# 220.22	# 182.47
Medicare Plan Services						
Inpatient	235.00	246.32	218.74	181.33	308.63	248.75
Outpatient	156.33	157.76	167.00	136.22	164.06	157.10
Physician	160.76	138.09	137.54	143.11	173.56	153.52
DME	29.67	29.72	29.12	35.19	34.34	32.22
Home Health	6.40	9.75	5.01	7.43	11.87	8.83
Hospice	44.76	49.84	14.92	61.01	73.39	53.45
SNF	-	-	-	-	-	-
Composite Medicare PMPM	632.92	631.47	572.33	564.28	# 765.84	# 653.87
Total FFS + Medicare PMPM	802.15	810.14	714.16	728.04	986.07	836.34

Wisconsin Department of Health Services
Mercer Data Request: Waitlist FFS Duals

Draft
Not for Distribution

2008 Base Data Summary
By DQA Region

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	5,576	5,716	5,789	7,267	12,567	36,915
State FFS Plan Services						
Inpatient	31.26	39.79	30.79	39.57	58.79	43.51
Emergency Room	1.40	1.39	2.08	1.60	1.90	1.71
Outpatient	10.07	13.83	12.20	12.87	22.70	15.84
Nursing Home	-	-	-	-	-	-
Physician	18.18	14.01	13.08	19.55	20.92	17.94
Mental Health	77.52	68.96	22.57	40.19	21.77	41.25
DME	22.24	23.38	21.00	22.63	30.84	25.23
Drug	8.50	7.80	12.08	7.45	10.64	9.47
HomeCare	20.96	24.68	21.42	19.98	75.36	39.94
Lab/Radiology	3.51	3.18	3.78	3.69	5.09	4.08
Therapy	0.15	1.36	0.47	0.36	1.00	0.72
Dental	9.07	5.29	7.84	5.84	9.21	7.70
Transportation	10.00	9.79	13.09	7.90	13.20	11.13
Other	37.68	56.65	34.26	40.68	53.68	46.12
Composite FFS PMPM	250.53	270.10	194.66	222.30	# 325.10	# 264.63
Medicare Plan Services						
Inpatient	378.33	499.26	258.24	376.83	635.47	465.46
Outpatient	138.09	214.75	189.74	203.24	279.38	218.98
Physician	160.26	168.53	160.58	175.25	222.44	185.71
DME	47.76	49.33	53.72	55.13	82.84	62.33
Home Health	20.26	27.66	27.87	30.20	31.81	28.49
Hospice	27.62	65.68	22.72	56.81	26.93	38.26
SNF	-	-	-	-	-	-
Composite Medicare PMPM	772.32	1,025.21	712.88	897.45	# 1,278.86	# 999.23
Total FFS + Medicare PMPM	1,022.85	1,295.31	907.54	1,119.76	1,603.96	1,263.86

Wisconsin Department of Health Services
Mercer Data Request: Waitlist FFS Duals

Draft
Not for Distribution

2009 Base Data Summary
By DQA Region

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	4,779	4,758	6,603	7,839	12,343	36,322
State FFS Plan Services						
Inpatient	70.60	92.18	35.39	29.88	49.24	50.98
Emergency Room	1.53	0.83	1.49	0.96	1.01	1.13
Outpatient	15.35	14.13	14.50	11.97	27.31	18.37
Nursing Home	-	-	-	-	-	-
Physician	18.48	17.42	17.89	23.33	23.09	20.85
Mental Health	64.36	85.46	19.82	42.62	16.98	38.23
DME	17.76	14.45	18.88	17.10	30.44	21.70
Drug	12.31	11.64	10.12	11.80	13.70	12.19
HomeCare	11.63	26.78	16.84	21.97	52.30	30.61
Lab/Radiology	4.76	4.53	3.60	5.91	5.40	4.98
Therapy	0.39	0.22	0.51	0.26	0.66	0.45
Dental	9.19	5.62	7.50	6.12	8.15	7.40
Transportation	9.87	5.69	12.64	8.21	9.33	9.28
Other	48.93	65.19	40.51	64.88	92.49	67.77
Composite FFS PMPM	285.16	344.13	199.70	245.00 #	330.09 #	283.95
Medicare Plan Services						
Inpatient	348.63	517.28	365.75	361.61	669.87	485.80
Outpatient	199.30	212.39	238.08	209.95	280.58	237.98
Physician	185.53	173.80	154.41	188.44	244.39	198.97
DME	47.16	45.38	67.38	54.17	72.00	60.56
Home Health	21.78	23.96	21.17	34.00	32.76	28.32
Hospice	19.63	55.66	25.29	62.45	31.58	38.68
SNF	-	-	-	-	-	-
Composite Medicare PMPM	822.04	1,028.47	872.07	910.63 #	1,331.18 #	1,050.31
Total FFS + Medicare PMPM	1,107.20	1,372.60	1,071.77	1,155.63	1,661.27	1,334.26

Wisconsin Department of Health Services
Mercer Data Request: Waitlist FFS Duals

Draft
Not for Distribution

2010 Base Data Summary
By DQA Region

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	3,194	3,150	2,376	6,675	10,218	25,613
State FFS Plan Services						
Inpatient	28.16	128.39	34.08	27.16	62.67	54.54
Emergency Room	1.25	0.81	2.38	0.96	1.69	1.40
Outpatient	22.97	28.97	22.14	23.86	60.06	38.66
Nursing Home	-	-	-	-	-	-
Physician	21.11	18.54	18.12	23.44	28.04	23.89
Mental Health	50.79	95.04	23.74	39.55	16.71	37.20
DME	23.02	17.67	28.87	21.09	29.96	25.17
Drug	8.22	10.95	5.27	5.08	8.94	7.75
HomeCare	22.77	48.34	34.08	42.59	139.83	78.83
Lab/Radiology	5.61	3.77	4.68	4.21	5.38	4.84
Therapy	0.43	0.48	0.21	0.30	0.29	0.33
Dental	6.14	4.77	8.65	4.51	8.87	6.87
Transportation	7.56	6.44	19.99	8.44	7.56	8.81
Other	34.98	47.67	18.42	48.47	30.71	36.82
Composite FFS PMPM	232.99	411.84	220.62	249.66	# 400.72	# 325.10
Medicare Plan Services						
Inpatient	347.65	565.41	355.83	336.06	715.19	518.80
Outpatient	172.24	174.78	240.95	204.91	307.85	241.54
Physician	195.27	180.48	150.72	170.68	300.31	224.81
DME	52.79	53.17	59.59	47.79	60.55	55.26
Home Health	13.98	38.01	17.23	25.39	23.14	23.86
Hospice	36.77	91.45	29.20	68.29	37.72	51.39
SNF	-	-	-	-	-	-
Composite Medicare PMPM	818.70	1,103.30	853.52	853.13	# 1,444.75	# 1,115.66
Total FFS + Medicare PMPM	1,051.70	1,515.14	1,074.15	1,102.78	1,845.47	1,440.76

Wisconsin Department of Health Services
Mercer Data Request: Waiver FFS Duals

Draft
Not for Distribution

2008 Base Data Summary
By DQA Region

	Northern Region			Southern Region			Western Region			Northeastern Region		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	12,467	5,453	10,408	20,866	8,101	10,288	15,863	4,975	8,467	22,834	9,134	15,878
State FFS Plan Services												
Inpatient	16.26	68.31	39.75	11.08	55.93	38.71	13.04	74.53	46.57	13.60	38.09	33.59
Emergency Room	1.10	2.16	1.38	0.71	1.42	0.53	0.91	2.05	1.17	0.92	1.31	0.69
Outpatient	5.55	19.50	9.78	8.82	26.21	8.93	6.25	22.46	9.84	4.05	21.90	8.02
Waiver	2,669.42	1,184.08	1,169.25	3,587.20	1,548.19	1,485.71	3,198.98	1,478.81	1,283.30	3,411.83	1,501.66	1,410.51
Card	39.60	114.93	139.17	21.46	60.38	105.49	48.85	114.66	139.81	14.50	65.51	102.25
Nursing Home	2,709.02	1,299.01	1,308.42	3,608.66	1,608.57	1,591.20	3,247.83	1,593.47	1,423.11	3,426.33	1,567.17	1,512.76
Physician	12.24	34.38	16.95	10.90	20.98	9.95	11.08	31.79	11.41	12.55	17.90	12.22
Mental Health	8.06	32.21	9.59	4.89	33.35	6.35	2.25	29.70	2.98	6.67	24.20	3.88
DME	26.27	85.24	31.95	28.50	71.82	29.80	30.39	73.94	30.22	36.22	63.88	32.48
Drug	10.47	14.60	10.60	13.91	12.48	16.82	9.49	17.22	11.45	9.51	12.40	15.74
HomeCare	455.75	487.03	111.14	398.80	747.55	168.13	555.73	409.02	192.88	390.83	433.46	230.19
Lab/Radiology	1.96	6.32	2.76	1.63	4.21	2.32	1.71	5.90	4.10	1.94	4.80	2.61
Therapy	0.65	2.41	0.16	1.08	1.95	1.36	1.57	11.15	0.18	0.38	1.73	0.39
Dental	8.89	10.47	3.83	5.62	8.00	3.42	9.65	10.09	5.71	7.10	5.81	3.19
Transportation	6.69	57.04	18.30	3.63	49.71	9.45	4.06	46.79	17.27	3.12	30.00	12.70
Other	153.26	177.01	76.11	195.54	242.76	117.07	133.41	134.44	112.62	249.17	226.20	163.29
FFS Total	3,416.18	2,295.71	1,640.73	4,293.78	2,884.94	2,004.03	4,027.37	2,462.55	1,869.52	4,162.40	2,448.84	2,031.76
Composite FFS PMPM		2,548.18			3,402.94			3,138.26			3,128.21	
Medicare Plan Services												
Inpatient	142.34	600.28	430.31	137.53	768.64	500.05	134.75	615.65	499.51	134.40	468.91	333.82
Outpatient	58.97	248.84	193.79	51.23	248.56	135.52	72.56	291.69	186.86	59.06	226.78	135.27
Physician	73.75	310.97	192.81	69.70	225.16	164.59	70.45	236.65	160.45	75.79	191.13	161.46
DME	20.51	127.98	53.12	25.06	160.87	48.44	29.16	121.01	48.00	26.98	104.60	53.49
Home Health	4.73	57.13	58.59	8.51	75.00	80.40	3.81	49.71	42.42	7.58	58.02	59.73
Hospice	1.92	40.66	70.25	7.65	57.59	226.90	8.44	66.17	93.35	12.66	65.01	160.36
SNF	24.78	167.04	194.71	20.97	98.60	170.21	15.06	152.07	236.23	20.32	104.26	133.09
Medicare Total	327.01	1,552.90	1,193.57	320.64	1,634.43	1,326.11	334.23	1,532.96	1,266.82	336.80	1,218.70	1,037.21
Composite Medicare PMPM		881.37			855.28			807.19			737.59	
Total FFS + Medicare PMPM		3,429.55			4,258.22			3,945.44			3,865.80	

Wisconsin Department of Health Services
Mercer Data Request: Waiver FFS Duals

Draft
Not for Distribution

2008 Base Data Summary
By DQA Region

	Southeastern Region			Grand Total		
	DD	PD	FE	DD	PD	FE
Exposure Months	24,843	8,104	4,904	96,873	35,767	49,945
State FFS Plan Services						
Inpatient	17.35	74.50	48.33	14.27	60.05	39.58
Emergency Room	1.06	1.59	0.50	0.93	1.63	0.87
Outpatient	5.12	24.64	6.90	5.91	23.21	8.78
Waiver	3,115.69	1,738.16	1,469.96	3,243.26	1,514.19	1,359.99
Card	33.88	66.66	91.11	29.82	78.98	115.89
Nursing Home	3,149.57	1,804.82	1,561.07	3,273.08	1,593.17	1,475.88
Physician	12.31	24.46	15.31	11.85	24.53	12.90
Mental Health	6.60	13.62	4.29	5.72	25.86	5.47
DME	32.89	85.63	33.67	31.47	75.26	31.55
Drug	11.62	10.87	13.59	11.12	13.08	13.95
HomeCare	374.05	987.12	135.02	423.60	634.82	176.93
Lab/Radiology	1.95	5.23	2.93	1.84	5.15	2.86
Therapy	1.36	1.70	0.86	1.01	3.19	0.55
Dental	8.83	7.49	3.05	7.87	7.99	3.78
Transportation	5.04	21.10	10.72	4.34	38.91	13.78
Other	108.98	252.18	52.43	170.37	215.57	116.12
FFS Total	3,736.72	3,314.95	1,888.66	3,963.39	2,722.42	1,903.01
Composite FFS PMPM		3,406.99			3,156.69	
Medicare Plan Services						
Inpatient	172.05	874.73	522.38	145.808741	669.185428	434.773391
Outpatient	63.47	239.81	113.42	60.70	247.06	154.12
Physician	83.99	313.88	222.85	75.44	251.25	174.49
DME	27.47	165.82	40.77	26.22	137.06	50.19
Home Health	6.12	123.59	96.34	6.42	75.43	64.41
Hospice	4.27	15.74	120.26	7.36	48.62	139.99
SNF	11.68	67.82	183.27	17.96	110.95	175.99
Medicare Total	369.06	1,801.39	1,299.30	339.91	1,539.55	1,193.96
Composite FFS PMPM		796.25			808.53	
Total FFS + Medicare PMPM		4,203.23			3,965.22	

Wisconsin Department of Health Services
Mercer Data Request: Waiver FFS Duals

Draft
Not for Distribution

2009 Base Data Summary
By DQA Region

	Northern Region			Southern Region			Western Region			Northeastern Region		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	5,619	3,230	6,189	17,502	7,075	7,407	2,724	1,158	1,613	22,109	8,973	15,339
State FFS Plan Services												
Inpatient	25.02	43.37	45.71	11.25	51.47	41.13	17.36	58.38	56.50	11.95	43.75	37.78
Emergency Room	0.45	1.05	0.91	0.39	0.75	0.47	0.55	0.17	0.34	0.46	1.15	0.74
Outpatient	6.92	23.39	13.10	9.05	25.09	12.70	1.40	7.33	6.62	3.65	18.04	9.25
Waiver	2,740.36	1,089.07	1,003.27	3,571.68	1,652.16	1,691.02	2,888.49	1,858.73	1,462.45	3,406.88	1,556.43	1,474.96
Card	22.36	57.01	103.84	36.81	65.82	97.11	11.16	43.00	131.95	17.37	89.14	135.42
Nursing Home	2,762.73	1,146.08	1,107.11	3,608.49	1,717.98	1,788.13	2,899.65	1,901.73	1,594.40	3,424.25	1,645.58	1,610.38
Physician	12.50	28.69	19.13	12.77	22.33	13.03	16.12	38.17	19.81	14.29	23.88	14.60
Mental Health	19.85	49.30	5.08	4.63	72.50	6.76	2.98	66.08	2.40	6.74	30.34	4.42
DME	30.85	49.90	32.57	26.85	57.81	28.40	34.62	41.66	33.60	35.24	67.36	35.99
Drug	10.59	10.11	18.27	10.31	14.45	27.03	7.91	23.24	19.62	8.11	15.78	21.46
HomeCare	372.07	254.54	80.65	383.24	506.01	107.78	101.83	57.81	22.60	457.44	400.13	242.41
Lab/Radiology	2.30	7.27	4.92	2.03	5.88	3.21	1.64	5.64	5.95	2.19	6.16	3.09
Therapy	0.17	5.42	0.50	0.29	0.30	0.27	0.38	1.03	0.14	0.49	1.05	0.63
Dental	7.80	9.10	3.32	5.68	6.37	5.80	11.09	8.50	4.23	6.82	5.99	3.48
Transportation	8.25	53.59	23.79	2.60	64.54	4.35	3.78	30.35	14.57	3.29	28.21	10.22
Other	532.11	366.67	120.02	355.14	502.30	124.84	616.84	535.04	366.44	253.00	315.72	183.78
FFS Total	3,791.60	2,048.46	1,475.09	4,432.73	3,047.79	2,163.89	3,716.14	2,775.13	2,147.23	4,227.91	2,603.13	2,178.25
Composite FFS PMPM		2,463.81			3,600.95			3,057.30			3,236.57	
Medicare Plan Services												
Inpatient	147.18	506.52	399.80	124.88	710.30	448.60	154.22	601.11	442.49	122.62	437.62	294.19
Outpatient	82.24	316.09	238.30	48.29	265.45	143.18	90.90	247.10	220.98	65.77	230.16	143.09
Physician	67.14	377.26	189.06	78.40	245.33	178.48	63.21	218.47	144.70	79.35	201.19	159.41
DME	21.44	123.94	49.72	27.13	155.09	42.32	25.64	101.86	46.32	27.67	106.00	46.36
Home Health	4.69	57.08	58.00	11.02	92.70	76.67	6.84	43.44	54.13	7.08	54.54	46.55
Hospice	5.00	26.30	65.20	19.87	61.51	312.87	-	38.06	68.11	17.69	53.77	193.72
SNF	14.71	93.62	134.94	17.95	75.29	171.55	1.90	93.58	332.92	18.80	80.20	126.73
Medicare Total	342.40	1,500.81	1,135.02	327.53	1,605.69	1,373.68	342.71	1,343.61	1,309.65	338.97	1,163.48	1,010.05
Composite Medicare PMPM		917.42			852.54			837.47			720.09	
Total FFS + Medicare PMPM		3,381.24			4,453.49			3,894.77			3,956.66	

Wisconsin Department of Health Services
Mercer Data Request: Waiver FFS Duals

Draft
Not for Distribution

2009 Base Data Summary
By DQA Region

	Southeastern Region			Grand Total		
	DD	PD	FE	DD	PD	FE
Exposure Months	15,360	6,132	888	63,314	26,568	31,436
State FFS Plan Services						
Inpatient	15.03	58.76	41.82	13.90	49.86	41.21
Emergency Room	0.43	0.67	0.84	0.44	0.88	0.69
Outpatient	5.23	21.47	11.41	5.72	20.89	10.75
Waiver	3,358.36	1,999.32	1,027.81	3,359.21	1,640.50	1,419.73
Card	36.39	73.84	138.43	27.53	73.48	120.08
Nursing Home	3,394.75	2,073.17	1,166.24	3,386.74	1,713.99	1,539.81
Physician	13.41	29.18	16.38	13.57	25.90	15.44
Mental Health	4.48	10.73	1.30	6.61	40.90	4.91
DME	38.52	92.76	26.73	33.30	67.44	33.14
Drug	10.65	15.86	13.70	9.54	15.08	21.83
HomeCare	267.41	599.45	120.74	367.95	441.71	164.13
Lab/Radiology	2.42	4.99	3.55	2.19	5.93	3.64
Therapy	0.80	2.16	-	0.47	1.64	0.47
Dental	9.36	7.95	1.93	7.39	7.03	3.99
Transportation	5.12	13.78	14.22	4.01	37.73	11.85
Other	262.35	729.09	180.70	323.93	476.56	166.63
FFS Total	4,029.95	3,660.02	1,599.55	4,175.76	2,905.54	2,018.49
Composite FFS PMPM		3,832.16			3,338.60	
Medicare Plan Services						
Inpatient	191.23	862.80	638.66	143.430131	623.869633	368.70234
Outpatient	74.77	267.34	209.02	65.66	259.32	167.71
Physician	100.54	329.38	247.18	82.45	264.69	171.46
DME	34.38	148.94	40.75	28.51	130.98	45.91
Home Health	12.50	109.33	126.66	9.26	77.17	58.55
Hospice	1.71	9.63	185.10	12.53	41.62	189.81
SNF	19.94	66.73	205.85	17.75	78.00	151.72
Medicare Total	435.06	1,794.16	1,653.22	359.59	1,475.66	1,153.87
Composite FFS PMPM		855.78			809.82	
Total FFS + Medicare PMPM		4,687.94			4,148.41	

Wisconsin Department of Health Services
Mercer Data Request: Waiver FFS Duals

Draft
Not for Distribution

2010 Base Data Summary
By DQA Region

	Northern Region			Southern Region			Western Region			Northeastern Region		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	4,098	2,421	4,724	15,717	5,775	6,170	32	229	37	15,083	6,523	10,404
State FFS Plan Services												
Inpatient	13.17	61.28	38.64	12.10	59.38	35.33	-	42.28	-	11.95	46.64	38.14
Emergency Room	1.00	2.54	1.02	0.79	1.18	0.48	-	4.61	-	0.87	1.48	0.99
Outpatient	15.06	38.49	25.07	19.00	50.26	18.38	-	28.23	-	5.58	33.63	14.30
Waiver	2,716.18	1,000.30	974.58	3,705.86	1,722.23	1,861.85	2,624.28	2,689.27	3,519.93	3,388.76	1,627.08	1,499.11
Card	14.32	90.68	197.89	42.40	80.85	113.49	-	-	-	34.37	126.29	191.73
Nursing Home	2,730.50	1,090.98	1,172.48	3,748.26	1,803.08	1,975.34	2,624.28	2,689.27	3,519.93	3,423.13	1,753.37	1,690.85
Physician	10.32	48.42	14.71	13.34	22.54	12.12	12.68	21.02	13.06	16.25	29.67	21.67
Mental Health	8.98	50.40	1.38	4.89	44.94	5.82	6.41	209.24	-	5.49	31.17	8.22
DME	31.41	53.39	35.73	33.55	78.69	46.93	-	25.98	-	41.02	71.22	47.69
Drug	10.36	7.78	12.67	7.31	13.06	20.51	9.98	9.61	5.64	8.65	16.26	15.34
HomeCare	915.86	523.06	142.96	811.48	969.67	173.32	158.60	138.69	-	687.20	718.45	374.98
Lab/Radiology	2.01	5.59	3.48	2.19	5.01	2.95	0.35	9.54	-	2.18	5.18	3.66
Therapy	0.31	4.11	0.22	0.86	0.68	0.23	-	-	-	2.19	1.99	0.52
Dental	7.55	10.89	3.94	6.37	6.84	3.99	2.00	8.87	10.35	6.91	4.82	3.12
Transportation	11.98	42.89	28.57	0.95	40.87	4.84	-	2.37	-	3.65	34.42	11.54
Other	8.94	19.72	11.02	7.72	13.47	11.17	27.05	173.88	31.47	8.72	19.41	19.20
FFS Total	3,767.46	1,959.54	1,491.89	4,668.82	3,109.68	2,311.41	2,841.35	3,363.58	3,580.45	4,223.79	2,767.71	2,250.21
Composite FFS PMPM		2,422.02			3,817.50			3,334.43			3,285.61	
Medicare Plan Services												
Inpatient	137.80	702.09	596.29	127.73	897.71	489.46	-	343.59	-	119.51	498.82	312.04
Outpatient	107.88	426.43	277.58	59.74	343.69	152.00	107.40	146.95	-	73.64	242.68	155.45
Physician	65.87	328.81	180.49	90.73	281.88	186.83	43.86	115.27	37.84	79.80	226.02	172.29
DME	22.16	124.83	47.15	29.12	178.81	45.54	-	32.23	-	25.81	112.06	41.16
Home Health	1.58	40.60	63.83	5.45	95.82	81.03	-	11.43	-	7.42	41.76	47.35
Hospice	0.25	36.84	57.17	23.22	78.60	396.46	-	-	-	7.92	45.82	168.35
SNF	12.72	116.81	156.34	11.55	79.44	171.12	-	-	-	16.85	95.24	136.55
Medicare Total	348.27	1,776.41	1,378.85	347.55	1,955.94	1,522.43	151.26	649.47	37.84	330.95	1,262.39	1,033.18
Composite Medicare PMPM		1,088.82			945.39			520.03			749.00	
Total FFS + Medicare PMPM		3,510.84			4,762.89			3,854.46			4,034.61	

Wisconsin Department of Health Services
Mercer Data Request: Waiver FFS Duals

Draft
Not for Distribution

2010 Base Data Summary
By DQA Region

	Southeastern Region			Grand Total		
	DD	PD	FE	DD	PD	FE
Exposure Months	4,371	1,304	31	39,301	16,252	21,366
State FFS Plan Services						
Inpatient	15.65	37.86	-	12.54	52.58	37.32
Emergency Room	0.82	1.33	-	0.84	1.56	0.84
Outpatient	9.40	27.55	-	12.36	39.70	17.81
Waiver	3,461.22	2,434.14	1,712.12	3,452.88	1,647.24	1,491.70
Card	14.87	87.25	-	33.29	99.93	169.89
Nursing Home	3,476.09	2,521.39	1,712.12	3,486.17	1,747.17	1,661.59
Physician	19.72	60.15	19.64	14.85	32.25	17.36
Mental Health	4.23	35.09	16.17	5.48	41.75	6.01
DME	39.24	99.50	35.14	36.80	72.85	44.73
Drug	7.95	6.30	6.14	8.22	12.97	16.21
HomeCare	452.85	1,056.25	75.81	734.25	797.54	264.36
Lab/Radiology	2.69	5.49	7.14	2.22	5.27	3.41
Therapy	0.67	1.54	-	1.29	1.78	0.37
Dental	10.18	13.39	-	7.12	7.19	3.56
Transportation	4.27	13.01	7.69	3.50	35.81	13.34
Other	6.73	17.39	6.64	8.14	19.36	15.08
FFS Total	4,050.49	3,896.27	1,886.48	4,333.78	2,867.78	2,101.99
Composite FFS PMPM		4,003.49			3,404.10	
Medicare Plan Services						
Inpatient	165.18	663.86	474.40	129.684029	681.895891	425.815065
Outpatient	60.70	240.82	108.91	70.24	304.45	181.12
Physician	88.78	387.73	234.66	83.69	272.60	178.16
DME	31.29	99.67	13.81	27.34	135.56	43.64
Home Health	15.07	64.96	-	6.87	62.23	60.57
Hospice	3.12	1.87	73.22	12.70	51.96	209.21
SNF	12.99	56.60	104.57	13.86	88.40	150.62
Medicare Total	377.13	1,515.51	1,009.57	344.38	1,597.08	1,249.13
Composite FFS PMPM		640.72			860.38	
Total FFS + Medicare PMPM		4,644.21			4,264.48	

Wisconsin Department of Health Services
Mercer Data Request: CY08 Family Care Per Member Per Month Costs

Draft
Not for Distribution

Summary of 2008 Actual Experience by DQA Region
Nursing Home Level of Care

	Northern Region			Southern Region			Western Region			Northeastern Region		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	3,002	2,131	4,834	2,677	1,552	2,513	6,466	5,899	5,316	6,195	4,733	4,378
State Encounter Plan Services												
Adaptive Equipment	48.88	64.02	54.63	18.24	85.70	53.28	43.05	106.89	62.71	26.86	71.27	35.47
Adult Day Activities	270.59	21.02	16.40	360.57	26.26	4.54	173.43	18.06	13.84	333.03	18.05	19.29
Case Management	314.03	403.99	319.41	355.82	531.43	388.17	398.28	397.47	332.65	354.48	417.19	334.30
Habilitation / Health	9.06	20.88	8.90	13.69	51.02	14.83	39.76	47.83	20.31	7.44	23.91	16.31
Home Care	450.49	574.81	291.16	379.24	460.01	317.46	322.96	384.25	195.66	329.27	532.72	158.75
Home Health Care	7.12	52.24	7.80	35.86	139.97	31.56	81.60	138.14	37.64	18.62	48.19	13.09
Housing	0.02	0.31	-	0.33	0.16	0.11	1.05	1.56	0.08	0.04	-	-
Institutional	81.35	182.69	548.39	98.96	228.40	630.88	104.95	398.48	801.12	37.45	296.07	385.90
Other	-	-	-	-	-	-	-	-	-	-	-	-
Residential Care	1,916.06	413.48	771.33	1,534.92	572.06	815.27	1,222.16	368.03	569.49	1,717.94	589.29	1,142.71
Respite Care	70.30	9.30	5.96	34.75	14.48	4.89	79.82	14.56	20.52	32.74	6.53	2.27
Transportation	58.40	69.12	28.68	23.99	38.39	11.90	158.69	47.71	14.94	76.23	50.98	12.79
Vocational	339.45	21.28	2.28	344.01	51.21	0.53	403.68	12.74	0.07	240.52	5.86	1.09
Total State Encounter Plan Services	3,565.75	1,833.14	2,054.93	3,200.37	2,199.08	2,273.43	3,029.44	1,935.73	2,069.05	3,174.60	2,060.04	2,121.94
Room and Board												
Room and Board - Collections	(226.02)	(113.10)	(272.00)	(270.91)	(149.30)	(231.34)	(225.32)	(62.89)	(121.09)	(160.64)	(143.62)	(170.20)
Room and Board - Costs	330.26	180.90	419.78	305.84	183.57	371.04	356.83	98.40	197.83	185.99	192.53	256.60
Total Room and Board	104.24	67.80	147.78	34.93	34.27	139.70	131.51	35.51	76.74	25.35	48.91	86.39
Encounter Total	3,669.99	1,900.94	2,202.70	3,235.30	2,233.36	2,413.13	3,160.95	1,971.24	2,145.79	3,199.95	2,108.95	2,208.34
Composite Encounter PMPM		2,580.14			2,698.23			2,458.81			2,578.96	
State FFS Plan Services												
Inpatient Hospital	15.75	41.76	25.22	9.88	41.31	50.47	18.07	43.54	25.96	10.92	30.33	24.20
Emergency Room	0.73	1.40	0.43	0.70	1.51	0.52	0.77	0.74	0.26	0.51	0.59	0.16
Outpatient Hospital	4.81	24.82	6.99	2.19	11.97	5.85	1.50	12.96	2.88	3.98	11.35	2.59
Nursing Home	2.92	0.01	4.08	2.29	3.46	11.42	1.35	5.39	7.22	1.66	11.58	18.50
Physician and Clinic	9.74	20.97	7.54	7.35	12.92	9.84	10.49	18.07	7.51	10.21	15.38	7.87
Mental Health	0.48	4.34	0.46	4.12	21.10	1.82	1.40	5.40	0.10	1.07	1.00	0.48
DME/DMS	0.79	1.98	0.60	1.71	8.98	1.63	0.85	3.15	0.51	0.62	3.27	0.46
Drug	7.05	10.30	5.85	7.27	7.83	9.15	20.78	13.59	6.64	6.49	7.38	5.81
Home Care	0.10	0.03	-	-	0.12	0.01	0.83	0.45	0.12	-	0.02	-
Lab and Radiology	1.94	4.51	1.77	1.21	3.26	1.90	1.92	4.39	3.86	1.76	3.64	1.40
Therapy	0.05	0.25	0.12	0.04	0.51	0.22	0.00	0.37	0.02	0.03	0.29	-
Dental	10.37	9.98	3.91	5.91	7.42	4.29	7.94	9.05	3.71	8.36	5.48	2.24
Transportation	0.40	1.56	0.31	0.23	4.96	1.23	0.50	1.85	0.84	0.12	1.00	0.52
Other	14.18	36.71	29.66	9.89	34.38	36.95	11.50	19.87	17.20	10.14	34.82	42.09
FFS Total	69.31	158.61	86.92	52.80	159.73	135.28	77.91	138.82	76.84	55.88	126.14	106.33
Composite FFS PMPM		96.94			108.16			97.91			92.04	
Total Encounter + FFS PMPM		2,677.08			2,806.39			2,556.72			2,670.99	
Medicare Plan Services												
Inpatient Hospital	119.80	539.23	378.23	84.06	709.18	381.55	155.34	414.09	322.56	113.93	386.93	299.09
Outpatient Hospital	80.97	224.80	173.90	57.05	191.46	165.21	68.51	215.16	116.59	63.27	175.62	81.08
Physician and Clinic	84.75	200.44	149.54	58.86	177.07	155.54	85.44	223.38	153.02	77.77	216.23	155.02
DME	19.68	59.28	30.89	17.00	88.84	42.49	20.28	73.19	22.35	19.55	74.59	28.82
Home Health	2.01	34.09	46.71	1.43	57.95	74.10	2.23	12.76	18.58	8.25	71.41	57.43
Hospice	9.30	58.58	174.12	15.47	46.66	51.64	2.93	26.50	96.33	16.18	129.05	319.33
SNF	53.79	111.42	198.52	21.50	103.08	312.64	16.00	75.17	110.46	32.07	188.23	196.32
Medicare Total	370.31	1,227.84	1,151.93	255.37	1,374.23	1,183.16	350.73	1,040.26	839.88	331.02	1,242.06	1,137.09
Composite Medicare PMPM		932.73			858.72			727.84			843.30	
Total FFS PMPM + Medicare		1,029.67			966.88			825.75			935.33	

Wisconsin Department of Health Services
Mercer Data Request: CY08 Family Care Per Member Per Month Costs

Draft
Not for Distribution

Summary of 2008 Actual Experience by DQA Region
Nursing Home Level of Care

	Southeastern Region			Grand Total		
	DD	PD	FE	DD	PD	FE
Exposure Months	17,354	48,518	31,621	35,694	62,832	48,662
State Encounter Plan Services						
Adaptive Equipment	45.59	81.60	64.46	40.10	82.70	60.10
Adult Day Activities	299.15	37.52	58.94	284.46	33.39	43.41
Case Management	377.90	334.27	306.26	370.50	353.68	317.20
Habilitation / Health	16.60	22.07	11.91	18.35	25.30	13.07
Home Care	361.93	625.20	486.61	357.95	589.83	397.18
Home Health Care	52.71	110.52	64.16	46.93	107.17	49.39
Housing	0.42	2.97	1.32	0.43	2.45	0.87
Institutional	173.55	436.97	432.23	124.15	408.97	490.15
Other	-	-	-	-	-	-
Residential Care	1,835.46	466.18	704.08	1,688.20	467.07	741.27
Respite Care	15.65	4.36	5.36	36.27	5.90	6.77
Transportation	149.94	45.04	42.05	121.59	46.39	33.57
Vocational	322.11	4.50	1.29	325.82	7.10	1.20
Total State Encounter Plan Services	3,651.00	2,171.21	2,178.65	3,414.75	2,129.95	2,154.18
Room and Board						
Room and Board - Collections	(327.25)	(115.50)	(187.88)	(267.13)	(113.44)	(189.59)
Room and Board - Costs	337.43	111.48	193.91	311.69	120.49	231.56
Total Room and Board	10.18	(4.02)	6.03	44.56	7.06	41.97
Encounter Total	3,661.18	2,167.18	2,184.69	3,459.31	2,137.01	2,196.15
Composite Encounter PMPM		2,438.79			2,477.23	
State FFS Plan Services						
Inpatient Hospital	21.93	60.69	38.15	17.90	55.67	34.92
Emergency Room	0.59	0.94	0.58	0.63	0.92	0.49
Outpatient Hospital	4.67	20.18	10.21	3.80	18.79	8.18
Nursing Home	0.15	5.04	5.33	1.02	5.36	6.91
Physician and Clinic	10.40	20.00	13.55	10.10	19.33	11.59
Mental Health	2.56	1.42	0.52	2.03	2.35	0.53
DME/DMS	0.86	2.11	0.74	0.87	2.46	0.72
Drug	12.03	10.48	6.86	11.88	10.47	6.76
Home Care	0.22	0.43	0.16	0.27	0.38	0.12
Lab and Radiology	2.30	4.76	3.23	2.02	4.59	2.92
Therapy	-	0.06	0.00	0.01	0.12	0.03
Dental	6.98	8.53	6.64	7.60	8.37	5.53
Transportation	0.65	2.85	1.69	0.48	2.62	1.33
Other	12.82	37.19	33.70	12.01	35.30	32.42
FFS Total	76.16	174.68	121.34	70.63	166.74	112.43
Composite FFS PMPM		139.84			125.48	
Total Encounter + FFS PMPM		2,578.63			2,602.70	
Medicare Plan Services						
Inpatient Hospital	244.90	717.23	561.78	183.36	657.66	484.47
Outpatient Hospital	74.21	203.33	140.10	70.56	202.79	136.88
Physician and Clinic	112.23	265.92	226.31	95.08	253.77	200.61
DME	22.11	59.91	33.84	20.75	62.95	32.29
Home Health	12.21	67.45	52.42	8.05	61.24	49.73
Hospice	23.49	64.38	115.95	16.70	65.06	134.56
SNF	67.13	200.64	240.37	47.24	182.49	221.79
Medicare Total	556.29	1,578.85	1,370.78	441.74	1,485.96	1,260.33
Composite Medicare PMPM		1,329.35			1,158.14	
Total FFS PMPM + Medicare		1,469.19			1,283.61	

Wisconsin Department of Health Services
Mercer Data Request: CY09 Family Care Per Member Per Month Costs

Draft
Not for Distribution

Summary of 2009 Actual Experience by DQA Region
Nursing Home Level of Care

	Northern Region			Southern Region			Western Region			Northeastern Region		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	10,799	5,095	10,072	7,141	3,525	5,414	18,999	10,736	11,789	8,710	5,504	6,559
State Encounter Plan Services												
Adaptive Equipment	33.56	83.46	55.38	24.62	85.32	49.24	39.61	108.13	60.22	32.30	79.16	39.79
Adult Day Activities	254.75	25.22	19.01	230.09	15.83	12.96	187.91	15.99	14.90	340.93	20.90	9.43
Case Management	388.00	507.80	376.52	367.71	535.41	397.87	350.96	428.53	358.01	339.07	444.03	324.52
Habilitation / Health	16.67	53.74	17.36	50.58	45.72	15.28	19.71	50.84	18.99	17.55	23.95	12.07
Home Care	450.72	650.43	373.63	538.12	623.40	351.87	215.78	464.88	335.92	399.42	683.16	426.67
Home Health Care	72.35	178.69	39.99	32.42	89.97	18.05	137.10	199.28	98.55	127.67	34.71	17.26
Housing	0.16	0.20	0.01	0.07	0.14	0.09	0.15	1.32	0.05	-	-	-
Institutional	70.13	234.27	459.49	55.45	257.38	474.02	43.58	264.96	573.43	60.77	354.56	365.23
Other	-	-	-	-	-	-	-	-	-	-	-	-
Residential Care	1,802.31	616.13	978.00	1,735.78	668.28	1,031.28	1,713.12	468.49	616.31	1,618.49	615.68	1,004.11
Respite Care	46.00	9.26	7.30	28.72	18.46	5.86	49.98	11.26	14.32	29.79	3.53	0.93
Transportation	81.60	81.53	30.91	61.77	40.25	15.60	144.60	63.65	29.68	69.64	63.98	12.23
Vocational	368.38	20.54	1.37	422.42	74.00	0.78	420.19	14.37	1.51	268.35	7.51	-
Total State Encounter Plan Services	3,584.62	2,461.27	2,358.98	3,547.75	2,454.16	2,372.90	3,322.69	2,091.71	2,121.89	3,303.97	2,331.16	2,212.25
Room and Board												
Room and Board - Collections	(280.80)	(152.00)	(288.11)	(311.80)	(149.03)	(293.02)	(368.42)	(93.85)	(171.21)	(274.06)	(183.59)	(325.08)
Room and Board - Costs	288.01	167.30	330.19	334.95	162.66	350.75	647.96	196.76	345.23	294.75	218.67	401.83
Total Room and Board	7.21	15.30	42.08	23.15	13.63	57.73	279.54	102.91	174.02	20.69	35.08	76.75
Encounter Total	3,591.82	2,476.57	2,401.05	3,570.90	2,467.79	2,430.63	3,602.24	2,194.62	2,295.91	3,324.66	2,366.25	2,288.99
Composite Encounter PMPM		2,911.08			2,945.14			2,867.43			2,743.71	
State FFS Plan Services												
Inpatient Hospital	18.00	57.58	29.48	29.94	54.07	38.48	13.84	39.66	28.74	11.46	32.19	21.43
Emergency Room	0.40	1.58	1.21	0.61	0.75	0.57	0.59	1.30	0.77	0.40	0.55	0.24
Outpatient Hospital	6.79	25.44	9.41	4.83	14.45	8.95	5.56	13.68	7.38	3.38	14.15	4.31
Nursing Home	11.01	24.30	25.62	2.93	5.55	23.30	2.12	11.79	28.40	2.17	17.38	41.24
Physician and Clinic	13.83	38.94	12.75	10.59	15.64	12.29	9.81	19.60	10.19	12.55	22.14	8.51
Mental Health	2.13	5.57	3.42	6.81	14.41	0.97	0.70	2.60	0.16	0.93	2.57	0.25
DME/DMS	0.44	3.92	0.85	0.80	10.56	0.91	1.19	4.86	0.93	1.07	3.93	0.57
Drug	7.70	13.80	16.22	8.22	7.66	14.27	10.28	17.24	10.53	6.90	9.92	14.37
Home Care	0.14	0.05	0.05	0.18	0.06	0.19	0.54	0.43	0.14	-	0.04	0.15
Lab and Radiology	2.55	10.22	3.67	2.02	3.15	2.38	1.83	6.40	2.58	2.65	6.63	2.61
Therapy	0.00	0.00	0.00	0.01	-	0.05	0.00	0.36	0.02	-	0.03	0.05
Dental	8.52	10.46	4.84	6.33	6.66	4.17	9.74	9.34	4.28	7.69	6.04	2.24
Transportation	0.31	1.61	0.52	0.34	2.26	1.13	0.18	1.54	0.67	0.21	1.19	0.50
Other	10.16	29.16	19.44	13.92	25.04	25.19	11.10	21.72	17.02	14.27	24.00	18.59
FFS Total	81.98	222.62	127.48	87.53	160.25	132.87	67.47	150.51	111.81	63.68	140.76	115.06
Composite FFS PMPM		127.23			118.74			101.53			100.33	
Total Encounter + FFS PMPM	3,038.31			3,063.87			2,968.96			2,844.04		
Medicare Plan Services												
Inpatient Hospital	153.57	570.41	361.82	158.48	576.23	316.97	132.66	481.44	323.60	114.16	427.64	166.37
Outpatient Hospital	54.15	232.51	136.90	76.69	280.36	193.66	83.31	259.74	207.96	61.21	219.47	99.36
Physician and Clinic	92.63	312.80	175.00	75.58	202.78	168.50	76.03	211.50	151.03	83.11	235.01	141.91
DME	17.34	112.32	28.73	21.67	135.30	36.63	27.39	83.70	29.88	21.61	76.71	25.90
Home Health	6.04	50.61	42.28	9.16	103.20	106.70	4.63	21.49	26.82	7.03	90.98	45.30
Hospice	3.19	30.68	110.28	16.95	33.07	80.21	3.58	31.07	72.67	8.50	99.77	202.12
SNF	32.13	140.82	199.72	50.35	146.77	257.28	12.61	98.02	186.53	31.41	220.54	99.43
Medicare Total	359.06	1,450.15	1,054.74	408.87	1,477.71	1,159.94	340.21	1,186.97	998.49	327.03	1,370.13	780.39
Composite Medicare PMPM		843.01			896.07			746.02			746.56	
Total FFS PMPM + Medicare	970.24			1,014.81			847.55			846.88		

Wisconsin Department of Health Services
Mercer Data Request: CY09 Family Care Per Member Per Month Costs

Draft
Not for Distribution

Summary of 2009 Actual Experience by DQA Region
Nursing Home Level of Care

	Southeastern Region			Grand Total		
	DD	PD	FE	DD	PD	FE
Exposure Months	28,872	54,507	37,484	74,521	79,368	71,319
State Encounter Plan Services						
Adaptive Equipment	38.71	79.80	59.68	36.09	84.07	56.54
Adult Day Activities	361.07	42.20	55.46	286.61	34.92	36.15
Case Management	381.55	354.34	320.11	368.39	388.49	340.65
Habilitation / Health	17.39	28.42	11.21	21.07	33.53	13.75
Home Care	379.86	633.38	439.56	365.75	614.69	405.28
Home Health Care	73.86	113.47	47.75	92.08	122.76	49.99
Housing	0.37	2.21	0.96	0.21	1.71	0.52
Institutional	132.28	460.16	472.27	84.94	402.92	477.48
Other	-	-	-	-	-	-
Residential Care	1,906.47	497.32	818.88	1,792.06	516.85	841.03
Respite Care	17.44	4.73	3.42	32.40	6.43	5.73
Transportation	183.72	53.30	48.11	133.93	56.67	36.87
Vocational	291.19	4.99	2.46	345.17	10.50	1.79
Total State Encounter Plan Services	3,783.90	2,274.31	2,279.87	3,558.71	2,273.54	2,265.77
Room and Board						
Room and Board - Collections	(359.44)	(129.38)	(254.55)	(335.79)	(130.66)	(254.92)
Room and Board - Costs	366.25	120.10	244.29	415.38	142.22	295.68
Total Room and Board	6.81	(9.28)	(10.26)	79.59	11.57	40.76
Encounter Total	3,790.72	2,265.03	2,269.62	3,638.30	2,285.11	2,306.53
Composite Encounter PMPM		2,630.91			2,739.67	

	DD	PD	FE	DD	PD	FE
	State FFS Plan Services					
Inpatient Hospital	22.38	53.90	38.41	19.02	50.71	34.00
Emergency Room	0.30	0.64	0.36	0.43	0.79	0.55
Outpatient Hospital	4.22	20.78	10.17	4.89	19.37	8.97
Nursing Home	24.96	3.49	11.84	12.34	7.00	20.10
Physician and Clinic	12.35	20.91	13.98	11.77	21.74	12.55
Mental Health	1.31	1.31	0.17	1.76	2.43	0.70
DME/DMS	0.55	2.38	0.90	0.78	3.29	0.87
Drug	9.72	12.11	12.10	9.10	12.56	12.80
Home Care	0.02	0.64	0.44	0.18	0.51	0.29
Lab and Radiology	2.14	4.99	3.22	2.17	5.55	3.06
Therapy	0.01	0.02	0.02	0.01	0.06	0.02
Dental	8.28	9.12	7.23	8.43	8.91	5.71
Transportation	0.38	1.74	1.14	0.29	1.69	0.92
Other	10.96	26.91	17.20	11.55	26.07	18.22
FFS Total	97.59	158.95	117.17	82.72	160.69	118.74
Composite FFS PMPM		131.34			121.61	
Total Encounter + FFS PMPM		2,762.25			2,861.27	

	DD	PD	FE	DD	PD	FE
	Medicare Plan Services					
Inpatient Hospital	201.38	721.79	503.03	162.63	652.69	408.34
Outpatient Hospital	75.34	240.98	149.30	72.78	243.23	156.02
Physician and Clinic	108.77	290.92	226.02	91.90	273.79	194.32
DME	21.76	58.24	29.14	22.53	69.86	29.47
Home Health	13.01	77.50	58.37	8.80	70.28	53.35
Hospice	18.79	65.05	134.25	11.27	59.24	122.82
SNF	52.86	191.73	212.97	36.85	175.79	199.65
Medicare Total	491.92	1,646.22	1,313.07	406.76	1,544.88	1,163.97
Composite Medicare PMPM		1,267.16			1,047.65	
Total FFS PMPM + Medicare		1,398.49			1,169.25	

Wisconsin Department of Health Services
Mercer Data Request: CY10 Family Care Per Member Per Month Costs

Draft
Not for Distribution

Summary of 2010 Actual Experience by DQA Region
Nursing Home Level of Care

	Northern Region			Southern Region			Western Region			Northeastern Region		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	12,513	6,791	12,570	9,831	5,104	6,734	22,607	12,644	14,245	16,449	8,384	12,667
State Encounter Plan Services												
Adaptive Equipment	41.26	94.02	62.11	23.43	86.49	50.85	40.35	108.78	59.35	29.14	73.10	48.06
Adult Day Activities	267.36	20.68	16.02	276.83	25.74	15.22	203.10	12.39	12.05	357.13	26.58	7.65
Case Management	391.18	522.60	396.16	334.13	477.10	373.10	347.76	463.71	387.80	313.60	444.10	325.27
Habilitation / Health	21.20	63.97	18.65	14.36	38.40	15.29	15.99	57.79	15.04	13.50	26.45	10.91
Home Care	474.19	636.88	362.38	454.95	781.35	367.15	165.04	429.18	320.37	356.98	546.87	335.60
Home Health Care	81.62	191.42	52.52	25.94	104.64	16.70	124.26	213.66	94.48	119.26	116.40	35.67
Housing	-	0.18	-	-	-	0.05	0.19	0.52	0.03	0.04	0.09	-
Institutional	44.38	258.29	456.51	63.74	274.40	483.03	54.11	299.46	607.60	64.10	321.92	247.89
Other	-	-	-	-	0.02	-	-	-	-	-	-	-
Residential Care	1,686.21	632.66	1,023.45	1,560.52	645.31	1,088.96	2,182.92	547.93	755.91	2,029.99	774.69	1,199.67
Respite Care	42.21	11.59	14.00	27.79	10.30	6.63	46.58	12.05	9.26	30.57	12.38	5.47
Transportation	59.96	65.30	21.22	33.80	52.10	17.37	129.10	51.49	21.76	75.64	53.15	12.64
Vocational	341.75	17.29	0.82	375.72	46.53	1.46	379.38	13.78	1.55	257.68	14.89	0.11
Total State Encounter Plan Services	3,451.30	2,514.88	2,423.84	3,191.21	2,542.38	2,435.81	3,688.78	2,210.73	2,285.20	3,647.62	2,410.62	2,228.95
Room and Board												
Room and Board - Collections	(260.41)	(136.06)	(289.21)	(311.87)	(139.33)	(275.17)	(339.60)	(89.19)	(169.45)	(280.60)	(177.30)	(344.89)
Room and Board - Costs	274.09	159.51	334.28	317.57	162.90	328.40	443.66	132.95	275.21	288.92	205.47	401.03
Total Room and Board	13.68	23.45	45.07	5.70	23.57	53.23	104.06	43.76	105.76	8.32	28.17	56.14
Encounter Total	3,464.99	2,538.33	2,468.91	3,196.91	2,565.96	2,489.04	3,792.84	2,254.49	2,390.97	3,655.94	2,438.79	2,285.09
Composite Encounter PMPM		2,874.75			2,828.30			2,996.41			2,920.76	
State FFS Plan Services												
Inpatient Hospital	17.92	56.74	32.74	11.26	57.56	44.77	15.77	52.47	30.40	12.60	37.27	26.00
Emergency Room	0.99	3.19	1.61	0.99	1.41	0.75	1.52	2.86	1.28	0.46	1.23	0.65
Outpatient Hospital	11.93	38.92	16.12	8.45	25.30	15.58	9.81	21.96	10.99	5.31	21.83	8.12
Nursing Home	2.50	22.21	24.54	23.81	18.56	26.89	8.49	11.90	34.12	12.62	25.77	42.40
Physician and Clinic	14.59	34.54	16.51	12.33	18.77	12.34	11.70	22.26	11.42	12.84	18.80	7.27
Mental Health	2.19	6.04	1.53	3.97	8.52	0.33	1.59	5.51	0.28	1.70	4.61	0.72
DME/DMS	0.40	2.90	2.51	1.13	9.39	1.30	0.87	4.79	0.92	0.92	2.87	0.70
Drug	9.10	11.30	6.24	6.47	10.23	7.71	7.10	12.64	5.71	5.99	8.82	7.36
Home Care	0.29	0.30	0.51	0.13	0.64	0.66	1.20	0.26	0.15	0.03	0.32	0.28
Lab and Radiology	2.62	6.96	3.19	1.92	4.59	2.04	1.84	5.73	2.53	3.61	6.83	4.78
Therapy	-	0.44	0.01	0.05	0.12	0.01	0.00	0.06	-	0.00	-	0.03
Dental	8.88	10.64	4.45	6.73	8.92	3.30	9.51	10.24	5.40	7.74	7.04	3.23
Transportation	0.34	2.11	0.65	0.23	1.58	1.16	0.23	2.12	1.24	0.16	1.33	0.68
Other	5.27	8.92	7.13	10.28	14.47	12.69	8.25	12.18	9.55	9.43	11.90	9.71
FFS Total	77.03	205.19	117.75	87.76	180.07	129.53	77.88	164.99	113.99	73.43	148.63	111.94
Composite FFS PMPM		120.39			122.49			110.53			103.25	
Total Encounter + FFS PMPM	2,995.14	2,995.14	2,995.14	2,995.14	2,995.14	2,995.14	3,106.94	3,106.94	3,106.94	3,024.00	3,024.00	3,024.00
Medicare Plan Services												
Inpatient Hospital	133.49	629.12	387.29	130.35	684.63	549.18	158.73	504.56	402.72	103.90	397.69	237.34
Outpatient Hospital	65.20	277.21	155.49	91.78	325.98	226.78	91.73	313.23	223.10	74.92	223.79	113.92
Physician and Clinic	93.01	302.18	188.31	77.12	226.69	170.50	79.74	243.96	152.72	87.71	238.04	145.63
DME	15.58	103.86	37.36	18.97	114.36	36.57	25.65	95.70	29.46	23.52	86.34	25.39
Home Health	4.91	47.10	32.93	9.18	77.38	82.83	3.10	26.27	33.20	7.17	57.22	41.22
Hospice	5.33	39.73	132.70	2.01	35.28	117.50	4.32	34.48	74.72	6.17	88.49	237.80
SNF	32.36	142.24	180.45	26.13	152.61	208.89	19.62	109.72	161.91	30.28	128.47	139.90
Medicare Total	349.87	1,541.44	1,114.53	355.55	1,616.93	1,392.24	382.89	1,327.93	1,077.83	333.67	1,220.04	941.20
Composite Medicare PMPM		905.28			974.84			824.30			737.06	
Total FFS PMPM + Medicare	1,025.68	1,025.68	1,025.68									

Wisconsin Department of Health Services
Mercer Data Request: CY10 Family Care Per Member Per Month Costs

Draft
Not for Distribution

Summary of 2010 Actual Experience by DQA Region
Nursing Home Level of Care

	Southeastern Region			Grand Total		
	DD	PD	FE	DD	PD	FE
Exposure Months	40,372	57,986	38,406	101,772	90,909	84,622
State Encounter Plan Services						
Adaptive Equipment	41.50	85.84	61.66	37.47	88.51	58.44
Adult Day Activities	404.67	49.68	52.09	322.98	38.85	30.41
Case Management	321.09	349.74	309.83	335.68	394.36	343.13
Habilitation / Health	15.82	46.17	14.66	16.00	46.86	14.80
Home Care	311.13	565.56	368.47	320.03	562.31	354.44
Home Health Care	67.35	111.89	39.06	86.14	132.00	48.10
Housing	0.15	1.45	0.57	0.11	1.02	0.27
Institutional	122.01	448.84	485.82	82.39	392.33	466.13
Other	-	-	-	-	0.00	-
Residential Care	2,027.10	576.16	909.30	1,975.20	598.64	958.20
Respite Care	14.50	5.17	4.87	28.91	7.56	7.19
Transportation	175.93	64.22	49.93	121.33	60.83	32.75
Vocational	282.64	6.50	1.49	316.35	11.34	1.19
Total State Encounter Plan Services	3,783.88	2,311.22	2,297.75	3,642.59	2,334.60	2,315.06
Room and Board						
Room and Board - Collections	(354.57)	(137.91)	(268.25)	(323.58)	(134.71)	(266.75)
Room and Board - Costs	366.24	131.21	274.00	354.91	142.20	306.50
Total Room and Board	11.67	(6.69)	5.75	31.32	7.49	39.75
Encounter Total	3,795.55	2,304.53	2,303.51	3,673.92	2,342.09	2,354.81
Composite Encounter PMPM		2,744.38			2,834.76	
State FFS Plan Services						
Inpatient Hospital	16.98	71.77	39.89	15.57	63.98	35.54
Emergency Room	0.63	0.91	0.57	0.88	1.41	0.87
Outpatient Hospital	7.93	35.22	17.45	8.47	31.86	14.62
Nursing Home	15.24	5.34	16.13	12.58	10.14	25.20
Physician and Clinic	13.06	22.27	15.69	12.84	22.67	13.56
Mental Health	1.03	0.99	0.39	1.69	2.75	0.59
DME/DMS	0.52	2.65	1.20	0.71	3.36	1.28
Drug	8.71	9.73	7.61	7.75	10.20	7.06
Home Care	0.46	0.57	0.22	0.50	0.49	0.29
Lab and Radiology	2.75	4.87	3.37	2.59	5.31	3.31
Therapy	0.02	0.01	0.01	0.01	0.06	0.01
Dental	8.35	9.01	7.48	8.42	9.12	5.71
Transportation	0.57	1.98	1.46	0.37	1.93	1.16
Other	5.74	7.37	6.00	7.27	8.97	7.85
FFS Total	81.99	172.69	117.46	79.64	172.24	117.05
Composite FFS PMPM		130.40			121.41	
Total Encounter + FFS PMPM		2,874.79			2,956.18	
Medicare Plan Services						
Inpatient Hospital	209.36	708.78	500.04	164.11	644.38	431.50
Outpatient Hospital	79.85	245.77	149.25	81.05	259.98	163.49
Physician and Clinic	116.81	301.51	230.01	97.11	283.50	193.44
DME	24.52	62.50	29.39	22.97	75.31	30.56
Home Health	13.37	67.53	54.69	8.64	59.87	48.06
Hospice	17.23	77.90	175.31	9.64	67.60	156.80
SNF	52.29	190.21	195.67	36.50	167.63	180.43
Medicare Total	513.43	1,654.20	1,334.36	420.02	1,558.27	1,204.28
Composite Medicare PMPM		1,227.64			1,032.50	
Total FFS PMPM + Medicare		1,358.04			1,153.91	

Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development

Summary of 2010 Actual Experience by DQA Region
Dual Eligible

	Southern Region			Western Region			Southeastern Region			Total		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	381	5,067	4,632	3,288	6,986	8,879	580	4,549	5,566	4,249	16,602	19,077
Acute & Primary Services												
A/P Other, Waiver, or LTC HH	0.00	0.00	0.00	0.00	0.05	0.06	0.00	0.00	0.00	0.00	0.02	0.03
Ambulance	17.23	13.56	15.44	20.65	10.03	7.51	6.29	14.92	14.24	18.38	12.45	11.40
SMV, or Common Carrier	0.00	0.09	0.06	0.00	0.07	0.08	0.06	0.07	0.17	0.01	0.07	0.10
Dental	19.70	22.72	15.47	43.82	49.55	33.64	20.90	36.52	29.71	38.53	37.79	28.08
DMEPOS	5.52	6.98	6.45	2.16	2.13	4.42	7.83	7.92	7.83	3.23	5.20	5.91
Drugs	10.50	29.64	19.99	29.32	50.32	32.59	3.65	5.87	4.19	24.13	31.83	21.25
Hospice	0.00	0.00	0.00	0.00	6.62	9.05	0.00	0.92	0.58	0.00	3.03	4.38
Hospital Inpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11	0.00	0.00	0.03
Lab, Rad, Testing	6.10	8.62	7.17	4.03	8.87	5.29	4.54	7.75	6.00	4.28	8.49	5.95
O/P Facility Clinic	0.99	4.72	6.34	1.22	3.41	1.41	0.00	24.03	4.72	1.03	9.46	3.57
Other	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00	0.02	0.00
Other Practitioner	5.51	8.54	0.22	1.62	2.72	2.23	0.13	0.54	0.15	1.76	3.90	1.14
Physician	11.06	15.72	10.17	7.32	14.65	9.94	13.90	23.22	17.60	8.55	17.32	12.23
Therapies	0.02	3.40	0.04	0.64	0.10	0.04	0.00	0.03	0.02	0.50	1.09	0.03
Vision	0.15	0.24	0.29	0.00	0.00	0.00	0.05	0.23	0.21	0.02	0.14	0.13
Primary & Acute Subtotal	76.78	114.23	81.63	83.76	128.09	85.11	29.77	144.63	66.34	100.43	130.81	94.24
Deductible / Coinsurance												
Part_A_Ded	35.63	49.37	50.59	22.04	53.47	49.85	23.41	46.78	31.11	23.44	50.39	44.56
Part_B_Ded	13.42	12.48	12.15	13.11	11.43	11.70	14.69	13.19	12.36	13.35	12.23	12.00
Part A Coins	16.81	20.10	55.95	6.66	29.54	43.45	0.00	0.00	0.00	6.66	18.57	33.81
Deductible / Coinsurance Subtotal	65.85	81.96	118.69	41.80	94.44	105.00	38.11	59.97	43.48	43.46	81.19	90.37
Grand Total A&P Services	142.63	196.19	200.32	125.56	222.54	190.11	67.88	204.60	109.81	143.88	212.00	184.62
Composite PMPM A&P Services		196.06			190.86			147.86			191.67	

Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development

Summary of 2010 Actual Experience by DQA Region
Dual Eligible

	Southern Region			Western Region			Southeastern Region			Total		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	381	5,067	4,632	3,288	6,986	8,879	580	4,549	5,566	4,249	16,602	19,077
LTC Services												
A/P Other, Waiver, or LTC HH	0.00	0.38	2.28	0.01	0.03	0.05	0.00	0.00	0.00	0.01	0.13	0.58
Ambulance / SMV / Common Carrier	387.05	282.37	221.55	93.76	79.50	41.27	388.35	438.38	309.43	160.30	239.75	163.29
AODA	0.99	1.46	0.11	4.88	19.41	3.30	0.00	0.06	0.00	3.87	8.63	1.56
Care Management	810.58	922.78	764.93	795.25	1,051.73	806.44	336.20	392.63	310.89	733.95	831.77	651.77
Day Habilitation	152.25	45.63	62.18	273.66	36.18	15.16	693.35	540.78	438.17	320.07	177.33	150.00
DME/Supplies	44.35	70.10	43.76	41.42	96.32	50.24	16.69	48.34	34.42	38.30	75.17	44.05
Home Health	3.59	2.03	1.18	0.34	1.13	0.13	4.52	8.16	4.98	1.20	3.33	1.80
NH or Supplies	0.00	1.14	0.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.35	0.05
Nurse Practitioner	178.35	226.58	219.17	79.01	104.80	82.01	46.97	40.21	46.05	83.55	124.27	104.82
Nursing Home	100.20	321.03	420.38	102.48	290.08	768.35	0.52	1.80	3.70	88.36	220.54	460.75
Other	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00	0.02	0.00
Other Practitioner	0.00	0.19	0.12	0.04	0.57	0.06	0.00	0.00	0.00	0.03	0.30	0.06
Pers Care/SHC/HH	39.47	60.91	38.76	44.62	117.51	65.36	0.00	0.00	0.00	38.06	68.04	39.83
Personal Care	264.65	691.54	184.38	240.43	455.65	316.28	320.43	418.47	360.88	253.53	517.46	297.27
Residential Facility	1,124.69	293.05	755.98	2,260.26	289.75	73.06	1,970.29	663.64	683.38	2,118.77	393.21	416.95
Residential Facility/NH	0.00	0.39	1.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12	0.25
SMV	0.00	0.00	0.00	2.31	0.07	0.03	0.00	0.00	0.00	1.79	0.03	0.01
SMV or Comm Carrier	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.28	1.79	0.00	0.08	0.52
Therapies	56.07	53.01	28.77	128.00	55.14	26.35	47.29	68.30	56.87	110.53	58.10	35.84
Waiver	26.07	50.67	53.25	36.12	50.44	43.26	24.66	37.52	44.70	33.66	46.97	46.10
Waiver or Member Share	(34.37)	(96.89)	(181.17)	(41.13)	(85.81)	(244.46)	(113.63)	(111.95)	(162.09)	(50.42)	(96.35)	(205.06)
LTC Subtotal	3,153.92	2,926.37	2,616.88	4,061.47	2,562.55	2,046.90	3,735.66	2,546.63	2,133.16	3,935.55	2,669.23	2,210.45
Room & Board												
Room and Board Costs	305.69	91.79	226.42	588.88	418.18	1,002.48	0.00	2.57	1.83	483.07	204.69	522.09
Room and Board Collections	(300.83)	(58.30)	(152.23)	(265.21)	(64.43)	(108.96)	(211.34)	(77.11)	(68.35)	(261.05)	(66.04)	(107.62)
Total Room & Board	4.85	33.49	74.19	323.67	353.75	893.53	(211.34)	(74.54)	(66.52)	222.01	138.65	414.47
Grand Total LTC Services	3,158.78	2,959.86	2,691.07	4,385.14	2,916.30	2,940.43	3,524.32	2,472.09	2,066.64	4,157.57	2,807.88	2,624.93
Composite PMPM LTC Services		2,843.88			3,179.62			2,318.15			2,864.10	
Total LTC + A&P Services	\$ 3,301.41	\$ 3,156.05	\$ 2,891.38	\$ 4,510.70	\$ 3,138.84	\$ 3,130.54	\$ 3,592.20	\$ 2,676.69	\$ 2,176.45	\$ 4,301.45	\$ 3,019.87	\$ 2,809.54
Composite PMPM LTC + A&P		3,039.94			3,370.48			2,466.01			3,055.76	
Medicare Services												
Inpatient	27.65	32.39	17.71	4.85	60.10	38.08	54.07	8.70	2.23	13.62	37.56	22.67
Outpatient	2.55	5.43	3.75	0.00	2.08	0.71	0.00	1.75	1.04	0.23	3.01	1.54
Physician	2.21	7.80	4.37	0.00	1.96	0.98	16.46	0.97	1.37	2.45	3.47	1.92
DME	1.45	0.35	0.22	0.00	0.06	0.05	0.00	0.04	0.27	0.13	0.14	0.15
Hospice	59.21	49.13	122.85	0.00	35.03	84.75	0.00	0.57	1.35	5.31	29.89	69.66
SNF	9.52	0.91	2.76	0.00	2.19	0.15	0.00	0.00	0.00	0.85	1.20	0.74
LTC Subtotal	102.58	96.01	151.66	4.85	101.41	124.71	70.54	12.02	6.26	22.59	75.27	96.69
Composite PMPM Medicare Services		121.83			95.64			12.20			79.90	
Grand Total All Services	\$ 3,404.00	\$ 3,252.06	\$ 3,043.04	\$ 4,515.56	\$ 3,240.25	\$ 3,255.25	\$ 3,662.74	\$ 2,688.71	\$ 2,182.72	\$ 4,324.04	\$ 3,095.14	\$ 2,906.23
Composite PMPM All Services		3,161.77			3,466.11			2,478.21			3,135.66	

Wisconsin Department of Health Services
LAB Request: CY10 IRIS Per Member Per Month Costs

Draft
Not for Distribution

Summary of 2010 Actual Experience by DQA Region

	Northern Region			Southern Region			Western Region			Northeastern Region		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	502	419	212	380	485	239	1,674	1,338	953	932	562	376
State Encounter Plan Services												
Adaptive Equipment	44.11	54.80	7.66	4.97	40.94	5.12	29.06	88.01	18.46	4.43	53.53	11.72
Adult Day Activities	169.09	22.50	4.96	161.56	10.26	27.03	303.12	9.94	-	245.41	13.68	53.19
Case Management	21.45	2.64	-	21.29	1.03	-	7.24	0.37	-	0.84	-	-
Habilitation / Health	6.76	27.78	-	22.11	10.49	1.34	30.62	10.85	4.68	58.52	6.86	1.20
Home Care	1,925.32	878.33	727.03	1,476.34	963.91	614.13	1,493.11	708.51	847.06	1,786.48	950.80	891.17
Home Health Care	145.46	260.94	166.47	267.44	350.56	127.93	165.09	297.23	53.65	105.62	377.98	463.11
Housing	2.91	-	0.57	-	-	-	3.45	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-	-	-	-
Other	153.82	57.06	19.30	394.17	118.02	7.62	130.78	86.21	19.86	99.40	86.56	13.68
Residential Care	256.49	-	72.87	215.27	3.71	65.86	215.19	2.70	39.38	115.16	11.62	17.98
Respite Care	302.79	55.32	48.67	161.76	5.80	-	275.75	13.39	7.99	159.09	17.62	45.85
Transportation	148.82	42.02	31.74	141.68	105.46	28.51	229.06	65.41	42.49	129.45	35.50	16.45
Vocational	210.02	-	-	282.15	-	-	262.15	-	-	238.60	-	-
Total State Encounter Plan Services	3,387.03	1,401.38	1,079.27	3,148.73	1,610.18	877.55	3,144.63	1,282.63	1,033.58	2,943.01	1,554.15	1,514.36
Room and Board												
Room and Board - Collections	-	-	-	-	-	-	-	-	-	-	-	-
Room and Board - Costs	465.90	-	7.26	536.83	-	87.87	646.27	-	28.11	159.73	-	14.75
Total Room and Board	465.90	-	7.26	536.83	-	87.87	646.27	-	28.11	159.73	-	14.75
Encounter Total	3,852.93	1,401.38	1,086.53	3,685.56	1,610.18	965.42	3,790.90	1,282.63	1,061.69	3,102.74	1,554.15	1,529.12
Composite Encounter PMPM		2,428.70			2,184.41			2,288.60			2,320.82	
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
State FFS Plan Services												
Inpatient	23.60	70.97	41.13	44.72	44.01	27.62	19.60	198.72	38.56	5.84	47.06	82.79
Nursing Home	8.74	35.91	24.03	8.32	28.29	218.12	-	61.54	170.39	2.36	22.39	182.19
Dental	10.25	10.47	2.51	1.76	5.83	-	9.83	11.65	2.84	4.32	12.39	2.92
Drug	42.95	19.66	3.14	22.02	9.97	6.82	30.72	43.73	8.38	23.59	41.07	6.64
Outpatient	20.17	38.19	15.79	14.38	25.39	15.27	12.85	58.42	10.93	9.44	63.98	33.24
Home Care	745.58	228.53	258.36	364.41	1,870.83	618.28	438.20	413.51	337.53	594.86	1,148.99	369.22
Other	110.23	184.45	68.73	75.16	172.08	95.45	105.03	189.15	70.44	98.34	181.19	62.14
FFS Total	961.53	588.17	413.68	530.77	2,156.41	981.56	616.23	976.72	639.08	738.75	1,517.07	739.15
Composite FFS PMPM		720.93			1,342.85			743.35			972.76	
Total Encounter + FFS PMPM		3,149.63			3,527.25			3,031.96			3,293.59	

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2008 Nursing Home Long Stay Population - Elderly Original / Elderly Current
Medicare FFS using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	22,056	28,984	32,029	42,504	39,282	164,855
State FFS Plan Services						
Inpatient	16.63	16.81	17.28	13.82	18.98	16.62
Emergency Room	0.44	0.30	0.41	0.22	0.26	0.31
Outpatient	2.31	3.43	3.43	2.05	2.39	2.68
Nursing Home	2,501.01	2,546.81	2,567.24	2,713.82	2,560.83	2,591.05
Physician	9.41	8.88	8.25	8.64	8.77	8.74
Mental Health	0.22	0.18	0.29	0.58	0.33	0.35
DME	9.20	11.85	8.53	10.61	11.33	10.41
Drug	5.23	6.55	5.74	7.35	9.42	7.11
HomeCare	0.02	0.02	0.03	0.05	0.04	0.03
Lab/Radiology	1.16	1.22	1.10	1.50	1.57	1.35
Therapy	0.06	0.85	1.03	0.88	0.57	0.72
Dental	5.24	3.83	4.88	4.44	7.25	5.20
Transportation	9.43	6.53	8.49	6.46	3.97	6.67
Other	576.77	596.24	545.58	519.80	587.59	562.02
Composite FFS PMPM	3,137.12	3,203.50	3,172.28	3,290.23	3,213.30	3,213.25
Medicare Plan Services						
Inpatient	243.89	270.70	212.95	191.33	387.49	263.26
Outpatient	163.82	142.22	185.14	162.51	144.68	159.27
Carrier	129.07	118.12	99.15	120.16	192.14	134.06
DME	7.34	8.14	12.76	8.06	16.49	10.90
Home Health	0.92	0.81	0.52	0.94	1.14	0.88
Hospice	11.34	17.34	7.34	17.47	32.86	18.33
SNF	357.79	268.70	237.58	238.75	386.85	295.00
Composite Medicare PMPM	914.17	826.03	755.46	739.22	1,161.66	881.70
Grand Total All Service Costs	4,051.29	4,029.54	3,927.73	4,029.45	4,374.96	4,094.95

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2008 Nursing Home Long Stay Population - Disabled Original / Disabled Current
Medicare FFS using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	1,516	2,619	1,854	4,140	5,580	15,709
State FFS Plan Services						
Inpatient	29.29	28.10	34.05	61.36	95.18	61.51
Emergency Room	2.15	0.68	0.92	0.26	0.47	0.67
Outpatient	26.24	17.49	12.90	10.85	10.62	13.60
Nursing Home	2,607.80	2,709.04	2,950.64	2,850.75	2,880.70	2,826.11
Physician	33.10	17.98	15.71	15.92	22.76	20.33
Mental Health	5.54	3.24	2.68	4.61	4.15	4.08
DME	11.91	33.95	53.13	35.83	30.49	33.35
Drug	11.72	13.84	8.45	10.43	12.05	11.46
HomeCare	0.10	0.07	0.29	0.07	0.90	0.39
Lab/Radiology	4.02	4.68	3.98	3.88	4.47	4.25
Therapy	0.13	3.73	3.91	4.79	2.66	3.30
Dental	13.50	9.43	10.79	7.36	10.07	9.66
Transportation	39.76	24.84	29.36	17.96	15.24	21.59
Other	625.35	603.76	517.33	560.47	595.60	581.34
Composite FFS PMPM	3,410.62	3,470.81	3,644.16	3,584.51	3,685.37	3,591.64
Medicare Plan Services						
Inpatient	455.11	604.79	866.83	441.08	860.45	668.94
Outpatient	276.65	341.77	323.08	282.14	265.53	290.48
Carrier	224.10	210.57	212.13	211.00	357.40	264.33
DME	46.53	86.49	83.48	50.92	106.91	80.16
Home Health	3.77	5.50	6.50	6.82	5.61	5.84
Hospice	2.84	3.50	11.88	13.21	35.56	18.37
SNF	539.71	404.71	407.43	403.33	574.37	477.96
Composite Medicare PMPM	1,548.71	1,657.34	1,911.32	1,408.50	2,205.82	1,806.08
Grand Total All Service Costs	4,959.32	5,128.16	5,555.48	4,993.01	5,891.18	5,397.72

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2008 Nursing Home Long Stay Population - Disabled Original / Elderly Current
Medicare FFS using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	3,444	4,941	4,732	7,867	6,890	27,874
State FFS Plan Services						
Inpatient	38.26	29.55	50.58	20.75	37.23	33.61
Emergency Room	0.66	0.19	0.64	0.36	0.42	0.43
Outpatient	5.23	4.32	4.45	4.20	5.39	4.69
Nursing Home	2,578.62	2,657.17	2,642.01	2,837.24	2,651.96	2,694.42
Physician	14.41	12.14	9.81	12.03	15.12	12.73
Mental Health	0.46	1.64	1.13	1.89	0.79	1.27
DME	23.39	17.71	19.63	15.41	15.18	17.46
Drug	6.03	8.70	5.53	7.33	9.77	7.71
HomeCare	0.28	0.03	0.02	0.01	0.01	0.05
Lab/Radiology	2.42	1.72	1.60	2.16	2.56	2.11
Therapy	0.17	1.00	4.77	1.59	1.19	1.75
Dental	5.34	5.16	6.28	5.87	7.11	6.06
Transportation	17.18	15.16	16.21	11.21	9.35	13.04
Other	576.30	595.27	552.63	502.66	577.24	555.09
Composite FFS PMPM	3,268.74	3,349.75	3,315.29	3,422.69	3,333.33	3,350.42
Medicare Plan Services						
Inpatient	387.05	387.01	384.25	272.18	679.37	426.41
Outpatient	219.68	172.72	233.33	191.47	189.72	198.30
Carrier	176.54	165.72	133.78	136.54	279.36	181.49
DME	13.93	28.25	19.65	19.13	40.82	25.55
Home Health	2.33	3.91	0.52	3.06	4.13	2.95
Hospice	9.49	6.06	4.37	10.19	17.95	10.30
SNF	403.65	302.57	351.46	264.00	542.68	371.83
Composite Medicare PMPM	1,212.68	1,066.23	1,127.36	896.58	1,754.02	1,216.83
Grand Total All Service Costs	4,481.42	4,415.98	4,442.65	4,319.27	5,087.35	4,567.25

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2008 Nursing Home Long Stay Population: All Populations
Medicare FFS using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	27,016	36,544	38,615	54,511	51,752	208,438
State FFS Plan Services						
Inpatient	20.10	19.34	22.17	18.43	29.62	22.28
Emergency Room	0.56	0.31	0.46	0.25	0.30	0.35
Outpatient	4.03	4.56	4.01	3.03	3.68	3.77
Nursing Home	2,516.90	2,573.36	2,594.81	2,742.03	2,607.45	2,622.59
Physician	11.37	9.97	8.80	9.69	11.13	10.15
Mental Health	0.55	0.59	0.50	1.08	0.80	0.75
DME	11.16	14.22	12.03	13.22	13.91	13.08
Drug	5.70	7.37	5.84	7.58	9.75	7.52
HomeCare	0.05	0.02	0.04	0.05	0.13	0.06
Lab/Radiology	1.48	1.54	1.30	1.78	2.01	1.67
Therapy	0.08	1.08	1.62	1.28	0.88	1.05
Dental	5.72	4.41	5.33	4.87	7.54	5.65
Transportation	12.12	9.01	10.44	8.02	5.90	8.65
Other	579.44	596.65	545.09	520.41	587.08	562.55
Composite FFS PMPM	3,169.25	3,242.43	3,212.46	3,331.70	3,280.18	3,260.11
Medicare Plan Services						
Inpatient	273.99	310.37	265.34	221.97	477.34	315.65
Outpatient	177.27	160.65	197.67	175.77	163.71	174.38
Carrier	140.46	131.18	108.82	129.42	221.57	150.22
DME	10.38	16.48	17.00	12.91	29.48	18.08
Home Health	1.26	1.56	0.81	1.69	2.02	1.53
Hospice	10.63	14.82	7.20	16.10	31.17	17.26
SNF	373.84	283.02	259.69	254.89	427.82	319.07
Composite Medicare PMPM	987.83	918.09	856.53	812.76	1,353.11	996.18
Grand Total All Service Costs	4,157.07	4,160.52	4,068.98	4,144.46	4,633.28	4,256.29

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2009 Nursing Home Long Stay Population - Elderly Original / Elderly Current
Medicare FFS using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	21,199	28,650	29,912	41,352	37,163	158,276
State FFS Plan Services						
Inpatient	18.24	15.48	18.75	13.17	16.31	16.06
Emergency Room	0.12	0.21	0.25	0.12	0.16	0.17
Outpatient	3.56	2.86	4.14	2.41	2.23	2.93
Nursing Home	2,244.32	2,486.26	2,468.53	2,499.20	2,584.28	2,476.90
Physician	11.07	9.48	8.69	10.09	9.15	9.63
Mental Health	0.09	0.14	0.15	0.18	0.20	0.16
DME	12.90	11.81	11.25	14.06	12.48	12.59
Drug	9.31	12.34	8.79	10.73	15.18	11.51
HomeCare	0.07	0.03	0.02	0.00	0.07	0.04
Lab/Radiology	1.32	1.30	1.17	1.67	1.61	1.45
Therapy	0.36	0.52	0.67	0.70	0.59	0.59
Dental	4.99	4.58	4.95	4.86	9.10	5.84
Transportation	9.92	5.03	9.12	6.65	3.73	6.57
Other	1,017.04	843.81	837.70	908.77	798.82	872.27
Composite FFS PMPM	3,333.32	3,393.84	3,374.16	3,472.63	3,453.91	3,416.70
Medicare Plan Services						
Inpatient	181.99	219.01	212.01	182.06	412.61	248.53
Outpatient	200.87	164.83	232.19	181.14	171.49	188.21
Carrier	131.84	125.33	110.64	126.76	212.00	144.15
DME	7.68	10.26	11.71	9.18	17.73	11.66
Home Health	1.25	1.26	0.79	1.52	1.73	1.35
Hospice	16.23	25.17	9.47	23.97	37.68	23.63
SNF	320.74	263.89	254.91	249.60	373.57	291.83
Composite Medicare PMPM	860.60	809.75	831.73	774.23	1,226.81	909.36
Grand Total All Service Costs	4,193.92	4,203.59	4,205.89	4,246.86	4,680.72	4,326.06

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2009 Nursing Home Long Stay Population - Disabled Original / Disabled Current
Medicare FFS using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	1,457	2,610	1,747	4,238	5,256	15,308
State FFS Plan Services						
Inpatient	40.92	27.59	26.52	28.24	67.83	42.74
Emergency Room	0.95	0.60	0.27	0.34	0.24	0.40
Outpatient	17.65	31.45	19.34	14.50	15.44	18.56
Nursing Home	2,549.36	2,654.60	2,782.45	2,767.39	2,946.51	2,790.63
Physician	30.99	19.18	21.70	18.81	26.38	22.96
Mental Health	0.91	10.96	12.80	2.59	3.82	5.44
DME	26.98	53.56	55.67	31.16	32.24	37.75
Drug	6.56	14.75	31.17	10.46	8.81	12.62
HomeCare	0.50	0.14	-	0.02	0.98	0.41
Lab/Radiology	4.04	3.73	4.22	3.32	5.14	4.19
Therapy	0.38	2.08	1.98	4.08	2.41	2.57
Dental	7.26	8.03	12.24	8.97	10.96	9.70
Transportation	44.48	25.03	25.22	20.86	13.51	21.79
Other	894.45	824.09	840.35	826.06	783.40	819.22
Composite FFS PMPM	3,625.42	3,675.79	3,833.92	3,736.79	3,917.66	3,788.98
Medicare Plan Services						
Inpatient	501.00	582.55	629.89	403.89	1,025.38	682.77
Outpatient	347.11	377.76	423.15	329.27	307.38	342.43
Carrier	257.05	227.98	219.41	199.93	394.89	279.31
DME	51.40	75.22	65.05	45.57	82.96	66.24
Home Health	8.23	1.33	4.08	4.39	5.40	4.55
Hospice	4.14	10.27	3.35	7.72	20.49	11.70
SNF	596.16	471.80	331.20	464.98	600.55	509.91
Composite Medicare PMPM	1,765.10	1,746.92	1,676.14	1,455.76	2,437.05	1,896.92
Grand Total All Service Costs	5,390.52	5,422.71	5,510.06	5,192.55	6,354.71	5,685.90

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2009 Nursing Home Long Stay Population - Disabled Original / Elderly Current
Medicare FFS using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	3,407	4,534	4,417	7,469	6,515	26,342
State FFS Plan Services						
Inpatient	23.97	21.42	26.58	24.54	56.22	32.11
Emergency Room	0.18	0.19	0.79	0.27	0.15	0.30
Outpatient	4.33	4.62	6.84	4.50	2.04	4.28
Nursing Home	2,336.66	2,585.86	2,633.01	2,628.74	2,674.78	2,595.68
Physician	13.68	15.05	12.16	14.62	14.29	14.08
Mental Health	0.26	1.84	0.21	0.91	0.49	0.77
DME	24.78	14.17	35.78	24.27	22.15	24.00
Drug	8.21	8.67	8.41	9.29	10.88	9.29
HomeCare	0.05	0.01	-	-	0.42	0.11
Lab/Radiology	1.74	2.08	1.84	2.80	2.09	2.20
Therapy	0.48	1.39	2.58	1.76	1.47	1.60
Dental	5.54	5.20	6.19	6.05	8.73	6.52
Transportation	15.36	11.14	17.47	13.62	7.91	12.65
Other	1,011.16	874.21	836.62	892.39	844.53	883.43
Composite FFS PMPM	3,446.40	3,545.84	3,588.48	3,623.76	3,646.15	3,587.03
Medicare Plan Services						
Inpatient	222.27	324.82	252.69	285.85	602.79	357.16
Outpatient	230.89	210.17	280.21	232.85	198.08	228.04
Carrier	166.78	183.94	138.66	163.04	290.36	194.52
DME	19.03	26.14	25.35	24.61	37.61	27.49
Home Health	4.81	1.73	0.66	0.93	1.49	1.66
Hospice	5.74	18.78	5.94	27.46	40.57	22.79
SNF	333.36	316.49	332.17	245.21	448.76	333.80
Composite Medicare PMPM	982.87	1,082.07	1,035.67	979.94	1,619.66	1,165.46
Grand Total All Service Costs	4,429.27	4,627.91	4,624.15	4,603.70	5,265.81	4,752.49

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2009 Nursing Home Long Stay Population: All Populations
Medicare FFS using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	26,063	35,794	36,076	53,059	48,934	199,926
State FFS Plan Services						
Inpatient	20.25	17.12	20.08	15.97	27.15	20.21
Emergency Room	0.18	0.24	0.32	0.16	0.17	0.21
Outpatient	4.45	5.17	5.21	3.67	3.62	4.31
Nursing Home	2,273.44	2,511.15	2,503.87	2,538.86	2,635.23	2,516.57
Physician	12.52	10.89	9.75	11.42	11.69	11.23
Mental Health	0.16	1.14	0.77	0.48	0.63	0.64
DME	15.24	15.15	16.40	16.86	15.89	16.02
Drug	9.01	12.05	9.83	10.51	13.92	11.30
HomeCare	0.09	0.03	0.02	0.00	0.21	0.07
Lab/Radiology	1.53	1.58	1.40	1.96	2.06	1.76
Therapy	0.38	0.75	0.97	1.12	0.90	0.88
Dental	5.19	4.91	5.45	5.36	9.25	6.23
Transportation	12.56	7.26	10.92	8.77	5.33	8.54
Other	1,009.42	846.22	837.70	899.86	803.25	869.68
Composite FFS PMPM	3,364.43	3,433.65	3,422.66	3,515.00	3,529.32	3,467.65
Medicare Plan Services						
Inpatient	205.09	258.92	237.23	214.39	503.75	296.09
Outpatient	212.97	186.10	247.32	200.25	189.62	205.27
Carrier	143.41	140.24	119.34	137.72	242.08	161.14
DME	11.61	17.01	15.96	14.25	27.38	17.93
Home Health	2.11	1.32	0.93	1.67	2.10	1.63
Hospice	14.18	23.27	8.74	23.17	36.22	22.61
SNF	337.79	285.71	268.07	266.18	407.96	314.05
Composite Medicare PMPM	927.15	912.58	897.59	857.62	1,409.11	1,018.72
Grand Total All Service Costs	4,291.58	4,346.23	4,320.25	4,372.63	4,938.42	4,486.37

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2010 Nursing Home Long Stay Population - Elderly Original / Elderly Current
Medicare FFS using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	19,475	27,804	27,012	38,758	35,085	148,134
State FFS Plan Services						
Inpatient	18.60	15.03	17.69	11.57	14.36	14.92
Emergency Room	0.25	0.19	0.43	0.19	0.17	0.24
Outpatient	5.25	5.23	7.67	4.38	3.74	5.10
Nursing Home	3,411.68	3,488.96	3,455.14	3,581.72	3,528.97	3,506.38
Physician	10.92	8.96	9.02	9.33	9.20	9.38
Mental Health	0.13	0.14	0.10	0.22	0.25	0.18
DME	13.24	12.85	13.92	14.07	10.70	12.91
Drug	6.67	8.58	6.36	6.62	9.95	7.74
HomeCare	0.04	0.02	0.01	0.02	0.02	0.02
Lab/Radiology	1.34	1.40	1.22	2.01	1.94	1.65
Therapy	0.28	0.19	0.97	1.64	0.88	0.89
Dental	5.94	5.35	5.79	4.38	8.85	6.08
Transportation	10.10	5.24	11.25	5.85	3.77	6.79
Other	19.79	28.15	18.41	20.71	33.29	24.55
Composite FFS PMPM	3,504.23	3,580.28	3,547.98	3,662.71	3,626.08	3,596.81
Medicare Plan Services						
Inpatient	248.75	247.56	259.99	169.42	379.62	260.82
Outpatient	241.54	178.67	246.29	191.12	182.34	203.39
Carrier	147.48	128.72	118.70	130.02	213.89	149.87
DME	9.44	11.68	13.34	8.75	16.71	12.11
Home Health	1.66	0.90	0.68	1.68	2.12	1.45
Hospice	17.28	31.69	10.55	25.20	52.24	29.11
SNF	305.08	249.52	247.87	203.61	365.14	271.89
Composite Medicare PMPM	971.22	848.73	897.42	729.80	1,212.05	928.65
Grand Total All Service Costs	4,475.45	4,429.01	4,445.40	4,392.51	4,838.13	4,525.46

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2010 Nursing Home Long Stay Population - Disabled Original / Disabled Current
Medicare FFS using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	1,417	2,567	1,697	4,224	4,860	14,765
State FFS Plan Services						
Inpatient	48.78	46.68	129.26	28.33	104.48	70.15
Emergency Room	0.63	0.39	0.66	0.20	1.17	0.65
Outpatient	17.39	29.29	21.21	12.57	17.13	18.43
Nursing Home	3,525.63	3,656.42	3,673.11	3,660.33	3,946.38	3,742.35
Physician	24.25	18.25	15.63	18.64	24.22	20.60
Mental Health	5.47	6.53	2.21	3.53	4.45	4.39
DME	27.26	51.30	35.26	33.36	33.28	36.09
Drug	6.56	10.94	7.25	8.40	9.70	8.96
HomeCare	0.51	0.15	-	0.17	1.69	0.68
Lab/Radiology	5.02	3.18	2.67	3.61	5.67	4.24
Therapy	1.09	1.67	6.95	4.65	2.39	3.31
Dental	6.22	10.74	13.09	7.05	11.37	9.73
Transportation	45.67	17.75	33.16	19.96	15.06	21.95
Other	16.30	17.60	19.19	21.31	12.48	17.03
Composite FFS PMPM	3,730.79	3,870.89	3,959.67	3,822.13	4,189.48	3,958.56
Medicare Plan Services						
Inpatient	936.78	694.72	475.22	550.37	1,062.59	772.52
Outpatient	367.04	411.98	320.67	311.97	347.82	347.45
Carrier	273.39	276.76	195.65	242.08	444.66	312.46
DME	48.42	79.57	42.98	43.58	93.82	66.77
Home Health	0.74	1.41	1.40	5.49	8.96	5.00
Hospice	4.27	5.56	15.38	24.10	19.75	16.54
SNF	644.69	569.53	307.77	481.52	670.71	554.78
Composite Medicare PMPM	2,275.34	2,039.54	1,359.08	1,659.12	2,648.32	2,075.51
Grand Total All Service Costs	6,006.12	5,910.43	5,318.75	5,481.25	6,837.79	6,034.08

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2010 Nursing Home Long Stay Population - Disabled Original / Elderly Current
Medicare FFS using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	3,161	4,360	4,026	7,002	5,960	24,509
State FFS Plan Services						
Inpatient	24.42	24.16	22.98	19.60	27.59	23.53
Emergency Room	0.44	0.21	0.82	0.44	0.16	0.39
Outpatient	10.12	7.64	9.90	7.32	3.47	7.22
Nursing Home	3,531.13	3,610.93	3,612.89	3,691.57	3,751.69	3,658.23
Physician	14.06	14.90	16.36	13.55	13.32	14.26
Mental Health	1.17	1.95	1.09	0.84	0.65	1.07
DME	21.72	17.17	30.39	21.94	21.40	22.32
Drug	5.72	7.33	4.88	6.08	9.20	6.82
HomeCare	0.01	0.01	0.05	0.04	1.13	0.30
Lab/Radiology	2.19	2.89	2.42	3.98	2.63	2.97
Therapy	0.16	2.15	1.94	2.67	0.55	1.62
Dental	7.59	6.84	6.00	5.02	9.58	6.95
Transportation	14.46	10.63	18.56	11.58	7.76	12.00
Other	14.56	20.43	17.78	24.89	24.63	21.53
Composite FFS PMPM	3,647.74	3,727.22	3,746.06	3,809.53	3,873.77	3,779.22
Medicare Plan Services						
Inpatient	439.51	402.98	392.75	299.36	615.01	427.97
Outpatient	261.36	225.86	287.89	248.08	226.66	247.17
Carrier	190.47	191.00	170.02	171.10	285.43	204.76
DME	24.15	26.01	23.30	21.72	40.23	27.56
Home Health	1.36	0.00	1.04	2.61	2.20	1.63
Hospice	11.36	26.59	7.31	17.69	35.16	21.00
SNF	345.96	307.17	300.49	297.40	442.26	341.14
Composite Medicare PMPM	1,274.16	1,179.61	1,182.79	1,057.98	1,646.95	1,271.22
Grand Total All Service Costs	4,921.90	4,906.83	4,928.85	4,867.51	5,520.72	5,050.44

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2010 Nursing Home Long Stay Population: All Populations
Medicare FFS using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	24,053	34,731	32,735	49,984	45,905	187,408
State FFS Plan Services						
Inpatient	21.15	18.51	24.12	14.11	25.62	20.40
Emergency Room	0.30	0.21	0.49	0.23	0.27	0.29
Outpatient	6.60	7.31	8.64	5.48	5.12	6.43
Nursing Home	3,434.09	3,516.65	3,485.84	3,603.75	3,602.07	3,544.83
Physician	12.12	10.39	10.27	10.71	11.33	10.91
Mental Health	0.58	0.84	0.33	0.59	0.75	0.63
DME	15.18	16.23	17.05	16.80	14.48	15.96
Drug	6.54	8.59	6.23	6.69	9.83	7.71
HomeCare	0.06	0.03	0.02	0.03	0.34	0.11
Lab/Radiology	1.67	1.72	1.44	2.42	2.42	2.02
Therapy	0.31	0.55	1.40	2.04	1.00	1.17
Dental	6.18	5.93	6.19	4.69	9.21	6.48
Transportation	12.76	6.84	13.29	7.85	5.48	8.66
Other	18.89	26.40	18.37	21.35	29.96	23.56
Composite FFS PMPM	3,536.44	3,620.20	3,593.68	3,696.75	3,717.89	3,649.16
Medicare Plan Services						
Inpatient	314.35	300.12	287.48	219.81	482.49	322.99
Outpatient	251.54	201.83	255.26	209.32	205.61	220.47
Carrier	160.54	147.48	129.00	145.24	247.61	169.86
DME	13.67	18.50	16.10	13.51	27.93	18.44
Home Health	1.56	0.83	0.77	2.13	2.86	1.76
Hospice	15.73	29.12	10.40	24.06	46.58	27.06
SNF	330.46	280.41	257.45	240.23	407.50	303.24
Composite Medicare PMPM	1,087.86	978.28	956.45	854.31	1,420.57	1,063.81
Grand Total All Service Costs	4,624.30	4,598.49	4,550.14	4,551.06	5,138.46	4,712.97

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

*CY 2008 Nursing Home Long Stay Population - Elderly Original / Elderly Current
 Medicare HMO using DQA Regional Configuration*

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	184	958	220	480	468	2,310
State FFS Plan Services						
Inpatient	33.32	6.08	18.70	45.53	72.20	31.04
Emergency Room	0.85	0.11	0.14	0.52	-	0.24
Outpatient	3.66	2.74	2.50	8.11	0.44	3.44
Nursing Home	1,752.82	2,423.86	1,818.10	1,931.83	2,041.26	2,132.97
Physician	3.15	2.17	2.45	2.24	2.80	2.42
Mental Health	-	-	0.20	0.25	0.19	0.11
DME	19.60	10.75	5.48	18.50	13.83	13.19
Drug	6.20	8.43	42.82	8.96	17.64	13.51
HomeCare	-	-	-	-	-	-
Lab/Radiology	0.96	0.54	0.66	1.49	1.30	0.94
Therapy	-	0.15	9.10	4.94	3.76	2.72
Dental	6.06	7.52	2.75	4.08	8.32	6.40
Transportation	15.97	6.32	30.07	10.66	6.76	10.34
Other	521.57	640.01	845.46	641.30	901.40	703.37
Composite FFS PMPM	2,364.16	3,108.69	2,778.43	2,678.41	3,069.91	2,920.66
Medicare Plan Services						
Inpatient	34.91	408.30	226.81	58.25	70.90	220.18
Outpatient	0.96	162.93	168.66	15.09	0.82	87.01
Carrier	1.76	72.38	56.59	23.70	12.21	42.95
DME	-	2.61	-	0.29	8.64	2.89
Home Health	-	-	-	-	-	-
Hospice	161.97	48.76	93.84	81.00	187.48	96.87
SNF	-	235.56	183.13	50.13	34.43	132.52
Composite Medicare PMPM	199.61	930.52	729.04	228.48	314.48	582.43
Grand Total All Service Costs	2,563.77	4,039.21	3,507.47	2,906.88	3,384.38	3,503.09

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2008 Nursing Home Long Stay Population - Disabled Original / Disabled Current
Medicare HMO using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	11	2	19	30	90	152
State FFS Plan Services						
Inpatient	125.00	-	13.16	33.33	61.38	53.61
Emergency Room	13.36	-	-	2.69	0.91	2.04
Outpatient	16.47	-	6.58	14.71	0.39	5.15
Nursing Home	960.43	3,894.90	1,978.31	1,747.50	2,070.93	1,939.15
Physician	-	-	1.36	2.74	2.27	2.06
Mental Health	-	-	-	0.85	2.03	1.37
DME	-	-	-	81.19	4.01	18.40
Drug	1.43	-	2.85	4.79	11.69	8.33
HomeCare	-	-	-	-	-	-
Lab/Radiology	2.62	-	-	6.78	1.15	2.21
Therapy	-	-	-	-	-	-
Dental	-	34.39	68.73	5.39	16.66	19.97
Transportation	73.82	-	24.84	16.86	25.30	26.76
Other	292.98	8.13	791.31	576.82	428.89	488.02
Composite FFS PMPM	1,486.12	3,937.41	2,887.14	2,493.67	2,625.62	2,567.07
Medicare Plan Services						
Inpatient	108.69	-	37.86	200.02	79.19	98.96
Outpatient	-	-	4.48	0.76	-	0.71
Carrier	-	-	13.24	11.32	0.92	4.43
DME	-	-	-	-	-	-
Home Health	-	-	-	-	-	-
Hospice	-	-	-	63.87	19.36	24.07
SNF	-	-	-	-	-	-
Composite Medicare PMPM	108.69	0.00	55.58	275.98	99.46	128.17
Grand Total All Service Costs	1,594.81	3,937.41	2,942.71	2,769.65	2,725.08	2,695.24

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2008 Nursing Home Long Stay Population - Disabled Original / Elderly Current
Medicare HMO using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	24	65	32	71	100	292
State FFS Plan Services						
Inpatient	52.08	-	28.13	62.51	150.06	73.95
Emergency Room	22.12	-	1.56	0.70	0.50	2.33
Outpatient	0.42	-	-	2.53	5.79	2.63
Nursing Home	1,616.04	2,185.23	1,587.94	1,921.33	2,771.22	2,209.50
Physician	1.25	0.21	2.34	1.90	4.17	2.29
Mental Health	-	-	-	-	0.51	0.17
DME	3.12	49.40	0.20	5.23	3.90	13.88
Drug	5.66	4.89	4.18	8.31	7.70	6.67
HomeCare	-	-	-	-	-	-
Lab/Radiology	0.37	0.61	-	1.14	0.61	0.65
Therapy	-	-	123.55	-	2.37	14.35
Dental	3.90	0.85	-	1.53	7.21	3.35
Transportation	11.42	45.79	58.67	10.17	16.21	25.58
Other	1,038.61	774.23	697.22	583.49	571.83	671.83
Composite FFS PMPM	2,754.98	3,061.20	2,503.78	2,598.84	3,542.07	3,027.20
Medicare Plan Services						
Inpatient	1,618.88	690.33	160.12	53.33	163.30	373.17
Outpatient	133.88	198.75	62.37	0.70	68.78	85.81
Carrier	68.96	68.59	23.75	22.33	55.45	47.96
DME	-	-	-	-	-	-
Home Health	-	-	-	-	-	-
Hospice	11.41	-	-	236.37	188.73	123.04
SNF	1,027.43	356.44	76.64	-	156.70	225.86
Composite Medicare PMPM	2,860.55	1,314.11	322.87	312.74	632.96	855.83
Grand Total All Service Costs	5,615.53	4,375.31	2,826.65	2,911.57	4,175.03	3,883.03

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

*CY 2008 Nursing Home Long Stay Population: All Populations
 Medicare HMO using DQA Regional Configuration*

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	219	1,025	271	581	658	2,754
State FFS Plan Services						
Inpatient	39.98	5.68	19.42	46.97	82.55	36.84
Emergency Room	3.81	0.11	0.30	0.66	0.20	0.56
Outpatient	3.95	2.56	2.49	7.77	1.24	3.45
Nursing Home	1,698.03	2,411.60	1,802.15	1,921.03	2,156.26	2,130.38
Physician	2.79	2.04	2.36	2.23	2.94	2.39
Mental Health	-	-	0.16	0.25	0.49	0.18
DME	16.81	13.18	4.48	20.11	10.98	13.55
Drug	5.90	8.19	35.45	8.67	15.32	12.49
HomeCare	-	-	-	-	-	-
Lab/Radiology	0.98	0.54	0.53	1.72	1.17	0.98
Therapy	-	0.14	21.98	4.08	3.04	3.80
Dental	5.52	7.15	7.05	3.84	9.30	6.82
Transportation	18.38	8.81	33.08	10.92	10.73	12.86
Other	566.75	647.28	824.16	630.91	786.68	688.14
Composite FFS PMPM	2,362.89	3,107.29	2,753.62	2,659.15	3,080.90	2,912.44
Medicare Plan Services						
Inpatient	212.20	425.39	205.68	64.97	86.08	229.71
Outpatient	15.48	164.88	144.60	12.59	11.04	82.12
Carrier	9.04	72.00	49.68	22.90	17.24	41.35
DME	-	2.44	-	0.24	6.14	2.43
Home Health	-	-	-	-	-	-
Hospice	137.34	45.57	76.18	99.10	164.67	95.63
SNF	112.59	242.77	157.72	41.42	48.30	135.11
Composite Medicare PMPM	486.65	953.03	633.86	241.23	333.47	586.34
Grand Total All Service Costs	2,849.54	4,060.33	3,387.48	2,900.37	3,414.36	3,498.79

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

*CY 2009 Nursing Home Long Stay Population - Elderly Original / Elderly Current
 Medicare HMO using DQA Regional Configuration*

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	320	1,161	401	938	1,005	3,825
State FFS Plan Services						
Inpatient	37.61	11.59	24.13	58.74	62.29	39.97
Emergency Room	0.47	0.15	0.50	0.05	0.17	0.19
Outpatient	2.19	2.95	7.22	1.94	1.16	2.62
Nursing Home	1,774.66	2,414.59	2,136.77	2,446.37	2,893.03	2,465.43
Physician	1.02	1.66	2.39	4.15	1.60	2.28
Mental Health	-	-	0.16	1.36	0.26	0.42
DME	8.24	7.75	7.39	25.27	7.02	11.86
Drug	12.32	24.29	12.92	22.23	10.86	18.06
HomeCare	-	-	-	-	-	-
Lab/Radiology	1.68	0.83	1.46	1.99	1.86	1.52
Therapy	0.15	1.49	6.95	3.19	0.63	2.14
Dental	4.28	2.72	5.36	4.40	15.55	6.91
Transportation	16.89	5.54	13.21	7.43	5.93	7.86
Other	742.57	703.66	656.16	560.80	446.22	599.26
Composite FFS PMPM	2,602.07	3,177.21	2,874.64	3,137.92	3,446.58	3,158.51
Medicare Plan Services						
Inpatient	35.37	195.62	114.62	11.50	60.35	93.03
Outpatient	13.43	173.99	150.41	0.80	0.00	69.90
Carrier	8.04	69.34	43.82	3.62	1.65	27.64
DME	0.89	1.53	1.71	-	-	0.72
Home Health	-	1.51	-	-	-	0.46
Hospice	55.85	16.18	48.02	113.29	96.86	67.85
SNF	6.24	419.70	300.14	-	-	159.38
Composite Medicare PMPM	119.81	877.88	658.72	129.21	158.86	418.97
Grand Total All Service Costs	2,721.88	4,055.09	3,533.36	3,267.13	3,605.44	3,577.48

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

*CY 2009 Nursing Home Long Stay Population - Disabled Original / Disabled Current
 Medicare HMO using DQA Regional Configuration*

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	10	8	29	102	123	272
State FFS Plan Services						
Inpatient	95.00	-	105.81	52.56	129.68	93.13
Emergency Room	5.00	-	-	0.49	0.41	0.55
Outpatient	3.06	7.39	-	1.28	27.01	13.02
Nursing Home	1,096.21	3,458.61	2,370.30	2,687.80	2,041.48	2,325.83
Physician	30.54	-	-	3.05	10.54	7.03
Mental Health	-	-	-	1.84	-	0.69
DME	-	-	-	9.83	5.36	6.11
Drug	6.72	14.62	5.03	9.25	13.69	10.87
HomeCare	-	-	-	-	-	-
Lab/Radiology	6.21	-	-	2.85	5.76	3.90
Therapy	-	-	-	3.40	-	1.27
Dental	-	6.87	18.57	8.40	15.78	12.47
Transportation	267.83	-	119.20	11.26	16.05	34.03
Other	154.92	7.28	290.66	456.39	726.40	536.53
Composite FFS PMPM	1,665.48	3,494.77	2,909.57	3,248.40	2,992.15	3,045.45
Medicare Plan Services						
Inpatient	112.27	-	105.77	40.59	283.46	158.81
Outpatient	-	11.37	0.35	-	-	0.37
Carrier	-	11.09	5.26	-	1.31	1.48
DME	-	-	-	-	-	-
Home Health	-	-	-	-	-	-
Hospice	-	-	-	18.22	492.63	229.60
SNF	-	-	-	-	-	-
Composite Medicare PMPM	112.27	22.46	111.38	58.81	777.40	390.26
Grand Total All Service Costs	1,777.76	3,517.22	3,020.95	3,307.21	3,769.55	3,435.71

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

**CY 2009 Nursing Home Long Stay Population - Disabled Original / Elderly Current
 Medicare HMO using DQA Regional Configuration**

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	59	113	34	183	172	561
State FFS Plan Services						
Inpatient	43.56	-	27.94	53.41	90.60	51.48
Emergency Room	0.85	-	-	0.12	-	0.13
Outpatient	0.93	2.82	-	3.21	3.34	2.74
Nursing Home	1,793.33	2,615.72	1,927.49	2,587.66	3,266.53	2,677.90
Physician	1.62	0.27	1.44	2.08	1.14	1.34
Mental Health	-	-	1.02	0.12	-	0.10
DME	18.15	49.67	126.25	7.72	6.41	24.05
Drug	37.42	17.96	83.41	17.81	5.97	20.25
HomeCare	-	-	-	-	-	-
Lab/Radiology	3.78	0.21	0.74	1.00	0.82	1.06
Therapy	-	1.85	-	1.16	24.75	8.34
Dental	0.54	3.92	5.49	4.41	11.15	6.04
Transportation	45.27	9.14	20.97	14.18	8.70	15.17
Other	273.85	621.91	345.64	357.24	317.38	388.86
Composite FFS PMPM	2,219.31	3,323.48	2,540.39	3,050.11	3,736.81	3,197.45
Medicare Plan Services						
Inpatient	21.85	56.68	194.58	27.86	108.13	67.75
Outpatient	13.43	216.80	43.61	-	10.66	50.99
Carrier	0.79	50.58	83.07	0.67	3.40	16.57
DME	-	0.01	9.44	-	1.76	1.11
Home Health	-	-	-	-	-	-
Hospice	72.14	-	12.61	11.66	72.05	34.24
SNF	-	286.22	-	-	-	57.65
Composite Medicare PMPM	108.21	610.28	343.32	40.19	195.98	228.31
Grand Total All Service Costs	2,327.52	3,933.76	2,883.71	3,090.30	3,932.79	3,425.76

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

*CY 2009 Nursing Home Long Stay Population: All Populations
 Medicare HMO using DQA Regional Configuration*

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	389	1,282	464	1,223	1,300	4,658
State FFS Plan Services						
Inpatient	39.99	10.49	29.52	57.43	72.41	44.46
Emergency Room	0.64	0.14	0.43	0.10	0.17	0.21
Outpatient	2.02	2.97	6.24	2.08	3.89	3.24
Nursing Home	1,760.05	2,438.83	2,136.03	2,487.64	2,861.88	2,482.87
Physician	1.87	1.52	2.17	3.75	2.39	2.44
Mental Health	-	-	0.22	1.22	0.20	0.40
DME	9.53	11.39	15.64	21.36	6.78	12.99
Drug	15.98	23.67	17.59	20.49	10.48	17.91
HomeCare	-	-	-	-	-	-
Lab/Radiology	2.11	0.77	1.32	1.92	2.09	1.61
Therapy	0.13	1.51	6.01	2.90	3.76	2.83
Dental	3.60	2.86	6.20	4.73	14.99	7.13
Transportation	27.64	5.82	20.41	8.76	7.26	10.27
Other	656.37	692.11	610.57	521.63	455.68	570.26
Composite FFS PMPM	2,519.94	3,192.09	2,852.33	3,133.99	3,441.98	3,156.60
Medicare Plan Services						
Inpatient	35.30	182.15	119.93	16.38	87.78	93.83
Outpatient	13.08	176.75	133.21	0.61	1.41	63.56
Carrier	6.73	67.32	44.29	2.87	1.85	24.78
DME	0.73	1.39	2.17	-	0.23	0.72
Home Health	-	1.37	-	-	-	0.38
Hospice	56.88	14.66	42.42	90.16	131.03	73.25
SNF	5.13	405.32	259.39	-	-	137.82
Composite Medicare PMPM	117.86	848.95	601.40	110.02	222.30	394.33
Grand Total All Service Costs	2,637.80	4,041.04	3,453.73	3,244.01	3,664.28	3,550.93

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

**CY 2010 Nursing Home Long Stay Population - Elderly Original / Elderly Current
 Medicare HMO using DQA Regional Configuration**

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	386	1,282	439	947	1,683	4,737
State FFS Plan Services						
Inpatient	126.34	18.19	68.90	104.55	50.37	60.40
Emergency Room	0.77	0.11	0.45	0.65	1.21	0.69
Outpatient	3.88	7.23	5.02	10.35	9.22	8.08
Nursing Home	2,425.47	3,293.06	2,769.17	3,057.67	3,299.74	3,129.13
Physician	1.82	2.48	1.30	2.27	3.10	2.49
Mental Health	0.98	0.17	0.05	0.09	1.04	0.52
DME	4.31	10.88	9.36	22.00	8.75	11.67
Drug	10.50	21.03	20.73	9.80	13.52	15.23
HomeCare	-	-	0.15	-	-	0.01
Lab/Radiology	3.68	1.50	1.85	2.13	1.98	2.01
Therapy	-	-	6.06	3.79	3.12	2.43
Dental	2.30	4.71	7.61	4.26	11.70	7.18
Transportation	14.40	7.60	6.90	7.40	4.33	6.89
Other	54.45	64.45	46.66	55.78	53.58	56.39
Composite FFS PMPM	2,648.90	3,431.40	2,944.20	3,280.73	3,461.65	3,303.11
Medicare Plan Services						
Inpatient	22.64	459.89	173.10	11.17	71.95	170.15
Outpatient	-	186.28	205.85	0.06	1.89	70.18
Carrier	2.72	76.22	39.74	1.26	1.39	25.28
DME	-	3.05	2.40	-	-	1.05
Home Health	-	-	-	-	-	-
Hospice	85.56	97.12	90.11	110.42	99.40	99.00
SNF	-	495.93	194.21	-	22.94	160.37
Composite Medicare PMPM	110.93	1,318.49	705.41	122.91	197.58	526.01
Grand Total All Service Costs	2,759.83	4,749.89	3,649.61	3,403.64	3,659.23	3,829.13

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

CY 2010 Nursing Home Long Stay Population - Disabled Original / Disabled Current
Medicare HMO using DQA Regional Configuration

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	16	15	18	95	215	359
State FFS Plan Services						
Inpatient	6.25	76.33	13.89	102.37	291.49	205.83
Emergency Room	-	-	-	-	-	-
Outpatient	-	22.06	-	5.83	18.77	13.70
Nursing Home	2,198.76	3,918.82	1,542.80	2,673.11	3,419.82	3,094.54
Physician	4.94	13.47	0.86	3.96	17.60	12.41
Mental Health	-	-	-	37.78	4.66	12.79
DME	0.93	5.76	20.61	3.14	69.64	43.85
Drug	11.94	1.88	2.30	3.45	9.38	7.26
HomeCare	-	92.46	-	-	-	3.86
Lab/Radiology	12.22	0.60	5.56	1.88	5.39	4.57
Therapy	-	-	-	-	55.10	33.00
Dental	26.55	2.58	3.05	2.89	12.07	9.43
Transportation	152.14	-	196.99	7.67	16.49	28.56
Other	2.44	6.16	0.55	10.06	39.86	26.93
Composite FFS PMPM	2,416.18	4,140.13	1,786.61	2,852.13	3,960.27	3,496.74
Medicare Plan Services						
Inpatient	7.80	1,251.49	4,154.80	47.03	166.60	373.18
Outpatient	-	103.79	90.33	-	-	8.87
Carrier	-	174.53	77.55	-	0.14	11.27
DME	-	-	-	-	-	-
Home Health	-	-	-	-	-	-
Hospice	-	-	-	21.18	50.30	35.73
SNF	-	310.25	1,830.87	-	-	104.76
Composite Medicare PMPM	7.80	1,840.07	6,153.55	68.21	217.04	533.80
Grand Total All Service Costs	2,423.97	5,980.20	7,940.16	2,920.34	4,177.31	4,030.54

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

Draft

**CY 2010 Nursing Home Long Stay Population - Disabled Original / Elderly Current
 Medicare HMO using DQA Regional Configuration**

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	44	81	24	205	271	625
State FFS Plan Services						
Inpatient	388.44	63.58	75.15	60.64	69.17	88.36
Emergency Room	-	-	-	-	-	-
Outpatient	5.94	0.99	5.32	14.74	5.22	7.84
Nursing Home	2,009.80	3,496.05	2,301.21	3,223.69	3,170.33	3,114.97
Physician	6.81	0.67	1.01	1.71	3.25	2.57
Mental Health	-	1.11	-	0.97	0.73	0.78
DME	16.03	56.66	54.10	4.43	3.42	13.48
Drug	6.54	64.84	24.84	8.58	8.43	16.29
HomeCare	-	-	-	-	-	-
Lab/Radiology	2.31	0.65	3.83	3.18	1.39	2.04
Therapy	-	-	-	-	6.17	2.67
Dental	0.45	6.41	4.32	6.57	11.20	8.04
Transportation	50.73	9.49	22.41	11.92	6.33	12.32
Other	4.83	5.73	0.01	5.90	42.05	21.25
Composite FFS PMPM	2,491.88	3,706.17	2,492.19	3,342.32	3,327.68	3,290.61
Medicare Plan Services						
Inpatient	39.94	335.86	170.96	125.17	84.68	130.68
Outpatient	40.95	200.93	-	-	33.67	43.52
Carrier	0.15	34.65	-	1.41	8.83	8.79
DME	-	2.96	-	-	-	0.38
Home Health	-	-	-	-	-	-
Hospice	9.67	-	35.47	35.23	55.77	37.78
SNF	-	330.43	-	-	-	42.82
Composite Medicare PMPM	90.71	904.84	206.43	161.81	182.95	263.98
Grand Total All Service Costs	2,582.59	4,611.02	2,698.62	3,504.13	3,510.64	3,554.60

Wisconsin Department of Health Services
Chart Book: Institutional Per Member Per Month Costs

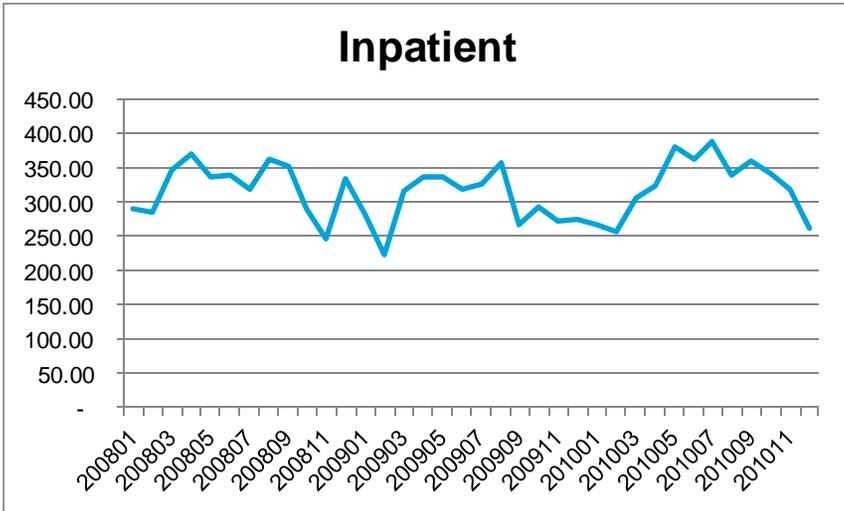
Draft

**CY 2010 Nursing Home Long Stay Population: All Populations
 Medicare HMO using DQA Regional Configuration**

	Northern Region	Southern Region	Western Region	Northeastern Region	Southeastern Region	Grand Total
Exposure Months	446	1,378	481	1,247	2,169	5,721
State FFS Plan Services						
Inpatient	147.89	21.49	67.15	97.17	76.62	72.58
Emergency Room	0.66	0.10	0.41	0.49	0.94	0.57
Outpatient	3.94	7.02	4.84	10.73	9.67	8.41
Nursing Home	2,376.33	3,311.80	2,699.93	3,055.67	3,295.47	3,125.41
Physician	2.43	2.49	1.27	2.31	4.56	3.13
Mental Health	0.85	0.23	0.05	3.10	1.36	1.32
DME	5.35	13.51	12.02	17.67	14.12	13.89
Drug	10.16	23.40	20.24	9.12	12.47	14.85
HomeCare	-	1.01	0.13	-	-	0.25
Lab/Radiology	3.85	1.44	2.09	2.28	2.24	2.17
Therapy	-	-	5.53	2.88	8.66	4.37
Dental	2.99	4.78	7.28	4.54	11.67	7.41
Transportation	22.93	7.63	14.79	8.16	5.78	8.84
Other	47.69	60.36	42.61	44.10	50.78	50.70
Composite FFS PMPM	2,625.06	3,455.27	2,878.33	3,258.21	3,494.34	3,313.90
Medicare Plan Services						
Inpatient	23.82	461.22	322.00	32.64	82.93	178.58
Outpatient	4.04	186.25	191.26	0.05	5.68	63.42
Carrier	2.37	74.85	39.17	1.18	2.20	22.60
DME	-	3.01	2.19	-	-	0.91
Home Health	-	-	-	-	-	-
Hospice	75.01	90.36	84.01	91.26	89.08	88.34
SNF	-	484.18	245.76	-	17.80	144.04
Composite Medicare PMPM	105.24	1,299.86	884.39	125.14	197.68	497.88
Grand Total All Service Costs	2,730.30	4,755.12	3,762.72	3,383.34	3,692.02	3,811.77

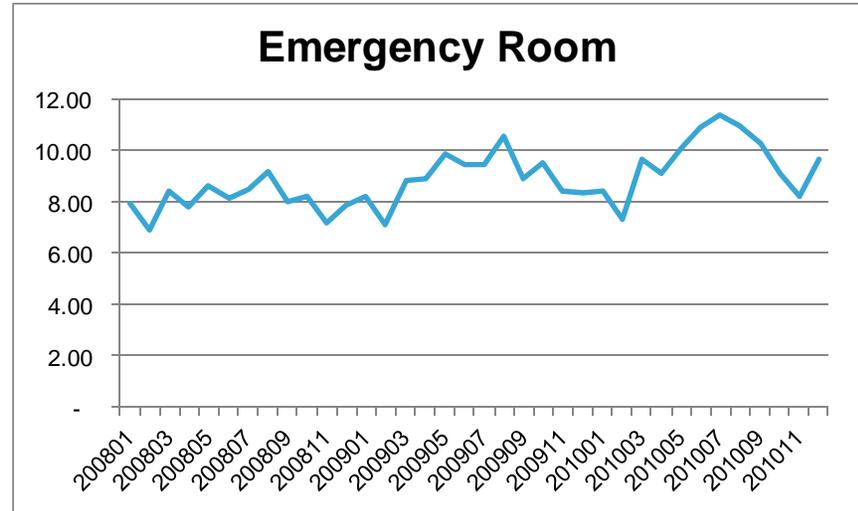
Wisconsin Department of Health Services
Virtual PACE Trend Rate Analysis for Medicaid and Medicare Services

Nursing Home FFS Institutional Individuals: Long-Term Stay



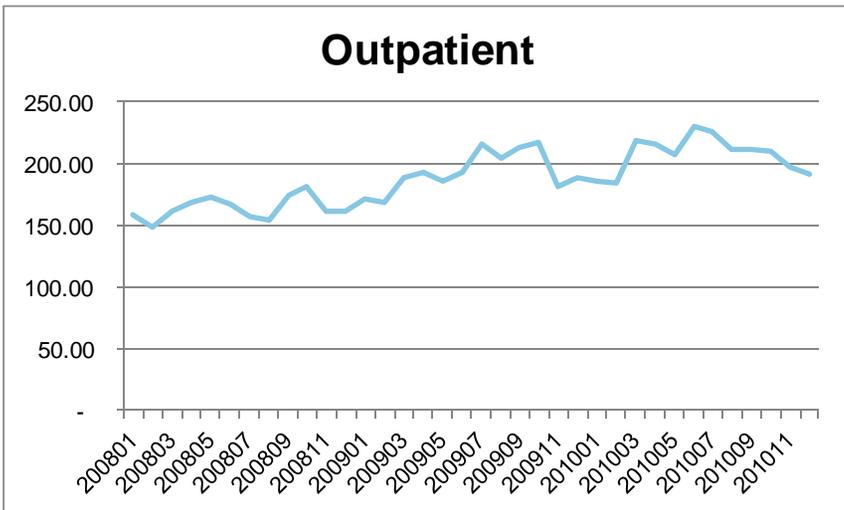
36-Month	0.5%
24-Month	7.7%
12-Month	12.6%

2010 / 2009	8.6%
2009 / 2008	-6.9%
2010 / 2008	0.6%



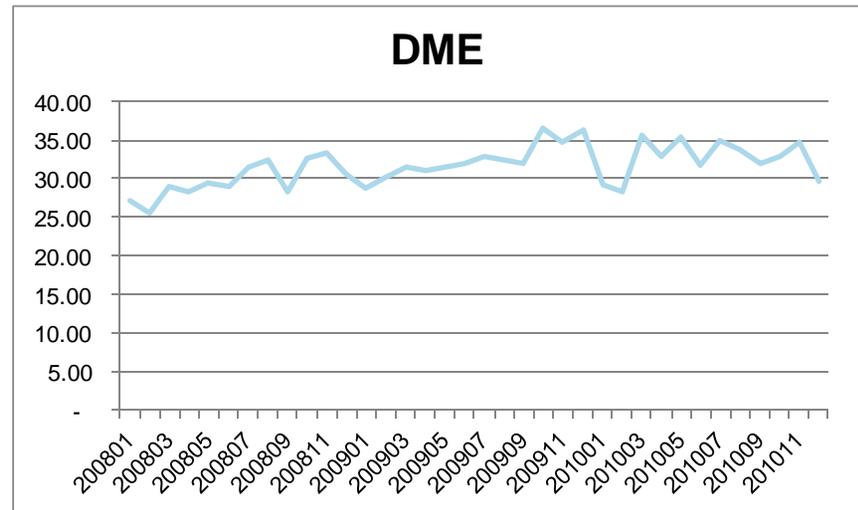
36-Month	8.7%
24-Month	7.9%
12-Month	13.0%

2010 / 2009	7.0%
2009 / 2008	11.3%
2010 / 2008	9.1%



36-Month	12.0%
24-Month	7.9%
12-Month	2.6%

2010 / 2009	7.4%
2009 / 2008	18.0%
2010 / 2008	12.6%

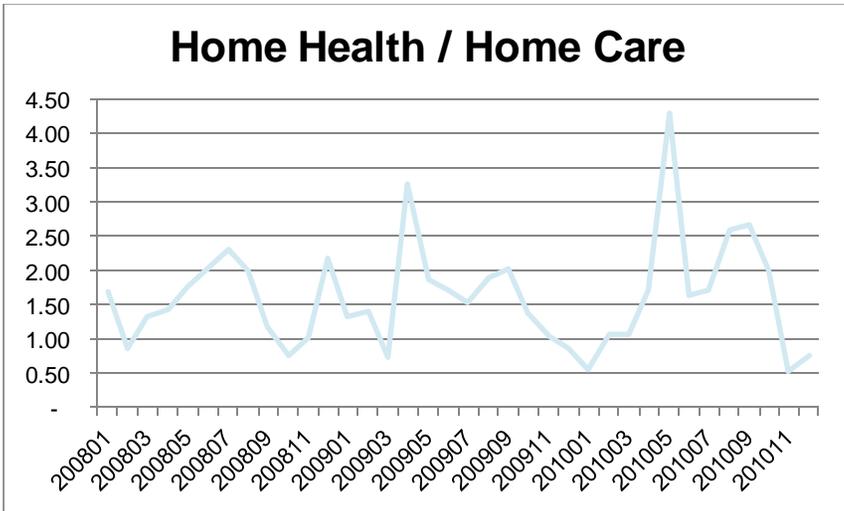


36-Month	6.0%
24-Month	3.6%
12-Month	5.4%

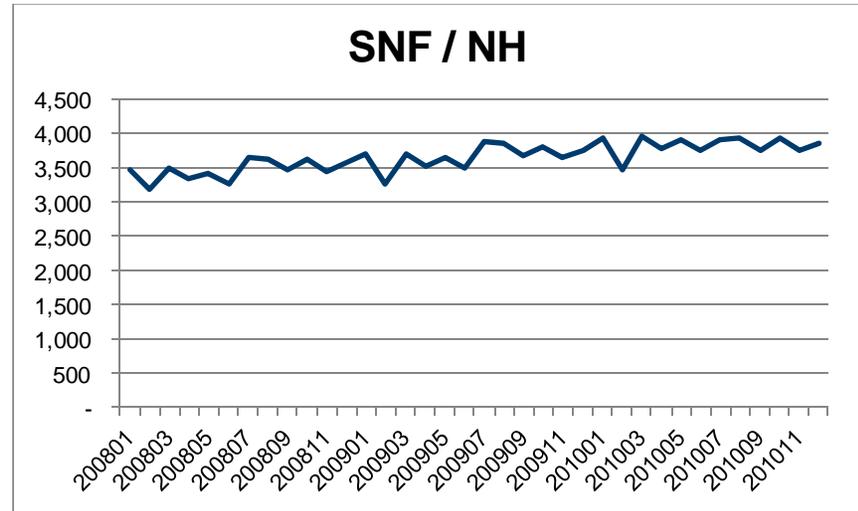
2010 / 2009	0.6%
2009 / 2008	9.2%
2010 / 2008	4.8%

Wisconsin Department of Health Services
Virtual PACE Trend Rate Analysis for Medicaid and Medicare Services

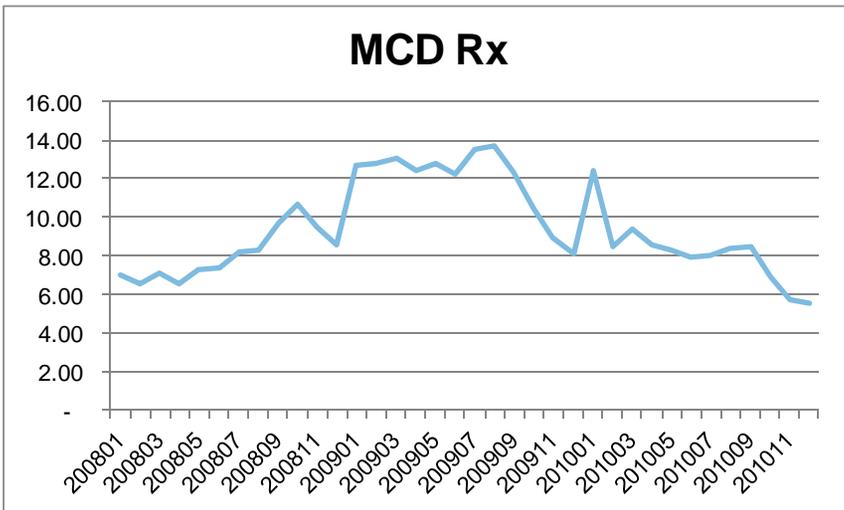
Nursing Home FFS Institutional Individuals: Long-Term Stay



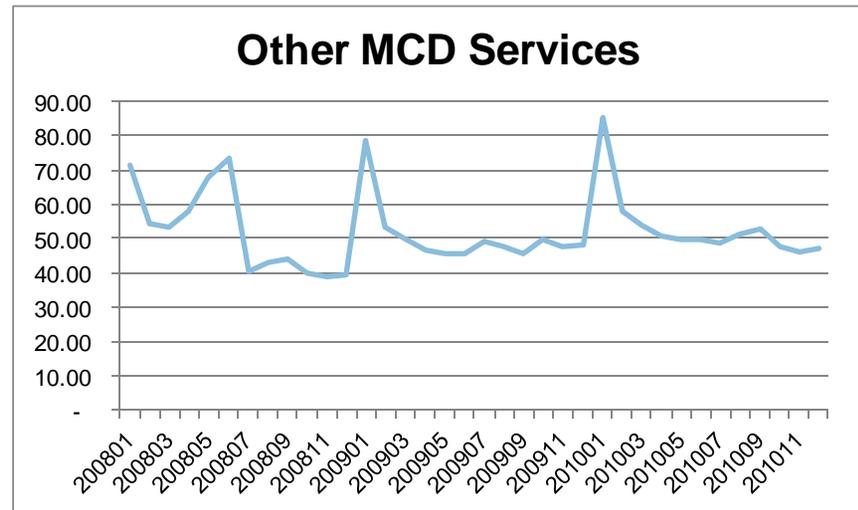
36-Month	-1.5%	2010 / 2009	8.7%
24-Month	-4.2%	2009 / 2008	3.4%
12-Month	8.8%	2010 / 2008	6.0%



36-Month	5.2%	2010 / 2009	4.5%
24-Month	4.7%	2009 / 2008	5.7%
12-Month	2.0%	2010 / 2008	5.1%



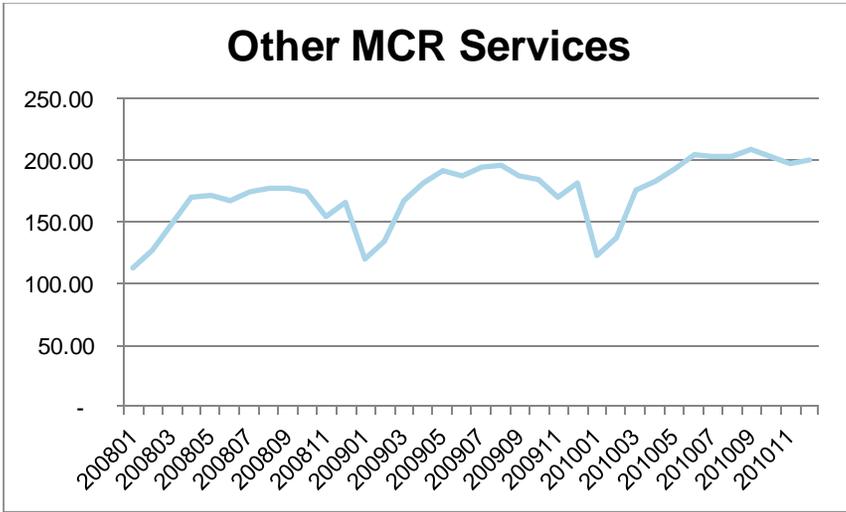
36-Month	-1.8%	2010 / 2009	-31.6%
24-Month	-33.9%	2009 / 2008	48.4%
12-Month	-45.5%	2010 / 2008	0.7%



36-Month	-2.9%	2010 / 2009	5.5%
24-Month	-4.1%	2009 / 2008	-3.1%
12-Month	-31.9%	2010 / 2008	1.1%

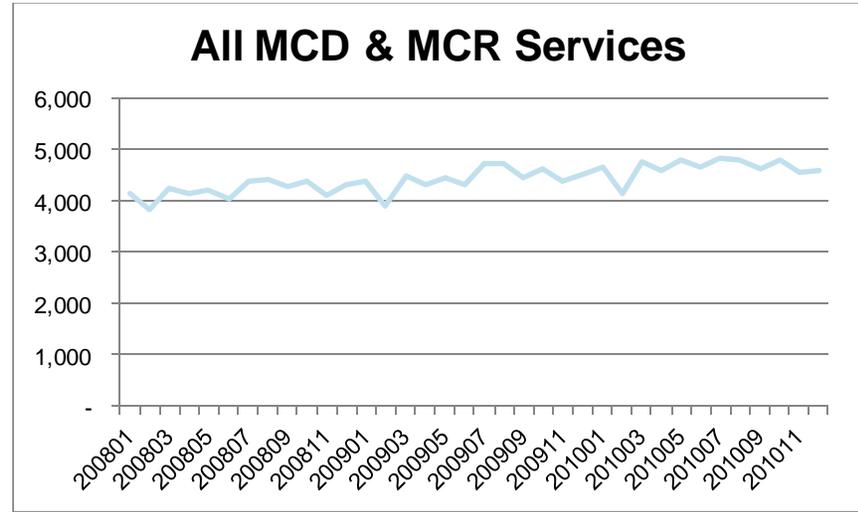
Wisconsin Department of Health Services
Virtual PACE Trend Rate Analysis for Medicaid and Medicare Services

Nursing Home FFS Institutional Individuals: Long-Term Stay



36-Month	11.0%
24-Month	15.1%
12-Month	55.4%

2010 / 2009	6.5%
2009 / 2008	9.0%
2010 / 2008	7.7%

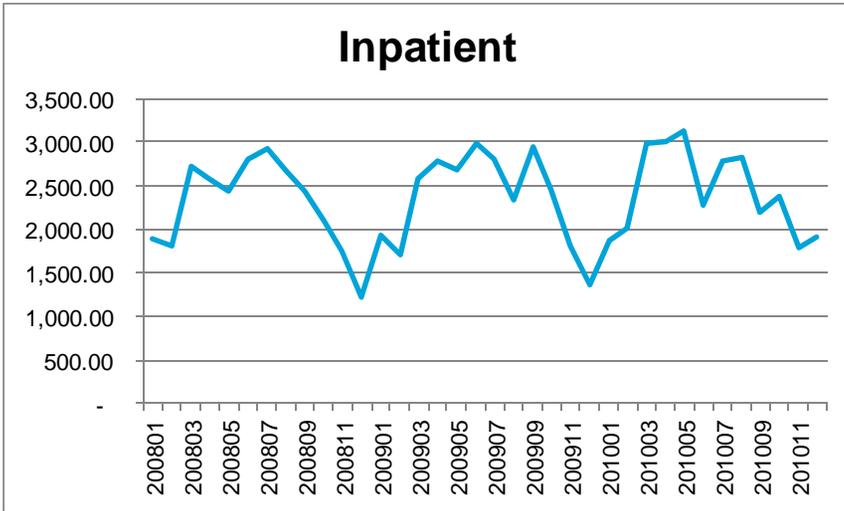


36-Month	5.2%
24-Month	5.2%
12-Month	3.6%

2010 / 2009	4.9%
2009 / 2008	5.3%
2010 / 2008	5.1%

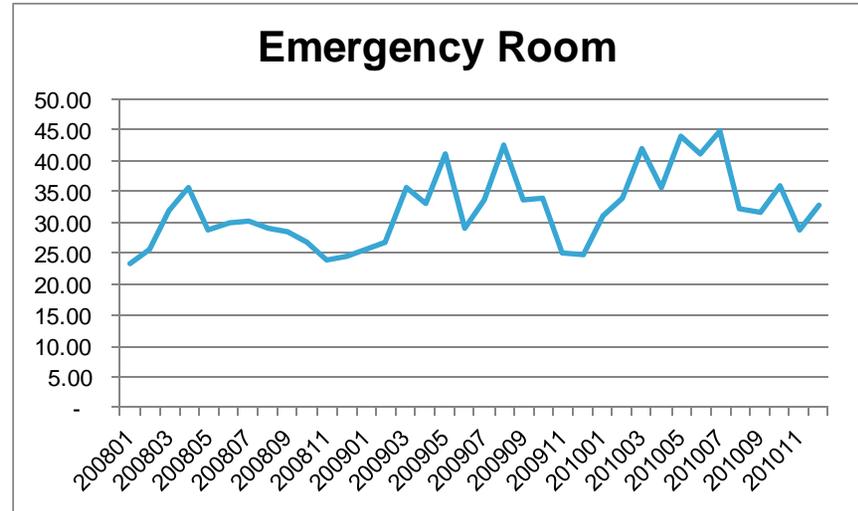
Wisconsin Department of Health Services
Virtual PACE Trend Rate Analysis for Medicaid and Medicare Services

Nursing Home FFS Institutional Individuals: Short-Term Stay



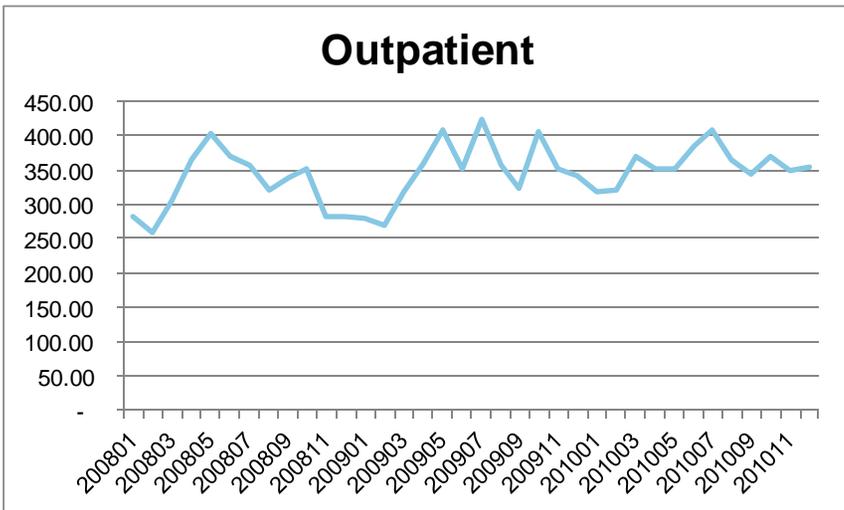
36-Month	1.0%
24-Month	-1.5%
12-Month	-16.0%

2010 / 2009	2.6%
2009 / 2008	3.9%
2010 / 2008	3.2%



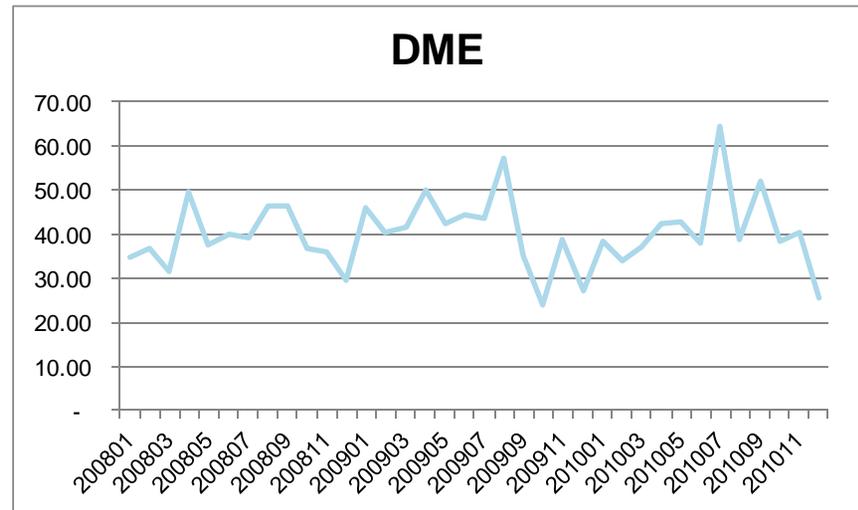
36-Month	10.4%
24-Month	7.3%
12-Month	-13.7%

2010 / 2009	12.6%
2009 / 2008	13.9%
2010 / 2008	13.2%



36-Month	5.8%
24-Month	6.5%
12-Month	8.8%

2010 / 2009	2.3%
2009 / 2008	6.8%
2010 / 2008	4.5%

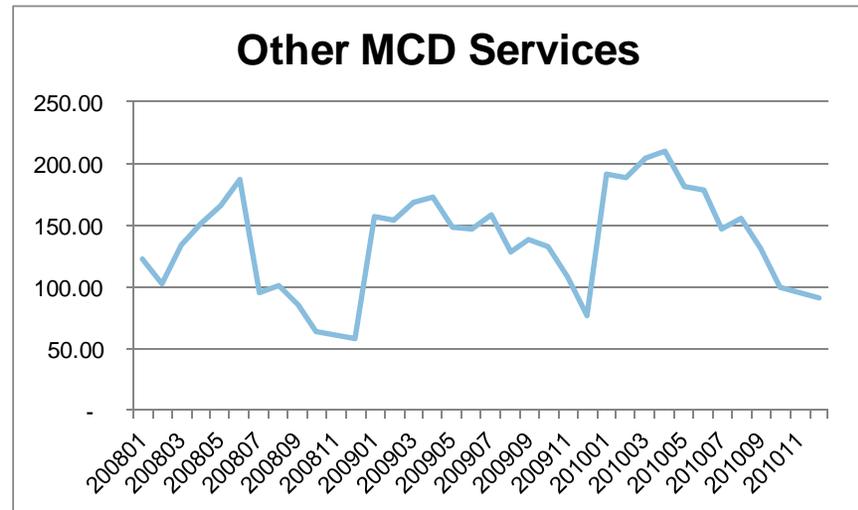
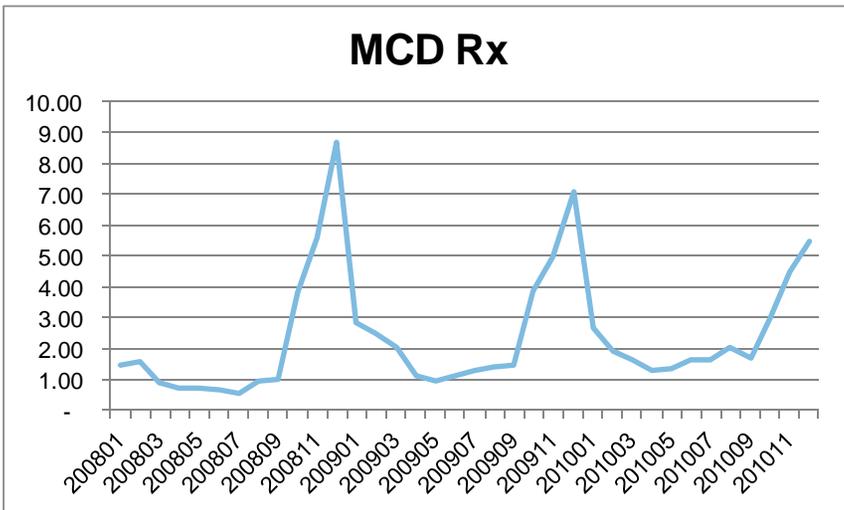
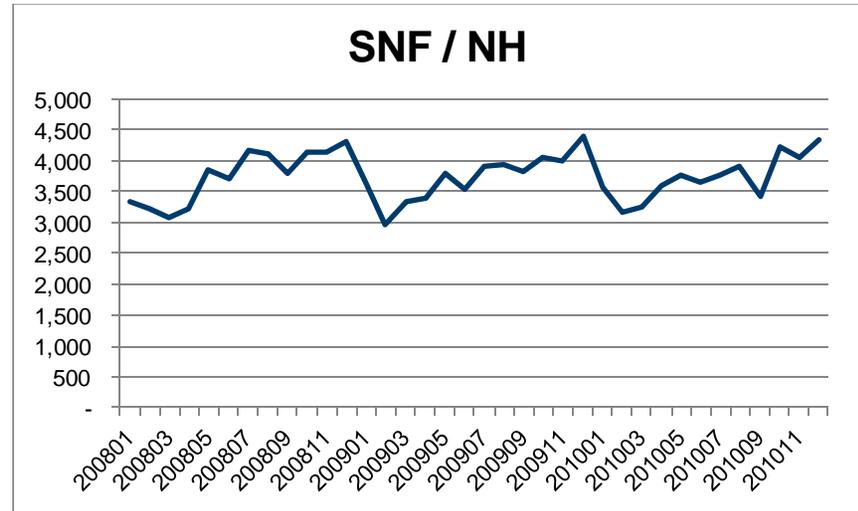
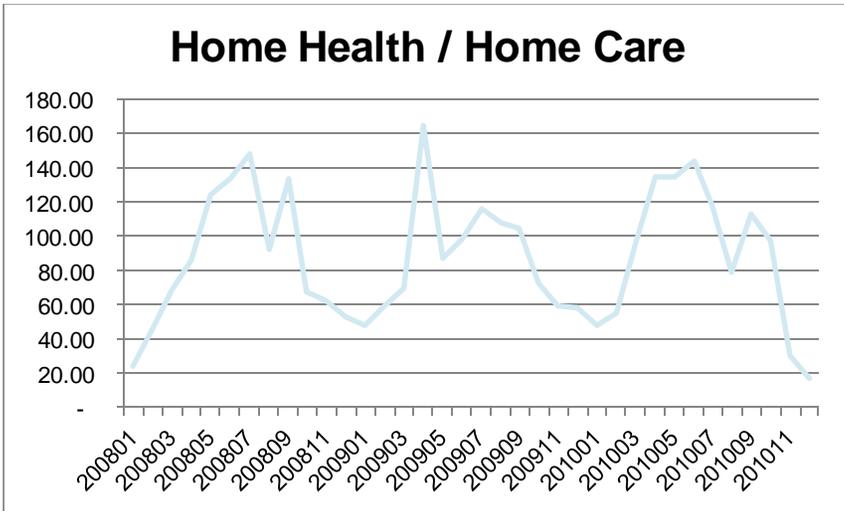


36-Month	0.0%
24-Month	-5.8%
12-Month	-6.0%

2010 / 2009	0.5%
2009 / 2008	5.6%
2010 / 2008	3.0%

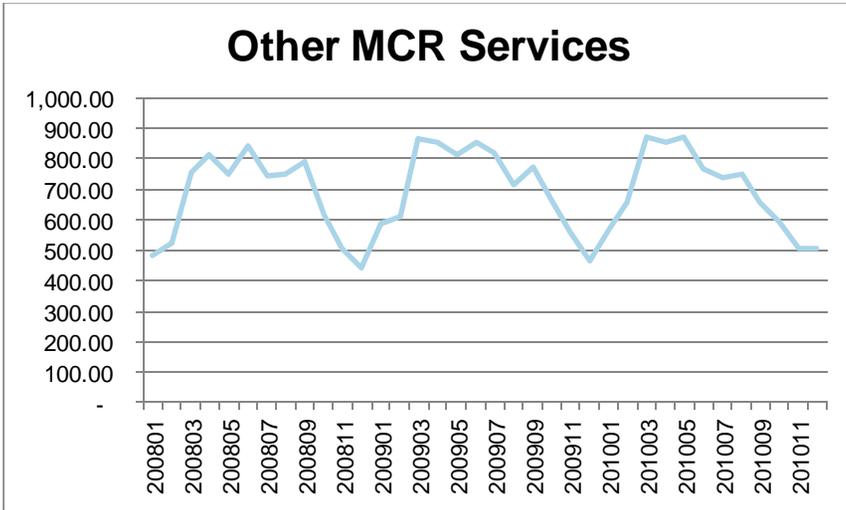
Wisconsin Department of Health Services
Virtual PACE Trend Rate Analysis for Medicaid and Medicare Services

Nursing Home FFS Institutional Individuals: Short-Term Stay



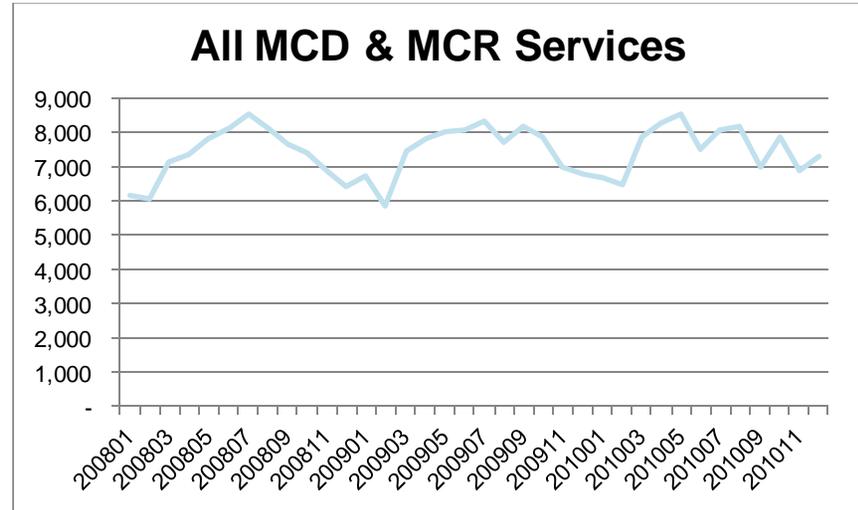
Wisconsin Department of Health Services
Virtual PACE Trend Rate Analysis for Medicaid and Medicare Services

Nursing Home FFS Institutional Individuals: Short-Term Stay



36-Month	-0.6%
24-Month	-9.2%
12-Month	-29.0%

2010 / 2009	-3.0%
2009 / 2008	7.2%
2010 / 2008	2.0%



36-Month	2.3%
24-Month	2.3%
12-Month	2.7%

2010 / 2009	0.9%
2009 / 2008	2.3%
2010 / 2008	1.6%

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Long Stay Population - Elderly Original / Elderly Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	167,165				162,101				152,871			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
Diseases Of The Blood And Blood-Forming Organs												
Acquired hemolytic anemias	-	-	\$0	0.0%	-	-	\$0	0.0%	1	0.08	\$6,620	91.4%
Aplastic anemia and other bone marrow failure syndromes	1	0.07	\$3,208	47.8%	3	0.22	\$7,139	111.4%	5	0.39	\$6,591	91.0%
Coagulation defects	-	-	\$0	0.0%	1	0.07	\$6,537	102.0%	-	-	\$0	0.0%
Diseases of white blood cells	3	0.22	\$5,902	88.0%	2	0.15	\$9,227	144.0%	3	0.24	\$9,407	129.9%
Hereditary hemolytic anemias	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Iron deficiency anemias	30	2.15	\$4,045	60.3%	28	2.07	\$3,264	50.9%	19	1.49	\$3,531	48.8%
Other and unspecified anemias	27	1.94	\$3,121	46.5%	32	2.37	\$4,047	63.1%	32	2.51	\$4,656	64.3%
Other deficiency anemias	3	0.22	\$4,294	64.0%	2	0.15	\$4,258	66.5%	1	0.08	\$38	0.5%
Other diseases of blood and blood-forming organs	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Purpura and other hemorrhagic conditions	3	0.22	\$5,719	85.3%	1	0.07	\$16	0.3%	7	0.55	\$10,453	144.4%
Diseases Of The Circulatory System												
Cerebrovascular Disease	235	16.87	\$6,157	91.8%	225	16.66	\$5,462	85.2%	211	16.56	\$5,738	79.3%
Chronic Rheumatic Heart Disease	12	0.86	\$12,495	186.3%	6	0.44	\$5,363	83.7%	2	0.16	\$5,988	82.7%
Diseases Of Arteries, Arterioles, And Capillaries	89	6.39	\$10,921	162.8%	98	7.25	\$13,268	207.0%	57	4.47	\$13,054	180.3%
Diseases Of Pulmonary Circulation	45	3.23	\$6,275	93.5%	34	2.52	\$5,646	88.1%	29	2.28	\$5,918	81.7%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	88	6.32	\$5,286	78.8%	91	6.74	\$4,870	76.0%	58	4.55	\$5,754	79.5%
Hypertensive Disease	29	2.08	\$4,806	71.6%	37	2.74	\$4,206	65.6%	22	1.73	\$5,360	74.0%
Ischemic Heart Disease	200	14.36	\$7,395	110.2%	179	13.25	\$7,586	118.4%	147	11.54	\$7,406	102.3%
Other Forms Of Heart Disease	523	37.54	\$5,862	87.4%	522	38.64	\$4,973	77.6%	484	37.99	\$6,365	87.9%
Diseases Of The Digestive System												
Appendicitis	5	0.36	\$4,828	72.0%	4	0.30	\$8,255	128.8%	4	0.31	\$10,711	147.9%
Diseases Of Esophagus, Stomach, And Duodenum	129	9.26	\$6,358	94.8%	123	9.11	\$5,158	80.5%	110	8.63	\$7,306	100.9%
Diseases Of Oral Cavity, Salivary Glands, And Jaws	15	1.08	\$5,196	77.5%	7	0.52	\$4,282	66.8%	8	0.63	\$2,450	33.8%
Hernia Of Abdominal Cavity	27	1.94	\$8,553	127.5%	28	2.07	\$6,331	98.8%	19	1.49	\$7,604	105.0%
Noninfective Enteritis And Colitis	35	2.51	\$8,238	122.8%	49	3.63	\$5,779	90.2%	34	2.67	\$5,222	72.1%
Other Diseases Of Digestive System	219	15.72	\$5,749	85.7%	203	15.03	\$5,800	90.5%	212	16.64	\$6,968	96.2%
Other Diseases Of Intestines And Peritoneum	269	19.31	\$6,730	100.3%	228	16.88	\$5,880	91.8%	207	16.25	\$6,643	91.8%
Diseases Of The Genitourinary System												
Diseases Of Male Genital Organs	11	0.79	\$3,891	58.0%	14	1.04	\$3,436	53.6%	13	1.02	\$2,774	38.3%
Disorders Of Breast	-	-	\$0	0.0%	1	0.07	\$1,661	25.9%	-	-	\$0	0.0%
Inflammatory Disease Of Female Pelvic Organs	1	0.07	\$6,600	98.4%	-	-	\$0	0.0%	1	0.08	\$9,089	125.5%
Nephritis, Nephrotic Syndrome, And Nephrosis	175	12.56	\$5,659	84.4%	163	12.07	\$5,920	92.4%	141	11.07	\$7,025	97.0%
Other Diseases Of Urinary System	394	28.28	\$4,513	67.3%	339	25.10	\$3,629	56.6%	326	25.59	\$4,962	68.5%
Other Disorders Of Female Genital Tract	7	0.50	\$2,922	43.6%	5	0.37	\$3,710	57.9%	5	0.39	\$3,344	46.2%
Diseases Of The Musculoskeletal System And Connective Tissue												
Arthropathies And Related Disorders	37	2.66	\$7,920	118.1%	42	3.11	\$8,683	135.5%	24	1.88	\$9,195	127.0%
Dorsopathies	19	1.36	\$4,879	72.7%	20	1.48	\$5,134	80.1%	15	1.18	\$5,523	76.3%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	52	3.73	\$10,285	153.3%	49	3.63	\$8,460	132.0%	34	2.67	\$11,890	164.2%
Rheumatism, Excluding The Back	19	1.36	\$3,705	55.2%	20	1.48	\$4,414	68.9%	17	1.33	\$5,457	75.4%
Diseases Of The Nervous System And Sense Organs												
Diseases Of The Ear And Mastoid Process	2	0.14	\$3,402	50.7%	4	0.30	\$1,740	27.2%	-	-	\$0	0.0%
Disorders Of The Eye And Adnexa	3	0.22	\$4,223	63.0%	1	0.07	\$2,924	45.6%	3	0.24	\$2,963	40.9%
Disorders Of The Peripheral Nervous System	7	0.50	\$18,784	280.0%	3	0.22	\$2,021	31.5%	2	0.16	\$7,751	107.1%
Hereditary And Degenerative Diseases Of The Central Nervous System	124	8.90	\$10,463	156.0%	130	9.62	\$8,960	139.8%	96	7.54	\$9,826	135.7%
Inflammatory Diseases Of The Central Nervous System	5	0.36	\$8,152	121.5%	3	0.22	\$4,823	75.3%	2	0.16	\$19,847	274.1%
Other Disorders Of The Central Nervous System	33	2.37	\$6,921	103.2%	48	3.55	\$6,565	102.5%	63	4.95	\$5,809	80.2%
Pain	6	0.43	\$3,723	55.5%	4	0.30	\$697	10.9%	5	0.39	\$3,468	47.9%
Diseases Of The Respiratory System												
Acute Respiratory Infections	17	1.22	\$4,035	60.2%	27	2.00	\$3,175	49.5%	14	1.10	\$4,152	57.3%
Chronic Obstructive Pulmonary Disease And Allied Conditions	145	10.41	\$4,328	64.5%	182	13.47	\$4,212	65.7%	166	13.03	\$5,017	69.3%
Other Diseases Of Respiratory System	165	11.84	\$10,063	150.0%	127	9.40	\$15,710	245.1%	124	9.73	\$11,511	159.0%
Other Diseases Of Upper Respiratory Tract	2	0.14	\$1,921	28.6%	-	-	\$0	0.0%	1	0.08	\$6,662	92.0%
Pneumoconioses And Other Lung Diseases Due To External Agents	323	23.19	\$6,692	99.8%	343	25.39	\$7,522	117.4%	247	19.39	\$7,594	104.9%
Pneumonia And Influenza	698	50.11	\$5,019	74.8%	554	41.01	\$4,138	64.6%	485	38.07	\$6,451	89.1%

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Long Stay Population - Elderly Original / Elderly Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	167,165				162,101				152,871			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
Diseases Of The Skin And Subcutaneous Tissue												
Infections Of Skin And Subcutaneous Tissue	92	6.60	\$4,625	68.9%	106	7.85	\$3,361	52.4%	102	8.01	\$5,396	74.5%
Other Diseases Of Skin And Subcutaneous Tissue	45	3.23	\$9,678	144.3%	30	2.22	\$9,692	151.2%	27	2.12	\$9,973	137.7%
Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	3	0.22	\$5,583	83.2%	7	0.52	\$5,409	84.4%	1	0.08	\$5,539	76.5%
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders												
Diseases Of Other Endocrine Glands	95	6.82	\$7,427	110.7%	79	5.85	\$6,537	102.0%	72	5.65	\$9,111	125.9%
Disorders Of Thyroid Gland	2	0.14	\$8,932	133.2%	-	-	\$0	0.0%	2	0.16	\$8,346	115.3%
Nutritional Deficiencies	1	0.07	\$3,955	59.0%	6	0.44	\$2,464	38.5%	2	0.16	\$3,126	43.2%
Other Metabolic Disorders And Immunity Disorders	181	12.99	\$4,305	64.2%	151	11.18	\$2,885	45.0%	126	9.89	\$4,362	60.3%
Infectious And Parasitic Diseases												
Human Immunodeficiency Virus	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Intestinal Infectious Diseases	55	3.95	\$5,287	78.8%	51	3.78	\$5,482	85.5%	46	3.61	\$6,678	92.2%
Mycoses	8	0.57	\$11,650	173.7%	10	0.74	\$7,506	117.1%	10	0.78	\$8,967	123.9%
Other Bacterial Diseases	499	35.82	\$10,100	150.6%	533	39.46	\$10,059	157.0%	534	41.92	\$10,485	144.8%
Other Diseases Due To Viruses And Chlamydiae	3	0.22	\$6,176	92.1%	4	0.30	\$2,861	44.6%	4	0.31	\$4,295	59.3%
Other Infectious And Parasitic Diseases	1	0.07	\$5,953	88.7%	1	0.07	\$5,348	83.5%	1	0.08	\$7,394	102.1%
Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases Of Central Nervous System	-	-	\$0	0.0%	-	-	\$0	0.0%	3	0.24	\$7,068	97.6%
Syphilis And Other Venereal Diseases	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Tuberculosis	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Viral Diseases Accompanied By Exanthem	1	0.07	\$8,444	125.9%	4	0.30	\$2,484	38.8%	2	0.16	\$5,203	71.9%
Injury And Poisoning												
Burns	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Certain Traumatic Complications And Unspecified Injuries	13	0.93	\$4,600	68.6%	9	0.67	\$6,361	99.3%	7	0.55	\$5,547	76.6%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	170	12.20	\$10,061	150.0%	179	13.25	\$9,248	144.3%	163	12.80	\$10,784	149.0%
Contusion With Intact Skin Surface	22	1.58	\$3,517	52.4%	18	1.33	\$2,725	42.5%	13	1.02	\$5,088	70.3%
Dislocation	-	-	\$0	0.0%	2	0.15	\$3,710	57.9%	1	0.08	\$5,492	75.9%
Effects Of Foreign Body Entering Through Orifice	10	0.72	\$4,438	66.2%	7	0.52	\$7,117	111.1%	11	0.86	\$4,702	65.0%
Fracture Of Lower Limb	380	27.28	\$8,782	130.9%	337	24.95	\$8,465	132.1%	293	23.00	\$9,197	127.0%
Fracture Of Skull	8	0.57	\$4,078	60.8%	7	0.52	\$5,639	88.0%	3	0.24	\$6,379	88.1%
Fracture Of Spine And Trunk	61	4.38	\$4,372	65.2%	63	4.66	\$4,461	69.6%	53	4.16	\$5,670	78.3%
Fracture Of Upper Limb	30	2.15	\$4,650	69.3%	25	1.85	\$5,601	87.4%	14	1.10	\$3,721	51.4%
Internal Injury Of Chest, Abdomen, And Pelvis	13	0.93	\$6,744	100.5%	2	0.15	\$2,395	37.4%	7	0.55	\$8,099	111.9%
Intracranial Injury, Excluding Those With Skull Fracture	31	2.23	\$6,560	97.8%	42	3.11	\$5,791	90.4%	28	2.20	\$6,528	90.2%
Open Wound Of Head, Neck, And Trunk	3	0.22	\$3,336	49.7%	3	0.22	\$3,206	50.0%	4	0.31	\$2,848	39.3%
Open Wound Of Lower Limb	1	0.07	\$20,172	300.7%	1	0.07	\$7,529	117.5%	5	0.39	\$3,952	54.6%
Open Wound Of Upper Limb	-	-	\$0	0.0%	2	0.15	\$8,960	139.8%	1	0.08	\$78	1.1%
Other And Unspecified Effects Of External Causes	7	0.50	\$9,341	139.3%	5	0.37	\$7,902	123.3%	4	0.31	\$3,842	53.1%
Sprains And Strains Of Joints And Adjacent Muscles	2	0.14	\$2,682	40.0%	4	0.30	\$6,185	96.5%	4	0.31	\$3,518	48.6%
Superficial Injury	-	-	\$0	0.0%	2	0.15	\$5,137	80.2%	1	0.08	\$4,472	61.8%
Toxic Effects Of Substances Chiefly Nonmedicinal As To Source	-	-	\$0	0.0%	-	-	\$0	0.0%	1	0.08	\$10,530	145.4%
Mental Disorders												
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	23	1.65	\$5,798	86.4%	19	1.41	\$4,473	69.8%	11	0.86	\$5,232	72.3%
Organic Psychotic Conditions	93	6.68	\$7,863	117.2%	82	6.07	\$7,366	115.0%	62	4.87	\$6,798	93.9%
Other Psychoses	40	2.87	\$8,290	123.6%	30	2.22	\$6,204	96.8%	34	2.67	\$5,409	74.7%
Neoplasms												
Benign Neoplasms	8	0.57	\$10,942	163.1%	6	0.44	\$8,854	138.2%	4	0.31	\$8,452	116.7%
Carcinoma In Situ	1	0.07	\$9,001	134.2%	1	0.07	\$9,825	153.3%	1	0.08	\$3,912	54.0%
Malignant Neoplasm Of Bone, Connective Tissue, Skin, And Breast	17	1.22	\$4,180	62.3%	14	1.04	\$3,687	57.5%	12	0.94	\$8,858	122.4%
Malignant Neoplasm Of Digestive Organs And Peritoneum	36	2.58	\$14,835	221.2%	30	2.22	\$11,664	182.0%	23	1.81	\$14,226	196.5%
Malignant Neoplasm Of Genitourinary Organs	20	1.44	\$4,136	61.7%	15	1.11	\$7,241	113.0%	7	0.55	\$4,413	61.0%
Malignant Neoplasm Of Lip, Oral Cavity, And Pharynx	1	0.07	\$3,330	49.6%	2	0.15	\$11,041	172.3%	1	0.08	\$3,623	50.0%
Malignant Neoplasm Of Lymphatic And Hematopoietic Tissue	2	0.14	\$4,109	61.3%	12	0.89	\$13,495	210.6%	7	0.55	\$18,767	259.2%
Malignant Neoplasm Of Other And Unspecified Sites	19	1.36	\$6,572	98.0%	12	0.89	\$8,713	136.0%	15	1.18	\$7,037	97.2%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	8	0.57	\$9,461	141.1%	8	0.59	\$11,577	180.7%	8	0.63	\$9,518	131.5%
Neoplasms Of Uncertain Behavior	6	0.43	\$4,287	63.9%	4	0.30	\$7,848	122.5%	1	0.08	\$3,507	48.4%
Neoplasms Of Unspecified Nature	2	0.14	\$4,539	67.7%	4	0.30	\$7,471	116.6%	1	0.08	\$36,874	509.3%
Complications Of Pregnancy, Childbirth, And The Puerperium	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Long Stay Population - Elderly Original / Elderly Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	167,165				162,101				152,871			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
<i>Congenital Anomalies</i>	2	0.14	\$3,876	57.8%	-	-	\$0	0.0%	2	0.16	\$6,678	92.2%
<i>Supp. Classification Of Factors Influencing Health Status & Contact With Health Services</i>	21	1.51	\$17,741	264.5%	27	2.00	\$12,406	193.6%	19	1.49	\$10,138	140.0%
<i>Symptoms, Signs, And Ill-Defined Conditions</i>	278	19.96	\$3,732	55.6%	256	18.95	\$3,349	52.3%	239	18.76	\$4,012	55.4%
Total	6,546	469.91	\$6,708	100.0%	6,194	458.53	\$6,408	100.0%	5,448	427.65	\$7,240	100.0%

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Long Stay Population - Disabled Original / Disabled Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	15,861				15,580				15,124			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
Diseases Of The Blood And Blood-Forming Organs												
Acquired hemolytic anemias	2	1.51	\$6,498	66.8%	-	-	\$0	0.0%	1	0.79	\$6,776	63.8%
Aplastic anemia and other bone marrow failure syndromes	-	-	\$0	0.0%	1	0.77	\$7,167	70.1%	-	-	\$0	0.0%
Coagulation defects	-	-	\$0	0.0%	-	-	\$0	0.0%	1	0.79	\$8,132	76.6%
Diseases of white blood cells	-	-	\$0	0.0%	-	-	\$0	0.0%	3	2.38	\$6,097	57.4%
Hereditary hemolytic anemias	-	-	\$0	0.0%	5	3.85	\$2,495	24.4%	1	0.79	\$6,303	59.4%
Iron deficiency anemias	1	0.76	\$115	1.2%	2	1.54	\$7,723	75.6%	1	0.79	\$3,239	30.5%
Other and unspecified anemias	2	1.51	\$4,607	47.4%	6	4.62	\$10,043	98.3%	1	0.79	\$5,936	55.9%
Other deficiency anemias	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Other diseases of blood and blood-forming organs	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Purpura and other hemorrhagic conditions	-	-	\$0	0.0%	-	-	\$0	0.0%	1	0.79	\$7,616	71.7%
Diseases Of The Circulatory System												
Cerebrovascular Disease	14	10.59	\$6,088	62.6%	14	10.78	\$10,676	104.5%	29	23.01	\$11,672	109.9%
Chronic Rheumatic Heart Disease	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Diseases Of Arteries, Arterioles, And Capillaries	13	9.84	\$13,901	142.9%	13	10.01	\$18,803	184.0%	6	4.76	\$19,575	184.4%
Diseases Of Pulmonary Circulation	7	5.30	\$13,170	135.4%	5	3.85	\$7,785	76.2%	5	3.97	\$6,336	59.7%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	11	8.32	\$6,487	66.7%	7	5.39	\$6,737	65.9%	10	7.93	\$8,221	77.4%
Hypertensive Disease	-	-	\$0	0.0%	6	4.62	\$4,586	44.9%	8	6.35	\$14,948	140.8%
Ischemic Heart Disease	13	9.84	\$14,277	146.8%	6	4.62	\$13,657	133.6%	15	11.90	\$15,208	143.2%
Other Forms Of Heart Disease	35	26.48	\$12,140	124.8%	31	23.88	\$7,794	76.3%	29	23.01	\$7,225	68.1%
Diseases Of The Digestive System												
Appendicitis	-	-	\$0	0.0%	-	-	\$0	0.0%	1	0.79	\$9,625	90.7%
Diseases Of Esophagus, Stomach, And Duodenum	28	21.18	\$13,036	134.0%	13	10.01	\$6,168	60.4%	21	16.66	\$7,383	69.5%
Diseases Of Oral Cavity, Salivary Glands, And Jaws	1	0.76	\$6,844	70.4%	-	-	\$0	0.0%	2	1.59	\$2,102	19.8%
Hernia Of Abdominal Cavity	1	0.76	\$6,189	63.6%	4	3.08	\$4,933	48.3%	5	3.97	\$28,694	270.3%
Noninfective Enteritis And Colitis	3	2.27	\$4,141	42.6%	5	3.85	\$8,779	85.9%	3	2.38	\$4,850	45.7%
Other Diseases Of Digestive System	31	23.45	\$7,723	79.4%	24	18.49	\$9,741	95.3%	27	21.42	\$18,353	172.9%
Other Diseases Of Intestines And Peritoneum	39	29.51	\$10,319	106.1%	30	23.11	\$9,315	91.2%	30	23.80	\$10,797	101.7%
Diseases Of The Genitourinary System												
Diseases Of Male Genital Organs	1	0.76	\$807	8.3%	4	3.08	\$3,934	38.5%	3	2.38	\$5,385	50.7%
Disorders Of Breast	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Inflammatory Disease Of Female Pelvic Organs	-	-	\$0	0.0%	1	0.77	\$6,944	68.0%	1	0.79	\$5,939	55.9%
Nephritis, Nephrotic Syndrome, And Nephrosis	32	24.21	\$7,092	72.9%	20	15.40	\$7,637	74.7%	17	13.49	\$7,728	72.8%
Other Diseases Of Urinary System	53	40.10	\$5,706	58.7%	50	38.51	\$4,091	40.0%	45	35.70	\$5,302	49.9%
Other Disorders Of Female Genital Tract	1	0.76	\$8,660	89.0%	2	1.54	\$10,114	99.0%	1	0.79	\$19,797	186.5%
Diseases Of The Musculoskeletal System And Connective Tissue												
Arthropathies And Related Disorders	10	7.57	\$9,877	101.6%	14	10.78	\$8,865	86.7%	11	8.73	\$10,758	101.3%
Dorsopathies	2	1.51	\$5,643	58.0%	10	7.70	\$12,762	124.9%	3	2.38	\$20,794	195.9%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	15	11.35	\$17,657	181.5%	23	17.72	\$12,472	122.0%	16	12.70	\$15,639	147.3%
Rheumatism, Excluding The Back	3	2.27	\$4,656	47.9%	1	0.77	\$5,319	52.0%	3	2.38	\$20,964	197.5%
Diseases Of The Nervous System And Sense Organs												
Diseases Of The Ear And Mastoid Process	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Disorders Of The Eye And Adnexa	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Disorders Of The Peripheral Nervous System	2	1.51	\$5,112	52.6%	2	1.54	\$9,526	93.2%	1	0.79	\$20,711	195.1%
Hereditary And Degenerative Diseases Of The Central Nervous System	13	9.84	\$9,654	99.3%	11	8.47	\$7,958	77.9%	6	4.76	\$4,996	47.1%
Inflammatory Diseases Of The Central Nervous System	1	0.76	\$17,079	175.6%	4	3.08	\$35,322	345.6%	1	0.79	\$21,904	206.3%
Other Disorders Of The Central Nervous System	19	14.37	\$6,441	66.2%	23	17.72	\$6,773	66.3%	34	26.98	\$7,127	67.1%
Pain	2	1.51	\$3,604	37.1%	-	-	\$0	0.0%	1	0.79	\$9	0.1%
Diseases Of The Respiratory System												
Acute Respiratory Infections	1	0.76	\$628	6.5%	2	1.54	\$11,217	109.8%	3	2.38	\$2,573	24.2%
Chronic Obstructive Pulmonary Disease And Allied Conditions	16	12.11	\$36,479	375.1%	13	10.01	\$4,720	46.2%	23	18.25	\$6,396	60.2%
Other Diseases Of Respiratory System	33	24.97	\$12,020	123.6%	39	30.04	\$23,484	229.8%	48	38.09	\$23,104	217.6%
Other Diseases Of Upper Respiratory Tract	-	-	\$0	0.0%	1	0.77	\$10,270	100.5%	-	-	\$0	0.0%
Pneumoconioses And Other Lung Diseases Due To External Agents	60	45.39	\$9,031	92.9%	43	33.12	\$8,698	85.1%	37	29.36	\$10,340	97.4%
Pneumonia And Influenza	52	39.34	\$7,216	74.2%	49	37.74	\$8,872	86.8%	49	38.88	\$8,084	76.1%

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Long Stay Population - Disabled Original / Disabled Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	15,861				15,580				15,124			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
Diseases Of The Skin And Subcutaneous Tissue												
Infections Of Skin And Subcutaneous Tissue	35	26.48	\$5,397	55.5%	25	19.26	\$4,359	42.7%	31	24.60	\$6,989	65.8%
Other Diseases Of Skin And Subcutaneous Tissue	18	13.62	\$16,880	173.6%	23	17.72	\$16,165	158.2%	21	16.66	\$10,599	99.8%
Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	2	1.51	\$2,989	30.7%	1	0.77	\$5,752	56.3%	2	1.59	\$2,291	21.6%
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders												
Diseases Of Other Endocrine Glands	58	43.88	\$8,309	85.4%	29	22.34	\$10,687	104.6%	27	21.42	\$9,989	94.1%
Disorders Of Thyroid Gland	-	-	\$0	0.0%	1	0.77	\$686	6.7%	1	0.79	\$8,683	81.8%
Nutritional Deficiencies	1	0.76	\$5,296	54.5%	1	0.77	\$13,707	134.1%	-	-	\$0	0.0%
Other Metabolic Disorders And Immunity Disorders	22	16.64	\$4,187	43.1%	27	20.80	\$5,106	50.0%	27	21.42	\$5,325	50.2%
Infectious And Parasitic Diseases												
Human Immunodeficiency Virus	1	0.76	\$6,455	66.4%	1	0.77	\$27,637	270.4%	3	2.38	\$12,914	121.6%
Intestinal Infectious Diseases	9	6.81	\$9,028	92.8%	8	6.16	\$5,977	58.5%	10	7.93	\$6,805	64.1%
Mycoses	3	2.27	\$14,765	151.8%	2	1.54	\$7,637	74.7%	1	0.79	\$82	0.8%
Other Bacterial Diseases	131	99.11	\$12,586	129.4%	149	114.76	\$13,644	133.5%	182	144.41	\$13,808	130.1%
Other Diseases Due To Viruses And Chlamydiae	3	2.27	\$10,812	111.2%	3	2.31	\$7,624	74.6%	3	2.38	\$13,540	127.5%
Other Infectious And Parasitic Diseases	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases Of Central Nervous System	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Syphilis And Other Venereal Diseases	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Tuberculosis	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Viral Diseases Accompanied By Exanthem	-	-	\$0	0.0%	1	0.77	\$5,103	49.9%	-	-	\$0	0.0%
Injury And Poisoning												
Burns	1	0.76	\$6,677	68.6%	-	-	\$0	0.0%	2	1.59	\$5,814	54.8%
Certain Traumatic Complications And Unspecified Injuries	1	0.76	\$17,595	180.9%	8	6.16	\$11,556	113.1%	8	6.35	\$4,825	45.4%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	90	68.09	\$9,337	96.0%	94	72.40	\$13,543	132.5%	102	80.93	\$11,021	103.8%
Contusion With Intact Skin Surface	-	-	\$0	0.0%	-	-	\$0	0.0%	1	0.79	\$5,590	52.7%
Dislocation	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Effects Of Foreign Body Entering Through Orifice	1	0.76	\$4,092	42.1%	3	2.31	\$5,727	56.0%	1	0.79	\$145	1.4%
Fracture Of Lower Limb	18	13.62	\$7,639	78.5%	24	18.49	\$9,050	88.6%	34	26.98	\$8,929	84.1%
Fracture Of Skull	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Fracture Of Spine And Trunk	1	0.76	\$6,641	68.3%	3	2.31	\$1,571	15.4%	4	3.17	\$7,506	70.7%
Fracture Of Upper Limb	4	3.03	\$4,302	44.2%	1	0.77	\$14,806	144.9%	4	3.17	\$11,862	111.7%
Internal Injury Of Chest, Abdomen, And Pelvis	4	3.03	\$12,045	123.8%	1	0.77	\$8,370	81.9%	-	-	\$0	0.0%
Intracranial Injury, Excluding Those With Skull Fracture	3	2.27	\$5,313	54.6%	3	2.31	\$18,128	177.4%	1	0.79	\$1,004	9.5%
Open Wound Of Head, Neck, And Trunk	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Open Wound Of Lower Limb	-	-	\$0	0.0%	1	0.77	\$6,569	64.3%	-	-	\$0	0.0%
Open Wound Of Upper Limb	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Other And Unspecified Effects Of External Causes	3	2.27	\$29,306	301.3%	-	-	\$0	0.0%	-	-	\$0	0.0%
Sprains And Strains Of Joints And Adjacent Muscles	1	0.76	\$6	0.1%	-	-	\$0	0.0%	1	0.79	\$5,827	54.9%
Superficial Injury	1	0.76	\$4,346	44.7%	-	-	\$0	0.0%	-	-	\$0	0.0%
Toxic Effects Of Substances Chiefly Nonmedicinal As To Source	1	0.76	\$8,144	83.7%	-	-	\$0	0.0%	-	-	\$0	0.0%
Mental Disorders												
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	13	9.84	\$4,956	51.0%	11	8.47	\$4,041	39.5%	12	9.52	\$3,387	31.9%
Organic Psychotic Conditions	9	6.81	\$12,608	129.6%	14	10.78	\$7,858	76.9%	10	7.93	\$6,839	64.4%
Other Psychoses	33	24.97	\$6,412	65.9%	32	24.65	\$4,907	48.0%	31	24.60	\$6,297	59.3%
Neoplasms												
Benign Neoplasms	1	0.76	\$5,986	61.6%	1	0.77	\$7,085	69.3%	2	1.59	\$5,247	49.4%
Carcinoma In Situ	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Malignant Neoplasm Of Bone, Connective Tissue, Skin, And Breast	4	3.03	\$11,287	116.1%	2	1.54	\$5,282	51.7%	-	-	\$0	0.0%
Malignant Neoplasm Of Digestive Organs And Peritoneum	-	-	\$0	0.0%	2	1.54	\$16,439	160.9%	3	2.38	\$23,352	220.0%
Malignant Neoplasm Of Genitourinary Organs	3	2.27	\$13,654	140.4%	2	1.54	\$10,424	102.0%	3	2.38	\$8,143	76.7%
Malignant Neoplasm Of Lip, Oral Cavity, And Pharynx	1	0.76	\$9,168	94.3%	1	0.77	\$12,807	125.3%	-	-	\$0	0.0%
Malignant Neoplasm Of Lymphatic And Hematopoietic Tissue	2	1.51	\$10,360	106.5%	-	-	\$0	0.0%	-	-	\$0	0.0%
Malignant Neoplasm Of Other And Unspecified Sites	6	4.54	\$8,411	86.5%	1	0.77	\$6,609	64.7%	3	2.38	\$9,418	88.7%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	2	1.51	\$8,862	91.1%	3	2.31	\$11,589	113.4%	2	1.59	\$10,704	100.8%
Neoplasms Of Uncertain Behavior	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Neoplasms Of Unspecified Nature	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Complications Of Pregnancy, Childbirth, And The Puerperium	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Long Stay Population - Disabled Original / Disabled Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	15,861				15,580				15,124			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
<i>Congenital Anomalies</i>	-	-	\$0	0.0%	-	-	\$0	0.0%	1	0.79	\$17,874	168.4%
<i>Supp. Classification Of Factors Influencing Health Status & Contact With Health Services</i>	22	16.64	\$19,183	197.2%	11	8.47	\$20,178	197.4%	10	7.93	\$17,236	162.3%
<i>Symptoms, Signs, And Ill-Defined Conditions</i>	57	43.12	\$4,090	42.0%	54	41.59	\$5,501	53.8%	41	32.53	\$4,969	46.8%
Total	1,082	818.61	\$9,726	100.0%	1,027	791.01	\$10,219	100.0%	1,087	862.47	\$10,617	100.0%

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Long Stay Population - Disabled Original / Elderly Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	28,166				26,903				25,134			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
Diseases Of The Blood And Blood-Forming Organs												
Acquired hemolytic anemias	-	-	\$0	0.0%	1	0.45	\$7	0.1%	1	0.48	\$5,702	67.3%
Aplastic anemia and other bone marrow failure syndromes	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Coagulation defects	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Diseases of white blood cells	4	1.70	\$5,617	70.9%	3	1.34	\$3,344	48.1%	-	-	\$0	0.0%
Hereditary hemolytic anemias	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Iron deficiency anemias	4	1.70	\$2,465	31.1%	2	0.89	\$4,212	60.6%	5	2.39	\$13,082	154.3%
Other and unspecified anemias	12	5.11	\$4,966	62.7%	7	3.12	\$3,419	49.1%	5	2.39	\$8,212	96.9%
Other deficiency anemias	1	0.43	\$3,507	44.3%	2	0.89	\$1,717	24.7%	2	0.95	\$7,084	83.6%
Other diseases of blood and blood-forming organs	-	-	\$0	0.0%	1	0.45	\$7,100	102.1%	-	-	\$0	0.0%
Purpura and other hemorrhagic conditions	1	0.43	\$6,316	79.7%	-	-	\$0	0.0%	-	-	\$0	0.0%
Diseases Of The Circulatory System												
Cerebrovascular Disease	45	19.17	\$6,795	85.8%	39	17.40	\$4,579	65.8%	31	14.80	\$5,961	70.3%
Chronic Rheumatic Heart Disease	4	1.70	\$5,690	71.8%	2	0.89	\$4,572	65.7%	3	1.43	\$13,492	159.2%
Diseases Of Arteries, Arterioles, And Capillaries	21	8.95	\$12,199	154.0%	14	6.24	\$15,903	228.6%	16	7.64	\$17,959	211.9%
Diseases Of Pulmonary Circulation	3	1.28	\$6,483	81.8%	8	3.57	\$6,546	94.1%	3	1.43	\$8,903	105.0%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	24	10.23	\$9,532	120.3%	22	9.81	\$5,078	73.0%	16	7.64	\$7,512	88.6%
Hypertensive Disease	5	2.13	\$4,745	59.9%	3	1.34	\$5,715	82.2%	3	1.43	\$8,958	105.7%
Ischemic Heart Disease	37	15.76	\$8,361	105.5%	33	14.72	\$8,065	115.9%	32	15.28	\$8,769	103.4%
Other Forms Of Heart Disease	106	45.16	\$7,636	96.4%	87	38.81	\$5,487	78.9%	87	41.54	\$6,729	79.4%
Diseases Of The Digestive System												
Appendicitis	2	0.85	\$7,479	94.4%	3	1.34	\$9,528	137.0%	1	0.48	\$19,779	233.3%
Diseases Of Esophagus, Stomach, And Duodenum	33	14.06	\$6,878	86.8%	26	11.60	\$5,253	75.5%	16	7.64	\$6,334	74.7%
Diseases Of Oral Cavity, Salivary Glands, And Jaws	1	0.43	\$3,027	38.2%	1	0.45	\$5,907	84.9%	-	-	\$0	0.0%
Hernia Of Abdominal Cavity	5	2.13	\$4,919	62.1%	3	1.34	\$22,343	321.2%	1	0.48	\$4,428	52.2%
Noninfective Enteritis And Colitis	7	2.98	\$3,477	43.9%	4	1.78	\$2,978	42.8%	4	1.91	\$14,055	165.8%
Other Diseases Of Digestive System	40	17.04	\$7,194	90.8%	44	19.63	\$5,882	84.6%	35	16.71	\$9,821	115.9%
Other Diseases Of Intestines And Peritoneum	57	24.28	\$6,369	80.4%	60	26.76	\$7,021	100.9%	52	24.83	\$8,125	95.8%
Diseases Of The Genitourinary System												
Diseases Of Male Genital Organs	3	1.28	\$11,352	143.3%	3	1.34	\$6,037	86.8%	3	1.43	\$5,093	60.1%
Disorders Of Breast	-	-	\$0	0.0%	-	-	\$0	0.0%	1	0.48	\$5,390	63.6%
Inflammatory Disease Of Female Pelvic Organs	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Nephritis, Nephrotic Syndrome, And Nephrosis	35	14.91	\$7,745	97.8%	32	14.27	\$5,225	75.1%	35	16.71	\$6,989	82.4%
Other Diseases Of Urinary System	71	30.25	\$4,775	60.3%	91	40.59	\$4,274	61.4%	64	30.56	\$4,817	56.8%
Other Disorders Of Female Genital Tract	2	0.85	\$6,181	78.0%	2	0.89	\$3,310	47.6%	1	0.48	\$48,986	577.9%
Diseases Of The Musculoskeletal System And Connective Tissue												
Arthropathies And Related Disorders	5	2.13	\$3,578	45.2%	8	3.57	\$9,775	140.5%	8	3.82	\$11,455	135.1%
Dorsopathies	7	2.98	\$4,835	61.0%	6	2.68	\$7,760	111.6%	6	2.86	\$13,659	161.1%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	23	9.80	\$15,826	199.8%	28	12.49	\$10,340	148.6%	8	3.82	\$13,921	164.2%
Rheumatism, Excluding The Back	4	1.70	\$10,012	126.4%	5	2.23	\$6,668	95.9%	5	2.39	\$2,872	33.9%
Diseases Of The Nervous System And Sense Organs												
Diseases Of The Ear And Mastoid Process	-	-	\$0	0.0%	4	1.78	\$7,947	114.2%	-	-	\$0	0.0%
Disorders Of The Eye And Adnexa	-	-	\$0	0.0%	2	0.89	\$6,559	94.3%	-	-	\$0	0.0%
Disorders Of The Peripheral Nervous System	-	-	\$0	0.0%	1	0.45	\$3,659	52.6%	-	-	\$0	0.0%
Hereditary And Degenerative Diseases Of The Central Nervous System	25	10.65	\$9,707	122.5%	17	7.58	\$9,096	130.8%	15	7.16	\$8,775	103.5%
Inflammatory Diseases Of The Central Nervous System	2	0.85	\$11,680	147.4%	2	0.89	\$5,278	75.9%	1	0.48	\$30,021	354.2%
Other Disorders Of The Central Nervous System	13	5.54	\$7,390	93.3%	17	7.58	\$5,140	73.9%	11	5.25	\$5,039	59.4%
Pain	2	0.85	\$2,995	37.8%	1	0.45	\$39	0.6%	2	0.95	\$4,858	57.3%
Diseases Of The Respiratory System												
Acute Respiratory Infections	4	1.70	\$6,573	83.0%	4	1.78	\$5,717	82.2%	3	1.43	\$834	9.8%
Chronic Obstructive Pulmonary Disease And Allied Conditions	43	18.32	\$5,744	72.5%	36	16.06	\$3,674	52.8%	39	18.62	\$6,287	74.2%
Other Diseases Of Respiratory System	44	18.75	\$13,227	167.0%	53	23.64	\$13,808	198.5%	41	19.58	\$15,189	179.2%
Other Diseases Of Upper Respiratory Tract	2	0.85	\$17,985	227.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Pneumoconioses And Other Lung Diseases Due To External Agents	77	32.81	\$7,999	101.0%	52	23.19	\$6,880	98.9%	61	29.12	\$7,814	92.2%
Pneumonia And Influenza	144	61.35	\$6,055	76.4%	120	53.53	\$4,405	63.3%	103	49.18	\$5,955	70.3%

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Long Stay Population - Disabled Original / Elderly Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	28,166				26,903				25,134			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
Diseases Of The Skin And Subcutaneous Tissue												
Infections Of Skin And Subcutaneous Tissue	29	12.36	\$5,503	69.5%	29	12.94	\$4,309	61.9%	22	10.50	\$7,281	85.9%
Other Diseases Of Skin And Subcutaneous Tissue	17	7.24	\$7,137	90.1%	15	6.69	\$6,161	88.6%	6	2.86	\$8,866	104.6%
Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	-	-	\$0	0.0%	-	-	\$0	0.0%	1	0.48	\$4,464	52.7%
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders												
Diseases Of Other Endocrine Glands	31	13.21	\$10,902	137.6%	23	10.26	\$8,229	118.3%	27	12.89	\$8,691	102.5%
Disorders Of Thyroid Gland	1	0.43	\$37,735	476.3%	-	-	\$0	0.0%	-	-	\$0	0.0%
Nutritional Deficiencies	-	-	\$0	0.0%	1	0.45	\$17,192	247.2%	2	0.95	\$6,628	78.2%
Other Metabolic Disorders And Immunity Disorders	40	17.04	\$4,398	55.5%	45	20.07	\$3,454	49.6%	24	11.46	\$5,368	63.3%
Infectious And Parasitic Diseases												
Human Immunodeficiency Virus	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Intestinal Infectious Diseases	13	5.54	\$7,534	95.1%	14	6.24	\$6,860	98.6%	12	5.73	\$12,594	148.6%
Mycoses	5	2.13	\$10,341	130.5%	2	0.89	\$2,852	41.0%	2	0.95	\$5,495	64.8%
Other Bacterial Diseases	144	61.35	\$12,690	160.2%	124	55.31	\$11,184	160.8%	162	77.35	\$10,114	119.3%
Other Diseases Due To Viruses And Chlamydiae	3	1.28	\$7,568	95.5%	1	0.45	\$3,094	44.5%	3	1.43	\$11,493	135.6%
Other Infectious And Parasitic Diseases	-	-	\$0	0.0%	-	-	\$0	0.0%	1	0.48	\$8,478	100.0%
Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases Of Central Nervous System	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Syphilis And Other Venereal Diseases	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Tuberculosis	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Viral Diseases Accompanied By Exanthem	1	0.43	\$4,020	50.7%	2	0.89	\$26,656	383.2%	1	0.48	\$3,893	45.9%
Injury And Poisoning												
Burns	-	-	\$0	0.0%	-	-	\$0	0.0%	1	0.48	\$7,615	89.8%
Certain Traumatic Complications And Unspecified Injuries	3	1.28	\$3,501	44.2%	8	3.57	\$1,933	27.8%	1	0.48	\$3,444	40.6%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	77	32.81	\$9,812	123.8%	57	25.42	\$9,321	134.0%	71	33.90	\$11,958	141.1%
Contusion With Intact Skin Surface	-	-	\$0	0.0%	5	2.23	\$4,366	62.8%	-	-	\$0	0.0%
Dislocation	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Effects Of Foreign Body Entering Through Orifice	-	-	\$0	0.0%	2	0.89	\$4,992	71.8%	2	0.95	\$9,171	108.2%
Fracture Of Lower Limb	48	20.45	\$7,963	100.5%	42	18.73	\$8,218	118.1%	50	23.87	\$9,632	113.6%
Fracture Of Skull	-	-	\$0	0.0%	1	0.45	\$23,959	344.4%	1	0.48	\$8,519	100.5%
Fracture Of Spine And Trunk	11	4.69	\$5,297	66.9%	2	0.89	\$4,605	66.2%	6	2.86	\$4,597	54.2%
Fracture Of Upper Limb	7	2.98	\$6,984	88.1%	8	3.57	\$6,871	98.8%	4	1.91	\$6,837	80.7%
Internal Injury Of Chest, Abdomen, And Pelvis	1	0.43	\$6,343	80.1%	-	-	\$0	0.0%	1	0.48	\$6,931	81.8%
Intracranial Injury, Excluding Those With Skull Fracture	3	1.28	\$3,865	48.8%	5	2.23	\$3,621	52.1%	7	3.34	\$9,475	111.8%
Open Wound Of Head, Neck, And Trunk	1	0.43	\$7,903	99.8%	-	-	\$0	0.0%	-	-	\$0	0.0%
Open Wound Of Lower Limb	2	0.85	\$3,214	40.6%	-	-	\$0	0.0%	-	-	\$0	0.0%
Open Wound Of Upper Limb	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Other And Unspecified Effects Of External Causes	3	1.28	\$6,067	76.6%	1	0.45	\$10,516	151.2%	2	0.95	\$5,261	62.1%
Sprains And Strains Of Joints And Adjacent Muscles	1	0.43	\$3,287	41.5%	-	-	\$0	0.0%	1	0.48	\$292	3.4%
Superficial Injury	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Toxic Effects Of Substances Chiefly Nonmedicinal As To Source	1	0.43	\$9,246	116.7%	-	-	\$0	0.0%	-	-	\$0	0.0%
Mental Disorders												
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	12	5.11	\$5,589	70.6%	7	3.12	\$5,987	86.1%	5	2.39	\$3,754	44.3%
Organic Psychotic Conditions	21	8.95	\$10,195	128.7%	11	4.91	\$10,674	153.4%	10	4.77	\$13,396	158.0%
Other Psychoses	22	9.37	\$5,974	75.4%	20	8.92	\$11,597	166.7%	19	9.07	\$11,986	141.4%
Neoplasms												
Benign Neoplasms	1	0.43	\$11,889	150.1%	2	0.89	\$5,797	83.3%	1	0.48	\$5,398	63.7%
Carcinoma In Situ	1	0.43	\$1,190	15.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Malignant Neoplasm Of Bone, Connective Tissue, Skin, And Breast	5	2.13	\$5,040	63.6%	2	0.89	\$4,359	62.7%	1	0.48	\$5,671	66.9%
Malignant Neoplasm Of Digestive Organs And Peritoneum	4	1.70	\$9,137	115.3%	4	1.78	\$21,692	311.8%	4	1.91	\$14,206	167.6%
Malignant Neoplasm Of Genitourinary Organs	5	2.13	\$9,301	117.4%	4	1.78	\$9,002	129.4%	5	2.39	\$5,134	60.6%
Malignant Neoplasm Of Lip, Oral Cavity, And Pharynx	2	0.85	\$7,165	90.4%	-	-	\$0	0.0%	-	-	\$0	0.0%
Malignant Neoplasm Of Lymphatic And Hematopoietic Tissue	-	-	\$0	0.0%	-	-	\$0	0.0%	2	0.95	\$12,059	142.3%
Malignant Neoplasm Of Other And Unspecified Sites	2	0.85	\$9,462	119.4%	3	1.34	\$3,945	56.7%	-	-	\$0	0.0%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	2	0.85	\$8,252	104.2%	-	-	\$0	0.0%	3	1.43	\$8,916	105.2%
Neoplasms Of Uncertain Behavior	1	0.43	\$18,463	233.1%	3	1.34	\$3,884	55.8%	3	1.43	\$7,919	93.4%
Neoplasms Of Unspecified Nature	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Complications Of Pregnancy, Childbirth, And The Puerperium												
-	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Long Stay Population - Disabled Original / Elderly Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	28,166				26,903				25,134			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
<i>Congenital Anomalies</i>	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
<i>Supp. Classification Of Factors Influencing Health Status & Contact With Health Services</i>	11	4.69	\$9,015	113.8%	4	1.78	\$14,607	210.0%	8	3.82	\$13,303	156.9%
<i>Symptoms, Signs, And Ill-Defined Conditions</i>	65	27.69	\$3,958	50.0%	62	27.65	\$3,941	56.7%	56	26.74	\$4,112	48.5%
Total	1,514	645.03	\$7,922	100.0%	1,358	605.73	\$6,956	100.0%	1,247	595.37	\$8,477	100.0%

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Short Stay Population - Elderly Original / Elderly Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	12,914				11,837				12,774			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
Diseases Of The Blood And Blood-Forming Organs												
Acquired hemolytic anemias	2	1.86	\$54,086	686.1%	-	-	\$0	0.0%	1	0.94	\$12,573	154.2%
Aplastic anemia and other bone marrow failure syndromes	1	0.93	\$4,351	55.2%	2	2.03	\$4,685	61.7%	3	2.82	\$8,214	100.7%
Coagulation defects	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Diseases of white blood cells	1	0.93	\$0	0.0%	2	2.03	\$9,247	121.8%	2	1.88	\$27,718	340.0%
Hereditary hemolytic anemias	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Iron deficiency anemias	8	7.43	\$5,269	66.8%	5	5.07	\$3,120	41.1%	11	10.33	\$4,579	56.2%
Other and unspecified anemias	13	12.08	\$6,050	76.7%	9	9.12	\$4,431	58.4%	19	17.85	\$5,407	66.3%
Other deficiency anemias	-	-	\$0	0.0%	1	1.01	\$3,121	41.1%	1	0.94	\$4,440	54.5%
Other diseases of blood and blood-forming organs	2	1.86	\$735	9.3%	-	-	\$0	0.0%	-	-	\$0	0.0%
Purpura and other hemorrhagic conditions	-	-	\$0	0.0%	-	-	\$0	0.0%	3	2.82	\$3,564	43.7%
Diseases Of The Circulatory System												
Cerebrovascular Disease	109	101.29	\$6,596	83.7%	126	127.74	\$6,631	87.3%	123	115.55	\$6,508	79.8%
Chronic Rheumatic Heart Disease	6	5.58	\$13,674	173.5%	5	5.07	\$9,025	118.8%	3	2.82	\$30,582	375.1%
Diseases Of Arteries, Arterioles, And Capillaries	42	39.03	\$11,996	152.2%	33	33.45	\$9,204	121.2%	25	23.49	\$16,636	204.0%
Diseases Of Pulmonary Circulation	24	22.30	\$6,660	84.5%	23	23.32	\$10,662	140.4%	25	23.49	\$6,243	76.6%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	33	30.66	\$6,408	81.3%	36	36.50	\$3,879	51.1%	19	17.85	\$7,866	96.5%
Hypertensive Disease	19	17.66	\$13,873	176.0%	13	13.18	\$5,864	77.2%	14	13.15	\$7,114	87.3%
Ischemic Heart Disease	109	101.29	\$10,892	138.2%	91	92.25	\$10,729	141.3%	92	86.43	\$11,859	145.5%
Other Forms Of Heart Disease	247	229.52	\$7,262	92.1%	207	209.85	\$6,677	87.9%	236	221.70	\$7,287	89.4%
Diseases Of The Digestive System												
Appendicitis	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Diseases Of Esophagus, Stomach, And Duodenum	27	25.09	\$4,482	56.9%	25	25.34	\$5,996	79.0%	35	32.88	\$6,307	77.4%
Diseases Of Oral Cavity, Salivary Glands, And Jaws	1	0.93	\$7,448	94.5%	3	3.04	\$2,171	28.6%	2	1.88	\$6,177	75.8%
Hernia Of Abdominal Cavity	7	6.50	\$13,202	167.5%	12	12.17	\$9,659	127.2%	13	12.21	\$6,471	79.4%
Noninfective Enteritis And Colitis	21	19.51	\$12,149	154.1%	26	26.36	\$9,486	124.9%	21	19.73	\$6,992	85.8%
Other Diseases Of Digestive System	66	61.33	\$8,269	104.9%	52	52.72	\$7,525	99.1%	82	77.03	\$5,966	73.2%
Other Diseases Of Intestines And Peritoneum	73	67.83	\$8,578	108.8%	70	70.96	\$8,760	115.4%	71	66.70	\$8,399	103.0%
Diseases Of The Genitourinary System												
Diseases Of Male Genital Organs	2	1.86	\$5,581	70.8%	5	5.07	\$5,031	66.2%	4	3.76	\$4,571	56.1%
Disorders Of Breast	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Inflammatory Disease Of Female Pelvic Organs	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Nephritis, Nephrotic Syndrome, And Nephrosis	86	79.91	\$6,933	88.0%	88	89.21	\$6,382	84.0%	94	88.30	\$5,751	70.5%
Other Diseases Of Urinary System	109	101.29	\$4,346	55.1%	91	92.25	\$4,260	56.1%	101	94.88	\$4,590	56.3%
Other Disorders Of Female Genital Tract	5	4.65	\$5,010	63.5%	1	1.01	\$5,065	66.7%	1	0.94	\$9,143	112.1%
Diseases Of The Musculoskeletal System And Connective Tissue												
Arthropathies And Related Disorders	87	80.84	\$8,686	110.2%	79	80.09	\$8,622	113.5%	94	88.30	\$10,010	122.8%
Dorsopathies	27	25.09	\$9,170	116.3%	24	24.33	\$7,065	93.0%	23	21.61	\$12,499	153.3%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	40	37.17	\$10,032	127.3%	31	31.43	\$9,602	126.5%	24	22.55	\$11,594	142.2%
Rheumatism, Excluding The Back	13	12.08	\$4,625	58.7%	16	16.22	\$8,519	112.2%	20	18.79	\$5,556	68.2%
Diseases Of The Nervous System And Sense Organs												
Diseases Of The Ear And Mastoid Process	2	1.86	\$6,828	86.6%	6	6.08	\$2,741	36.1%	2	1.88	\$2,853	35.0%
Disorders Of The Eye And Adnexa	-	-	\$0	0.0%	-	-	\$0	0.0%	3	2.82	\$4,122	50.6%
Disorders Of The Peripheral Nervous System	3	2.79	\$3,798	48.2%	2	2.03	\$10,371	136.6%	3	2.82	\$7,433	91.2%
Hereditary And Degenerative Diseases Of The Central Nervous System	43	39.96	\$8,449	107.2%	36	36.50	\$7,198	94.8%	37	34.76	\$9,838	120.7%
Inflammatory Diseases Of The Central Nervous System	-	-	\$0	0.0%	3	3.04	\$20,816	274.1%	2	1.88	\$23,197	284.5%
Other Disorders Of The Central Nervous System	13	12.08	\$4,920	62.4%	17	17.23	\$6,575	86.6%	27	25.36	\$6,630	81.3%
Pain	3	2.79	\$5,357	68.0%	11	11.15	\$2,648	34.9%	14	13.15	\$3,301	40.5%
Diseases Of The Respiratory System												
Acute Respiratory Infections	6	5.58	\$3,812	48.4%	5	5.07	\$1,807	23.8%	-	-	\$0	0.0%
Chronic Obstructive Pulmonary Disease And Allied Conditions	79	73.41	\$6,102	77.4%	54	54.74	\$4,931	64.9%	76	71.40	\$5,513	67.6%
Other Diseases Of Respiratory System	99	91.99	\$10,970	139.2%	67	67.92	\$13,300	175.1%	83	77.97	\$12,745	156.3%
Other Diseases Of Upper Respiratory Tract	-	-	\$0	0.0%	1	1.01	\$2,834	0.0%	2	1.88	\$8,624	0.0%
Pneumoconioses And Other Lung Diseases Due To External Agents	99	91.99	\$9,484	120.3%	96	97.32	\$8,864	116.7%	99	93.00	\$7,111	87.2%
Pneumonia And Influenza	219	203.50	\$5,801	73.6%	183	185.52	\$4,627	60.9%	187	175.67	\$7,449	91.4%

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Short Stay Population - Elderly Original / Elderly Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	12,914				11,837				12,774			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
Diseases Of The Skin And Subcutaneous Tissue												
Infections Of Skin And Subcutaneous Tissue	42	39.03	\$4,645	58.9%	29	29.40	\$4,531	59.7%	34	31.94	\$6,148	75.4%
Other Diseases Of Skin And Subcutaneous Tissue	14	13.01	\$11,659	147.9%	16	16.22	\$10,442	137.5%	10	9.39	\$6,165	75.6%
Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	-	-	\$0	0.0%	1	1.01	\$120	1.6%	-	-	\$0	0.0%
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders												
Diseases Of Other Endocrine Glands	38	35.31	\$6,606	83.8%	32	32.44	\$6,553	86.3%	33	31.00	\$9,282	113.9%
Disorders Of Thyroid Gland	3	2.79	\$5,197	65.9%	4	4.06	\$13,205	173.9%	5	4.70	\$5,120	62.8%
Nutritional Deficiencies	4	3.72	\$2,789	35.4%	3	3.04	\$13,220	174.1%	-	-	\$0	0.0%
Other Metabolic Disorders And Immunity Disorders	89	82.70	\$4,486	56.9%	66	66.91	\$2,964	39.0%	58	54.49	\$5,624	69.0%
Infectious And Parasitic Diseases												
Human Immunodeficiency Virus	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Intestinal Infectious Diseases	27	25.09	\$8,677	110.1%	33	33.45	\$7,894	103.9%	21	19.73	\$5,048	61.9%
Mycoses	5	4.65	\$13,609	172.6%	7	7.10	\$18,914	249.1%	5	4.70	\$7,863	96.4%
Other Bacterial Diseases	191	177.48	\$12,547	159.2%	173	175.38	\$10,733	141.3%	215	201.97	\$9,463	116.1%
Other Diseases Due To Viruses And Chlamydiae	2	1.86	\$5,391	68.4%	2	2.03	\$35	0.5%	1	0.94	\$7,602	93.2%
Other Infectious And Parasitic Diseases	-	-	\$0	0.0%	1	1.01	\$9,086	119.6%	-	-	\$0	0.0%
Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases Of Central Nervous System	-	-	\$0	0.0%	-	-	\$0	0.0%	1	0.94	\$0	0.0%
Syphilis And Other Venereal Diseases	-	-	\$0	0.0%	1	1.01	\$20,242	266.6%	-	-	\$0	0.0%
Tuberculosis	1	0.93	\$8,672	110.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Viral Diseases Accompanied By Exanthem	5	4.65	\$5,272	66.9%	1	1.01	\$21,069	277.5%	4	3.76	\$6,078	74.6%
Injury And Poisoning												
Burns	3	2.79	\$9,404	119.3%	1	1.01	\$8,075	106.3%	-	-	\$0	0.0%
Certain Traumatic Complications And Unspecified Injuries	5	4.65	\$4,136	52.5%	5	5.07	\$4,066	53.5%	8	7.52	\$7,553	92.6%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	70	65.05	\$12,228	155.1%	73	74.01	\$11,528	151.8%	103	96.76	\$12,472	153.0%
Contusion With Intact Skin Surface	9	8.36	\$2,513	31.9%	5	5.07	\$6,517	85.8%	6	5.64	\$2,542	31.2%
Dislocation	-	-	\$0	0.0%	4	4.06	\$4,206	55.4%	-	-	\$0	0.0%
Effects Of Foreign Body Entering Through Orifice	1	0.93	\$3,223	40.9%	3	3.04	\$4,611	60.7%	1	0.94	\$7,799	95.7%
Fracture Of Lower Limb	126	117.08	\$8,587	108.9%	150	152.07	\$8,536	112.4%	136	127.76	\$9,761	119.7%
Fracture Of Skull	3	2.79	\$5,984	75.9%	4	4.06	\$10,792	142.1%	4	3.76	\$6,428	78.8%
Fracture Of Spine And Trunk	41	38.10	\$5,399	68.5%	32	32.44	\$3,981	52.4%	37	34.76	\$5,925	72.7%
Fracture Of Upper Limb	19	17.66	\$5,065	64.2%	23	23.32	\$6,910	91.0%	14	13.15	\$5,202	63.8%
Internal Injury Of Chest, Abdomen, And Pelvis	7	6.50	\$5,498	69.7%	6	6.08	\$7,351	96.8%	4	3.76	\$3,772	46.3%
Intracranial Injury, Excluding Those With Skull Fracture	14	13.01	\$5,470	69.4%	14	14.19	\$5,480	72.2%	11	10.33	\$15,564	190.9%
Open Wound Of Head, Neck, And Trunk	-	-	\$0	0.0%	1	1.01	\$7,363	97.0%	-	-	\$0	0.0%
Open Wound Of Lower Limb	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Open Wound Of Upper Limb	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Other And Unspecified Effects Of External Causes	2	1.86	\$1,360	17.3%	-	-	\$0	0.0%	1	0.94	\$0	0.0%
Sprains And Strains Of Joints And Adjacent Muscles	5	4.65	\$3,570	45.3%	3	3.04	\$5,026	66.2%	1	0.94	\$1,196	14.7%
Superficial Injury	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Toxic Effects Of Substances Chiefly Nonmedicinal As To Source	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Mental Disorders												
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	8	7.43	\$4,267	54.1%	4	4.06	\$3,641	48.0%	10	9.39	\$3,611	44.3%
Organic Psychotic Conditions	41	38.10	\$4,494	57.0%	30	30.41	\$7,070	93.1%	33	31.00	\$7,435	91.2%
Other Psychoses	17	15.80	\$10,602	134.5%	11	11.15	\$3,217	42.4%	7	6.58	\$12,560	154.1%
Neoplasms												
Benign Neoplasms	5	4.65	\$9,765	123.9%	3	3.04	\$14,124	186.0%	5	4.70	\$16,311	200.1%
Carcinoma In Situ	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Malignant Neoplasm Of Bone, Connective Tissue, Skin, And Breast	2	1.86	\$6,612	83.9%	4	4.06	\$3,245	42.7%	4	3.76	\$9,447	115.9%
Malignant Neoplasm Of Digestive Organs And Peritoneum	28	26.02	\$12,057	152.9%	21	21.29	\$15,363	202.3%	31	29.12	\$11,664	143.1%
Malignant Neoplasm Of Genitourinary Organs	29	26.95	\$8,147	103.3%	8	8.11	\$10,706	141.0%	9	8.45	\$6,598	80.9%
Malignant Neoplasm Of Lip, Oral Cavity, And Pharynx	-	-	\$0	0.0%	-	-	\$0	0.0%	2	1.88	\$2,020	24.8%
Malignant Neoplasm Of Lymphatic And Hematopoietic Tissue	10	9.29	\$8,784	111.4%	12	12.17	\$7,468	98.3%	10	9.39	\$9,706	119.0%
Malignant Neoplasm Of Other And Unspecified Sites	27	25.09	\$6,872	87.2%	28	28.39	\$7,089	93.4%	38	35.70	\$11,182	137.1%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	23	21.37	\$8,087	102.6%	14	14.19	\$9,165	120.7%	16	15.03	\$8,467	103.9%
Neoplasms Of Uncertain Behavior	1	0.93	\$6,577	83.4%	2	2.03	\$5	0.1%	4	3.76	\$6,443	79.0%
Neoplasms Of Unspecified Nature	3	2.79	\$5,768	73.2%	-	-	\$0	0.0%	3	2.82	\$5,724	70.2%
Complications Of Pregnancy, Childbirth, And The Puerperium	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Short Stay Population - Elderly Original / Elderly Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	12,914				11,837				12,774			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
<i>Congenital Anomalies</i>	-	-	\$0	0.0%	2	2.03	\$28,291	372.6%	2	1.88	\$5,642	69.2%
<i>Supp. Classification Of Factors Influencing Health Status & Contact With Health Services</i>	24	22.30	\$12,811	162.5%	29	29.40	\$19,435	255.9%	25	23.49	\$17,775	218.0%
<i>Symptoms, Signs, And Ill-Defined Conditions</i>	113	105.00	\$3,225	40.9%	99	100.36	\$3,270	43.1%	115	108.03	\$4,749	58.3%
Total	2,803	2,604.62	\$7,883	100.0%	2,517	2,551.66	\$7,594	100.0%	2,724	2,558.95	\$8,153	100.0%

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Short Stay Population - Disabled Original / Disabled Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	2,493				2,421				2,843			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
Diseases Of The Blood And Blood-Forming Organs												
Acquired hemolytic anemias	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Aplastic anemia and other bone marrow failure syndromes	1	4.81	\$6,673	66.4%	1	4.96	\$5,920	49.7%	-	-	\$0	0.0%
Coagulation defects	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Diseases of white blood cells	1	4.81	\$5,534	55.0%	-	-	\$0	0.0%	1	4.22	\$11,268	105.2%
Hereditary hemolytic anemias	6	28.88	\$2,350	23.4%	1	4.96	\$5,801	48.7%	-	-	\$0	0.0%
Iron deficiency anemias	2	9.63	\$20,815	207.0%	2	9.91	\$6,086	51.1%	3	12.66	\$1,989	18.6%
Other and unspecified anemias	2	9.63	\$5,244	52.2%	-	-	\$0	0.0%	4	16.88	\$4,841	45.2%
Other deficiency anemias	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Other diseases of blood and blood-forming organs	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Purpura and other hemorrhagic conditions	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Diseases Of The Circulatory System												
Cerebrovascular Disease	17	81.83	\$8,522	84.8%	15	74.35	\$6,995	58.7%	15	63.31	\$6,811	63.6%
Chronic Rheumatic Heart Disease	1	4.81	\$26,485	263.4%	-	-	\$0	0.0%	2	8.44	\$26,113	243.7%
Diseases Of Arteries, Arterioles, And Capillaries	9	43.32	\$19,470	193.6%	6	29.74	\$17,230	144.6%	11	46.43	\$10,472	97.7%
Diseases Of Pulmonary Circulation	5	24.07	\$10,462	104.0%	2	9.91	\$5,289	44.4%	7	29.55	\$10,335	96.5%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	3	14.44	\$6,308	62.7%	6	29.74	\$8,891	74.6%	10	42.21	\$4,787	44.7%
Hypertensive Disease	8	38.51	\$9,240	91.9%	5	24.78	\$6,208	52.1%	2	8.44	\$16,749	156.3%
Ischemic Heart Disease	10	48.13	\$14,015	139.4%	15	74.35	\$17,767	149.2%	16	67.53	\$24,659	230.1%
Other Forms Of Heart Disease	37	178.10	\$6,922	68.8%	41	203.22	\$14,163	118.9%	41	173.06	\$14,166	132.2%
Diseases Of The Digestive System												
Appendicitis	-	-	\$0	0.0%	1	4.96	\$42,444	356.3%	1	4.22	\$5,907	55.1%
Diseases Of Esophagus, Stomach, And Duodenum	12	57.76	\$10,484	104.3%	7	34.70	\$13,008	109.2%	17	71.76	\$9,667	90.2%
Diseases Of Oral Cavity, Salivary Glands, And Jaws	1	4.81	\$7,629	75.9%	2	9.91	\$3,968	33.3%	2	8.44	\$2,935	27.4%
Hernia Of Abdominal Cavity	4	19.25	\$8,798	87.5%	1	4.96	\$6,841	57.4%	4	16.88	\$49,505	462.0%
Noninfective Enteritis And Colitis	2	9.63	\$10,737	106.8%	3	14.87	\$9,764	82.0%	1	4.22	\$5,016	46.8%
Other Diseases Of Digestive System	25	120.34	\$7,669	76.3%	25	123.92	\$10,445	87.7%	49	206.82	\$8,537	79.7%
Other Diseases Of Intestines And Peritoneum	12	57.76	\$12,809	127.4%	11	54.52	\$16,009	134.4%	13	54.87	\$26,006	242.7%
Diseases Of The Genitourinary System												
Diseases Of Male Genital Organs	3	14.44	\$12,137	120.7%	2	9.91	\$4,550	38.2%	-	-	\$0	0.0%
Disorders Of Breast	-	-	\$0	0.0%	1	4.96	\$6,701	56.3%	-	-	\$0	0.0%
Inflammatory Disease Of Female Pelvic Organs	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Nephritis, Nephrotic Syndrome, And Nephrosis	7	33.69	\$11,189	111.3%	20	99.13	\$5,230	43.9%	16	67.53	\$9,284	86.6%
Other Diseases Of Urinary System	15	72.20	\$5,084	50.6%	20	99.13	\$5,930	49.8%	19	80.20	\$7,415	69.2%
Other Disorders Of Female Genital Tract	1	4.81	\$20,964	208.5%	-	-	\$0	0.0%	-	-	\$0	0.0%
Diseases Of The Musculoskeletal System And Connective Tissue												
Arthropathies And Related Disorders	99	476.53	\$11,079	110.2%	114	565.06	\$10,978	92.2%	132	557.16	\$10,529	98.3%
Dorsopathies	17	81.83	\$17,759	176.6%	22	109.05	\$18,659	156.6%	28	118.19	\$12,597	117.6%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	19	91.46	\$15,453	153.7%	25	123.92	\$22,650	190.1%	33	139.29	\$13,296	124.1%
Rheumatism, Excluding The Back	6	28.88	\$5,674	56.4%	9	44.61	\$5,224	43.9%	12	50.65	\$10,027	93.6%
Diseases Of The Nervous System And Sense Organs												
Diseases Of The Ear And Mastoid Process	-	-	\$0	0.0%	-	-	\$0	0.0%	1	4.22	\$2,699	25.2%
Disorders Of The Eye And Adnexa	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Disorders Of The Peripheral Nervous System	2	9.63	\$10,809	107.5%	5	24.78	\$8,943	75.1%	2	8.44	\$3,955	36.9%
Hereditary And Degenerative Diseases Of The Central Nervous System	5	24.07	\$6,934	69.0%	5	24.78	\$10,197	85.6%	8	33.77	\$10,969	102.4%
Inflammatory Diseases Of The Central Nervous System	1	4.81	\$33,231	330.5%	-	-	\$0	0.0%	2	8.44	\$5,865	54.7%
Other Disorders Of The Central Nervous System	14	67.39	\$5,849	58.2%	11	54.52	\$6,326	53.1%	18	75.98	\$6,159	57.5%
Pain	5	24.07	\$4,559	45.3%	5	24.78	\$3,290	27.6%	8	33.77	\$4,861	45.4%
Diseases Of The Respiratory System												
Acute Respiratory Infections	1	4.81	\$4,447	44.2%	1	4.96	\$3,353	28.1%	-	-	\$0	0.0%
Chronic Obstructive Pulmonary Disease And Allied Conditions	27	129.96	\$7,104	70.7%	25	123.92	\$5,509	46.2%	26	109.74	\$7,703	71.9%
Other Diseases Of Respiratory System	43	206.98	\$14,976	148.9%	41	203.22	\$24,577	206.3%	38	160.39	\$18,948	176.8%
Other Diseases Of Upper Respiratory Tract	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Pneumoconioses And Other Lung Diseases Due To External Agents	17	81.83	\$6,856	68.2%	15	74.35	\$20,773	174.4%	15	63.31	\$9,714	90.7%
Pneumonia And Influenza	25	120.34	\$8,342	83.0%	28	138.79	\$10,789	90.6%	35	147.73	\$15,707	146.6%

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Short Stay Population - Disabled Original / Disabled Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	2,493				2,421				2,843			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
Diseases Of The Skin And Subcutaneous Tissue												
Infections Of Skin And Subcutaneous Tissue	29	139.59	\$5,473	54.4%	16	79.31	\$4,467	37.5%	25	105.52	\$6,615	61.7%
Other Diseases Of Skin And Subcutaneous Tissue	8	38.51	\$10,726	106.7%	15	74.35	\$15,145	127.1%	10	42.21	\$8,405	78.4%
Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	-	-	\$0	0.0%	3	14.87	\$8,925	74.9%	1	4.22	\$6,849	63.9%
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders												
Diseases Of Other Endocrine Glands	31	149.22	\$8,022	79.8%	43	213.14	\$7,526	63.2%	35	147.73	\$9,489	88.6%
Disorders Of Thyroid Gland	1	4.81	\$8,951	89.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Nutritional Deficiencies	3	14.44	\$3,916	38.9%	2	9.91	\$4,985	41.8%	2	8.44	\$3,784	35.3%
Other Metabolic Disorders And Immunity Disorders	22	105.90	\$7,039	70.0%	31	153.66	\$3,155	26.5%	28	118.19	\$6,059	56.5%
Infectious And Parasitic Diseases												
Human Immunodeficiency Virus	3	14.44	\$14,749	146.7%	2	9.91	\$7,029	59.0%	-	-	\$0	0.0%
Intestinal Infectious Diseases	5	24.07	\$6,493	64.6%	4	19.83	\$14,611	122.7%	5	21.10	\$13,776	128.6%
Mycoses	1	4.81	\$8,074	80.3%	2	9.91	\$26,121	219.3%	1	4.22	\$0	0.0%
Other Bacterial Diseases	47	226.23	\$13,982	139.1%	66	327.14	\$18,633	156.4%	64	270.14	\$14,720	137.4%
Other Diseases Due To Viruses And Chlamydiae	1	4.81	\$3,266	32.5%	3	14.87	\$7,009	58.8%	10	42.21	\$10,990	102.6%
Other Infectious And Parasitic Diseases	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases Of Central Nervous System	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Syphilis And Other Venereal Diseases	1	4.81	\$10,947	108.9%	-	-	\$0	0.0%	1	4.22	\$4,505	42.0%
Tuberculosis	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Viral Diseases Accompanied By Exanthem	-	-	\$0	0.0%	1	4.96	\$5,600	47.0%	1	4.22	\$6,495	60.6%
Injury And Poisoning												
Burns	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Certain Traumatic Complications And Unspecified Injuries	2	9.63	\$3,635	36.1%	11	54.52	\$7,630	64.1%	6	25.33	\$5,531	51.6%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	72	346.57	\$13,536	134.6%	62	307.31	\$15,531	130.4%	92	388.32	\$12,732	118.8%
Contusion With Intact Skin Surface	-	-	\$0	0.0%	3	14.87	\$2,355	19.8%	3	12.66	\$3,028	28.3%
Dislocation	-	-	\$0	0.0%	1	4.96	\$8,556	71.8%	-	-	\$0	0.0%
Effects Of Foreign Body Entering Through Orifice	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Fracture Of Lower Limb	43	206.98	\$9,772	97.2%	33	163.57	\$10,580	88.8%	62	261.70	\$8,624	80.5%
Fracture Of Skull	1	4.81	\$4,733	47.1%	2	9.91	\$6,304	52.9%	1	4.22	\$48,707	454.6%
Fracture Of Spine And Trunk	12	57.76	\$11,038	109.8%	5	24.78	\$15,570	130.7%	5	21.10	\$6,445	60.2%
Fracture Of Upper Limb	3	14.44	\$10,823	107.6%	5	24.78	\$6,241	52.4%	5	21.10	\$7,359	68.7%
Internal Injury Of Chest, Abdomen, And Pelvis	1	4.81	\$44,788	445.4%	1	4.96	\$24,150	202.7%	-	-	\$0	0.0%
Intracranial Injury, Excluding Those With Skull Fracture	5	24.07	\$11,094	110.3%	6	29.74	\$10,669	89.6%	3	12.66	\$24,869	232.1%
Open Wound Of Head, Neck, And Trunk	-	-	\$0	0.0%	-	-	\$0	0.0%	2	8.44	\$3,518	32.8%
Open Wound Of Lower Limb	1	4.81	\$5,892	58.6%	-	-	\$0	0.0%	1	4.22	\$286	2.7%
Open Wound Of Upper Limb	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Other And Unspecified Effects Of External Causes	-	-	\$0	0.0%	2	9.91	\$3,331	28.0%	2	8.44	\$5,919	55.2%
Sprains And Strains Of Joints And Adjacent Muscles	3	14.44	\$7,591	75.5%	3	14.87	\$3,190	26.8%	5	21.10	\$4,287	40.0%
Superficial Injury	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Toxic Effects Of Substances Chiefly Nonmedicinal As To Source	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Mental Disorders												
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	8	38.51	\$5,750	57.2%	9	44.61	\$3,188	26.8%	15	63.31	\$2,998	28.0%
Organic Psychotic Conditions	7	33.69	\$4,306	42.8%	9	44.61	\$8,713	73.1%	18	75.98	\$5,706	53.3%
Other Psychoses	43	206.98	\$5,805	57.7%	23	114.00	\$12,732	106.9%	32	135.07	\$4,893	45.7%
Neoplasms												
Benign Neoplasms	2	9.63	\$5,671	56.4%	1	4.96	\$9,717	81.6%	-	-	\$0	0.0%
Carcinoma In Situ	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Malignant Neoplasm Of Bone, Connective Tissue, Skin, And Breast	-	-	\$0	0.0%	1	4.96	\$14,904	125.1%	-	-	\$0	0.0%
Malignant Neoplasm Of Digestive Organs And Peritoneum	6	28.88	\$16,357	162.7%	4	19.83	\$13,942	117.0%	8	33.77	\$9,417	87.9%
Malignant Neoplasm Of Genitourinary Organs	1	4.81	\$18,453	183.5%	1	4.96	\$19,074	160.1%	2	8.44	\$9,445	88.1%
Malignant Neoplasm Of Lip, Oral Cavity, And Pharynx	4	19.25	\$21,386	212.7%	-	-	\$0	0.0%	2	8.44	\$13,920	129.9%
Malignant Neoplasm Of Lymphatic And Hematopoietic Tissue	1	4.81	\$13,624	135.5%	1	4.96	\$31,794	266.9%	1	4.22	\$18,027	168.2%
Malignant Neoplasm Of Other And Unspecified Sites	10	48.13	\$6,727	66.9%	5	24.78	\$5,836	49.0%	12	50.65	\$9,589	89.5%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	6	28.88	\$12,229	121.6%	4	19.83	\$17,078	143.4%	6	25.33	\$14,656	136.8%
Neoplasms Of Uncertain Behavior	-	-	\$0	0.0%	1	4.96	\$11,714	98.3%	-	-	\$0	0.0%
Neoplasms Of Unspecified Nature	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Complications Of Pregnancy, Childbirth, And The Puerperium	1	4.81	\$2,661	26.5%	-	-	\$0	0.0%	-	-	\$0	0.0%

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services

Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Short Stay Population - Disabled Original / Disabled Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	2,493				2,421				2,843			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
<i>Congenital Anomalies</i>	3	14.44	\$12,565	125.0%	3	14.87	\$6,549	55.0%	3	12.66	\$12,614	117.7%
<i>Supp. Classification Of Factors Influencing Health Status & Contact With Health Services</i>	23	110.71	\$14,918	148.4%	16	79.31	\$12,589	105.7%	17	71.76	\$14,178	132.3%
<i>Symptoms, Signs, And Ill-Defined Conditions</i>	35	168.47	\$4,232	42.1%	33	163.57	\$4,413	37.1%	44	185.72	\$4,077	38.1%
Total	910	4,380.26	\$10,055	100.0%	926	4,589.84	\$11,912	100.0%	1,122	4,735.84	\$10,714	100.0%

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Short Stay Population - Disabled Original / Elderly Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	2,110				1,991				2,207			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
Diseases Of The Blood And Blood-Forming Organs												
Acquired hemolytic anemias	1	5.69	\$6,544	77.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Aplastic anemia and other bone marrow failure syndromes	1	5.69	\$11,776	138.6%	1	6.03	\$58	0.7%	-	-	\$0	0.0%
Coagulation defects	-	-	\$0	0.0%	-	-	\$0	0.0%	2	10.87	\$288,856	2775.0%
Diseases of white blood cells	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Hereditary hemolytic anemias	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Iron deficiency anemias	1	5.69	\$5,515	64.9%	1	6.03	\$6,342	76.5%	3	16.31	\$6,248	60.0%
Other and unspecified anemias	1	5.69	\$7,719	90.8%	2	12.05	\$2,077	25.1%	2	10.87	\$7,081	68.0%
Other deficiency anemias	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Other diseases of blood and blood-forming organs	-	-	\$0	0.0%	1	6.03	\$7,410	89.4%	1	5.44	\$1,310	12.6%
Purpura and other hemorrhagic conditions	2	11.37	\$7,337	86.3%	-	-	\$0	0.0%	-	-	\$0	0.0%
Diseases Of The Circulatory System												
Cerebrovascular Disease	25	142.18	\$5,986	70.5%	12	72.33	\$6,547	79.0%	18	97.87	\$9,216	88.5%
Chronic Rheumatic Heart Disease	1	5.69	\$27,305	321.3%	-	-	\$0	0.0%	1	5.44	\$39,762	382.0%
Diseases Of Arteries, Arterioles, And Capillaries	7	39.81	\$18,460	217.2%	3	18.08	\$4,275	51.6%	8	43.50	\$14,701	141.2%
Diseases Of Pulmonary Circulation	3	17.06	\$4,573	53.8%	4	24.11	\$5,850	70.6%	6	32.62	\$32,318	310.5%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	4	22.75	\$5,492	64.6%	8	48.22	\$7,083	85.4%	3	16.31	\$5,442	52.3%
Hypertensive Disease	3	17.06	\$7,223	85.0%	3	18.08	\$3,078	37.1%	2	10.87	\$6,102	58.6%
Ischemic Heart Disease	20	113.74	\$13,652	160.7%	17	102.46	\$6,411	77.3%	15	81.56	\$17,588	169.0%
Other Forms Of Heart Disease	42	238.86	\$7,340	86.4%	56	337.52	\$8,348	100.7%	50	271.86	\$5,146	49.4%
Diseases Of The Digestive System												
Appendicitis	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Diseases Of Esophagus, Stomach, And Duodenum	6	34.12	\$7,123	83.8%	7	42.19	\$7,755	93.5%	6	32.62	\$9,293	89.3%
Diseases Of Oral Cavity, Salivary Glands, And Jaws	1	5.69	\$5,322	62.6%	1	6.03	\$4,057	48.9%	-	-	\$0	0.0%
Hernia Of Abdominal Cavity	3	17.06	\$12,212	143.7%	-	-	\$0	0.0%	1	5.44	\$115,737	1111.9%
Noninfective Enteritis And Colitis	5	28.44	\$8,091	95.2%	3	18.08	\$32,140	387.7%	1	5.44	\$8,916	85.7%
Other Diseases Of Digestive System	12	68.25	\$6,503	76.5%	5	30.14	\$6,557	79.1%	8	43.50	\$4,356	41.8%
Other Diseases Of Intestines And Peritoneum	16	91.00	\$9,238	108.7%	20	120.54	\$10,165	122.6%	11	59.81	\$7,653	73.5%
Diseases Of The Genitourinary System												
Diseases Of Male Genital Organs	-	-	\$0	0.0%	-	-	\$0	0.0%	1	5.44	\$0	0.0%
Disorders Of Breast	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Inflammatory Disease Of Female Pelvic Organs	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Nephritis, Nephrotic Syndrome, And Nephrosis	13	73.93	\$5,692	67.0%	13	78.35	\$4,766	57.5%	15	81.56	\$6,513	62.6%
Other Diseases Of Urinary System	19	108.06	\$4,045	47.6%	10	60.27	\$4,302	51.9%	29	157.68	\$6,110	58.7%
Other Disorders Of Female Genital Tract	-	-	\$0	0.0%	-	-	\$0	0.0%	1	5.44	\$756	7.3%
Diseases Of The Musculoskeletal System And Connective Tissue												
Arthropathies And Related Disorders	27	153.55	\$10,219	120.3%	35	210.95	\$9,980	120.4%	42	228.36	\$10,795	103.7%
Dorsopathies	4	22.75	\$10,289	121.1%	4	24.11	\$6,861	82.8%	3	16.31	\$7,592	72.9%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	4	22.75	\$13,124	154.4%	6	36.16	\$14,722	177.6%	7	38.06	\$7,845	75.4%
Rheumatism, Excluding The Back	5	28.44	\$5,472	64.4%	4	24.11	\$7,383	89.1%	5	27.19	\$6,819	65.5%
Diseases Of The Nervous System And Sense Organs												
Diseases Of The Ear And Mastoid Process	-	-	\$0	0.0%	-	-	\$0	0.0%	1	5.44	\$2,668	25.6%
Disorders Of The Eye And Adnexa	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Disorders Of The Peripheral Nervous System	-	-	\$0	0.0%	-	-	\$0	0.0%	2	10.87	\$3,734	35.9%
Hereditary And Degenerative Diseases Of The Central Nervous System	7	39.81	\$6,938	81.7%	8	48.22	\$10,870	131.1%	7	38.06	\$10,458	100.5%
Inflammatory Diseases Of The Central Nervous System	1	5.69	\$41,019	482.7%	-	-	\$0	0.0%	-	-	\$0	0.0%
Other Disorders Of The Central Nervous System	3	17.06	\$7,435	87.5%	3	18.08	\$2,970	35.8%	10	54.37	\$9,089	87.3%
Pain	4	22.75	\$3,426	40.3%	2	12.05	\$2,651	32.0%	6	32.62	\$4,496	43.2%
Diseases Of The Respiratory System												
Acute Respiratory Infections	3	17.06	\$4,843	57.0%	-	-	\$0	0.0%	2	10.87	\$3,537	34.0%
Chronic Obstructive Pulmonary Disease And Allied Conditions	27	153.55	\$4,970	58.5%	17	102.46	\$7,142	86.2%	18	97.87	\$5,899	56.7%
Other Diseases Of Respiratory System	24	136.49	\$10,798	127.1%	21	126.57	\$13,589	163.9%	22	119.62	\$6,013	57.8%
Other Diseases Of Upper Respiratory Tract	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Pneumoconioses And Other Lung Diseases Due To External Agents	30	170.62	\$6,396	75.3%	16	96.43	\$8,924	107.7%	16	87.00	\$9,912	95.2%
Pneumonia And Influenza	44	250.24	\$5,894	69.4%	35	210.95	\$5,298	63.9%	43	233.80	\$6,849	65.8%

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Short Stay Population - Disabled Original / Elderly Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	2,110				1,991				2,207			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
Diseases Of The Skin And Subcutaneous Tissue												
Infections Of Skin And Subcutaneous Tissue	9	51.18	\$8,370	98.5%	6	36.16	\$6,061	73.1%	5	27.19	\$8,777	84.3%
Other Diseases Of Skin And Subcutaneous Tissue	9	51.18	\$11,356	133.6%	3	18.08	\$3,349	40.4%	4	21.75	\$13,136	126.2%
Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders												
Diseases Of Other Endocrine Glands	10	56.87	\$6,038	71.1%	14	84.38	\$5,453	65.8%	14	76.12	\$10,055	96.6%
Disorders Of Thyroid Gland	-	-	\$0	0.0%	-	-	\$0	0.0%	1	5.44	\$4,241	40.7%
Nutritional Deficiencies	1	5.69	\$4,003	47.1%	-	-	\$0	0.0%	-	-	\$0	0.0%
Other Metabolic Disorders And Immunity Disorders	17	96.68	\$4,537	53.4%	15	90.41	\$3,019	36.4%	17	92.43	\$4,886	46.9%
Infectious And Parasitic Diseases												
Human Immunodeficiency Virus	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Intestinal Infectious Diseases	4	22.75	\$10,078	118.6%	7	42.19	\$8,011	96.6%	3	16.31	\$11,025	105.9%
Mycoses	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Other Bacterial Diseases	33	187.68	\$10,702	126.0%	37	223.00	\$11,970	144.4%	53	288.17	\$16,127	154.9%
Other Diseases Due To Viruses And Chlamydiae	1	5.69	\$2,246	26.4%	1	6.03	\$2,715	32.7%	-	-	\$0	0.0%
Other Infectious And Parasitic Diseases	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases Of Central Nervous System	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Syphilis And Other Venereal Diseases	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Tuberculosis	1	5.69	\$13,861	163.1%	-	-	\$0	0.0%	-	-	\$0	0.0%
Viral Diseases Accompanied By Exanthem	-	-	\$0	0.0%	1	6.03	\$3,843	46.4%	-	-	\$0	0.0%
Injury And Poisoning												
Burns	-	-	\$0	0.0%	-	-	\$0	0.0%	1	5.44	\$9,455	90.8%
Certain Traumatic Complications And Unspecified Injuries	1	5.69	\$3,442	40.5%	4	24.11	\$2,149	25.9%	3	16.31	\$4,214	40.5%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	20	113.74	\$19,545	230.0%	28	168.76	\$10,694	129.0%	40	217.49	\$15,273	146.7%
Contusion With Intact Skin Surface	2	11.37	\$71	0.8%	-	-	\$0	0.0%	2	10.87	\$12,937	124.3%
Dislocation	1	5.69	\$4,509	53.1%	-	-	\$0	0.0%	1	5.44	\$357	3.4%
Effects Of Foreign Body Entering Through Orifice	1	5.69	\$7,319	86.1%	3	18.08	\$2,813	33.9%	-	-	\$0	0.0%
Fracture Of Lower Limb	37	210.43	\$9,130	107.4%	26	156.71	\$10,309	124.4%	36	195.74	\$9,358	89.9%
Fracture Of Skull	1	5.69	\$9,752	114.8%	-	-	\$0	0.0%	-	-	\$0	0.0%
Fracture Of Spine And Trunk	7	39.81	\$5,290	62.3%	7	42.19	\$4,337	52.3%	6	32.62	\$5,355	51.4%
Fracture Of Upper Limb	6	34.12	\$4,111	48.4%	5	30.14	\$2,427	29.3%	8	43.50	\$1,961	18.8%
Internal Injury Of Chest, Abdomen, And Pelvis	-	-	\$0	0.0%	1	6.03	\$10,379	125.2%	-	-	\$0	0.0%
Intracranial Injury, Excluding Those With Skull Fracture	1	5.69	\$47,543	559.5%	3	18.08	\$17,339	209.2%	7	38.06	\$8,276	79.5%
Open Wound Of Head, Neck, And Trunk	-	-	\$0	0.0%	-	-	\$0	0.0%	7	-	\$0	0.0%
Open Wound Of Lower Limb	-	-	\$0	0.0%	-	-	\$0	0.0%	1	5.44	\$11,275	108.3%
Open Wound Of Upper Limb	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Other And Unspecified Effects Of External Causes	-	-	\$0	0.0%	1	6.03	\$7,451	89.9%	2	10.87	\$4,711	45.3%
Sprains And Strains Of Joints And Adjacent Muscles	1	5.69	\$0	0.0%	-	-	\$0	0.0%	1	5.44	\$8,575	82.4%
Superficial Injury	2	11.37	\$10,146	119.4%	-	-	\$0	0.0%	-	-	\$0	0.0%
Toxic Effects Of Substances Chiefly Nonmedicinal As To Source	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Mental Disorders												
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	4	22.75	\$6,174	72.7%	2	12.05	\$4,495	54.2%	1	5.44	\$1,446	13.9%
Organic Psychotic Conditions	13	73.93	\$4,617	54.3%	9	54.24	\$8,153	98.4%	9	48.94	\$3,716	35.7%
Other Psychoses	6	34.12	\$13,324	156.8%	10	60.27	\$10,900	131.5%	6	32.62	\$15,347	147.4%
Neoplasms												
Benign Neoplasms	2	11.37	\$12,874	151.5%	-	-	\$0	0.0%	-	-	\$0	0.0%
Carcinoma In Situ	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Malignant Neoplasm Of Bone, Connective Tissue, Skin, And Breast	1	5.69	\$5,983	70.4%	1	6.03	\$9,391	113.3%	-	-	\$0	0.0%
Malignant Neoplasm Of Digestive Organs And Peritoneum	5	28.44	\$8,702	102.4%	3	18.08	\$13,879	167.4%	5	27.19	\$19,104	183.5%
Malignant Neoplasm Of Genitourinary Organs	1	5.69	\$10,721	126.2%	2	12.05	\$17,279	208.4%	1	5.44	\$5,896	56.6%
Malignant Neoplasm Of Lip, Oral Cavity, And Pharynx	1	5.69	\$7,010	82.5%	-	-	\$0	0.0%	-	-	\$0	0.0%
Malignant Neoplasm Of Lymphatic And Hematopoietic Tissue	1	5.69	\$9,694	114.1%	1	6.03	\$16,990	205.0%	3	16.31	\$7,789	74.8%
Malignant Neoplasm Of Other And Unspecified Sites	4	22.75	\$8,351	98.3%	10	60.27	\$7,860	94.8%	10	54.37	\$15,154	145.6%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	8	45.50	\$20,914	246.1%	6	36.16	\$7,211	87.0%	4	21.75	\$10,592	101.8%
Neoplasms Of Uncertain Behavior	-	-	\$0	0.0%	1	6.03	\$6,798	82.0%	-	-	\$0	0.0%
Neoplasms Of Unspecified Nature	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%
Complications Of Pregnancy, Childbirth, And The Puerperium	-	-	\$0	0.0%	-	-	\$0	0.0%	-	-	\$0	0.0%

Draft exhibit prepared by PricewaterhouseCoopers LLC. While this is marked draft, the Department and the contracted actuarial firm have decided it can be released as a draft version with this proposal.

Wisconsin Department of Health Services
Chart Book: Institutional Cost per Admit by Primary Diagnosis

Draft

Nursing Home Short Stay Population - Disabled Original / Elderly Current

Exposure Months	CY 2008				CY 2009				CY 2010			
	2,110				1,991				2,207			
	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity	IP Admits	Admits / 1,000 / Year	IP Cost / Admit	Cost / Admit Relativity
<i>Congenital Anomalies</i>	-	-	\$0	0.0%	1	6.03	\$12,044	145.3%	1	5.44	\$31,127	299.0%
<i>Supp. Classification Of Factors Influencing Health Status & Contact With Health Services</i>	7	39.81	\$18,177	213.9%	6	36.16	\$20,337	245.3%	12	65.25	\$5,733	55.1%
<i>Symptoms, Signs, And Ill-Defined Conditions</i>	22	125.12	\$4,223	49.7%	22	132.60	\$2,887	34.8%	19	103.31	\$5,025	48.3%
Total	609	3,463.51	\$8,497	100.0%	554	3,339.03	\$8,289	100.0%	644	3,501.59	\$10,409	100.0%

Wisconsin Department of Health Services

Chart Book: CY08 Diagnosis Occurrences

Nursing Home Long Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	167,165		15,861		28,166		211,192	
Unique Lives	18,058		1,758		2,981		22,797	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
<i>Diseases Of The Blood And Blood-Forming Organs</i>								
Acquired hemolytic anemias	2	0.0%	4	0.2%	-	0.0%	6	0.0%
Aplastic anemia and other bone marrow failure syndromes	28	0.2%	5	0.3%	5	0.2%	38	0.2%
Coagulation defects	12	0.1%	2	0.1%	3	0.1%	17	0.1%
Diseases of white blood cells	32	0.2%	5	0.3%	8	0.3%	45	0.2%
Hereditary hemolytic anemias	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Iron deficiency anemias	132	0.7%	6	0.3%	13	0.4%	151	0.7%
Other and unspecified anemias	457	2.5%	35	2.0%	92	3.1%	584	2.6%
Other deficiency anemias	16	0.1%	-	0.0%	2	0.1%	18	0.1%
Other diseases of blood and blood-forming organs	7	0.0%	4	0.2%	3	0.1%	14	0.1%
Purpura and other hemorrhagic conditions	34	0.2%	4	0.2%	9	0.3%	47	0.2%
<i>Diseases Of The Circulatory System</i>								
Acute Rheumatic Fever	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Cerebrovascular Disease	714	4.0%	97	5.5%	181	6.1%	992	4.4%
Chronic Rheumatic Heart Disease	70	0.4%	1	0.1%	8	0.3%	79	0.3%
Diseases Of Arteries, Arterioles, And Capillaries	216	1.2%	26	1.5%	53	1.8%	295	1.3%
Diseases Of Pulmonary Circulation	123	0.7%	23	1.3%	23	0.8%	169	0.7%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	302	1.7%	49	2.8%	80	2.7%	431	1.9%
Hypertensive Disease	989	5.5%	136	7.7%	165	5.5%	1,290	5.7%
Ischemic Heart Disease	713	3.9%	52	3.0%	142	4.8%	907	4.0%
Other Forms Of Heart Disease	2,572	14.2%	152	8.6%	461	15.5%	3,185	14.0%
<i>Diseases Of The Digestive System</i>								
Appendicitis	5	0.0%	-	0.0%	3	0.1%	8	0.0%
Diseases Of Esophagus, Stomach, And Duodenum	367	2.0%	73	4.2%	82	2.8%	522	2.3%
Diseases Of Oral Cavity, Salivary Glands, And Jaws	26	0.1%	3	0.2%	3	0.1%	32	0.1%
Hernia Of Abdominal Cavity	59	0.3%	5	0.3%	9	0.3%	73	0.3%
Noninfective Enteritis And Colitis	107	0.6%	11	0.6%	21	0.7%	139	0.6%
Other Diseases Of Digestive System	416	2.3%	87	4.9%	73	2.4%	576	2.5%
Other Diseases Of Intestines And Peritoneum	516	2.9%	89	5.1%	99	3.3%	704	3.1%
<i>Diseases Of The Genitourinary System</i>								
Diseases Of Male Genital Organs	37	0.2%	2	0.1%	11	0.4%	50	0.2%
Disorders Of Breast	-	0.0%	-	0.0%	2	0.1%	2	0.0%
Inflammatory Disease Of Female Pelvic Organs	3	0.0%	-	0.0%	-	0.0%	3	0.0%
Nephritis, Nephrotic Syndrome, And Nephrosis	1,246	6.9%	221	12.6%	262	8.8%	1,729	7.6%
Other Diseases Of Urinary System	1,798	10.0%	255	14.5%	368	12.3%	2,421	10.6%
Other Disorders Of Female Genital Tract	23	0.1%	1	0.1%	2	0.1%	26	0.1%
<i>Diseases Of The Nervous System And Sense Organs</i>								
Diseases Of The Ear And Mastoid Process	23	0.1%	1	0.1%	2	0.1%	26	0.1%
Disorders Of The Eye And Adnexa	64	0.4%	12	0.7%	6	0.2%	82	0.4%
Disorders Of The Peripheral Nervous System	41	0.2%	16	0.9%	13	0.4%	70	0.3%
Hereditary And Degenerative Diseases Of The Central Nervous System	593	3.3%	59	3.4%	86	2.9%	738	3.2%
Inflammatory Diseases Of The Central Nervous System	16	0.1%	10	0.6%	6	0.2%	32	0.1%
Other Disorders Of The Central Nervous System	287	1.6%	213	12.1%	138	4.6%	638	2.8%
Pain	20	0.1%	8	0.5%	16	0.5%	44	0.2%
<i>Diseases Of The Respiratory System</i>								

Wisconsin Department of Health Services
Chart Book: CY08 Diagnosis Occurrences

Draft

Nursing Home Long Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	167,165		15,861		28,166		211,192	
Unique Lives	18,058		1,758		2,981		22,797	
Diagnosis Classification								
Acute Respiratory Infections	47	0.3%	5	0.3%	12	0.4%	64	0.3%
Chronic Obstructive Pulmonary Disease And Allied Conditions	641	3.5%	64	3.6%	177	5.9%	882	3.9%
Other Diseases Of Respiratory System	737	4.1%	148	8.4%	184	6.2%	1,069	4.7%
Other Diseases Of Upper Respiratory Tract	8	0.0%	5	0.3%	3	0.1%	16	0.1%
Pneumoconioses And Other Lung Diseases Due To External Agents	511	2.8%	98	5.6%	125	4.2%	734	3.2%
Pneumonia And Influenza	1,287	7.1%	135	7.7%	280	9.4%	1,702	7.5%
<i>Diseases Of The Skin And Subcutaneous Tissue</i>								
Infections Of Skin And Subcutaneous Tissue	223	1.2%	75	4.3%	78	2.6%	376	1.6%
Other Diseases Of Skin And Subcutaneous Tissue	511	2.8%	121	6.9%	168	5.6%	800	3.5%
Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	24	0.1%	5	0.3%	4	0.1%	33	0.1%
<i>Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders</i>								
Diseases Of Other Endocrine Glands	646	3.6%	172	9.8%	205	6.9%	1,023	4.5%
Disorders Of Thyroid Gland	164	0.9%	12	0.7%	23	0.8%	199	0.9%
Nutritional Deficiencies	209	1.2%	44	2.5%	47	1.6%	300	1.3%
Other Metabolic Disorders And Immunity Disorders	1,455	8.1%	202	11.5%	318	10.7%	1,975	8.7%
<i>Infectious And Parasitic Diseases</i>								
Helminthiasis	-	0.0%	-	0.0%	1	0.0%	1	0.0%
Human Immunodeficiency Virus	-	0.0%	6	0.3%	-	0.0%	6	0.0%
Intestinal Infectious Diseases	133	0.7%	28	1.6%	37	1.2%	198	0.9%
Late Effects Of Infectious And Parasitic Diseases	1	0.0%	1	0.1%	4	0.1%	6	0.0%
Mycoses	112	0.6%	30	1.7%	32	1.1%	174	0.8%
Other Bacterial Diseases	1,011	5.6%	251	14.3%	280	9.4%	1,542	6.8%
Other Diseases Due To Viruses And Chlamydiae	5	0.0%	8	0.5%	5	0.2%	18	0.1%
Other Infectious And Parasitic Diseases	3	0.0%	-	0.0%	-	0.0%	3	0.0%
Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases Of Central Nervous System	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Rickettsioses And Other Arthropod-Borne Diseases	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Syphilis And Other Venereal Diseases	4	0.0%	1	0.1%	2	0.1%	7	0.0%
Tuberculosis	3	0.0%	-	0.0%	-	0.0%	3	0.0%
Viral Diseases Accompanied By Exanthem	24	0.1%	-	0.0%	3	0.1%	27	0.1%
Zoonotic Bacterial Diseases	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Injury And Poisoning</i>								
Burns	2	0.0%	3	0.2%	-	0.0%	5	0.0%
Certain Traumatic Complications And Unspecified Injuries	13	0.1%	1	0.1%	1	0.0%	15	0.1%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	323	1.8%	147	8.4%	130	4.4%	600	2.6%
Contusion With Intact Skin Surface	61	0.3%	4	0.2%	6	0.2%	71	0.3%
Crushing Injury	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Dislocation	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Effects Of Foreign Body Entering Through Orifice	25	0.1%	4	0.2%	2	0.1%	31	0.1%
Fracture Of Lower Limb	410	2.3%	20	1.1%	57	1.9%	487	2.1%
Fracture Of Skull	14	0.1%	-	0.0%	1	0.0%	15	0.1%
Fracture Of Spine And Trunk	114	0.6%	1	0.1%	18	0.6%	133	0.6%
Fracture Of Upper Limb	63	0.3%	4	0.2%	9	0.3%	76	0.3%
Injury To Blood Vessels	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Injury To Nerves And Spinal Cord	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Internal Injury Of Chest, Abdomen, And Pelvis	25	0.1%	5	0.3%	5	0.2%	35	0.2%

Wisconsin Department of Health Services
Chart Book: CY08 Diagnosis Occurrences

Draft

Nursing Home Long Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	167,165		15,861		28,166		211,192	
Unique Lives	18,058		1,758		2,981		22,797	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Intracranial Injury, Excluding Those With Skull Fracture	37	0.2%	3	0.2%	5	0.2%	45	0.2%
Late Effects Of Injuries, Poisonings, Toxic Effects, And Other External Causes	6	0.0%	8	0.5%	3	0.1%	17	0.1%
Open Wound Of Head, Neck, And Trunk	28	0.2%	2	0.1%	4	0.1%	34	0.1%
Open Wound Of Lower Limb	3	0.0%	1	0.1%	2	0.1%	6	0.0%
Open Wound Of Upper Limb	10	0.1%	-	0.0%	1	0.0%	11	0.0%
Other And Unspecified Effects Of External Causes	383	2.1%	103	5.9%	109	3.7%	595	2.6%
Poisoning By Drugs, Medicinals And Biological Substances	16	0.1%	-	0.0%	3	0.1%	19	0.1%
Sprains And Strains Of Joints And Adjacent Muscles	11	0.1%	1	0.1%	6	0.2%	18	0.1%
Superficial Injury	10	0.1%	1	0.1%	1	0.0%	12	0.1%
Toxic Effects Of Substances Chiefly Nonmedicinal As To Source	-	0.0%	2	0.1%	1	0.0%	3	0.0%
<i>Diseases Of The Musculoskeletal System And Connective Tissue</i>								
Arthropathies And Related Disorders	188	1.0%	26	1.5%	35	1.2%	249	1.1%
Dorsopathies	69	0.4%	6	0.3%	16	0.5%	91	0.4%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	228	1.3%	44	2.5%	70	2.3%	342	1.5%
Rheumatism, Excluding The Back	88	0.5%	12	0.7%	20	0.7%	120	0.5%
<i>Mental Disorders</i>								
Intellectual Disabilities	1	0.0%	15	0.9%	9	0.3%	25	0.1%
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Dis	210	1.2%	68	3.9%	72	2.4%	350	1.5%
Organic Psychotic Conditions	1,085	6.0%	56	3.2%	169	5.7%	1,310	5.7%
Other Psychoses	152	0.8%	77	4.4%	111	3.7%	340	1.5%
<i>Neoplasms</i>								
Benign Neoplasms	31	0.2%	2	0.1%	2	0.1%	35	0.2%
Carcinoma In Situ	2	0.0%	1	0.1%	1	0.0%	4	0.0%
Malignant Neoplasm Of Bone, Connective Tissue, Skin, And Breast	23	0.1%	8	0.5%	9	0.3%	40	0.2%
Malignant Neoplasm Of Digestive Organs And Peritoneum	63	0.3%	4	0.2%	13	0.4%	80	0.4%
Malignant Neoplasm Of Genitourinary Organs	51	0.3%	6	0.3%	10	0.3%	67	0.3%
Malignant Neoplasm Of Lip, Oral Cavity, And Pharynx	1	0.0%	1	0.1%	5	0.2%	7	0.0%
Malignant Neoplasm Of Lymphatic And Hematopoietic Tissue	37	0.2%	5	0.3%	9	0.3%	51	0.2%
Malignant Neoplasm Of Other And Unspecified Sites	99	0.5%	21	1.2%	25	0.8%	145	0.6%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	23	0.1%	3	0.2%	10	0.3%	36	0.2%
Neoplasms Of Uncertain Behavior	19	0.1%	1	0.1%	6	0.2%	26	0.1%
Neoplasms Of Unspecified Nature	7	0.0%	-	0.0%	-	0.0%	7	0.0%
<i>Complications Of Pregnancy, Childbirth, And The Puerperium</i>								
Complications Mainly Related To Pregnancy	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Congenital Anomalies</i>								
Bulbus cordis anomalies and anomalies of cardiac septal closure	10	0.1%	7	0.4%	-	0.0%	17	0.1%
Certain congenital musculoskeletal deformities	-	0.0%	-	0.0%	1	0.0%	1	0.0%
Chromosomal anomalies	-	0.0%	11	0.6%	2	0.1%	13	0.1%
Congenital anomalies of eye	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of genital organs	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of respiratory system	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of the integument	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of urinary system	7	0.0%	-	0.0%	2	0.1%	9	0.0%
Other and unspecified congenital anomalies	-	0.0%	3	0.2%	-	0.0%	3	0.0%
Other congenital anomalies of circulatory system	3	0.0%	-	0.0%	-	0.0%	3	0.0%

Wisconsin Department of Health Services

Chart Book: CY08 Diagnosis Occurrences

Nursing Home Long Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	167,165		15,861		28,166		211,192	
Unique Lives	18,058		1,758		2,981		22,797	
Diagnosis Classification								
Other congenital anomalies of digestive system	7	0.0%	-	0.0%	-	0.0%	7	0.0%
Other congenital anomalies of heart	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Other congenital anomalies of limbs	-	0.0%	-	0.0%	1	0.0%	1	0.0%
Other congenital anomalies of nervous system	-	0.0%	2	0.1%	-	0.0%	2	0.0%
Other congenital anomalies of upper alimentary tract	4	0.0%	1	0.1%	1	0.0%	6	0.0%
Other congenital musculoskeletal anomalies	3	0.0%	-	0.0%	-	0.0%	3	0.0%
Spina bifida	1	0.0%	1	0.1%	-	0.0%	2	0.0%
<i>Supplementary Classification Of External Causes Of Injury And Poisoning</i>								
Supplementary Classification Of External Causes Of Injury And Poisoning	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Supp Classification Of Factors Influencing Health Status & Contact With Health Services</i>								
Body Mass Index	54	0.3%	24	1.4%	27	0.9%	105	0.5%
Estrogen Receptor Status	4	0.0%	-	0.0%	-	0.0%	4	0.0%
Other Specified Personal Exposures And History Presenting Hazards To Health	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Persons Encountering Health Services For Specific Procedures And Aftercare	93	0.5%	48	2.7%	24	0.8%	165	0.7%
Persons Encountering Health Services In Other Circumstances	28	0.2%	12	0.7%	8	0.3%	48	0.2%
Persons With A Condition Influencing Their Health Status	95	0.5%	48	2.7%	32	1.1%	175	0.8%
Persons With Potential Health Hazards Related To Communicable Diseases	33	0.2%	8	0.5%	15	0.5%	56	0.2%
Persons With Potential Health Hazards Related To Personal And Family History	88	0.5%	10	0.6%	21	0.7%	119	0.5%
Persons Without Reported Diagnosis Encountered During Examination And Interview	2	0.0%	2	0.1%	1	0.0%	5	0.0%
<i>Symptoms, Signs, And Ill-Defined Conditions</i>								
Ill-Defined And Unknown Causes Of Morbidity And Mortality	165	0.9%	20	1.1%	32	1.1%	217	1.0%
Nonspecific Abnormal Findings	119	0.7%	21	1.2%	30	1.0%	170	0.7%
Symptoms	1,154	6.4%	213	12.1%	276	9.3%	1,643	7.2%
Total	25,628		4,176		5,867		35,671	

Wisconsin Department of Health Services

Chart Book: CY09 Diagnosis Occurrences

Nursing Home Long Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	162,101		15,580		26,903		204,584	
Unique Lives	17,634		1,700		2,845		22,179	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
<i>Diseases Of The Blood And Blood-Forming Organs</i>								
Acquired hemolytic anemias	4	0.0%	-	0.0%	1	0.0%	5	0.0%
Aplastic anemia and other bone marrow failure syndromes	21	0.1%	11	0.6%	8	0.3%	40	0.2%
Coagulation defects	21	0.1%	3	0.2%	2	0.1%	26	0.1%
Diseases of white blood cells	35	0.2%	1	0.1%	9	0.3%	45	0.2%
Hereditary hemolytic anemias	-	0.0%	7	0.4%	-	0.0%	7	0.0%
Iron deficiency anemias	103	0.6%	8	0.5%	13	0.5%	124	0.6%
Other and unspecified anemias	489	2.8%	34	2.0%	88	3.1%	611	2.8%
Other deficiency anemias	14	0.1%	-	0.0%	5	0.2%	19	0.1%
Other diseases of blood and blood-forming organs	13	0.1%	4	0.2%	2	0.1%	19	0.1%
Purpura and other hemorrhagic conditions	37	0.2%	2	0.1%	6	0.2%	45	0.2%
<i>Diseases Of The Circulatory System</i>								
Acute Rheumatic Fever	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Cerebrovascular Disease	620	3.5%	87	5.1%	133	4.7%	840	3.8%
Chronic Rheumatic Heart Disease	35	0.2%	-	0.0%	6	0.2%	41	0.2%
Diseases Of Arteries, Arterioles, And Capillaries	196	1.1%	25	1.5%	39	1.4%	260	1.2%
Diseases Of Pulmonary Circulation	104	0.6%	15	0.9%	21	0.7%	140	0.6%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	306	1.7%	37	2.2%	66	2.3%	409	1.8%
Hypertensive Disease	970	5.5%	113	6.6%	137	4.8%	1,220	5.5%
Ischemic Heart Disease	665	3.8%	41	2.4%	115	4.0%	821	3.7%
Other Forms Of Heart Disease	2,426	13.8%	136	8.0%	427	15.0%	2,989	13.5%
<i>Diseases Of The Digestive System</i>								
Appendicitis	4	0.0%	-	0.0%	3	0.1%	7	0.0%
Diseases Of Esophagus, Stomach, And Duodenum	306	1.7%	44	2.6%	78	2.7%	428	1.9%
Diseases Of Oral Cavity, Salivary Glands, And Jaws	12	0.1%	6	0.4%	1	0.0%	19	0.1%
Hernia Of Abdominal Cavity	55	0.3%	6	0.4%	9	0.3%	70	0.3%
Noninfective Enteritis And Colitis	105	0.6%	12	0.7%	19	0.7%	136	0.6%
Other Diseases Of Digestive System	428	2.4%	69	4.1%	95	3.3%	592	2.7%
Other Diseases Of Intestines And Peritoneum	484	2.7%	72	4.2%	113	4.0%	669	3.0%
<i>Diseases Of The Genitourinary System</i>								
Diseases Of Male Genital Organs	47	0.3%	10	0.6%	9	0.3%	66	0.3%
Disorders Of Breast	2	0.0%	1	0.1%	-	0.0%	3	0.0%
Inflammatory Disease Of Female Pelvic Organs	1	0.0%	2	0.1%	2	0.1%	5	0.0%
Nephritis, Nephrotic Syndrome, And Nephrosis	1,312	7.4%	226	13.3%	280	9.8%	1,818	8.2%
Other Diseases Of Urinary System	1,688	9.6%	219	12.9%	360	12.7%	2,267	10.2%
Other Disorders Of Female Genital Tract	19	0.1%	2	0.1%	6	0.2%	27	0.1%
<i>Diseases Of The Nervous System And Sense Organs</i>								
Diseases Of The Ear And Mastoid Process	22	0.1%	1	0.1%	12	0.4%	35	0.2%
Disorders Of The Eye And Adnexa	49	0.3%	4	0.2%	7	0.2%	60	0.3%
Disorders Of The Peripheral Nervous System	29	0.2%	20	1.2%	9	0.3%	58	0.3%
Hereditary And Degenerative Diseases Of The Central Nervous System	538	3.1%	54	3.2%	82	2.9%	674	3.0%
Inflammatory Diseases Of The Central Nervous System	17	0.1%	9	0.5%	10	0.4%	36	0.2%
Other Disorders Of The Central Nervous System	340	1.9%	228	13.4%	155	5.4%	723	3.3%
Pain	32	0.2%	4	0.2%	3	0.1%	39	0.2%
<i>Diseases Of The Respiratory System</i>								

Wisconsin Department of Health Services
Chart Book: CY09 Diagnosis Occurrences

Draft

Nursing Home Long Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	162,101		15,580		26,903		204,584	
Unique Lives	17,634		1,700		2,845		22,179	
Diagnosis Classification								
Acute Respiratory Infections	57	0.3%	4	0.2%	9	0.3%	70	0.3%
Chronic Obstructive Pulmonary Disease And Allied Conditions	694	3.9%	62	3.6%	168	5.9%	924	4.2%
Other Diseases Of Respiratory System	691	3.9%	150	8.8%	165	5.8%	1,006	4.5%
Other Diseases Of Upper Respiratory Tract	5	0.0%	4	0.2%	2	0.1%	11	0.0%
Pneumoconioses And Other Lung Diseases Due To External Agents	512	2.9%	78	4.6%	93	3.3%	683	3.1%
Pneumonia And Influenza	1,117	6.3%	142	8.4%	250	8.8%	1,509	6.8%
<i>Diseases Of The Skin And Subcutaneous Tissue</i>								
Infections Of Skin And Subcutaneous Tissue	255	1.4%	65	3.8%	74	2.6%	394	1.8%
Other Diseases Of Skin And Subcutaneous Tissue	383	2.2%	127	7.5%	123	4.3%	633	2.9%
Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	29	0.2%	7	0.4%	4	0.1%	40	0.2%
<i>Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders</i>								
Diseases Of Other Endocrine Glands	560	3.2%	138	8.1%	145	5.1%	843	3.8%
Disorders Of Thyroid Gland	114	0.6%	7	0.4%	23	0.8%	144	0.6%
Nutritional Deficiencies	177	1.0%	39	2.3%	45	1.6%	261	1.2%
Other Metabolic Disorders And Immunity Disorders	1,383	7.8%	179	10.5%	323	11.4%	1,885	8.5%
<i>Infectious And Parasitic Diseases</i>								
Helminthiases	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Human Immunodeficiency Virus	-	0.0%	2	0.1%	-	0.0%	2	0.0%
Intestinal Infectious Diseases	121	0.7%	18	1.1%	27	0.9%	166	0.7%
Late Effects Of Infectious And Parasitic Diseases	3	0.0%	-	0.0%	2	0.1%	5	0.0%
Mycoses	82	0.5%	16	0.9%	19	0.7%	117	0.5%
Other Bacterial Diseases	1,053	6.0%	257	15.1%	241	8.5%	1,551	7.0%
Other Diseases Due To Viruses And Chlamydiae	15	0.1%	11	0.6%	1	0.0%	27	0.1%
Other Infectious And Parasitic Diseases	1	0.0%	2	0.1%	-	0.0%	3	0.0%
Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases Of Central Nervous System	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Rickettsioses And Other Arthropod-Borne Diseases	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Syphilis And Other Venereal Diseases	5	0.0%	1	0.1%	1	0.0%	7	0.0%
Tuberculosis	1	0.0%	-	0.0%	3	0.1%	4	0.0%
Viral Diseases Accompanied By Exanthem	22	0.1%	1	0.1%	4	0.1%	27	0.1%
Zoonotic Bacterial Diseases	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Burns</i>								
Burns	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Certain Traumatic Complications And Unspecified Injuries	19	0.1%	-	0.0%	8	0.3%	27	0.1%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	323	1.8%	149	8.8%	95	3.3%	567	2.6%
Contusion With Intact Skin Surface	71	0.4%	-	0.0%	12	0.4%	83	0.4%
Crushing Injury	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Dislocation	3	0.0%	-	0.0%	-	0.0%	3	0.0%
Effects Of Foreign Body Entering Through Orifice	19	0.1%	4	0.2%	5	0.2%	28	0.1%
Fracture Of Lower Limb	370	2.1%	29	1.7%	43	1.5%	442	2.0%
Fracture Of Skull	16	0.1%	-	0.0%	2	0.1%	18	0.1%
Fracture Of Spine And Trunk	113	0.6%	4	0.2%	5	0.2%	122	0.6%
Fracture Of Upper Limb	46	0.3%	1	0.1%	9	0.3%	56	0.3%
Injury To Blood Vessels	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Injury To Nerves And Spinal Cord	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Internal Injury Of Chest, Abdomen, And Pelvis	13	0.1%	2	0.1%	3	0.1%	18	0.1%

Wisconsin Department of Health Services

Chart Book: CY09 Diagnosis Occurrences

Nursing Home Long Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	162,101		15,580		26,903		204,584	
Unique Lives	17,634		1,700		2,845		22,179	
Diagnosis Classification								
Intracranial Injury, Excluding Those With Skull Fracture	50	0.3%	5	0.3%	6	0.2%	61	0.3%
Late Effects Of Injuries, Poisonings, Toxic Effects, And Other External Causes	5	0.0%	13	0.8%	4	0.1%	22	0.1%
Open Wound Of Head, Neck, And Trunk	36	0.2%	-	0.0%	2	0.1%	38	0.2%
Open Wound Of Lower Limb	4	0.0%	1	0.1%	2	0.1%	7	0.0%
Open Wound Of Upper Limb	10	0.1%	1	0.1%	-	0.0%	11	0.0%
Other And Unspecified Effects Of External Causes	408	2.3%	120	7.1%	92	3.2%	620	2.8%
Poisoning By Drugs, Medicinals And Biological Substances	8	0.0%	10	0.6%	3	0.1%	21	0.1%
Sprains And Strains Of Joints And Adjacent Muscles	11	0.1%	1	0.1%	2	0.1%	14	0.1%
Superficial Injury	9	0.1%	1	0.1%	2	0.1%	12	0.1%
Toxic Effects Of Substances Chiefly Nonmedicinal As To Source	-	0.0%	1	0.1%	-	0.0%	1	0.0%
<i>Diseases Of The Musculoskeletal System And Connective Tissue</i>								
Arthropathies And Related Disorders	163	0.9%	37	2.2%	40	1.4%	240	1.1%
Dorsopathies	78	0.4%	21	1.2%	20	0.7%	119	0.5%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	214	1.2%	68	4.0%	54	1.9%	336	1.5%
Rheumatism, Excluding The Back	82	0.5%	12	0.7%	16	0.6%	110	0.5%
<i>Mental Disorders</i>								
Intellectual Disabilities	3	0.0%	9	0.5%	6	0.2%	18	0.1%
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Dis	189	1.1%	77	4.5%	33	1.2%	299	1.3%
Organic Psychotic Conditions	965	5.5%	52	3.1%	146	5.1%	1,163	5.2%
Other Psychoses	127	0.7%	76	4.5%	97	3.4%	300	1.4%
<i>Neoplasms</i>								
Benign Neoplasms	26	0.1%	2	0.1%	8	0.3%	36	0.2%
Carcinoma In Situ	2	0.0%	-	0.0%	-	0.0%	2	0.0%
Malignant Neoplasm Of Bone, Connective Tissue, Skin, And Breast	21	0.1%	2	0.1%	5	0.2%	28	0.1%
Malignant Neoplasm Of Digestive Organs And Peritoneum	54	0.3%	5	0.3%	6	0.2%	65	0.3%
Malignant Neoplasm Of Genitourinary Organs	37	0.2%	3	0.2%	10	0.4%	50	0.2%
Malignant Neoplasm Of Lip, Oral Cavity, And Pharynx	3	0.0%	1	0.1%	-	0.0%	4	0.0%
Malignant Neoplasm Of Lymphatic And Hematopoietic Tissue	66	0.4%	4	0.2%	10	0.4%	80	0.4%
Malignant Neoplasm Of Other And Unspecified Sites	95	0.5%	10	0.6%	14	0.5%	119	0.5%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	21	0.1%	5	0.3%	7	0.2%	33	0.1%
Neoplasms Of Uncertain Behavior	21	0.1%	1	0.1%	5	0.2%	27	0.1%
Neoplasms Of Unspecified Nature	5	0.0%	1	0.1%	-	0.0%	6	0.0%
<i>Complications Of Pregnancy, Childbirth, And The Puerperium</i>								
Complications Mainly Related To Pregnancy	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Congenital Anomalies</i>								
Bulbus cordis anomalies and anomalies of cardiac septal closure	6	0.0%	-	0.0%	2	0.1%	8	0.0%
Certain congenital musculoskeletal deformities	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Chromosomal anomalies	-	0.0%	4	0.2%	-	0.0%	4	0.0%
Congenital anomalies of eye	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of genital organs	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of respiratory system	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Congenital anomalies of the integument	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of urinary system	8	0.0%	1	0.1%	3	0.1%	12	0.1%
Other and unspecified congenital anomalies	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Other congenital anomalies of circulatory system	-	0.0%	-	0.0%	-	0.0%	-	0.0%

Wisconsin Department of Health Services
Chart Book: CY09 Diagnosis Occurrences

Draft

Nursing Home Long Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
Exposure Months	162,101		15,580		26,903		204,584	
Unique Lives	17,634		1,700		2,845		22,179	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Other congenital anomalies of digestive system	4	0.0%	1	0.1%	2	0.1%	7	0.0%
Other congenital anomalies of heart	-	0.0%	-	0.0%	1	0.0%	1	0.0%
Other congenital anomalies of limbs	-	0.0%	-	0.0%	1	0.0%	1	0.0%
Other congenital anomalies of nervous system	-	0.0%	1	0.1%	1	0.0%	2	0.0%
Other congenital anomalies of upper alimentary tract	1	0.0%	-	0.0%	2	0.1%	3	0.0%
Other congenital musculoskeletal anomalies	1	0.0%	1	0.1%	-	0.0%	2	0.0%
Spina bifida	1	0.0%	2	0.1%	-	0.0%	3	0.0%
<i>Supplementary Classification Of External Causes Of Injury And Poisoning</i>								
Supplementary Classification Of External Causes Of Injury And Poisoning	3	0.0%	1	0.1%	1	0.0%	5	0.0%
<i>Supp Classification Of Factors Influencing Health Status & Contact With Health Services</i>								
Body Mass Index	52	0.3%	15	0.9%	29	1.0%	96	0.4%
Estrogen Receptor Status	2	0.0%	-	0.0%	-	0.0%	2	0.0%
Other Specified Personal Exposures And History Presenting Hazards To Health	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Persons Encountering Health Services For Specific Procedures And Aftercare	114	0.6%	26	1.5%	21	0.7%	161	0.7%
Persons Encountering Health Services In Other Circumstances	55	0.3%	9	0.5%	5	0.2%	69	0.3%
Persons With A Condition Influencing Their Health Status	117	0.7%	50	2.9%	44	1.5%	211	1.0%
Persons With Potential Health Hazards Related To Communicable Diseases	13	0.1%	4	0.2%	3	0.1%	20	0.1%
Persons With Potential Health Hazards Related To Personal And Family History	78	0.4%	23	1.4%	22	0.8%	123	0.6%
Persons Without Reported Diagnosis Encountered During Examination And Interview	1	0.0%	-	0.0%	1	0.0%	2	0.0%
<i>Symptoms, Signs, And Ill-Defined Conditions</i>								
Ill-Defined And Unknown Causes Of Morbidity And Mortality	146	0.8%	24	1.4%	42	1.5%	212	1.0%
Nonspecific Abnormal Findings	127	0.7%	23	1.4%	23	0.8%	173	0.8%
Symptoms	1,006	5.7%	206	12.1%	265	9.3%	1,477	6.7%
Total	24,274		3,945		5,293		33,512	

Wisconsin Department of Health Services

Chart Book: CY10 Diagnosis Occurrences

Nursing Home Long Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	152,871		15,124		25,134		193,129	
Unique Lives	16,418		1,753		2,632		20,803	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
<i>Diseases Of The Blood And Blood-Forming Organs</i>								
Acquired hemolytic anemias	6	0.0%	1	0.1%	1	0.0%	8	0.0%
Aplastic anemia and other bone marrow failure syndromes	24	0.1%	10	0.6%	10	0.4%	44	0.2%
Coagulation defects	8	0.0%	16	0.9%	2	0.1%	26	0.1%
Diseases of white blood cells	32	0.2%	8	0.5%	3	0.1%	43	0.2%
Hereditary hemolytic anemias	-	0.0%	2	0.1%	-	0.0%	2	0.0%
Iron deficiency anemias	83	0.5%	5	0.3%	11	0.4%	99	0.5%
Other and unspecified anemias	416	2.5%	39	2.2%	66	2.5%	521	2.5%
Other deficiency anemias	10	0.1%	-	0.0%	5	0.2%	15	0.1%
Other diseases of blood and blood-forming organs	10	0.1%	3	0.2%	-	0.0%	13	0.1%
Purpura and other hemorrhagic conditions	38	0.2%	8	0.5%	6	0.2%	52	0.2%
<i>Diseases Of The Circulatory System</i>								
Acute Rheumatic Fever	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Cerebrovascular Disease	557	3.4%	116	6.6%	126	4.8%	799	3.8%
Chronic Rheumatic Heart Disease	14	0.1%	-	0.0%	6	0.2%	20	0.1%
Diseases Of Arteries, Arterioles, And Capillaries	134	0.8%	16	0.9%	36	1.4%	186	0.9%
Diseases Of Pulmonary Circulation	100	0.6%	17	1.0%	8	0.3%	125	0.6%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	259	1.6%	46	2.6%	59	2.2%	364	1.7%
Hypertensive Disease	794	4.8%	103	5.9%	155	5.9%	1,052	5.1%
Ischemic Heart Disease	563	3.4%	45	2.6%	111	4.2%	719	3.5%
Other Forms Of Heart Disease	2,191	13.3%	160	9.1%	403	15.3%	2,754	13.2%
<i>Diseases Of The Digestive System</i>								
Appendicitis	6	0.0%	1	0.1%	1	0.0%	8	0.0%
Diseases Of Esophagus, Stomach, And Duodenum	264	1.6%	57	3.3%	45	1.7%	366	1.8%
Diseases Of Oral Cavity, Salivary Glands, And Jaws	17	0.1%	2	0.1%	1	0.0%	20	0.1%
Hernia Of Abdominal Cavity	56	0.3%	8	0.5%	8	0.3%	72	0.3%
Noninfective Enteritis And Colitis	93	0.6%	14	0.8%	13	0.5%	120	0.6%
Other Diseases Of Digestive System	402	2.4%	55	3.1%	84	3.2%	541	2.6%
Other Diseases Of Intestines And Peritoneum	422	2.6%	60	3.4%	86	3.3%	568	2.7%
<i>Diseases Of The Genitourinary System</i>								
Diseases Of Male Genital Organs	35	0.2%	3	0.2%	5	0.2%	43	0.2%
Disorders Of Breast	-	0.0%	-	0.0%	1	0.0%	1	0.0%
Inflammatory Disease Of Female Pelvic Organs	4	0.0%	2	0.1%	-	0.0%	6	0.0%
Nephritis, Nephrotic Syndrome, And Nephrosis	1,263	7.7%	239	13.6%	307	11.7%	1,809	8.7%
Other Diseases Of Urinary System	1,445	8.8%	249	14.2%	316	12.0%	2,010	9.7%
Other Disorders Of Female Genital Tract	16	0.1%	5	0.3%	2	0.1%	23	0.1%
<i>Diseases Of The Nervous System And Sense Organs</i>								
Diseases Of The Ear And Mastoid Process	16	0.1%	-	0.0%	-	0.0%	16	0.1%
Disorders Of The Eye And Adnexa	36	0.2%	3	0.2%	7	0.3%	46	0.2%
Disorders Of The Peripheral Nervous System	34	0.2%	31	1.8%	7	0.3%	72	0.3%
Hereditary And Degenerative Diseases Of The Central Nervous System	409	2.5%	31	1.8%	75	2.8%	515	2.5%
Inflammatory Diseases Of The Central Nervous System	11	0.1%	7	0.4%	8	0.3%	26	0.1%
Other Disorders Of The Central Nervous System	368	2.2%	236	13.5%	102	3.9%	706	3.4%
Pain	26	0.2%	4	0.2%	11	0.4%	41	0.2%
<i>Diseases Of The Respiratory System</i>								

Wisconsin Department of Health Services

Chart Book: CY10 Diagnosis Occurrences

Nursing Home Long Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	152,871		15,124		25,134		193,129	
Unique Lives	16,418		1,753		2,632		20,803	
Diagnosis Classification								
Acute Respiratory Infections	33	0.2%	5	0.3%	5	0.2%	43	0.2%
Chronic Obstructive Pulmonary Disease And Allied Conditions	571	3.5%	68	3.9%	140	5.3%	779	3.7%
Other Diseases Of Respiratory System	740	4.5%	188	10.7%	187	7.1%	1,115	5.4%
Other Diseases Of Upper Respiratory Tract	6	0.0%	1	0.1%	5	0.2%	12	0.1%
Pneumoconioses And Other Lung Diseases Due To External Agents	414	2.5%	87	5.0%	101	3.8%	602	2.9%
Pneumonia And Influenza	998	6.1%	147	8.4%	227	8.6%	1,372	6.6%
<i>Diseases Of The Skin And Subcutaneous Tissue</i>								
Infections Of Skin And Subcutaneous Tissue	250	1.5%	87	5.0%	55	2.1%	392	1.9%
Other Diseases Of Skin And Subcutaneous Tissue	284	1.7%	137	7.8%	89	3.4%	510	2.5%
Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	10	0.1%	5	0.3%	2	0.1%	17	0.1%
<i>Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders</i>								
Diseases Of Other Endocrine Glands	488	3.0%	129	7.4%	147	5.6%	764	3.7%
Disorders Of Thyroid Gland	104	0.6%	7	0.4%	22	0.8%	133	0.6%
Nutritional Deficiencies	185	1.1%	50	2.9%	40	1.5%	275	1.3%
Other Metabolic Disorders And Immunity Disorders	1,156	7.0%	197	11.2%	226	8.6%	1,579	7.6%
<i>Infectious And Parasitic Diseases</i>								
Helminthiases	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Human Immunodeficiency Virus	-	0.0%	3	0.2%	1	0.0%	4	0.0%
Intestinal Infectious Diseases	95	0.6%	22	1.3%	24	0.9%	141	0.7%
Late Effects Of Infectious And Parasitic Diseases	2	0.0%	-	0.0%	1	0.0%	3	0.0%
Mycoses	79	0.5%	19	1.1%	19	0.7%	117	0.6%
Other Bacterial Diseases	976	5.9%	295	16.8%	270	10.3%	1,541	7.4%
Other Diseases Due To Viruses And Chlamydiae	8	0.0%	9	0.5%	4	0.2%	21	0.1%
Other Infectious And Parasitic Diseases	4	0.0%	-	0.0%	2	0.1%	6	0.0%
Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases Of Central Nervous System	3	0.0%	-	0.0%	-	0.0%	3	0.0%
Rickettsioses And Other Arthropod-Borne Diseases	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Syphilis And Other Venereal Diseases	1	0.0%	-	0.0%	2	0.1%	3	0.0%
Tuberculosis	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Viral Diseases Accompanied By Exanthem	21	0.1%	-	0.0%	4	0.2%	25	0.1%
Zoonotic Bacterial Diseases	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Certain Traumatic Complications And Unspecified Injuries</i>								
Burns	1	0.0%	4	0.2%	2	0.1%	7	0.0%
Certain Traumatic Complications And Unspecified Injuries	9	0.1%	1	0.1%	1	0.0%	11	0.1%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	301	1.8%	168	9.6%	115	4.4%	584	2.8%
Contusion With Intact Skin Surface	51	0.3%	6	0.3%	5	0.2%	62	0.3%
Crushing Injury	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Dislocation	1	0.0%	1	0.1%	1	0.0%	3	0.0%
Effects Of Foreign Body Entering Through Orifice	23	0.1%	4	0.2%	7	0.3%	34	0.2%
Fracture Of Lower Limb	310	1.9%	38	2.2%	54	2.1%	402	1.9%
Fracture Of Skull	9	0.1%	-	0.0%	1	0.0%	10	0.0%
Fracture Of Spine And Trunk	102	0.6%	9	0.5%	8	0.3%	119	0.6%
Fracture Of Upper Limb	37	0.2%	6	0.3%	6	0.2%	49	0.2%
Injury To Blood Vessels	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Injury To Nerves And Spinal Cord	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Internal Injury Of Chest, Abdomen, And Pelvis	18	0.1%	2	0.1%	1	0.0%	21	0.1%

Wisconsin Department of Health Services

Chart Book: CY10 Diagnosis Occurrences

Nursing Home Long Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
Exposure Months	152,871		15,124		25,134		193,129	
Unique Lives	16,418		1,753		2,632		20,803	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Intracranial Injury, Excluding Those With Skull Fracture	30	0.2%	1	0.1%	8	0.3%	39	0.2%
Late Effects Of Injuries, Poisonings, Toxic Effects, And Other External Causes	3	0.0%	5	0.3%	3	0.1%	11	0.1%
Open Wound Of Head, Neck, And Trunk	36	0.2%	-	0.0%	1	0.0%	37	0.2%
Open Wound Of Lower Limb	6	0.0%	-	0.0%	1	0.0%	7	0.0%
Open Wound Of Upper Limb	2	0.0%	-	0.0%	-	0.0%	2	0.0%
Other And Unspecified Effects Of External Causes	350	2.1%	118	6.7%	120	4.6%	588	2.8%
Poisoning By Drugs, Medicinals And Biological Substances	8	0.0%	11	0.6%	2	0.1%	21	0.1%
Sprains And Strains Of Joints And Adjacent Muscles	12	0.1%	4	0.2%	3	0.1%	19	0.1%
Superficial Injury	14	0.1%	2	0.1%	-	0.0%	16	0.1%
Toxic Effects Of Substances Chiefly Nonmedicinal As To Source	1	0.0%	-	0.0%	-	0.0%	1	0.0%
<i>Diseases Of The Musculoskeletal System And Connective Tissue</i>								
Arthropathies And Related Disorders	126	0.8%	22	1.3%	26	1.0%	174	0.8%
Dorsopathies	46	0.3%	5	0.3%	17	0.6%	68	0.3%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	168	1.0%	42	2.4%	40	1.5%	250	1.2%
Rheumatism, Excluding The Back	80	0.5%	15	0.9%	17	0.6%	112	0.5%
<i>Mental Disorders</i>								
Intellectual Disabilities	-	0.0%	6	0.3%	3	0.1%	9	0.0%
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Dis	157	1.0%	65	3.7%	47	1.8%	269	1.3%
Organic Psychotic Conditions	758	4.6%	46	2.6%	133	5.1%	937	4.5%
Other Psychoses	135	0.8%	71	4.1%	76	2.9%	282	1.4%
<i>Neoplasms</i>								
Benign Neoplasms	13	0.1%	2	0.1%	10	0.4%	25	0.1%
Carcinoma In Situ	1	0.0%	-	0.0%	1	0.0%	2	0.0%
Malignant Neoplasm Of Bone, Connective Tissue, Skin, And Breast	22	0.1%	1	0.1%	3	0.1%	26	0.1%
Malignant Neoplasm Of Digestive Organs And Peritoneum	38	0.2%	10	0.6%	7	0.3%	55	0.3%
Malignant Neoplasm Of Genitourinary Organs	20	0.1%	3	0.2%	11	0.4%	34	0.2%
Malignant Neoplasm Of Lip, Oral Cavity, And Pharynx	3	0.0%	-	0.0%	-	0.0%	3	0.0%
Malignant Neoplasm Of Lymphatic And Hematopoietic Tissue	47	0.3%	1	0.1%	15	0.6%	63	0.3%
Malignant Neoplasm Of Other And Unspecified Sites	76	0.5%	19	1.1%	10	0.4%	105	0.5%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	24	0.1%	6	0.3%	8	0.3%	38	0.2%
Neoplasms Of Uncertain Behavior	12	0.1%	3	0.2%	4	0.2%	19	0.1%
Neoplasms Of Unspecified Nature	3	0.0%	-	0.0%	1	0.0%	4	0.0%
<i>Complications Of Pregnancy, Childbirth, And The Puerperium</i>								
Complications Mainly Related To Pregnancy	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Congenital Anomalies</i>								
Bulbus cordis anomalies and anomalies of cardiac septal closure	3	0.0%	2	0.1%	-	0.0%	5	0.0%
Certain congenital musculoskeletal deformities	-	0.0%	3	0.2%	-	0.0%	3	0.0%
Chromosomal anomalies	-	0.0%	1	0.1%	3	0.1%	4	0.0%
Congenital anomalies of eye	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of genital organs	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of respiratory system	-	0.0%	-	0.0%	1	0.0%	1	0.0%
Congenital anomalies of the integument	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of urinary system	6	0.0%	2	0.1%	1	0.0%	9	0.0%
Other and unspecified congenital anomalies	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Other congenital anomalies of circulatory system	3	0.0%	-	0.0%	-	0.0%	3	0.0%

Wisconsin Department of Health Services
Chart Book: CY10 Diagnosis Occurrences

Draft

Nursing Home Long Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
Exposure Months	152,871		15,124		25,134		193,129	
Unique Lives	16,418		1,753		2,632		20,803	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Other congenital anomalies of digestive system	3	0.0%	-	0.0%	1	0.0%	4	0.0%
Other congenital anomalies of heart	2	0.0%	-	0.0%	-	0.0%	2	0.0%
Other congenital anomalies of limbs	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Other congenital anomalies of nervous system	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other congenital anomalies of upper alimentary tract	7	0.0%	-	0.0%	-	0.0%	7	0.0%
Other congenital musculoskeletal anomalies	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Spina bifida	-	0.0%	4	0.2%	-	0.0%	4	0.0%
<i>Supplementary Classification Of External Causes Of Injury And Poisoning</i>								
Supplementary Classification Of External Causes Of Injury And Poisoning	17	0.1%	1	0.1%	4	0.2%	22	0.1%
<i>Supp Classification Of Factors Influencing Health Status & Contact With Health Services</i>								
Body Mass Index	66	0.4%	48	2.7%	23	0.9%	137	0.7%
Estrogen Receptor Status	2	0.0%	-	0.0%	-	0.0%	2	0.0%
Other Specified Personal Exposures And History Presenting Hazards To Health	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Persons Encountering Health Services For Specific Procedures And Aftercare	83	0.5%	23	1.3%	22	0.8%	128	0.6%
Persons Encountering Health Services In Other Circumstances	68	0.4%	10	0.6%	10	0.4%	88	0.4%
Persons With A Condition Influencing Their Health Status	93	0.6%	36	2.1%	30	1.1%	159	0.8%
Persons With Potential Health Hazards Related To Communicable Diseases	14	0.1%	1	0.1%	4	0.2%	19	0.1%
Persons With Potential Health Hazards Related To Personal And Family History	84	0.5%	20	1.1%	15	0.6%	119	0.6%
Persons Without Reported Diagnosis Encountered During Examination And Interview	1	0.0%	-	0.0%	-	0.0%	1	0.0%
<i>Symptoms, Signs, And Ill-Defined Conditions</i>								
Ill-Defined And Unknown Causes Of Morbidity And Mortality	136	0.8%	18	1.0%	31	1.2%	185	0.9%
Nonspecific Abnormal Findings	150	0.9%	21	1.2%	27	1.0%	198	1.0%
Symptoms	1,001	6.1%	220	12.5%	243	9.2%	1,464	7.0%
Total	21,382		4,169		4,843		30,394	

Wisconsin Department of Health Services

Chart Book: CY08 Diagnosis Occurrences

Nursing Home Short Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	12,914		2,493		2,110		17,517	
Unique Lives	6,783		1,506		1,135		9,424	
Diagnosis Classification								
<i>Diseases Of The Blood And Blood-Forming Organs</i>								
Acquired hemolytic anemias	6	0.1%	-	0.0%	1	0.1%	7	0.1%
Aplastic anemia and other bone marrow failure syndromes	15	0.2%	7	0.5%	4	0.4%	26	0.3%
Coagulation defects	6	0.1%	4	0.3%	2	0.2%	12	0.1%
Diseases of white blood cells	14	0.2%	6	0.4%	-	0.0%	20	0.2%
Hereditary hemolytic anemias	1	0.0%	5	0.3%	-	0.0%	6	0.1%
Iron deficiency anemias	47	0.7%	7	0.5%	7	0.6%	61	0.6%
Other and unspecified anemias	203	3.0%	50	3.3%	52	4.6%	305	3.2%
Other deficiency anemias	8	0.1%	2	0.1%	-	0.0%	10	0.1%
Other diseases of blood and blood-forming organs	6	0.1%	4	0.3%	1	0.1%	11	0.1%
Purpura and other hemorrhagic conditions	11	0.2%	5	0.3%	3	0.3%	19	0.2%
<i>Diseases Of The Circulatory System</i>								
Acute Rheumatic Fever	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Cerebrovascular Disease	246	3.6%	44	2.9%	57	5.0%	347	3.7%
Chronic Rheumatic Heart Disease	25	0.4%	1	0.1%	3	0.3%	29	0.3%
Diseases Of Arteries, Arterioles, And Capillaries	91	1.3%	15	1.0%	20	1.8%	126	1.3%
Diseases Of Pulmonary Circulation	67	1.0%	17	1.1%	11	1.0%	95	1.0%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	129	1.9%	34	2.3%	26	2.3%	189	2.0%
Hypertensive Disease	454	6.7%	128	8.5%	78	6.9%	660	7.0%
Ischemic Heart Disease	329	4.9%	46	3.1%	74	6.5%	449	4.8%
Other Forms Of Heart Disease	1,038	15.3%	123	8.2%	191	16.8%	1,352	14.3%
<i>Diseases Of The Digestive System</i>								
Appendicitis	1	0.0%	1	0.1%	-	0.0%	2	0.0%
Diseases Of Esophagus, Stomach, And Duodenum	95	1.4%	50	3.3%	27	2.4%	172	1.8%
Diseases Of Oral Cavity, Salivary Glands, And Jaws	3	0.0%	2	0.1%	2	0.2%	7	0.1%
Hernia Of Abdominal Cavity	18	0.3%	10	0.7%	8	0.7%	36	0.4%
Noninfective Enteritis And Colitis	62	0.9%	14	0.9%	8	0.7%	84	0.9%
Other Diseases Of Digestive System	164	2.4%	58	3.9%	32	2.8%	254	2.7%
Other Diseases Of Intestines And Peritoneum	194	2.9%	40	2.7%	37	3.3%	271	2.9%
<i>Diseases Of The Genitourinary System</i>								
Diseases Of Male Genital Organs	10	0.1%	4	0.3%	2	0.2%	16	0.2%
Disorders Of Breast	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Inflammatory Disease Of Female Pelvic Organs	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Nephritis, Nephrotic Syndrome, And Nephrosis	558	8.2%	136	9.0%	104	9.2%	798	8.5%
Other Diseases Of Urinary System	575	8.5%	82	5.4%	100	8.8%	757	8.0%
Other Disorders Of Female Genital Tract	13	0.2%	1	0.1%	1	0.1%	15	0.2%
<i>Diseases Of The Nervous System And Sense Organs</i>								
Diseases Of The Ear And Mastoid Process	11	0.2%	-	0.0%	-	0.0%	11	0.1%
Disorders Of The Eye And Adnexa	14	0.2%	4	0.3%	4	0.4%	22	0.2%
Disorders Of The Peripheral Nervous System	23	0.3%	19	1.3%	7	0.6%	49	0.5%
Hereditary And Degenerative Diseases Of The Central Nervous System	154	2.3%	27	1.8%	27	2.4%	208	2.2%
Inflammatory Diseases Of The Central Nervous System	6	0.1%	9	0.6%	4	0.4%	19	0.2%
Other Disorders Of The Central Nervous System	111	1.6%	90	6.0%	39	3.4%	240	2.5%
Pain	20	0.3%	18	1.2%	9	0.8%	47	0.5%
<i>Diseases Of The Respiratory System</i>								

Wisconsin Department of Health Services

Chart Book: CY08 Diagnosis Occurrences

Nursing Home Short Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	12,914		2,493		2,110		17,517	
Unique Lives	6,783		1,506		1,135		9,424	
Diagnosis Classification								
Acute Respiratory Infections	22	0.3%	2	0.1%	8	0.7%	32	0.3%
Chronic Obstructive Pulmonary Disease And Allied Conditions	317	4.7%	131	8.7%	78	6.9%	526	5.6%
Other Diseases Of Respiratory System	393	5.8%	136	9.0%	86	7.6%	615	6.5%
Other Diseases Of Upper Respiratory Tract	5	0.1%	2	0.1%	1	0.1%	8	0.1%
Pneumoconioses And Other Lung Diseases Due To External Agents	170	2.5%	37	2.5%	47	4.1%	254	2.7%
Pneumonia And Influenza	504	7.4%	81	5.4%	97	8.5%	682	7.2%
<i>Diseases Of The Skin And Subcutaneous Tissue</i>								
Infections Of Skin And Subcutaneous Tissue	107	1.6%	80	5.3%	29	2.6%	216	2.3%
Other Diseases Of Skin And Subcutaneous Tissue	210	3.1%	71	4.7%	62	5.5%	343	3.6%
Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	3	0.0%	5	0.3%	1	0.1%	9	0.1%
<i>Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders</i>								
Diseases Of Other Endocrine Glands	281	4.1%	134	8.9%	70	6.2%	485	5.1%
Disorders Of Thyroid Gland	57	0.8%	20	1.3%	5	0.4%	82	0.9%
Nutritional Deficiencies	130	1.9%	23	1.5%	24	2.1%	177	1.9%
Other Metabolic Disorders And Immunity Disorders	656	9.7%	188	12.5%	138	12.2%	982	10.4%
<i>Infectious And Parasitic Diseases</i>								
Helminthiases	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Human Immunodeficiency Virus	-	0.0%	4	0.3%	-	0.0%	4	0.0%
Intestinal Infectious Diseases	68	1.0%	10	0.7%	16	1.4%	94	1.0%
Late Effects Of Infectious And Parasitic Diseases	-	0.0%	-	0.0%	1	0.1%	1	0.0%
Mycoses	34	0.5%	18	1.2%	10	0.9%	62	0.7%
Other Bacterial Diseases	355	5.2%	100	6.6%	72	6.3%	527	5.6%
Other Diseases Due To Viruses And Chlamydiae	4	0.1%	10	0.7%	3	0.3%	17	0.2%
Other Infectious And Parasitic Diseases	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases Of Central Nervous System	1	0.0%	1	0.1%	-	0.0%	2	0.0%
Rickettsioses And Other Arthropod-Borne Diseases	1	0.0%	1	0.1%	-	0.0%	2	0.0%
Syphilis And Other Venereal Diseases	-	0.0%	3	0.2%	-	0.0%	3	0.0%
Tuberculosis	1	0.0%	-	0.0%	1	0.1%	2	0.0%
Viral Diseases Accompanied By Exanthem	16	0.2%	-	0.0%	1	0.1%	17	0.2%
Zoonotic Bacterial Diseases	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Injury And Poisoning</i>								
Burns	12	0.2%	-	0.0%	-	0.0%	12	0.1%
Certain Traumatic Complications And Unspecified Injuries	9	0.1%	2	0.1%	2	0.2%	13	0.1%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	153	2.3%	125	8.3%	57	5.0%	335	3.6%
Contusion With Intact Skin Surface	40	0.6%	3	0.2%	7	0.6%	50	0.5%
Crushing Injury	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Dislocation	2	0.0%	-	0.0%	2	0.2%	4	0.0%
Effects Of Foreign Body Entering Through Orifice	2	0.0%	3	0.2%	2	0.2%	7	0.1%
Fracture Of Lower Limb	144	2.1%	51	3.4%	47	4.1%	242	2.6%
Fracture Of Skull	6	0.1%	1	0.1%	2	0.2%	9	0.1%
Fracture Of Spine And Trunk	65	1.0%	24	1.6%	12	1.1%	101	1.1%
Fracture Of Upper Limb	30	0.4%	5	0.3%	12	1.1%	47	0.5%
Injury To Blood Vessels	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Injury To Nerves And Spinal Cord	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Internal Injury Of Chest, Abdomen, And Pelvis	19	0.3%	3	0.2%	-	0.0%	22	0.2%

Wisconsin Department of Health Services

Chart Book: CY08 Diagnosis Occurrences

Nursing Home Short Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	12,914		2,493		2,110		17,517	
Unique Lives	6,783		1,506		1,135		9,424	
Diagnosis Classification								
Intracranial Injury, Excluding Those With Skull Fracture	17	0.3%	5	0.3%	3	0.3%	25	0.3%
Late Effects Of Injuries, Poisonings, Toxic Effects, And Other External Causes	3	0.0%	6	0.4%	1	0.1%	10	0.1%
Open Wound Of Head, Neck, And Trunk	14	0.2%	3	0.2%	4	0.4%	21	0.2%
Open Wound Of Lower Limb	-	0.0%	3	0.2%	-	0.0%	3	0.0%
Open Wound Of Upper Limb	3	0.0%	-	0.0%	1	0.1%	4	0.0%
Other And Unspecified Effects Of External Causes	141	2.1%	44	2.9%	29	2.6%	214	2.3%
Poisoning By Drugs, Medicinals And Biological Substances	6	0.1%	8	0.5%	1	0.1%	15	0.2%
Sprains And Strains Of Joints And Adjacent Muscles	7	0.1%	5	0.3%	2	0.2%	14	0.1%
Superficial Injury	5	0.1%	4	0.3%	3	0.3%	12	0.1%
Toxic Effects Of Substances Chiefly Nonmedicinal As To Source	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Diseases Of The Musculoskeletal System And Connective Tissue</i>								
Arthropathies And Related Disorders	145	2.1%	134	8.9%	40	3.5%	319	3.4%
Dorsopathies	66	1.0%	41	2.7%	12	1.1%	119	1.3%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	158	2.3%	66	4.4%	24	2.1%	248	2.6%
Rheumatism, Excluding The Back	48	0.7%	31	2.1%	18	1.6%	97	1.0%
<i>Mental Disorders</i>								
Intellectual Disabilities	-	0.0%	10	0.7%	-	0.0%	10	0.1%
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Dis	102	1.5%	136	9.0%	25	2.2%	263	2.8%
Organic Psychotic Conditions	293	4.3%	40	2.7%	52	4.6%	385	4.1%
Other Psychoses	47	0.7%	113	7.5%	21	1.9%	181	1.9%
<i>Neoplasms</i>								
Benign Neoplasms	14	0.2%	3	0.2%	6	0.5%	23	0.2%
Carcinoma In Situ	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Malignant Neoplasm Of Bone, Connective Tissue, Skin, And Breast	7	0.1%	3	0.2%	2	0.2%	12	0.1%
Malignant Neoplasm Of Digestive Organs And Peritoneum	60	0.9%	8	0.5%	5	0.4%	73	0.8%
Malignant Neoplasm Of Genitourinary Organs	42	0.6%	2	0.1%	8	0.7%	52	0.6%
Malignant Neoplasm Of Lip, Oral Cavity, And Pharynx	1	0.0%	4	0.3%	1	0.1%	6	0.1%
Malignant Neoplasm Of Lymphatic And Hematopoietic Tissue	24	0.4%	11	0.7%	11	1.0%	46	0.5%
Malignant Neoplasm Of Other And Unspecified Sites	163	2.4%	42	2.8%	26	2.3%	231	2.5%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	59	0.9%	19	1.3%	16	1.4%	94	1.0%
Neoplasms Of Uncertain Behavior	9	0.1%	2	0.1%	1	0.1%	12	0.1%
Neoplasms Of Unspecified Nature	3	0.0%	1	0.1%	-	0.0%	4	0.0%
<i>Complications Of Pregnancy, Childbirth, And The Puerperium</i>								
Complications Mainly Related To Pregnancy	-	0.0%	4	0.3%	-	0.0%	4	0.0%
<i>Congenital Anomalies</i>								
Bulbus cordis anomalies and anomalies of cardiac septal closure	6	0.1%	4	0.3%	1	0.1%	11	0.1%
Certain congenital musculoskeletal deformities	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Chromosomal anomalies	-	0.0%	3	0.2%	-	0.0%	3	0.0%
Congenital anomalies of eye	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of genital organs	-	0.0%	-	0.0%	1	0.1%	1	0.0%
Congenital anomalies of respiratory system	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of the integument	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of urinary system	6	0.1%	1	0.1%	1	0.1%	8	0.1%
Other and unspecified congenital anomalies	-	0.0%	3	0.2%	-	0.0%	3	0.0%
Other congenital anomalies of circulatory system	-	0.0%	1	0.1%	-	0.0%	1	0.0%

Wisconsin Department of Health Services
Chart Book: CY08 Diagnosis Occurrences

Draft

Nursing Home Short Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
Exposure Months	12,914		2,493		2,110		17,517	
Unique Lives	6,783		1,506		1,135		9,424	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Other congenital anomalies of digestive system	2	0.0%	-	0.0%	-	0.0%	2	0.0%
Other congenital anomalies of heart	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other congenital anomalies of limbs	1	0.0%	1	0.1%	-	0.0%	2	0.0%
Other congenital anomalies of nervous system	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other congenital anomalies of upper alimentary tract	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Other congenital musculoskeletal anomalies	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Spina bifida	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Supplementary Classification Of External Causes Of Injury And Poisoning</i>								
Supplementary Classification Of External Causes Of Injury And Poisoning	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Supp Classification Of Factors Influencing Health Status & Contact With Health Services</i>								
Body Mass Index	25	0.4%	32	2.1%	11	1.0%	68	0.7%
Estrogen Receptor Status	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other Specified Personal Exposures And History Presenting Hazards To Health	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Persons Encountering Health Services For Specific Procedures And Aftercare	61	0.9%	36	2.4%	23	2.0%	120	1.3%
Persons Encountering Health Services In Other Circumstances	16	0.2%	13	0.9%	7	0.6%	36	0.4%
Persons With A Condition Influencing Their Health Status	70	1.0%	50	3.3%	17	1.5%	137	1.5%
Persons With Potential Health Hazards Related To Communicable Diseases	17	0.3%	13	0.9%	1	0.1%	31	0.3%
Persons With Potential Health Hazards Related To Personal And Family History	46	0.7%	21	1.4%	9	0.8%	76	0.8%
Persons Without Reported Diagnosis Encountered During Examination And Interview	2	0.0%	-	0.0%	-	0.0%	2	0.0%
<i>Symptoms, Signs, And Ill-Defined Conditions</i>								
Ill-Defined And Unknown Causes Of Morbidity And Mortality	72	1.1%	15	1.0%	13	1.1%	100	1.1%
Nonspecific Abnormal Findings	42	0.6%	14	0.9%	13	1.1%	69	0.7%
Symptoms	492	7.3%	159	10.6%	111	9.8%	762	8.1%
Total	10,843		3,454		2,354		16,651	

Wisconsin Department of Health Services

Chart Book: CY09 Diagnosis Occurrences

Nursing Home Short Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	11,837		2,421		1,991		16,249	
Unique Lives	6,423		1,517		1,100		9,040	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
<i>Diseases Of The Blood And Blood-Forming Organs</i>								
Acquired hemolytic anemias	3	0.0%	-	0.0%	1	0.1%	4	0.0%
Aplastic anemia and other bone marrow failure syndromes	12	0.2%	10	0.7%	6	0.5%	28	0.3%
Coagulation defects	5	0.1%	6	0.4%	3	0.3%	14	0.2%
Diseases of white blood cells	16	0.2%	3	0.2%	2	0.2%	21	0.2%
Hereditary hemolytic anemias	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Iron deficiency anemias	22	0.3%	6	0.4%	5	0.5%	33	0.4%
Other and unspecified anemias	202	3.1%	70	4.6%	43	3.9%	315	3.5%
Other deficiency anemias	9	0.1%	1	0.1%	-	0.0%	10	0.1%
Other diseases of blood and blood-forming organs	2	0.0%	4	0.3%	7	0.6%	13	0.1%
Purpura and other hemorrhagic conditions	12	0.2%	7	0.5%	4	0.4%	23	0.3%
<i>Diseases Of The Circulatory System</i>								
Acute Rheumatic Fever	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Cerebrovascular Disease	274	4.3%	50	3.3%	41	3.7%	365	4.0%
Chronic Rheumatic Heart Disease	30	0.5%	-	0.0%	3	0.3%	33	0.4%
Diseases Of Arteries, Arterioles, And Capillaries	79	1.2%	21	1.4%	12	1.1%	112	1.2%
Diseases Of Pulmonary Circulation	62	1.0%	22	1.5%	9	0.8%	93	1.0%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	129	2.0%	50	3.3%	28	2.5%	207	2.3%
Hypertensive Disease	361	5.6%	146	9.6%	75	6.8%	582	6.4%
Ischemic Heart Disease	300	4.7%	56	3.7%	62	5.6%	418	4.6%
Other Forms Of Heart Disease	878	13.7%	150	9.9%	187	17.0%	1,215	13.4%
<i>Diseases Of The Digestive System</i>								
Appendicitis	2	0.0%	2	0.1%	-	0.0%	4	0.0%
Diseases Of Esophagus, Stomach, And Duodenum	88	1.4%	47	3.1%	25	2.3%	160	1.8%
Diseases Of Oral Cavity, Salivary Glands, And Jaws	6	0.1%	4	0.3%	2	0.2%	12	0.1%
Hernia Of Abdominal Cavity	27	0.4%	2	0.1%	1	0.1%	30	0.3%
Noninfective Enteritis And Colitis	58	0.9%	11	0.7%	8	0.7%	77	0.9%
Other Diseases Of Digestive System	127	2.0%	60	4.0%	23	2.1%	210	2.3%
Other Diseases Of Intestines And Peritoneum	168	2.6%	41	2.7%	40	3.6%	249	2.8%
<i>Diseases Of The Genitourinary System</i>								
Diseases Of Male Genital Organs	17	0.3%	5	0.3%	1	0.1%	23	0.3%
Disorders Of Breast	1	0.0%	1	0.1%	-	0.0%	2	0.0%
Inflammatory Disease Of Female Pelvic Organs	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Nephritis, Nephrotic Syndrome, And Nephrosis	595	9.3%	166	10.9%	111	10.1%	872	9.6%
Other Diseases Of Urinary System	487	7.6%	82	5.4%	82	7.5%	651	7.2%
Other Disorders Of Female Genital Tract	7	0.1%	-	0.0%	-	0.0%	7	0.1%
<i>Diseases Of The Nervous System And Sense Organs</i>								
Diseases Of The Ear And Mastoid Process	9	0.1%	1	0.1%	-	0.0%	10	0.1%
Disorders Of The Eye And Adnexa	18	0.3%	7	0.5%	6	0.5%	31	0.3%
Disorders Of The Peripheral Nervous System	14	0.2%	13	0.9%	5	0.5%	32	0.4%
Hereditary And Degenerative Diseases Of The Central Nervous System	124	1.9%	27	1.8%	24	2.2%	175	1.9%
Inflammatory Diseases Of The Central Nervous System	13	0.2%	12	0.8%	3	0.3%	28	0.3%
Other Disorders Of The Central Nervous System	125	1.9%	103	6.8%	24	2.2%	252	2.8%
Pain	23	0.4%	17	1.1%	7	0.6%	47	0.5%
<i>Diseases Of The Respiratory System</i>								

Wisconsin Department of Health Services

Chart Book: CY09 Diagnosis Occurrences

Nursing Home Short Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	11,837		2,421		1,991		16,249	
Unique Lives	6,423		1,517		1,100		9,040	
Diagnosis Classification								
Acute Respiratory Infections	12	0.2%	3	0.2%	3	0.3%	18	0.2%
Chronic Obstructive Pulmonary Disease And Allied Conditions	230	3.6%	76	5.0%	70	6.4%	376	4.2%
Other Diseases Of Respiratory System	348	5.4%	122	8.0%	84	7.6%	554	6.1%
Other Diseases Of Upper Respiratory Tract	5	0.1%	2	0.1%	1	0.1%	8	0.1%
Pneumoconioses And Other Lung Diseases Due To External Agents	166	2.6%	34	2.2%	31	2.8%	231	2.6%
Pneumonia And Influenza	411	6.4%	79	5.2%	80	7.3%	570	6.3%
<i>Diseases Of The Skin And Subcutaneous Tissue</i>								
Infections Of Skin And Subcutaneous Tissue	92	1.4%	54	3.6%	19	1.7%	165	1.8%
Other Diseases Of Skin And Subcutaneous Tissue	137	2.1%	96	6.3%	35	3.2%	268	3.0%
Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	10	0.2%	6	0.4%	-	0.0%	16	0.2%
<i>Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders</i>								
Diseases Of Other Endocrine Glands	229	3.6%	126	8.3%	59	5.4%	414	4.6%
Disorders Of Thyroid Gland	41	0.6%	17	1.1%	7	0.6%	65	0.7%
Nutritional Deficiencies	131	2.0%	31	2.0%	25	2.3%	187	2.1%
Other Metabolic Disorders And Immunity Disorders	627	9.8%	234	15.4%	127	11.5%	988	10.9%
<i>Infectious And Parasitic Diseases</i>								
Helminthiases	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Human Immunodeficiency Virus	-	0.0%	5	0.3%	-	0.0%	5	0.1%
Intestinal Infectious Diseases	72	1.1%	13	0.9%	10	0.9%	95	1.1%
Late Effects Of Infectious And Parasitic Diseases	4	0.1%	-	0.0%	2	0.2%	6	0.1%
Mycoses	40	0.6%	17	1.1%	6	0.5%	63	0.7%
Other Bacterial Diseases	336	5.2%	119	7.8%	67	6.1%	522	5.8%
Other Diseases Due To Viruses And Chlamydiae	8	0.1%	10	0.7%	1	0.1%	19	0.2%
Other Infectious And Parasitic Diseases	1	0.0%	2	0.1%	-	0.0%	3	0.0%
Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases Of Central Nervous System	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Rickettsioses And Other Arthropod-Borne Diseases	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Syphilis And Other Venereal Diseases	2	0.0%	2	0.1%	-	0.0%	4	0.0%
Tuberculosis	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Viral Diseases Accompanied By Exanthem	8	0.1%	2	0.1%	1	0.1%	11	0.1%
Zoonotic Bacterial Diseases	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Burns</i>								
Burns	2	0.0%	2	0.1%	-	0.0%	4	0.0%
Certain Traumatic Complications And Unspecified Injuries	8	0.1%	5	0.3%	2	0.2%	15	0.2%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	132	2.1%	112	7.4%	54	4.9%	298	3.3%
Contusion With Intact Skin Surface	26	0.4%	8	0.5%	4	0.4%	38	0.4%
Crushing Injury	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Dislocation	5	0.1%	1	0.1%	1	0.1%	7	0.1%
Effects Of Foreign Body Entering Through Orifice	10	0.2%	1	0.1%	4	0.4%	15	0.2%
Fracture Of Lower Limb	168	2.6%	44	2.9%	29	2.6%	241	2.7%
Fracture Of Skull	5	0.1%	5	0.3%	1	0.1%	11	0.1%
Fracture Of Spine And Trunk	57	0.9%	14	0.9%	11	1.0%	82	0.9%
Fracture Of Upper Limb	37	0.6%	9	0.6%	5	0.5%	51	0.6%
Injury To Blood Vessels	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Injury To Nerves And Spinal Cord	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Internal Injury Of Chest, Abdomen, And Pelvis	8	0.1%	3	0.2%	1	0.1%	12	0.1%

Wisconsin Department of Health Services

Chart Book: CY09 Diagnosis Occurrences

Nursing Home Short Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	11,837		2,421		1,991		16,249	
Unique Lives	6,423		1,517		1,100		9,040	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Intracranial Injury, Excluding Those With Skull Fracture	24	0.4%	6	0.4%	4	0.4%	34	0.4%
Late Effects Of Injuries, Poisonings, Toxic Effects, And Other External Causes	3	0.0%	12	0.8%	-	0.0%	15	0.2%
Open Wound Of Head, Neck, And Trunk	10	0.2%	3	0.2%	4	0.4%	17	0.2%
Open Wound Of Lower Limb	-	0.0%	2	0.1%	-	0.0%	2	0.0%
Open Wound Of Upper Limb	3	0.0%	-	0.0%	1	0.1%	4	0.0%
Other And Unspecified Effects Of External Causes	139	2.2%	52	3.4%	25	2.3%	216	2.4%
Poisoning By Drugs, Medicinals And Biological Substances	6	0.1%	8	0.5%	2	0.2%	16	0.2%
Sprains And Strains Of Joints And Adjacent Muscles	7	0.1%	12	0.8%	1	0.1%	20	0.2%
Superficial Injury	7	0.1%	1	0.1%	1	0.1%	9	0.1%
Toxic Effects Of Substances Chiefly Nonmedicinal As To Source	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Diseases Of The Musculoskeletal System And Connective Tissue</i>								
Arthropathies And Related Disorders	135	2.1%	147	9.7%	48	4.4%	330	3.7%
Dorsopathies	49	0.8%	47	3.1%	17	1.5%	113	1.3%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	124	1.9%	72	4.7%	24	2.2%	220	2.4%
Rheumatism, Excluding The Back	58	0.9%	26	1.7%	11	1.0%	95	1.1%
<i>Mental Disorders</i>								
Intellectual Disabilities	-	0.0%	5	0.3%	1	0.1%	6	0.1%
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Dis	62	1.0%	102	6.7%	23	2.1%	187	2.1%
Organic Psychotic Conditions	257	4.0%	44	2.9%	50	4.5%	351	3.9%
Other Psychoses	61	0.9%	82	5.4%	25	2.3%	168	1.9%
<i>Neoplasms</i>								
Benign Neoplasms	11	0.2%	3	0.2%	1	0.1%	15	0.2%
Carcinoma In Situ	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Malignant Neoplasm Of Bone, Connective Tissue, Skin, And Breast	7	0.1%	2	0.1%	3	0.3%	12	0.1%
Malignant Neoplasm Of Digestive Organs And Peritoneum	42	0.7%	6	0.4%	4	0.4%	52	0.6%
Malignant Neoplasm Of Genitourinary Organs	26	0.4%	3	0.2%	9	0.8%	38	0.4%
Malignant Neoplasm Of Lip, Oral Cavity, And Pharynx	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Malignant Neoplasm Of Lymphatic And Hematopoietic Tissue	40	0.6%	6	0.4%	10	0.9%	56	0.6%
Malignant Neoplasm Of Other And Unspecified Sites	111	1.7%	30	2.0%	34	3.1%	175	1.9%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	53	0.8%	8	0.5%	18	1.6%	79	0.9%
Neoplasms Of Uncertain Behavior	12	0.2%	2	0.1%	2	0.2%	16	0.2%
Neoplasms Of Unspecified Nature	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Complications Of Pregnancy, Childbirth, And The Puerperium</i>								
Complications Mainly Related To Pregnancy	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Congenital Anomalies</i>								
Bulbus cordis anomalies and anomalies of cardiac septal closure	4	0.1%	3	0.2%	-	0.0%	7	0.1%
Certain congenital musculoskeletal deformities	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Chromosomal anomalies	-	0.0%	2	0.1%	-	0.0%	2	0.0%
Congenital anomalies of eye	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of genital organs	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of respiratory system	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of the integument	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Congenital anomalies of urinary system	2	0.0%	1	0.1%	1	0.1%	4	0.0%
Other and unspecified congenital anomalies	-	0.0%	2	0.1%	-	0.0%	2	0.0%
Other congenital anomalies of circulatory system	2	0.0%	-	0.0%	-	0.0%	2	0.0%

Wisconsin Department of Health Services
Chart Book: CY09 Diagnosis Occurrences

Draft

Nursing Home Short Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
Exposure Months	11,837		2,421		1,991		16,249	
Unique Lives	6,423		1,517		1,100		9,040	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Other congenital anomalies of digestive system	2	0.0%	-	0.0%	-	0.0%	2	0.0%
Other congenital anomalies of heart	2	0.0%	5	0.3%	-	0.0%	7	0.1%
Other congenital anomalies of limbs	-	0.0%	1	0.1%	1	0.1%	2	0.0%
Other congenital anomalies of nervous system	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other congenital anomalies of upper alimentary tract	3	0.0%	-	0.0%	-	0.0%	3	0.0%
Other congenital musculoskeletal anomalies	2	0.0%	1	0.1%	-	0.0%	3	0.0%
Spina bifida	-	0.0%	2	0.1%	-	0.0%	2	0.0%
<i>Supplementary Classification Of External Causes Of Injury And Poisoning</i>								
Supplementary Classification Of External Causes Of Injury And Poisoning	2	0.0%	-	0.0%	-	0.0%	2	0.0%
<i>Supp Classification Of Factors Influencing Health Status & Contact With Health Services</i>								
Body Mass Index	35	0.5%	55	3.6%	16	1.5%	106	1.2%
Estrogen Receptor Status	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other Specified Personal Exposures And History Presenting Hazards To Health	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Persons Encountering Health Services For Specific Procedures And Aftercare	61	0.9%	28	1.8%	16	1.5%	105	1.2%
Persons Encountering Health Services In Other Circumstances	27	0.4%	13	0.9%	7	0.6%	47	0.5%
Persons With A Condition Influencing Their Health Status	51	0.8%	48	3.2%	24	2.2%	123	1.4%
Persons With Potential Health Hazards Related To Communicable Diseases	4	0.1%	-	0.0%	-	0.0%	4	0.0%
Persons With Potential Health Hazards Related To Personal And Family History	45	0.7%	20	1.3%	12	1.1%	77	0.9%
Persons Without Reported Diagnosis Encountered During Examination And Interview	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Symptoms, Signs, And Ill-Defined Conditions</i>								
Ill-Defined And Unknown Causes Of Morbidity And Mortality	66	1.0%	13	0.9%	19	1.7%	98	1.1%
Nonspecific Abnormal Findings	41	0.6%	13	0.9%	11	1.0%	65	0.7%
Symptoms	488	7.6%	176	11.6%	112	10.2%	776	8.6%
Total	9,759		3,525		2,127		15,411	

Wisconsin Department of Health Services

Chart Book: CY10 Diagnosis Occurrences

Nursing Home Short Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	12,774		2,843		2,207		17,824	
Unique Lives	6,463		1,752		1,186		9,401	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
<i>Diseases Of The Blood And Blood-Forming Organs</i>								
Acquired hemolytic anemias	1	0.0%	1	0.1%	2	0.2%	4	0.0%
Aplastic anemia and other bone marrow failure syndromes	21	0.3%	11	0.6%	2	0.2%	34	0.4%
Coagulation defects	5	0.1%	9	0.5%	3	0.3%	17	0.2%
Diseases of white blood cells	9	0.1%	5	0.3%	5	0.4%	19	0.2%
Hereditary hemolytic anemias	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Iron deficiency anemias	31	0.5%	13	0.7%	8	0.7%	52	0.6%
Other and unspecified anemias	189	2.9%	92	5.3%	40	3.4%	321	3.4%
Other deficiency anemias	4	0.1%	1	0.1%	-	0.0%	5	0.1%
Other diseases of blood and blood-forming organs	3	0.0%	3	0.2%	2	0.2%	8	0.1%
Purpura and other hemorrhagic conditions	16	0.2%	6	0.3%	6	0.5%	28	0.3%
<i>Diseases Of The Circulatory System</i>								
Acute Rheumatic Fever	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Cerebrovascular Disease	250	3.9%	54	3.1%	55	4.6%	359	3.8%
Chronic Rheumatic Heart Disease	13	0.2%	3	0.2%	6	0.5%	22	0.2%
Diseases Of Arteries, Arterioles, And Capillaries	57	0.9%	27	1.5%	22	1.9%	106	1.1%
Diseases Of Pulmonary Circulation	66	1.0%	21	1.2%	15	1.3%	102	1.1%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	119	1.8%	56	3.2%	20	1.7%	195	2.1%
Hypertensive Disease	410	6.3%	153	8.7%	94	7.9%	657	7.0%
Ischemic Heart Disease	280	4.3%	69	3.9%	63	5.3%	412	4.4%
Other Forms Of Heart Disease	1,077	16.7%	164	9.4%	186	15.7%	1,427	15.2%
<i>Diseases Of The Digestive System</i>								
Appendicitis	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Diseases Of Esophagus, Stomach, And Duodenum	92	1.4%	73	4.2%	20	1.7%	185	2.0%
Diseases Of Oral Cavity, Salivary Glands, And Jaws	5	0.1%	4	0.2%	-	0.0%	9	0.1%
Hernia Of Abdominal Cavity	24	0.4%	10	0.6%	4	0.3%	38	0.4%
Noninfective Enteritis And Colitis	55	0.9%	11	0.6%	6	0.5%	72	0.8%
Other Diseases Of Digestive System	175	2.7%	111	6.3%	29	2.4%	315	3.4%
Other Diseases Of Intestines And Peritoneum	166	2.6%	42	2.4%	35	3.0%	243	2.6%
<i>Diseases Of The Genitourinary System</i>								
Diseases Of Male Genital Organs	11	0.2%	4	0.2%	3	0.3%	18	0.2%
Disorders Of Breast	3	0.0%	2	0.1%	-	0.0%	5	0.1%
Inflammatory Disease Of Female Pelvic Organs	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Nephritis, Nephrotic Syndrome, And Nephrosis	681	10.5%	172	9.8%	145	12.2%	998	10.6%
Other Diseases Of Urinary System	528	8.2%	97	5.5%	101	8.5%	726	7.7%
Other Disorders Of Female Genital Tract	3	0.0%	-	0.0%	2	0.2%	5	0.1%
<i>Diseases Of The Nervous System And Sense Organs</i>								
Diseases Of The Ear And Mastoid Process	10	0.2%	3	0.2%	5	0.4%	18	0.2%
Disorders Of The Eye And Adnexa	17	0.3%	13	0.7%	5	0.4%	35	0.4%
Disorders Of The Peripheral Nervous System	16	0.2%	19	1.1%	7	0.6%	42	0.4%
Hereditary And Degenerative Diseases Of The Central Nervous System	142	2.2%	31	1.8%	25	2.1%	198	2.1%
Inflammatory Diseases Of The Central Nervous System	15	0.2%	15	0.9%	4	0.3%	34	0.4%
Other Disorders Of The Central Nervous System	205	3.2%	143	8.2%	52	4.4%	400	4.3%
Pain	25	0.4%	29	1.7%	12	1.0%	66	0.7%
<i>Diseases Of The Respiratory System</i>								

Wisconsin Department of Health Services
Chart Book: CY10 Diagnosis Occurrences

Draft

Nursing Home Short Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	12,774		2,843		2,207		17,824	
Unique Lives	6,463		1,752		1,186		9,401	
Diagnosis Classification								
Acute Respiratory Infections	6	0.1%	2	0.1%	4	0.3%	12	0.1%
Chronic Obstructive Pulmonary Disease And Allied Conditions	284	4.4%	108	6.2%	112	9.4%	504	5.4%
Other Diseases Of Respiratory System	420	6.5%	142	8.1%	111	9.4%	673	7.2%
Other Diseases Of Upper Respiratory Tract	7	0.1%	5	0.3%	2	0.2%	14	0.1%
Pneumoconioses And Other Lung Diseases Due To External Agents	179	2.8%	36	2.1%	33	2.8%	248	2.6%
Pneumonia And Influenza	427	6.6%	92	5.3%	98	8.3%	617	6.6%
<i>Diseases Of The Skin And Subcutaneous Tissue</i>								
Infections Of Skin And Subcutaneous Tissue	94	1.5%	63	3.6%	20	1.7%	177	1.9%
Other Diseases Of Skin And Subcutaneous Tissue	135	2.1%	95	5.4%	35	3.0%	265	2.8%
Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	1	0.0%	4	0.2%	-	0.0%	5	0.1%
<i>Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders</i>								
Diseases Of Other Endocrine Glands	201	3.1%	161	9.2%	80	6.7%	442	4.7%
Disorders Of Thyroid Gland	56	0.9%	26	1.5%	12	1.0%	94	1.0%
Nutritional Deficiencies	129	2.0%	49	2.8%	15	1.3%	193	2.1%
Other Metabolic Disorders And Immunity Disorders	647	10.0%	244	13.9%	150	12.6%	1,041	11.1%
<i>Infectious And Parasitic Diseases</i>								
Helminthiases	-	0.0%	-	0.0%	1	0.1%	1	0.0%
Human Immunodeficiency Virus	-	0.0%	2	0.1%	1	0.1%	3	0.0%
Intestinal Infectious Diseases	58	0.9%	14	0.8%	8	0.7%	80	0.9%
Late Effects Of Infectious And Parasitic Diseases	1	0.0%	-	0.0%	1	0.1%	2	0.0%
Mycoses	40	0.6%	18	1.0%	9	0.8%	67	0.7%
Other Bacterial Diseases	393	6.1%	137	7.8%	93	7.8%	623	6.6%
Other Diseases Due To Viruses And Chlamydiae	3	0.0%	21	1.2%	-	0.0%	24	0.3%
Other Infectious And Parasitic Diseases	1	0.0%	3	0.2%	-	0.0%	4	0.0%
Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases Of Central Nervous System	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Rickettsioses And Other Arthropod-Borne Diseases	2	0.0%	-	0.0%	-	0.0%	2	0.0%
Syphilis And Other Venereal Diseases	1	0.0%	3	0.2%	-	0.0%	4	0.0%
Tuberculosis	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Viral Diseases Accompanied By Exanthem	13	0.2%	1	0.1%	1	0.1%	15	0.2%
Zoonotic Bacterial Diseases	1	0.0%	-	0.0%	-	0.0%	1	0.0%
<i>Certain Traumatic Complications And Unspecified Injuries</i>								
Burns	-	0.0%	1	0.1%	4	0.3%	5	0.1%
Certain Traumatic Complications And Unspecified Injuries	9	0.1%	4	0.2%	-	0.0%	13	0.1%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	194	3.0%	149	8.5%	65	5.5%	408	4.3%
Contusion With Intact Skin Surface	27	0.4%	11	0.6%	4	0.3%	42	0.4%
Crushing Injury	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Dislocation	1	0.0%	-	0.0%	2	0.2%	3	0.0%
Effects Of Foreign Body Entering Through Orifice	8	0.1%	-	0.0%	-	0.0%	8	0.1%
Fracture Of Lower Limb	150	2.3%	69	3.9%	36	3.0%	255	2.7%
Fracture Of Skull	7	0.1%	2	0.1%	2	0.2%	11	0.1%
Fracture Of Spine And Trunk	68	1.1%	9	0.5%	16	1.3%	93	1.0%
Fracture Of Upper Limb	26	0.4%	8	0.5%	9	0.8%	43	0.5%
Injury To Blood Vessels	-	0.0%	1	0.1%	1	0.1%	2	0.0%
Injury To Nerves And Spinal Cord	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Internal Injury Of Chest, Abdomen, And Pelvis	11	0.2%	4	0.2%	-	0.0%	15	0.2%

Wisconsin Department of Health Services

Chart Book: CY10 Diagnosis Occurrences

Nursing Home Short Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	12,774		2,843		2,207		17,824	
Unique Lives	6,463		1,752		1,186		9,401	
Diagnosis Classification								
Intracranial Injury, Excluding Those With Skull Fracture	14	0.2%	3	0.2%	8	0.7%	25	0.3%
Late Effects Of Injuries, Poisonings, Toxic Effects, And Other External Causes	1	0.0%	7	0.4%	1	0.1%	9	0.1%
Open Wound Of Head, Neck, And Trunk	3	0.0%	7	0.4%	-	0.0%	10	0.1%
Open Wound Of Lower Limb	2	0.0%	3	0.2%	1	0.1%	6	0.1%
Open Wound Of Upper Limb	-	0.0%	-	0.0%	1	0.1%	1	0.0%
Other And Unspecified Effects Of External Causes	163	2.5%	51	2.9%	48	4.0%	262	2.8%
Poisoning By Drugs, Medicinals And Biological Substances	6	0.1%	7	0.4%	3	0.3%	16	0.2%
Sprains And Strains Of Joints And Adjacent Muscles	4	0.1%	9	0.5%	2	0.2%	15	0.2%
Superficial Injury	3	0.0%	2	0.1%	-	0.0%	5	0.1%
Toxic Effects Of Substances Chiefly Nonmedicinal As To Source	-	0.0%	-	0.0%	1	0.1%	1	0.0%
<i>Diseases Of The Musculoskeletal System And Connective Tissue</i>								
Arthropathies And Related Disorders	161	2.5%	175	10.0%	72	6.1%	408	4.3%
Dorsopathies	59	0.9%	60	3.4%	12	1.0%	131	1.4%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	93	1.4%	93	5.3%	24	2.0%	210	2.2%
Rheumatism, Excluding The Back	60	0.9%	33	1.9%	15	1.3%	108	1.1%
<i>Mental Disorders</i>								
Intellectual Disabilities	-	0.0%	4	0.2%	2	0.2%	6	0.1%
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Dis	89	1.4%	143	8.2%	22	1.9%	254	2.7%
Organic Psychotic Conditions	278	4.3%	53	3.0%	40	3.4%	371	3.9%
Other Psychoses	35	0.5%	94	5.4%	17	1.4%	146	1.6%
<i>Neoplasms</i>								
Benign Neoplasms	8	0.1%	2	0.1%	1	0.1%	11	0.1%
Carcinoma In Situ	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Malignant Neoplasm Of Bone, Connective Tissue, Skin, And Breast	8	0.1%	2	0.1%	-	0.0%	10	0.1%
Malignant Neoplasm Of Digestive Organs And Peritoneum	63	1.0%	14	0.8%	7	0.6%	84	0.9%
Malignant Neoplasm Of Genitourinary Organs	26	0.4%	3	0.2%	4	0.3%	33	0.4%
Malignant Neoplasm Of Lip, Oral Cavity, And Pharynx	3	0.0%	3	0.2%	1	0.1%	7	0.1%
Malignant Neoplasm Of Lymphatic And Hematopoietic Tissue	39	0.6%	7	0.4%	11	0.9%	57	0.6%
Malignant Neoplasm Of Other And Unspecified Sites	156	2.4%	52	3.0%	39	3.3%	247	2.6%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	58	0.9%	14	0.8%	17	1.4%	89	0.9%
Neoplasms Of Uncertain Behavior	13	0.2%	-	0.0%	2	0.2%	15	0.2%
Neoplasms Of Unspecified Nature	3	0.0%	-	0.0%	-	0.0%	3	0.0%
<i>Complications Of Pregnancy, Childbirth, And The Puerperium</i>								
Complications Mainly Related To Pregnancy	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<i>Congenital Anomalies</i>								
Bulbus cordis anomalies and anomalies of cardiac septal closure	4	0.1%	-	0.0%	-	0.0%	4	0.0%
Certain congenital musculoskeletal deformities	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Chromosomal anomalies	-	0.0%	2	0.1%	-	0.0%	2	0.0%
Congenital anomalies of eye	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Congenital anomalies of genital organs	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of respiratory system	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital anomalies of the integument	2	0.0%	1	0.1%	-	0.0%	3	0.0%
Congenital anomalies of urinary system	1	0.0%	4	0.2%	-	0.0%	5	0.1%
Other and unspecified congenital anomalies	1	0.0%	2	0.1%	2	0.2%	5	0.1%
Other congenital anomalies of circulatory system	1	0.0%	1	0.1%	-	0.0%	2	0.0%

Wisconsin Department of Health Services
Chart Book: CY10 Diagnosis Occurrences

Draft

Nursing Home Short Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	12,774		2,843		2,207		17,824	
Unique Lives	6,463		1,752		1,186		9,401	
Diagnosis Classification								
Other congenital anomalies of digestive system	1	0.0%	2	0.1%	-	0.0%	3	0.0%
Other congenital anomalies of heart	-	0.0%	-	0.0%	1	0.1%	1	0.0%
Other congenital anomalies of limbs	-	0.0%	1	0.1%	-	0.0%	1	0.0%
Other congenital anomalies of nervous system	2	0.0%	1	0.1%	1	0.1%	4	0.0%
Other congenital anomalies of upper alimentary tract	1	0.0%	-	0.0%	-	0.0%	1	0.0%
Other congenital musculoskeletal anomalies	-	0.0%	2	0.1%	1	0.1%	3	0.0%
Spina bifida	-	0.0%	5	0.3%	-	0.0%	5	0.1%
<i>Supplementary Classification Of External Causes Of Injury And Poisoning</i>								
Supplementary Classification Of External Causes Of Injury And Poisoning	11	0.2%	5	0.3%	1	0.1%	17	0.2%
<i>Supp Classification Of Factors Influencing Health Status & Contact With Health Services</i>								
Body Mass Index	39	0.6%	78	4.5%	16	1.3%	133	1.4%
Estrogen Receptor Status	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other Specified Personal Exposures And History Presenting Hazards To Health	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Persons Encountering Health Services For Specific Procedures And Aftercare	53	0.8%	39	2.2%	19	1.6%	111	1.2%
Persons Encountering Health Services In Other Circumstances	46	0.7%	14	0.8%	8	0.7%	68	0.7%
Persons With A Condition Influencing Their Health Status	58	0.9%	68	3.9%	17	1.4%	143	1.5%
Persons With Potential Health Hazards Related To Communicable Diseases	5	0.1%	4	0.2%	4	0.3%	13	0.1%
Persons With Potential Health Hazards Related To Personal And Family History	47	0.7%	28	1.6%	4	0.3%	79	0.8%
Persons Without Reported Diagnosis Encountered During Examination And Interview	2	0.0%	-	0.0%	-	0.0%	2	0.0%
<i>Symptoms, Signs, And Ill-Defined Conditions</i>								
Ill-Defined And Unknown Causes Of Morbidity And Mortality	73	1.1%	18	1.0%	22	1.9%	113	1.2%
Nonspecific Abnormal Findings	50	0.8%	18	1.0%	9	0.8%	77	0.8%
Symptoms	508	7.9%	211	12.0%	122	10.3%	841	8.9%
Total	10,579		4,300		2,487		17,366	

Wisconsin Department of Health Services
Chart Book: CY08 Diagnosis Occurrences
Nursing Home Long Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
Exposure Months	167,165		15,861		28,166		211,192	
Unique Lives	18,058		1,758		2,981		22,797	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Other Forms Of Heart Disease	2,572	14.2%	152	8.6%	461	15.5%	3,185	14.0%
Other Diseases Of Urinary System	1,798	10.0%	255	14.5%	368	12.3%	2,421	10.6%
Other Metabolic Disorders And Immunity Disorders	1,455	8.1%	202	11.5%	318	10.7%	1,975	8.7%
Nephritis, Nephrotic Syndrome, And Nephrosis	1,246	6.9%	221	12.6%	262	8.8%	1,729	7.6%
Pneumonia And Influenza	1,287	7.1%	135	7.7%	280	9.4%	1,702	7.5%
Symptoms	1,154	6.4%	213	12.1%	276	9.3%	1,643	7.2%
Other Bacterial Diseases	1,011	5.6%	251	14.3%	280	9.4%	1,542	6.8%
Organic Psychotic Conditions	1,085	6.0%	56	3.2%	169	5.7%	1,310	5.7%
Hypertensive Disease	989	5.5%	136	7.7%	165	5.5%	1,290	5.7%
Other Diseases Of Respiratory System	937	4.1%	148	8.4%	184	6.2%	1,069	4.7%
Diseases Of Other Endocrine Glands	646	3.6%	172	9.8%	205	6.9%	1,023	4.5%
Cerebrovascular Disease	714	4.0%	97	5.5%	181	6.1%	992	4.4%
Ischemic Heart Disease	713	3.9%	52	3.0%	142	4.8%	907	4.0%
Chronic Obstructive Pulmonary Disease And Allied Conditions	641	3.5%	64	3.6%	177	5.9%	882	3.9%
Other Diseases Of Skin And Subcutaneous Tissue	511	2.8%	121	6.9%	168	5.6%	800	3.5%
Hereditary And Degenerative Diseases Of The Central Nervous System	593	3.3%	59	3.4%	86	2.9%	738	3.2%
Pneumoconioses And Other Lung Diseases Due To External Agents	511	2.8%	98	5.6%	125	4.2%	734	3.2%
Other Diseases Of Intestines And Peritoneum	516	2.9%	89	5.1%	99	3.3%	704	3.1%
Other Disorders Of The Central Nervous System	287	1.6%	213	12.1%	138	4.6%	638	2.8%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	323	1.8%	147	8.4%	130	4.4%	600	2.6%
Other And Unspecified Effects Of External Causes	383	2.1%	103	5.9%	109	3.7%	595	2.6%
Other and unspecified anemias	457	2.5%	35	2.0%	92	3.1%	584	2.6%
Other Diseases Of Digestive System	416	2.3%	87	4.9%	73	2.4%	576	2.5%
Diseases Of Esophagus, Stomach, And Duodenum	367	2.0%	73	4.2%	82	2.8%	522	2.3%
Fracture Of Lower Limb	410	2.3%	20	1.1%	57	1.9%	487	2.1%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	302	1.7%	49	2.8%	80	2.7%	431	1.9%
Infections Of Skin And Subcutaneous Tissue	223	1.2%	75	4.3%	78	2.6%	376	1.6%
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	210	1.2%	68	3.9%	72	2.4%	350	1.5%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	228	1.3%	44	2.5%	70	2.3%	342	1.5%
Other Psychoses	152	0.8%	77	4.4%	111	3.7%	340	1.5%
Nutritional Deficiencies	209	1.2%	44	2.5%	47	1.6%	300	1.3%
Diseases Of Arteries, Arterioles, And Capillaries	216	1.2%	26	1.5%	53	1.8%	295	1.3%
Arthropathies And Related Disorders	188	1.0%	26	1.5%	35	1.2%	249	1.1%
Ill-Defined And Unknown Causes Of Morbidity And Mortality	165	0.9%	20	1.1%	32	1.1%	217	1.0%
Disorders Of Thyroid Gland	164	0.9%	12	0.7%	23	0.8%	199	0.9%
Intestinal Infectious Diseases	133	0.7%	28	1.6%	37	1.2%	198	0.9%
Persons With A Condition Influencing Their Health Status	95	0.5%	48	2.7%	32	1.1%	175	0.8%
Mycoses	112	0.6%	30	1.7%	32	1.1%	174	0.8%
Nonspecific Abnormal Findings	119	0.7%	21	1.2%	30	1.0%	170	0.7%
Diseases Of Pulmonary Circulation	123	0.7%	23	1.3%	23	0.8%	169	0.7%
Persons Encountering Health Services For Specific Procedures And Aftercare	93	0.5%	48	2.7%	24	0.8%	165	0.7%
Iron deficiency anemias	132	0.7%	6	0.3%	13	0.4%	151	0.7%
Malignant Neoplasm Of Other And Unspecified Sites	99	0.5%	21	1.2%	25	0.8%	145	0.6%
Noninfective Enteritis And Colitis	107	0.6%	11	0.6%	21	0.7%	139	0.6%
Fracture Of Spine And Trunk	114	0.6%	1	0.1%	18	0.6%	133	0.6%
Rheumatism, Excluding The Back	88	0.5%	12	0.7%	20	0.7%	120	0.5%
Persons With Potential Health Hazards Related To Personal And Family History	88	0.5%	10	0.6%	21	0.7%	119	0.5%

Wisconsin Department of Health Services
Chart Book: CY09 Diagnosis Occurrences
Nursing Home Long Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
Exposure Months	162,101		15,580		26,903		204,584	
Unique Lives	17,634		1,700		2,845		22,179	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Other Forms Of Heart Disease	2,426	13.8%	136	8.0%	427	15.0%	2,989	13.5%
Other Diseases Of Urinary System	1,688	9.6%	219	12.9%	360	12.7%	2,267	10.2%
Other Metabolic Disorders And Immunity Disorders	1,383	7.8%	179	10.5%	323	11.4%	1,885	8.5%
Nephritis, Nephrotic Syndrome, And Nephrosis	1,312	7.4%	226	13.3%	280	9.8%	1,818	8.2%
Other Bacterial Diseases	1,053	6.0%	257	15.1%	241	8.5%	1,551	7.0%
Pneumonia And Influenza	1,117	6.3%	142	8.4%	250	8.8%	1,509	6.8%
Symptoms	1,006	5.7%	206	12.1%	265	9.3%	1,477	6.7%
Hypertensive Disease	970	5.5%	113	6.6%	137	4.8%	1,220	5.5%
Organic Psychotic Conditions	965	5.5%	52	3.1%	146	5.1%	1,163	5.2%
Other Diseases Of Respiratory System	691	3.9%	150	8.8%	165	5.8%	1,006	4.5%
Chronic Obstructive Pulmonary Disease And Allied Conditions	694	3.9%	62	3.6%	168	5.9%	924	4.2%
Diseases Of Other Endocrine Glands	560	3.2%	138	8.1%	145	5.1%	843	3.8%
Cerebrovascular Disease	620	3.5%	87	5.1%	133	4.7%	840	3.8%
Ischemic Heart Disease	665	3.8%	41	2.4%	115	4.0%	821	3.7%
Other Disorders Of The Central Nervous System	340	1.9%	228	13.4%	155	5.4%	723	3.3%
Pneumoconioses And Other Lung Diseases Due To External Agents	512	2.9%	78	4.6%	93	3.3%	683	3.1%
Hereditary And Degenerative Diseases Of The Central Nervous System	538	3.1%	54	3.2%	82	2.9%	674	3.0%
Other Diseases Of Intestines And Peritoneum	484	2.7%	72	4.2%	113	4.0%	669	3.0%
Other Diseases Of Skin And Subcutaneous Tissue	383	2.2%	127	7.5%	123	4.3%	633	2.9%
Other And Unspecified Effects Of External Causes	408	2.3%	120	7.1%	92	3.2%	620	2.8%
Other and unspecified anemias	489	2.8%	34	2.0%	88	3.1%	611	2.8%
Other Diseases Of Digestive System	428	2.4%	69	4.1%	95	3.3%	592	2.7%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	323	1.8%	149	8.8%	95	3.3%	567	2.6%
Fracture Of Lower Limb	370	2.1%	29	1.7%	43	1.5%	442	2.0%
Diseases Of Esophagus, Stomach, And Duodenum	306	1.7%	44	2.6%	78	2.7%	428	1.9%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	306	1.7%	37	2.2%	66	2.3%	409	1.8%
Infections Of Skin And Subcutaneous Tissue	255	1.4%	65	3.8%	74	2.6%	394	1.8%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	214	1.2%	68	4.0%	54	1.9%	336	1.5%
Other Psychoses	127	0.7%	76	4.5%	97	3.4%	300	1.4%
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	189	1.1%	77	4.5%	33	1.2%	299	1.3%
Nutritional Deficiencies	177	1.0%	39	2.3%	45	1.6%	261	1.2%
Diseases Of Arteries, Arterioles, And Capillaries	196	1.1%	25	1.5%	39	1.4%	260	1.2%
Arthropathies And Related Disorders	163	0.9%	37	2.2%	40	1.4%	240	1.1%
Ill-Defined And Unknown Causes Of Morbidity And Mortality	146	0.8%	24	1.4%	42	1.5%	212	1.0%
Persons With A Condition Influencing Their Health Status	117	0.7%	50	2.9%	44	1.5%	211	1.0%
Nonspecific Abnormal Findings	127	0.7%	23	1.4%	23	0.8%	173	0.8%
Intestinal Infectious Diseases	121	0.7%	18	1.1%	27	0.9%	166	0.7%
Persons Encountering Health Services For Specific Procedures And Aftercare	114	0.6%	26	1.5%	21	0.7%	161	0.7%
Disorders Of Thyroid Gland	114	0.6%	7	0.4%	23	0.8%	144	0.6%
Diseases Of Pulmonary Circulation	104	0.6%	15	0.9%	21	0.7%	140	0.6%
Noninfective Enteritis And Colitis	105	0.6%	12	0.7%	19	0.7%	136	0.6%
Iron deficiency anemias	103	0.6%	8	0.5%	13	0.5%	124	0.6%
Persons With Potential Health Hazards Related To Personal And Family History	78	0.4%	23	1.4%	22	0.8%	123	0.6%
Fracture Of Spine And Trunk	113	0.6%	4	0.2%	5	0.2%	122	0.6%
Dorsopathies	78	0.4%	21	1.2%	20	0.7%	119	0.5%
Malignant Neoplasm Of Other And Unspecified Sites	95	0.5%	10	0.6%	14	0.5%	119	0.5%
Mycoses	82	0.5%	16	0.9%	19	0.7%	117	0.5%

Wisconsin Department of Health Services
Chart Book: CY10 Diagnosis Occurrences

Draft

Nursing Home Long Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	152,871		15,124		25,134		193,129	
Unique Lives	16,418		1,753		2,632		20,803	
Diagnosis Classification								
Other Forms Of Heart Disease	2,191	13.3%	160	9.1%	403	15.3%	2,754	13.2%
Other Diseases Of Urinary System	1,445	8.8%	249	14.2%	316	12.0%	2,010	9.7%
Nephritis, Nephrotic Syndrome, And Nephrosis	1,263	7.7%	239	13.6%	307	11.7%	1,809	8.7%
Other Metabolic Disorders And Immunity Disorders	1,156	7.0%	197	11.2%	226	8.6%	1,579	7.6%
Other Bacterial Diseases	976	5.9%	295	16.8%	270	10.3%	1,541	7.4%
Symptoms	1,001	6.1%	220	12.5%	243	9.2%	1,464	7.0%
Pneumonia And Influenza	998	6.1%	147	8.4%	227	8.6%	1,372	6.6%
Other Diseases Of Respiratory System	740	4.5%	188	10.7%	187	7.1%	1,115	5.4%
Hypertensive Disease	794	4.8%	103	5.9%	155	5.9%	1,052	5.1%
Organic Psychotic Conditions	758	4.6%	46	2.6%	133	5.1%	937	4.5%
Cerebrovascular Disease	557	3.4%	116	6.6%	126	4.8%	799	3.8%
Chronic Obstructive Pulmonary Disease And Allied Conditions	571	3.5%	68	3.9%	140	5.3%	779	3.7%
Diseases Of Other Endocrine Glands	488	3.0%	129	7.4%	147	5.6%	764	3.7%
Ischemic Heart Disease	563	3.4%	45	2.6%	111	4.2%	719	3.5%
Other Disorders Of The Central Nervous System	368	2.2%	236	13.5%	102	3.9%	706	3.4%
Pneumoconioses And Other Lung Diseases Due To External Agents	414	2.5%	87	5.0%	101	3.8%	602	2.9%
Other And Unspecified Effects Of External Causes	350	2.1%	118	6.7%	120	4.6%	588	2.8%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	301	1.8%	168	9.6%	115	4.4%	584	2.8%
Other Diseases Of Intestines And Peritoneum	422	2.6%	60	3.4%	86	3.3%	568	2.7%
Other Diseases Of Digestive System	402	2.4%	55	3.1%	84	3.2%	541	2.6%
Other and unspecified anemias	416	2.5%	39	2.2%	66	2.5%	521	2.5%
Hereditary And Degenerative Diseases Of The Central Nervous System	409	2.5%	31	1.8%	75	2.8%	515	2.5%
Other Diseases Of Skin And Subcutaneous Tissue	284	1.7%	137	7.8%	89	3.4%	510	2.5%
Fracture Of Lower Limb	310	1.9%	38	2.2%	54	2.1%	402	1.9%
Infections Of Skin And Subcutaneous Tissue	250	1.5%	87	5.0%	55	2.1%	392	1.9%
Diseases Of Esophagus, Stomach, And Duodenum	264	1.6%	57	3.3%	45	1.7%	366	1.8%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	259	1.6%	46	2.6%	59	2.2%	364	1.7%
Other Psychoses	135	0.8%	71	4.1%	76	2.9%	282	1.4%
Nutritional Deficiencies	185	1.1%	50	2.9%	40	1.5%	275	1.3%
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	157	1.0%	65	3.7%	47	1.8%	269	1.3%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	168	1.0%	42	2.4%	40	1.5%	250	1.2%
Nonspecific Abnormal Findings	150	0.9%	21	1.2%	27	1.0%	198	1.0%
Diseases Of Arteries, Arterioles, And Capillaries	134	0.8%	16	0.9%	36	1.4%	186	0.9%
Ill-Defined And Unknown Causes Of Morbidity And Mortality	136	0.8%	18	1.0%	31	1.2%	185	0.9%
Arthropathies And Related Disorders	126	0.8%	22	1.3%	26	1.0%	174	0.8%
Persons With A Condition Influencing Their Health Status	93	0.6%	36	2.1%	30	1.1%	159	0.8%
Intestinal Infectious Diseases	95	0.6%	22	1.3%	24	0.9%	141	0.7%
Body Mass Index	66	0.4%	48	2.7%	23	0.9%	137	0.7%
Disorders Of Thyroid Gland	104	0.6%	7	0.4%	22	0.8%	133	0.6%
Persons Encountering Health Services For Specific Procedures And Aftercare	83	0.5%	23	1.3%	22	0.8%	128	0.6%
Diseases Of Pulmonary Circulation	100	0.6%	17	1.0%	8	0.3%	125	0.6%
Noninfective Enteritis And Colitis	93	0.6%	14	0.8%	13	0.5%	120	0.6%
Fracture Of Spine And Trunk	102	0.6%	9	0.5%	8	0.3%	119	0.6%
Persons With Potential Health Hazards Related To Personal And Family History	84	0.5%	20	1.1%	15	0.6%	119	0.6%
Mycoses	79	0.5%	19	1.1%	19	0.7%	117	0.6%
Rheumatism, Excluding The Back	80	0.5%	15	0.9%	17	0.6%	112	0.5%
Malignant Neoplasm Of Other And Unspecified Sites	76	0.5%	19	1.1%	10	0.4%	105	0.5%

Wisconsin Department of Health Services

Chart Book: CY08 Diagnosis Occurrences

Nursing Home Short Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
Exposure Months	12,914		2,493		2,110		17,517	
Unique Lives	6,783		1,506		1,135		9,424	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Other Forms Of Heart Disease	1,038	15.3%	123	8.2%	191	16.8%	1,352	14.3%
Other Metabolic Disorders And Immunity Disorders	656	9.7%	188	12.5%	138	12.2%	982	10.4%
Nephritis, Nephrotic Syndrome, And Nephrosis	558	8.2%	136	9.0%	104	9.2%	798	8.5%
Symptoms	492	7.3%	159	10.6%	111	9.8%	762	8.1%
Other Diseases Of Urinary System	575	8.5%	82	5.4%	100	8.8%	757	8.0%
Pneumonia And Influenza	504	7.4%	81	5.4%	97	8.5%	682	7.2%
Hypertensive Disease	454	6.7%	128	8.5%	78	6.9%	660	7.0%
Other Diseases Of Respiratory System	393	5.8%	136	9.0%	86	7.6%	615	6.5%
Other Bacterial Diseases	355	5.2%	100	6.6%	72	6.3%	527	5.6%
Chronic Obstructive Pulmonary Disease And Allied Conditions	317	4.7%	131	8.7%	78	6.9%	526	5.6%
Diseases Of Other Endocrine Glands	281	4.1%	134	8.9%	70	6.2%	485	5.1%
Ischemic Heart Disease	329	4.9%	46	3.1%	74	6.5%	449	4.8%
Organic Psychotic Conditions	293	4.3%	40	2.7%	52	4.6%	385	4.1%
Cerebrovascular Disease	246	3.6%	44	2.9%	57	5.0%	347	3.7%
Other Diseases Of Skin And Subcutaneous Tissue	210	3.1%	71	4.7%	62	5.5%	343	3.6%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	153	2.3%	125	8.3%	57	5.0%	335	3.6%
Arthropathies And Related Disorders	145	2.1%	134	8.9%	40	3.5%	319	3.4%
Other and unspecified anemias	203	3.0%	50	3.3%	52	4.6%	305	3.2%
Other Diseases Of Intestines And Peritoneum	194	2.9%	40	2.7%	37	3.3%	271	2.9%
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Dis	102	1.5%	136	9.0%	25	2.2%	263	2.8%
Other Diseases Of Digestive System	164	2.4%	58	3.9%	32	2.8%	254	2.7%
Pneumoconioses And Other Lung Diseases Due To External Agents	170	2.5%	37	2.5%	47	4.1%	254	2.7%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	158	2.3%	66	4.4%	24	2.1%	248	2.6%
Fracture Of Lower Limb	144	2.1%	51	3.4%	47	4.1%	242	2.6%
Other Disorders Of The Central Nervous System	111	1.6%	90	6.0%	39	3.4%	240	2.5%
Malignant Neoplasm Of Other And Unspecified Sites	163	2.4%	42	2.8%	26	2.3%	231	2.5%
Infections Of Skin And Subcutaneous Tissue	107	1.6%	80	5.3%	29	2.6%	216	2.3%
Other And Unspecified Effects Of External Causes	141	2.1%	44	2.9%	29	2.6%	214	2.3%
Hereditary And Degenerative Diseases Of The Central Nervous System	154	2.3%	27	1.8%	27	2.4%	208	2.2%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	129	1.9%	34	2.3%	26	2.3%	189	2.0%
Other Psychoses	47	0.7%	113	7.5%	21	1.9%	181	1.9%
Nutritional Deficiencies	130	1.9%	23	1.5%	24	2.1%	177	1.9%
Diseases Of Esophagus, Stomach, And Duodenum	95	1.4%	50	3.3%	27	2.4%	172	1.8%
Persons With A Condition Influencing Their Health Status	70	1.0%	50	3.3%	17	1.5%	137	1.5%
Diseases Of Arteries, Arterioles, And Capillaries	91	1.3%	15	1.0%	20	1.8%	126	1.3%
Persons Encountering Health Services For Specific Procedures And Aftercare	61	0.9%	36	2.4%	23	2.0%	120	1.3%
Dorsopathies	66	1.0%	41	2.7%	12	1.1%	119	1.3%
Fracture Of Spine And Trunk	65	1.0%	24	1.6%	12	1.1%	101	1.1%
Ill-Defined And Unknown Causes Of Morbidity And Mortality	72	1.1%	15	1.0%	13	1.1%	100	1.1%
Rheumatism, Excluding The Back	48	0.7%	31	2.1%	18	1.6%	97	1.0%
Diseases Of Pulmonary Circulation	67	1.0%	17	1.1%	11	1.0%	95	1.0%
Intestinal Infectious Diseases	68	1.0%	10	0.7%	16	1.4%	94	1.0%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	59	0.9%	19	1.3%	16	1.4%	94	1.0%
Noninfective Enteritis And Colitis	62	0.9%	14	0.9%	8	0.7%	84	0.9%
Disorders Of Thyroid Gland	57	0.8%	20	1.3%	5	0.4%	82	0.9%
Persons With Potential Health Hazards Related To Personal And Family History	46	0.7%	21	1.4%	9	0.8%	76	0.8%
Malignant Neoplasm Of Digestive Organs And Peritoneum	60	0.9%	8	0.5%	5	0.4%	73	0.8%

Wisconsin Department of Health Services
Chart Book: CY09 Diagnosis Occurrences
Nursing Home Short Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
Exposure Months	11,837		2,421		1,991		16,249	
Unique Lives	6,423		1,517		1,100		9,040	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Other Forms Of Heart Disease	878	13.7%	150	9.9%	187	17.0%	1,215	13.4%
Other Metabolic Disorders And Immunity Disorders	627	9.8%	234	15.4%	127	11.5%	988	10.9%
Nephritis, Nephrotic Syndrome, And Nephrosis	595	9.3%	166	10.9%	111	10.1%	872	9.6%
Symptoms	488	7.6%	176	11.6%	112	10.2%	776	8.6%
Other Diseases Of Urinary System	487	7.6%	82	5.4%	82	7.5%	651	7.2%
Hypertensive Disease	361	5.6%	146	9.6%	75	6.8%	582	6.4%
Pneumonia And Influenza	411	6.4%	79	5.2%	80	7.3%	570	6.3%
Other Diseases Of Respiratory System	348	5.4%	122	8.0%	84	7.6%	554	6.1%
Other Bacterial Diseases	336	5.2%	119	7.8%	67	6.1%	522	5.8%
Ischemic Heart Disease	300	4.7%	56	3.7%	62	5.6%	418	4.6%
Diseases Of Other Endocrine Glands	229	3.6%	126	8.3%	59	5.4%	414	4.6%
Chronic Obstructive Pulmonary Disease And Allied Conditions	230	3.6%	76	5.0%	70	6.4%	376	4.2%
Cerebrovascular Disease	274	4.3%	50	3.3%	41	3.7%	365	4.0%
Organic Psychotic Conditions	257	4.0%	44	2.9%	50	4.5%	351	3.9%
Arthropathies And Related Disorders	135	2.1%	147	9.7%	48	4.4%	330	3.7%
Other and unspecified anemias	202	3.1%	70	4.6%	43	3.9%	315	3.5%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	132	2.1%	112	7.4%	54	4.9%	298	3.3%
Other Diseases Of Skin And Subcutaneous Tissue	137	2.1%	96	6.3%	35	3.2%	268	3.0%
Other Disorders Of The Central Nervous System	125	1.9%	103	6.8%	24	2.2%	252	2.8%
Other Diseases Of Intestines And Peritoneum	168	2.6%	41	2.7%	40	3.6%	249	2.8%
Fracture Of Lower Limb	168	2.6%	44	2.9%	29	2.6%	241	2.7%
Pneumoconioses And Other Lung Diseases Due To External Agents	166	2.6%	34	2.2%	31	2.8%	231	2.6%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	124	1.9%	72	4.7%	24	2.2%	220	2.4%
Other And Unspecified Effects Of External Causes	139	2.2%	52	3.4%	25	2.3%	216	2.4%
Other Diseases Of Digestive System	127	2.0%	60	4.0%	23	2.1%	210	2.3%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	129	2.0%	50	3.3%	28	2.5%	207	2.3%
Nutritional Deficiencies	131	2.0%	31	2.0%	25	2.3%	187	2.1%
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	62	1.0%	102	6.7%	23	2.1%	187	2.1%
Hereditary And Degenerative Diseases Of The Central Nervous System	124	1.9%	27	1.8%	24	2.2%	175	1.9%
Malignant Neoplasm Of Other And Unspecified Sites	111	1.7%	30	2.0%	34	3.1%	175	1.9%
Other Psychoses	61	0.9%	82	5.4%	25	2.3%	168	1.9%
Infections Of Skin And Subcutaneous Tissue	92	1.4%	54	3.6%	19	1.7%	165	1.8%
Diseases Of Esophagus, Stomach, And Duodenum	88	1.4%	47	3.1%	25	2.3%	160	1.8%
Persons With A Condition Influencing Their Health Status	51	0.8%	48	3.2%	24	2.2%	123	1.4%
Dorsopathies	49	0.8%	47	3.1%	17	1.5%	113	1.3%
Diseases Of Arteries, Arterioles, And Capillaries	79	1.2%	21	1.4%	12	1.1%	112	1.2%
Body Mass Index	35	0.5%	55	3.6%	16	1.5%	106	1.2%
Persons Encountering Health Services For Specific Procedures And Aftercare	61	0.9%	28	1.8%	16	1.5%	105	1.2%
Ill-Defined And Unknown Causes Of Morbidity And Mortality	66	1.0%	13	0.9%	19	1.7%	98	1.1%
Intestinal Infectious Diseases	72	1.1%	13	0.9%	10	0.9%	95	1.1%
Rheumatism, Excluding The Back	58	0.9%	26	1.7%	11	1.0%	95	1.1%
Diseases Of Pulmonary Circulation	62	1.0%	22	1.5%	9	0.8%	93	1.0%
Fracture Of Spine And Trunk	57	0.9%	14	0.9%	11	1.0%	82	0.9%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	53	0.8%	8	0.5%	18	1.6%	79	0.9%
Noninfective Enteritis And Colitis	58	0.9%	11	0.7%	8	0.7%	77	0.9%
Persons With Potential Health Hazards Related To Personal And Family History	45	0.7%	20	1.3%	12	1.1%	77	0.9%
Disorders Of Thyroid Gland	41	0.6%	17	1.1%	7	0.6%	65	0.7%

Wisconsin Department of Health Services
Chart Book: CY10 Diagnosis Occurrences

Draft

Nursing Home Short Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	12,774		2,843		2,207		17,824	
Unique Lives	6,463		1,752		1,186		9,401	
Diagnosis Classification	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Other Forms Of Heart Disease	1,077	16.7%	164	9.4%	186	15.7%	1,427	15.2%
Other Metabolic Disorders And Immunity Disorders	647	10.0%	244	13.9%	150	12.6%	1,041	11.1%
Nephritis, Nephrotic Syndrome, And Nephrosis	681	10.5%	172	9.8%	145	12.2%	998	10.6%
Symptoms	508	7.9%	211	12.0%	122	10.3%	841	8.9%
Other Diseases Of Urinary System	528	8.2%	97	5.5%	101	8.5%	726	7.7%
Other Diseases Of Respiratory System	420	6.5%	142	8.1%	111	9.4%	673	7.2%
Hypertensive Disease	410	6.3%	153	8.7%	94	7.9%	657	7.0%
Other Bacterial Diseases	393	6.1%	137	7.8%	93	7.8%	623	6.6%
Pneumonia And Influenza	427	6.6%	92	5.3%	98	8.3%	617	6.6%
Chronic Obstructive Pulmonary Disease And Allied Conditions	284	4.4%	108	6.2%	112	9.4%	504	5.4%
Diseases Of Other Endocrine Glands	201	3.1%	161	9.2%	80	6.7%	442	4.7%
Ischemic Heart Disease	280	4.3%	69	3.9%	63	5.3%	412	4.4%
Complications Of Surgical And Medical Care, Not Elsewhere Classified	194	3.0%	149	8.5%	65	5.5%	408	4.3%
Arthropathies And Related Disorders	161	2.5%	175	10.0%	72	6.1%	408	4.3%
Other Disorders Of The Central Nervous System	205	3.2%	143	8.2%	52	4.4%	400	4.3%
Organic Psychotic Conditions	278	4.3%	53	3.0%	40	3.4%	371	3.9%
Cerebrovascular Disease	250	3.9%	54	3.1%	55	4.6%	359	3.8%
Other and unspecified anemias	189	2.9%	92	5.3%	40	3.4%	321	3.4%
Other Diseases Of Digestive System	175	2.7%	111	6.3%	29	2.4%	315	3.4%
Other Diseases Of Skin And Subcutaneous Tissue	135	2.1%	95	5.4%	35	3.0%	265	2.8%
Other And Unspecified Effects Of External Causes	163	2.5%	51	2.9%	48	4.0%	262	2.8%
Fracture Of Lower Limb	150	2.3%	69	3.9%	36	3.0%	255	2.7%
Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	89	1.4%	143	8.2%	22	1.9%	254	2.7%
Pneumoconioses And Other Lung Diseases Due To External Agents	179	2.8%	36	2.1%	33	2.8%	248	2.6%
Malignant Neoplasm Of Other And Unspecified Sites	156	2.4%	52	3.0%	39	3.3%	247	2.6%
Other Diseases Of Intestines And Peritoneum	166	2.6%	42	2.4%	35	3.0%	243	2.6%
Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	93	1.4%	93	5.3%	24	2.0%	210	2.2%
Hereditary And Degenerative Diseases Of The Central Nervous System	142	2.2%	31	1.8%	25	2.1%	198	2.1%
Diseases Of Veins And Lymphatics, And Other Diseases Of Circulatory System	119	1.8%	56	3.2%	20	1.7%	195	2.1%
Nutritional Deficiencies	129	2.0%	49	2.8%	15	1.3%	193	2.1%
Diseases Of Esophagus, Stomach, And Duodenum	92	1.4%	73	4.2%	20	1.7%	185	2.0%
Infections Of Skin And Subcutaneous Tissue	94	1.5%	63	3.6%	20	1.7%	177	1.9%
Other Psychoses	35	0.5%	94	5.4%	17	1.4%	146	1.6%
Persons With A Condition Influencing Their Health Status	58	0.9%	68	3.9%	17	1.4%	143	1.5%
Body Mass Index	39	0.6%	78	4.5%	16	1.3%	133	1.4%
Dorsopathies	59	0.9%	60	3.4%	12	1.0%	131	1.4%
Ill-Defined And Unknown Causes Of Morbidity And Mortality	73	1.1%	18	1.0%	22	1.9%	113	1.2%
Persons Encountering Health Services For Specific Procedures And Aftercare	53	0.8%	39	2.2%	19	1.6%	111	1.2%
Rheumatism, Excluding The Back	60	0.9%	33	1.9%	15	1.3%	108	1.1%
Diseases Of Arteries, Arterioles, And Capillaries	57	0.9%	27	1.5%	22	1.9%	106	1.1%
Diseases Of Pulmonary Circulation	66	1.0%	21	1.2%	15	1.3%	102	1.1%
Disorders Of Thyroid Gland	56	0.9%	26	1.5%	12	1.0%	94	1.0%
Fracture Of Spine And Trunk	68	1.1%	9	0.5%	16	1.3%	93	1.0%
Malignant Neoplasm Of Respiratory And Intrathoracic Organs	58	0.9%	14	0.8%	17	1.4%	89	0.9%
Malignant Neoplasm Of Digestive Organs And Peritoneum	63	1.0%	14	0.8%	7	0.6%	84	0.9%
Intestinal Infectious Diseases	58	0.9%	14	0.8%	8	0.7%	80	0.9%
Persons With Potential Health Hazards Related To Personal And Family History	47	0.7%	28	1.6%	4	0.3%	79	0.8%

Wisconsin Department of Health Services
Chart Book: CY08 Diagnosis Occurrences

Draft

Nursing Home Long Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	167,165		15,861		28,166		211,192	
Unique Lives	18,058		1,758		2,981		22,797	
Broad Diagnostic Classification								
Diseases Of The Blood And Blood-Forming Organs	720	4.0%	65	3.7%	135	4.5%	920	4.0%
Diseases Of The Circulatory System	5,699	31.6%	536	30.5%	1,113	37.3%	7,348	32.2%
Diseases Of The Digestive System	1,496	8.3%	268	15.2%	290	9.7%	2,054	9.0%
Diseases Of The Genitourinary System	3,107	17.2%	479	27.2%	645	21.6%	4,231	18.6%
Diseases Of The Nervous System And Sense Organs	1,044	5.8%	319	18.1%	267	9.0%	1,630	7.2%
Diseases Of The Respiratory System	3,231	17.9%	455	25.9%	781	26.2%	4,467	19.6%
Diseases Of The Skin And Subcutaneous Tissue	758	4.2%	201	11.4%	250	8.4%	1,209	5.3%
Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders	2,474	13.7%	430	24.5%	593	19.9%	3,497	15.3%
Infectious And Parasitic Diseases	1,296	7.2%	325	18.5%	364	12.2%	1,985	8.7%
Injury And Poisoning	1,556	8.6%	310	17.6%	364	12.2%	2,230	9.8%
Diseases Of The Musculoskeletal System And Connective Tissue	573	3.2%	88	5.0%	141	4.7%	802	3.5%
Mental Disorders	1,448	8.0%	216	12.3%	361	12.1%	2,025	8.9%
Neoplasms	356	2.0%	52	3.0%	90	3.0%	498	2.2%
Complications Of Pregnancy, Childbirth, And The Puerperium	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital Anomalies	35	0.2%	26	1.5%	7	0.2%	68	0.3%
Supplementary Classification Of External Causes Of Injury And Poisoning	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Supp Classification Of Factors Influencing Health Status & Contact With Health Services	397	2.2%	152	8.6%	128	4.3%	677	3.0%
Symptoms, Signs, And Ill-Defined Conditions	1,438	8.0%	254	14.4%	338	11.3%	2,030	8.9%
Total	25,628		4,176		5,867		35,671	

Wisconsin Department of Health Services

Chart Book: CY09 Diagnosis Occurrences

Nursing Home Long Stay Population

Draft

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	162,101		15,580		26,903		204,584	
Unique Lives	17,634		1,700		2,845		22,179	
Broad Diagnostic Classification								
Diseases Of The Blood And Blood-Forming Organs	737	4.2%	70	4.1%	134	4.7%	941	4.2%
Diseases Of The Circulatory System	5,323	30.2%	454	26.7%	944	33.2%	6,721	30.3%
Diseases Of The Digestive System	1,394	7.9%	209	12.3%	318	11.2%	1,921	8.7%
Diseases Of The Genitourinary System	3,069	17.4%	460	27.1%	657	23.1%	4,186	18.9%
Diseases Of The Nervous System And Sense Organs	1,027	5.8%	320	18.8%	278	9.8%	1,625	7.3%
Diseases Of The Respiratory System	3,076	17.4%	440	25.9%	687	24.1%	4,203	19.0%
Diseases Of The Skin And Subcutaneous Tissue	667	3.8%	199	11.7%	201	7.1%	1,067	4.8%
Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders	2,234	12.7%	363	21.4%	536	18.8%	3,133	14.1%
Infectious And Parasitic Diseases	1,304	7.4%	309	18.2%	298	10.5%	1,911	8.6%
Injury And Poisoning	1,535	8.7%	343	20.2%	295	10.4%	2,173	9.8%
Diseases Of The Musculoskeletal System And Connective Tissue	537	3.0%	138	8.1%	130	4.6%	805	3.6%
Mental Disorders	1,284	7.3%	214	12.6%	282	9.9%	1,780	8.0%
Neoplasms	351	2.0%	34	2.0%	65	2.3%	450	2.0%
Complications Of Pregnancy, Childbirth, And The Puerperium	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital Anomalies	22	0.1%	11	0.6%	12	0.4%	45	0.2%
Supplementary Classification Of External Causes Of Injury And Poisoning	3	0.0%	1	0.1%	1	0.0%	5	0.0%
Supp Classification Of Factors Influencing Health Status & Contact With Health Services	432	2.4%	127	7.5%	125	4.4%	684	3.1%
Symptoms, Signs, And Ill-Defined Conditions	1,279	7.3%	253	14.9%	330	11.6%	1,862	8.4%
Total	24,274		3,945		5,293		33,512	

Wisconsin Department of Health Services
Chart Book: CY10 Diagnosis Occurrences

Draft

Nursing Home Long Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	152,871		15,124		25,134		193,129	
Unique Lives	16,418		1,753		2,632		20,803	
Broad Diagnostic Classification								
Diseases Of The Blood And Blood-Forming Organs	627	3.8%	92	5.2%	104	4.0%	823	4.0%
Diseases Of The Circulatory System	4,612	28.1%	503	28.7%	904	34.3%	6,019	28.9%
Diseases Of The Digestive System	1,260	7.7%	197	11.2%	238	9.0%	1,695	8.1%
Diseases Of The Genitourinary System	2,763	16.8%	498	28.4%	631	24.0%	3,892	18.7%
Diseases Of The Nervous System And Sense Organs	900	5.5%	312	17.8%	210	8.0%	1,422	6.8%
Diseases Of The Respiratory System	2,762	16.8%	496	28.3%	665	25.3%	3,923	18.9%
Diseases Of The Skin And Subcutaneous Tissue	544	3.3%	229	13.1%	146	5.5%	919	4.4%
Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders	1,933	11.8%	383	21.8%	435	16.5%	2,751	13.2%
Infectious And Parasitic Diseases	1,189	7.2%	350	20.0%	327	12.4%	1,866	9.0%
Injury And Poisoning	1,324	8.1%	380	21.7%	339	12.9%	2,043	9.8%
Diseases Of The Musculoskeletal System And Connective Tissue	420	2.6%	84	4.8%	100	3.8%	604	2.9%
Mental Disorders	1,050	6.4%	188	10.7%	259	9.8%	1,497	7.2%
Neoplasms	259	1.6%	45	2.6%	70	2.7%	374	1.8%
Complications Of Pregnancy, Childbirth, And The Puerperium	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital Anomalies	24	0.1%	14	0.8%	6	0.2%	44	0.2%
Supplementary Classification Of External Causes Of Injury And Poisoning	17	0.1%	1	0.1%	4	0.2%	22	0.1%
Supp Classification Of Factors Influencing Health Status & Contact With Health Services	411	2.5%	138	7.9%	104	4.0%	653	3.1%
Symptoms, Signs, And Ill-Defined Conditions	1,287	7.8%	259	14.8%	301	11.4%	1,847	8.9%
Total	21,382		4,169		4,843		30,394	

Wisconsin Department of Health Services
Chart Book: CY08 Diagnosis Occurrences

Draft

Nursing Home Short Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
Exposure Months	12,914		2,493		2,110		17,517	
Unique Lives	6,783		1,506		1,135		9,424	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Broad Diagnostic Classification								
Diseases Of The Blood And Blood-Forming Organs	317	4.7%	90	6.0%	70	6.2%	477	5.1%
Diseases Of The Circulatory System	2,379	35.1%	408	27.1%	460	40.5%	3,247	34.5%
Diseases Of The Digestive System	537	7.9%	175	11.6%	114	10.0%	826	8.8%
Diseases Of The Genitourinary System	1,157	17.1%	223	14.8%	207	18.2%	1,587	16.8%
Diseases Of The Nervous System And Sense Organs	339	5.0%	167	11.1%	90	7.9%	596	6.3%
Diseases Of The Respiratory System	1,411	20.8%	389	25.8%	317	27.9%	2,117	22.5%
Diseases Of The Skin And Subcutaneous Tissue	320	4.7%	156	10.4%	92	8.1%	568	6.0%
Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders	1,124	16.6%	365	24.2%	237	20.9%	1,726	18.3%
Infectious And Parasitic Diseases	480	7.1%	148	9.8%	104	9.2%	732	7.8%
Injury And Poisoning	679	10.0%	296	19.7%	187	16.5%	1,162	12.3%
Diseases Of The Musculoskeletal System And Connective Tissue	417	6.1%	272	18.1%	94	8.3%	783	8.3%
Mental Disorders	442	6.5%	299	19.9%	98	8.6%	839	8.9%
Neoplasms	382	5.6%	95	6.3%	76	6.7%	553	5.9%
Complications Of Pregnancy, Childbirth, And The Puerperium	-	0.0%	4	0.3%	-	0.0%	4	0.0%
Congenital Anomalies	16	0.2%	14	0.9%	3	0.3%	33	0.4%
Supplementary Classification Of External Causes Of Injury And Poisoning	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Supp Classification Of Factors Influencing Health Status & Contact With Health Services	237	3.5%	165	11.0%	68	6.0%	470	5.0%
Symptoms, Signs, And Ill-Defined Conditions	606	8.9%	188	12.5%	137	12.1%	931	9.9%
Total	10,843		3,454		2,354		16,651	

Wisconsin Department of Health Services
Chart Book: CY09 Diagnosis Occurrences

Draft

Nursing Home Short Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	11,837		2,421		1,991		16,249	
Unique Lives	6,423		1,517		1,100		9,040	
Broad Diagnostic Classification								
Diseases Of The Blood And Blood-Forming Organs	283	4.4%	108	7.1%	71	6.5%	462	5.1%
Diseases Of The Circulatory System	2,113	32.9%	495	32.6%	417	37.9%	3,025	33.5%
Diseases Of The Digestive System	476	7.4%	167	11.0%	99	9.0%	742	8.2%
Diseases Of The Genitourinary System	1,107	17.2%	254	16.7%	194	17.6%	1,555	17.2%
Diseases Of The Nervous System And Sense Organs	326	5.1%	180	11.9%	69	6.3%	575	6.4%
Diseases Of The Respiratory System	1,172	18.2%	316	20.8%	269	24.5%	1,757	19.4%
Diseases Of The Skin And Subcutaneous Tissue	239	3.7%	156	10.3%	54	4.9%	449	5.0%
Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders	1,028	16.0%	408	26.9%	218	19.8%	1,654	18.3%
Infectious And Parasitic Diseases	472	7.3%	170	11.2%	87	7.9%	729	8.1%
Injury And Poisoning	658	10.2%	300	19.8%	150	13.6%	1,108	12.3%
Diseases Of The Musculoskeletal System And Connective Tissue	366	5.7%	292	19.2%	100	9.1%	758	8.4%
Mental Disorders	380	5.9%	233	15.4%	99	9.0%	712	7.9%
Neoplasms	302	4.7%	61	4.0%	81	7.4%	444	4.9%
Complications Of Pregnancy, Childbirth, And The Puerperium	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital Anomalies	17	0.3%	18	1.2%	2	0.2%	37	0.4%
Supplementary Classification Of External Causes Of Injury And Poisoning	2	0.0%	-	0.0%	-	0.0%	2	0.0%
Supp Classification Of Factors Influencing Health Status & Contact With Health Services	223	3.5%	165	10.9%	75	6.8%	463	5.1%
Symptoms, Signs, And Ill-Defined Conditions	595	9.3%	202	13.3%	142	12.9%	939	10.4%
Total	9,759		3,525		2,127		15,411	

Wisconsin Department of Health Services
Chart Book: CY10 Diagnosis Occurrences

Draft

Nursing Home Short Stay Population

	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis	Diagnosis Occurrences	% of Lives with Diagnosis
Exposure Months	12,774		2,843		2,207		17,824	
Unique Lives	6,463		1,752		1,186		9,401	
Broad Diagnostic Classification								
Diseases Of The Blood And Blood-Forming Organs	279	4.3%	142	8.1%	68	5.7%	489	5.2%
Diseases Of The Circulatory System	2,272	35.2%	547	31.2%	461	38.9%	3,280	34.9%
Diseases Of The Digestive System	517	8.0%	252	14.4%	94	7.9%	863	9.2%
Diseases Of The Genitourinary System	1,227	19.0%	275	15.7%	251	21.2%	1,753	18.6%
Diseases Of The Nervous System And Sense Organs	430	6.7%	253	14.4%	110	9.3%	793	8.4%
Diseases Of The Respiratory System	1,323	20.5%	385	22.0%	360	30.4%	2,068	22.0%
Diseases Of The Skin And Subcutaneous Tissue	230	3.6%	162	9.2%	55	4.6%	447	4.8%
Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders	1,033	16.0%	480	27.4%	257	21.7%	1,770	18.8%
Infectious And Parasitic Diseases	514	8.0%	199	11.4%	114	9.6%	827	8.8%
Injury And Poisoning	697	10.8%	347	19.8%	204	17.2%	1,248	13.3%
Diseases Of The Musculoskeletal System And Connective Tissue	373	5.8%	361	20.6%	123	10.4%	857	9.1%
Mental Disorders	402	6.2%	294	16.8%	81	6.8%	777	8.3%
Neoplasms	377	5.8%	97	5.5%	82	6.9%	556	5.9%
Complications Of Pregnancy, Childbirth, And The Puerperium	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Congenital Anomalies	13	0.2%	23	1.3%	5	0.4%	41	0.4%
Supplementary Classification Of External Causes Of Injury And Poisoning	11	0.2%	5	0.3%	1	0.1%	17	0.2%
Supp Classification Of Factors Influencing Health Status & Contact With Health Services	250	3.9%	231	13.2%	68	5.7%	549	5.8%
Symptoms, Signs, And Ill-Defined Conditions	631	9.8%	247	14.1%	153	12.9%	1,031	11.0%
Total	10,579		4,300		2,487		17,366	

Nursing Home Long Stay Population

Unique Lives		Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
		18,058		1,758		2,981		22,797	
Most Prevalent Condition	Co-existing Condition	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions
Pneumonia	-	1,122	6.21%	117	6.66%	230	7.72%	1,469	6.44%
	Addiction	15	0.08%	2	0.11%	5	0.17%	22	0.10%
	Acute Myocardial Infarction (AMI)	68	0.38%	3	0.17%	10	0.34%	81	0.36%
	Aneurysm	59	0.33%	4	0.23%	13	0.44%	76	0.33%
	Angina	3	0.02%	-	0.00%	1	0.03%	4	0.02%
	Anxiety	7	0.04%	1	0.06%	5	0.17%	13	0.06%
	Asthma - Low	6	0.03%	-	0.00%	1	0.03%	7	0.03%
	Asthma - Medium	9	0.05%	2	0.11%	2	0.07%	13	0.06%
	Coronary Artery Disease (CAD)	62	0.34%	2	0.11%	16	0.54%	80	0.35%
	Cancer - Non-Skin	51	0.28%	2	0.11%	11	0.37%	64	0.28%
	Congestive Heart Failure (CHF)	349	1.93%	16	0.91%	59	1.98%	424	1.86%
	Chronic Abstructive Pulmonary Disease (COPD)	204	1.13%	16	0.91%	53	1.78%	273	1.20%
	Dementia	68	0.38%	2	0.11%	8	0.27%	78	0.34%
	Depression	28	0.16%	4	0.23%	16	0.54%	48	0.21%
	Diabetes - Low	100	0.55%	6	0.34%	37	1.24%	143	0.63%
	Diabetes - Medium	16	0.09%	3	0.17%	4	0.13%	23	0.10%
	Epilepsy	4	0.02%	3	0.17%	-	0.00%	7	0.03%
	End-Stage Renal Disease (ESRD)	19	0.11%	13	0.74%	7	0.23%	39	0.17%
	High Blood Pressure	135	0.75%	3	0.17%	21	0.70%	159	0.70%
	HIV	-	0.00%	1	0.06%	-	0.00%	1	0.00%
	Low Blood Pressure	8	0.04%	-	0.00%	-	0.00%	8	0.04%
	Hyperlipidemia	11	0.06%	-	0.00%	5	0.17%	16	0.07%
	Mood	-	0.00%	1	0.06%	1	0.03%	2	0.01%
	Multiple Sclerosis (MS)	1	0.01%	5	0.28%	6	0.20%	12	0.05%
	Parkinson's Disease	22	0.12%	1	0.06%	4	0.13%	27	0.12%
	Sleep Disorders	5	0.03%	1	0.06%	-	0.00%	6	0.03%
	Stroke	43	0.24%	3	0.17%	7	0.23%	53	0.23%

Nursing Home Long Stay Population

Unique Lives	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	18,058		1,758		2,981		22,797	
	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions
Most Prevalent Condition								
Congestive Heart Failure (CHF)	1,046	5.79%	52	2.96%	186	6.24%	1,284	5.63%
-								
Addiction	7	0.04%	-	0.00%	2	0.07%	9	0.04%
Acute Myocardial Infarction (AMI)	91	0.50%	2	0.11%	16	0.54%	109	0.48%
Aneurysm	49	0.27%	8	0.46%	9	0.30%	66	0.29%
Angina	8	0.04%	-	0.00%	2	0.07%	10	0.04%
Anxiety	4	0.02%	-	0.00%	3	0.10%	7	0.03%
Asthma - Low	4	0.02%	-	0.00%	1	0.03%	5	0.02%
Asthma - Medium	4	0.02%	3	0.17%	4	0.13%	11	0.05%
Coronary Artery Disease (CAD)	96	0.53%	7	0.40%	20	0.67%	123	0.54%
Cancer - Non-Skin	30	0.17%	-	0.00%	6	0.20%	36	0.16%
Cancer - Skin	1	0.01%	-	0.00%	1	0.03%	2	0.01%
Chronic Abstructive Pulmonary Disease (COPD)	151	0.84%	10	0.57%	33	1.11%	194	0.85%
Dementia	39	0.22%	1	0.06%	6	0.20%	46	0.20%
Depression	20	0.11%	3	0.17%	9	0.30%	32	0.14%
Diabetes - Low	100	0.55%	6	0.34%	30	1.01%	136	0.60%
Diabetes - Medium	20	0.11%	5	0.28%	7	0.23%	32	0.14%
Diabetes - High	-	0.00%	1	0.06%	-	0.00%	1	0.00%
Epilepsy	-	0.00%	3	0.17%	1	0.03%	4	0.02%
End-Stage Renal Disease (ESRD)	20	0.11%	6	0.34%	2	0.07%	28	0.12%
High Blood Pressure	85	0.47%	3	0.17%	12	0.40%	100	0.44%
Low Blood Pressure	5	0.03%	-	0.00%	1	0.03%	6	0.03%
Hyperlipidemia	15	0.08%	1	0.06%	3	0.10%	19	0.08%
Mood	-	0.00%	-	0.00%	1	0.03%	1	0.00%
Multiple Sclerosis (MS)	1	0.01%	-	0.00%	1	0.03%	2	0.01%
Parkinson's Disease	5	0.03%	-	0.00%	1	0.03%	6	0.03%
Sleep Disorders	4	0.02%	2	0.11%	1	0.03%	7	0.03%
Stroke	42	0.23%	-	0.00%	11	0.37%	53	0.23%

Nursing Home Long Stay Population

Unique Lives		Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
		18,058		1,758		2,981		22,797	
Most Prevalent Condition	Co-existing Condition	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions
High Blood Pressure	-	602	3.33%	48	2.73%	88	2.95%	738	3.24%
	ADD	-	0.00%	-	0.00%	1	0.03%	1	0.00%
	Addiction	9	0.05%	3	0.17%	1	0.03%	13	0.06%
	Acute Myocardial Infarction (AMI)	17	0.09%	1	0.06%	3	0.10%	21	0.09%
	Aneurysm	34	0.19%	3	0.17%	9	0.30%	46	0.20%
	Angina	6	0.03%	-	0.00%	-	0.00%	6	0.03%
	Anxiety	14	0.08%	2	0.11%	4	0.13%	20	0.09%
	Asthma - Low	2	0.01%	1	0.06%	1	0.03%	4	0.02%
	Asthma - Medium	3	0.02%	2	0.11%	2	0.07%	7	0.03%
	Coronary Artery Disease (CAD)	54	0.30%	1	0.06%	8	0.27%	63	0.28%
	Cancer - Non-Skin	25	0.14%	1	0.06%	5	0.17%	31	0.14%
	Cancer - Skin	1	0.01%	-	0.00%	-	0.00%	1	0.00%
	Chronic Abstructive Pulmonary Disease (COPD)	56	0.31%	3	0.17%	8	0.27%	67	0.29%
	Dementia	65	0.36%	-	0.00%	8	0.27%	73	0.32%
	Depression	31	0.17%	8	0.46%	7	0.23%	46	0.20%
	Diabetes - Low	88	0.49%	8	0.46%	19	0.64%	115	0.50%
	Diabetes - Medium	10	0.06%	2	0.11%	2	0.07%	14	0.06%
	Epilepsy	6	0.03%	1	0.06%	-	0.00%	7	0.03%
	Low Blood Pressure	6	0.03%	-	0.00%	3	0.10%	9	0.04%
	Hyperlipidemia	45	0.25%	7	0.40%	10	0.34%	62	0.27%
	Mood	-	0.00%	-	0.00%	3	0.10%	3	0.01%
	Multiple Sclerosis (MS)	3	0.02%	4	0.23%	2	0.07%	9	0.04%
	Parkinson's Disease	17	0.09%	1	0.06%	1	0.03%	19	0.08%
	Stroke	41	0.23%	4	0.23%	8	0.27%	53	0.23%

Nursing Home Long Stay Population

Unique Lives		Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
		18,058		1,758		2,981		22,797	
Most Prevalent Condition	Co-existing Condition	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions
Chronic Obstructive Pulmonary Disease (COPD)	-	468	2.59%	35	1.99%	117	3.92%	620	2.72%
	Addiction	14	0.08%	1	0.06%	7	0.23%	22	0.10%
	Acute Myocardial Infarction (AMI)	16	0.09%	3	0.17%	3	0.10%	22	0.10%
	Aneurysm	18	0.10%	4	0.23%	6	0.20%	28	0.12%
	Angina	5	0.03%	-	0.00%	1	0.03%	6	0.03%
	Anxiety	6	0.03%	-	0.00%	4	0.13%	10	0.04%
	Asthma - Low	1	0.01%	-	0.00%	-	0.00%	1	0.00%
	Asthma - Medium	3	0.02%	-	0.00%	1	0.03%	4	0.02%
	Coronary Artery Disease (CAD)	37	0.20%	1	0.06%	13	0.44%	51	0.22%
	Cancer - Non-Skin	20	0.11%	1	0.06%	6	0.20%	27	0.12%
	Cancer - Skin	1	0.01%	-	0.00%	1	0.03%	2	0.01%
	Dementia	28	0.16%	-	0.00%	2	0.07%	30	0.13%
	Depression	12	0.07%	1	0.06%	8	0.27%	21	0.09%
	Diabetes - Low	47	0.26%	3	0.17%	18	0.60%	68	0.30%
	Diabetes - Medium	3	0.02%	3	0.17%	3	0.10%	9	0.04%
	Epilepsy	3	0.02%	1	0.06%	-	0.00%	4	0.02%
	End-Stage Renal Disease (ESRD)	6	0.03%	-	0.00%	-	0.00%	6	0.03%
	Low Blood Pressure	4	0.02%	1	0.06%	1	0.03%	6	0.03%
	Hyperlipidemia	6	0.03%	1	0.06%	3	0.10%	10	0.04%
	Multiple Sclerosis (MS)	-	0.00%	-	0.00%	3	0.10%	3	0.01%
	Parkinson's Disease	5	0.03%	-	0.00%	1	0.03%	6	0.03%
	Sleep Disorders	6	0.03%	2	0.11%	3	0.10%	11	0.05%
	Stroke	17	0.09%	1	0.06%	3	0.10%	21	0.09%

Nursing Home Long Stay Population

Unique Lives		Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
		17,634		1,700		2,845		22,179	
Most Prevalent Condition	Co-existing Condition	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions
Pneumonia	-	989	5.61%	107	6.29%	210	7.38%	1,306	5.89%
	Addiction	5	0.03%	1	0.06%	3	0.11%	9	0.04%
	Acute Myocardial Infarction (AMI)	55	0.31%	1	0.06%	7	0.25%	63	0.28%
	Aneurysm	47	0.27%	6	0.35%	11	0.39%	64	0.29%
	Angina	7	0.04%	-	0.00%	-	0.00%	7	0.03%
	Anxiety	12	0.07%	3	0.18%	1	0.04%	16	0.07%
	Asthma - Low	5	0.03%	-	0.00%	3	0.11%	8	0.04%
	Asthma - Medium	4	0.02%	1	0.06%	3	0.11%	8	0.04%
	Coronary Artery Disease (CAD)	48	0.27%	2	0.12%	9	0.32%	59	0.27%
	Cancer - Non-Skin	52	0.29%	4	0.24%	7	0.25%	63	0.28%
	Congestive Heart Failure (CHF)	312	1.77%	14	0.82%	65	2.28%	391	1.76%
	Chronic Abstructive Pulmonary Disease (COPD)	215	1.22%	13	0.76%	55	1.93%	283	1.28%
	Dementia	66	0.37%	-	0.00%	5	0.18%	71	0.32%
	Depression	16	0.09%	8	0.47%	11	0.39%	35	0.16%
	Diabetes - Low	77	0.44%	13	0.76%	16	0.56%	106	0.48%
	Diabetes - Medium	12	0.07%	10	0.59%	4	0.14%	26	0.12%
	Epilepsy	4	0.02%	1	0.06%	1	0.04%	6	0.03%
	End-Stage Renal Disease (ESRD)	33	0.19%	10	0.59%	9	0.32%	52	0.23%
	High Blood Pressure	92	0.52%	10	0.59%	14	0.49%	116	0.52%
	Low Blood Pressure	8	0.05%	2	0.12%	1	0.04%	11	0.05%
	Hyperlipidemia	14	0.08%	1	0.06%	2	0.07%	17	0.08%
	Mood	1	0.01%	-	0.00%	-	0.00%	1	0.00%
	Multiple Sclerosis (MS)	2	0.01%	10	0.59%	3	0.11%	15	0.07%
	Parkinson's Disease	12	0.07%	-	0.00%	2	0.07%	14	0.06%
	Sleep Disorders	1	0.01%	2	0.12%	4	0.14%	7	0.03%
	Stroke	29	0.16%	-	0.00%	5	0.18%	34	0.15%

Nursing Home Long Stay Population

Unique Lives	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total		
	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	
	17,634		1,700		2,845		22,179		
Most Prevalent Condition	Co-existing Condition								
Congestive Heart Failure (CHF)	-	992	5.63%	51	3.00%	157	5.52%	1,200	5.41%
	Addiction	8	0.05%	1	0.06%	2	0.07%	11	0.05%
	Acute Myocardial Infarction (AMI)	90	0.51%	-	0.00%	13	0.46%	103	0.46%
	Aneurysm	54	0.31%	3	0.18%	14	0.49%	71	0.32%
	Angina	6	0.03%	-	0.00%	2	0.07%	8	0.04%
	Anxiety	7	0.04%	1	0.06%	-	0.00%	8	0.04%
	Asthma - Low	5	0.03%	-	0.00%	4	0.14%	9	0.04%
	Asthma - Medium	4	0.02%	-	0.00%	-	0.00%	4	0.02%
	Coronary Artery Disease (CAD)	67	0.38%	8	0.47%	18	0.63%	93	0.42%
	Cancer - Non-Skin	43	0.24%	-	0.00%	4	0.14%	47	0.21%
	Chronic Abstructive Pulmonary Disease (COPD)	192	1.09%	5	0.29%	38	1.34%	235	1.06%
	Dementia	38	0.22%	1	0.06%	-	0.00%	39	0.18%
	Depression	12	0.07%	1	0.06%	6	0.21%	19	0.09%
	Diabetes - Low	94	0.53%	7	0.41%	17	0.60%	118	0.53%
	Diabetes - Medium	16	0.09%	8	0.47%	3	0.11%	27	0.12%
	Diabetes - High	-	0.00%	1	0.06%	-	0.00%	1	0.00%
	Epilepsy	2	0.01%	-	0.00%	2	0.07%	4	0.02%
	End-Stage Renal Disease (ESRD)	23	0.13%	8	0.47%	4	0.14%	35	0.16%
	High Blood Pressure	81	0.46%	3	0.18%	10	0.35%	94	0.42%
	Low Blood Pressure	9	0.05%	-	0.00%	-	0.00%	9	0.04%
	Hyperlipidemia	15	0.09%	-	0.00%	2	0.07%	17	0.08%
	Mood	-	0.00%	1	0.06%	-	0.00%	1	0.00%
	Multiple Sclerosis (MS)	-	0.00%	1	0.06%	-	0.00%	1	0.00%
	Parkinson's Disease	9	0.05%	-	0.00%	-	0.00%	9	0.04%
	Sleep Disorders	4	0.02%	2	0.12%	2	0.07%	8	0.04%
	Stroke	46	0.26%	2	0.12%	5	0.18%	53	0.24%

Nursing Home Long Stay Population

Unique Lives		Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
		17,634		1,700		2,845		22,179	
Most Prevalent Condition	Co-existing Condition	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions
High Blood Pressure	-	562	3.19%	37	2.18%	74	2.60%	673	3.03%
	Addiction	9	0.05%	1	0.06%	1	0.04%	11	0.05%
	Acute Myocardial Infarction (AMI)	11	0.06%	-	0.00%	2	0.07%	13	0.06%
	Aneurysm	29	0.16%	4	0.24%	6	0.21%	39	0.18%
	Angina	1	0.01%	-	0.00%	-	0.00%	1	0.00%
	Anxiety	14	0.08%	3	0.18%	-	0.00%	17	0.08%
	Asthma - Low	3	0.02%	1	0.06%	1	0.04%	5	0.02%
	Asthma - Medium	1	0.01%	-	0.00%	2	0.07%	3	0.01%
	Coronary Artery Disease (CAD)	43	0.24%	2	0.12%	8	0.28%	53	0.24%
	Cancer - Non-Skin	17	0.10%	3	0.18%	4	0.14%	24	0.11%
	Chronic Abstructive Pulmonary Disease (COPD)	65	0.37%	5	0.29%	12	0.42%	82	0.37%
	Dementia	55	0.31%	2	0.12%	5	0.18%	62	0.28%
	Depression	42	0.24%	5	0.29%	6	0.21%	53	0.24%
	Diabetes - Low	81	0.46%	14	0.82%	16	0.56%	111	0.50%
	Diabetes - Medium	9	0.05%	2	0.12%	1	0.04%	12	0.05%
	Epilepsy	6	0.03%	1	0.06%	3	0.11%	10	0.05%
	End-Stage Renal Disease (ESRD)	-	0.00%	-	0.00%	1	0.04%	1	0.00%
	HIV	-	0.00%	1	0.06%	-	0.00%	1	0.00%
	Low Blood Pressure	6	0.03%	-	0.00%	-	0.00%	6	0.03%
	Hyperlipidemia	48	0.27%	1	0.06%	9	0.32%	58	0.26%
	Mood	3	0.02%	-	0.00%	-	0.00%	3	0.01%
	Multiple Sclerosis (MS)	1	0.01%	5	0.29%	-	0.00%	6	0.03%
	Parkinson's Disease	15	0.09%	1	0.06%	2	0.07%	18	0.08%
	Sleep Disorders	1	0.01%	1	0.06%	1	0.04%	3	0.01%
	Stroke	56	0.32%	2	0.12%	6	0.21%	64	0.29%

Nursing Home Long Stay Population

Unique Lives		Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
		17,634		1,700		2,845		22,179	
Most Prevalent Condition	Co-existing Condition	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions
Chronic Obstructive Pulmonary Disease (COPD)	-	497	2.82%	34	2.00%	115	4.04%	646	2.91%
	Addiction	9	0.05%	3	0.18%	2	0.07%	14	0.06%
	Acute Myocardial Infarction (AMI)	21	0.12%	-	0.00%	4	0.14%	25	0.11%
	Aneurysm	23	0.13%	2	0.12%	10	0.35%	35	0.16%
	Angina	1	0.01%	-	0.00%	1	0.04%	2	0.01%
	Anxiety	10	0.06%	3	0.18%	1	0.04%	14	0.06%
	Asthma - Medium	1	0.01%	-	0.00%	2	0.07%	3	0.01%
	Coronary Artery Disease (CAD)	27	0.15%	1	0.06%	5	0.18%	33	0.15%
	Cancer - Non-Skin	22	0.12%	1	0.06%	5	0.18%	28	0.13%
	Dementia	18	0.10%	-	0.00%	3	0.11%	21	0.09%
	Depression	20	0.11%	1	0.06%	2	0.07%	23	0.10%
	Diabetes - Low	62	0.35%	2	0.12%	14	0.49%	78	0.35%
	Diabetes - Medium	3	0.02%	3	0.18%	-	0.00%	6	0.03%
	Epilepsy	3	0.02%	-	0.00%	2	0.07%	5	0.02%
	End-Stage Renal Disease (ESRD)	10	0.06%	2	0.12%	2	0.07%	14	0.06%
	Low Blood Pressure	4	0.02%	-	0.00%	1	0.04%	5	0.02%
	Hyperlipidemia	10	0.06%	1	0.06%	-	0.00%	11	0.05%
	Mood	-	0.00%	1	0.06%	1	0.04%	2	0.01%
	Multiple Sclerosis (MS)	1	0.01%	4	0.24%	-	0.00%	5	0.02%
	Parkinson's Disease	5	0.03%	-	0.00%	-	0.00%	5	0.02%
	Sleep Disorders	1	0.01%	1	0.06%	2	0.07%	4	0.02%
	Stroke	17	0.10%	-	0.00%	2	0.07%	19	0.09%

Nursing Home Long Stay Population

Unique Lives		Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
		16,418		1,753		2,632		20,803	
Most Prevalent Condition	Co-existing Condition	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions
Pneumonia	-	896	5.46%	123	7.02%	197	7.48%	1,216	5.85%
	Addiction	6	0.04%	4	0.23%	1	0.04%	11	0.05%
	Acute Myocardial Infarction (AMI)	55	0.33%	4	0.23%	13	0.49%	72	0.35%
	Aneurysm	48	0.29%	10	0.57%	16	0.61%	74	0.36%
	Angina	1	0.01%	-	0.00%	2	0.08%	3	0.01%
	Anxiety	1	0.01%	1	0.06%	5	0.19%	7	0.03%
	Asthma - Low	7	0.04%	1	0.06%	-	0.00%	8	0.04%
	Asthma - Medium	5	0.03%	1	0.06%	-	0.00%	6	0.03%
	Coronary Artery Disease (CAD)	44	0.27%	4	0.23%	10	0.38%	58	0.28%
	Cancer - Non-Skin	32	0.19%	3	0.17%	9	0.34%	44	0.21%
	Congestive Heart Failure (CHF)	316	1.92%	24	1.37%	49	1.86%	389	1.87%
	Chronic Abstructive Pulmonary Disease (COPD)	176	1.07%	20	1.14%	41	1.56%	237	1.14%
	Dementia	38	0.23%	2	0.11%	6	0.23%	46	0.22%
	Depression	20	0.12%	1	0.06%	4	0.15%	25	0.12%
	Diabetes - Low	69	0.42%	8	0.46%	26	0.99%	103	0.50%
	Diabetes - Medium	12	0.07%	4	0.23%	-	0.00%	16	0.08%
	Epilepsy	2	0.01%	3	0.17%	1	0.04%	6	0.03%
	End-Stage Renal Disease (ESRD)	20	0.12%	10	0.57%	4	0.15%	34	0.16%
	High Blood Pressure	76	0.46%	2	0.11%	17	0.65%	95	0.46%
	HIV	-	0.00%	1	0.06%	1	0.04%	2	0.01%
	Low Blood Pressure	3	0.02%	-	0.00%	-	0.00%	3	0.01%
	Hyperlipidemia	12	0.07%	-	0.00%	2	0.08%	14	0.07%
	Mood	2	0.01%	-	0.00%	-	0.00%	2	0.01%
	Multiple Sclerosis (MS)	1	0.01%	5	0.29%	3	0.11%	9	0.04%
	Parkinson's Disease	10	0.06%	1	0.06%	2	0.08%	13	0.06%
	Sleep Disorders	4	0.02%	2	0.11%	3	0.11%	9	0.04%
	Stroke	22	0.13%	2	0.11%	6	0.23%	30	0.14%

Nursing Home Long Stay Population

Unique Lives	Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
	16,418		1,753		2,632		20,803	
	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions
Most Prevalent Condition								
Congestive Heart Failure (CHF)	917	5.59%	63	3.59%	168	6.38%	1,148	5.52%
-								
Addiction	8	0.05%	5	0.29%	2	0.08%	15	0.07%
Acute Myocardial Infarction (AMI)	69	0.42%	5	0.29%	15	0.57%	89	0.43%
Aneurysm	38	0.23%	2	0.11%	10	0.38%	50	0.24%
Angina	4	0.02%	1	0.06%	1	0.04%	6	0.03%
Anxiety	6	0.04%	1	0.06%	-	0.00%	7	0.03%
Asthma - Low	6	0.04%	-	0.00%	1	0.04%	7	0.03%
Asthma - Medium	4	0.02%	1	0.06%	-	0.00%	5	0.02%
Coronary Artery Disease (CAD)	64	0.39%	6	0.34%	8	0.30%	78	0.37%
Cancer - Non-Skin	22	0.13%	1	0.06%	6	0.23%	29	0.14%
Chronic Abstructive Pulmonary Disease (COPD)	150	0.91%	11	0.63%	27	1.03%	188	0.90%
Dementia	23	0.14%	1	0.06%	1	0.04%	25	0.12%
Depression	23	0.14%	1	0.06%	3	0.11%	27	0.13%
Diabetes - Low	87	0.53%	8	0.46%	15	0.57%	110	0.53%
Diabetes - Medium	14	0.09%	6	0.34%	4	0.15%	24	0.12%
Epilepsy	1	0.01%	2	0.11%	1	0.04%	4	0.02%
End-Stage Renal Disease (ESRD)	23	0.14%	9	0.51%	11	0.42%	43	0.21%
High Blood Pressure	75	0.46%	3	0.17%	10	0.38%	88	0.42%
Low Blood Pressure	1	0.01%	-	0.00%	1	0.04%	2	0.01%
Hyperlipidemia	3	0.02%	-	0.00%	1	0.04%	4	0.02%
Multiple Sclerosis (MS)	1	0.01%	-	0.00%	-	0.00%	1	0.00%
Parkinson's Disease	8	0.05%	-	0.00%	1	0.04%	9	0.04%
Sleep Disorders	3	0.02%	1	0.06%	3	0.11%	7	0.03%
Stroke	36	0.22%	-	0.00%	5	0.19%	41	0.20%

Nursing Home Long Stay Population

Unique Lives		Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
		16,418		1,753		2,632		20,803	
Most Prevalent Condition	Co-existing Condition	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions
High Blood Pressure	-	443	2.70%	35	2.00%	81	3.08%	559	2.69%
	Addiction	7	0.04%	3	0.17%	1	0.04%	11	0.05%
	Acute Myocardial Infarction (AMI)	10	0.06%	-	0.00%	1	0.04%	11	0.05%
	Aneurysm	21	0.13%	2	0.11%	7	0.27%	30	0.14%
	Angina	2	0.01%	-	0.00%	-	0.00%	2	0.01%
	Anxiety	4	0.02%	3	0.17%	5	0.19%	12	0.06%
	Asthma - Low	2	0.01%	-	0.00%	2	0.08%	4	0.02%
	Asthma - Medium	4	0.02%	-	0.00%	-	0.00%	4	0.02%
	Coronary Artery Disease (CAD)	35	0.21%	4	0.23%	4	0.15%	43	0.21%
	Cancer - Non-Skin	18	0.11%	1	0.06%	3	0.11%	22	0.11%
	Chronic Abstructive Pulmonary Disease (COPD)	52	0.32%	3	0.17%	13	0.49%	68	0.33%
	Dementia	39	0.24%	-	0.00%	6	0.23%	45	0.22%
	Depression	24	0.15%	5	0.29%	5	0.19%	34	0.16%
	Diabetes - Low	67	0.41%	6	0.34%	17	0.65%	90	0.43%
	Diabetes - Medium	5	0.03%	3	0.17%	1	0.04%	9	0.04%
	Diabetes - High	-	0.00%	1	0.06%	-	0.00%	1	0.00%
	Epilepsy	6	0.04%	1	0.06%	-	0.00%	7	0.03%
	Low Blood Pressure	4	0.02%	-	0.00%	-	0.00%	4	0.02%
	Hyperlipidemia	31	0.19%	3	0.17%	5	0.19%	39	0.19%
	Mood	3	0.02%	2	0.11%	-	0.00%	5	0.02%
	Multiple Sclerosis (MS)	-	0.00%	2	0.11%	2	0.08%	4	0.02%
	Parkinson's Disease	10	0.06%	-	0.00%	5	0.19%	15	0.07%
	Sleep Disorders	1	0.01%	-	0.00%	-	0.00%	1	0.00%
	Stroke	36	0.22%	2	0.11%	5	0.19%	43	0.21%

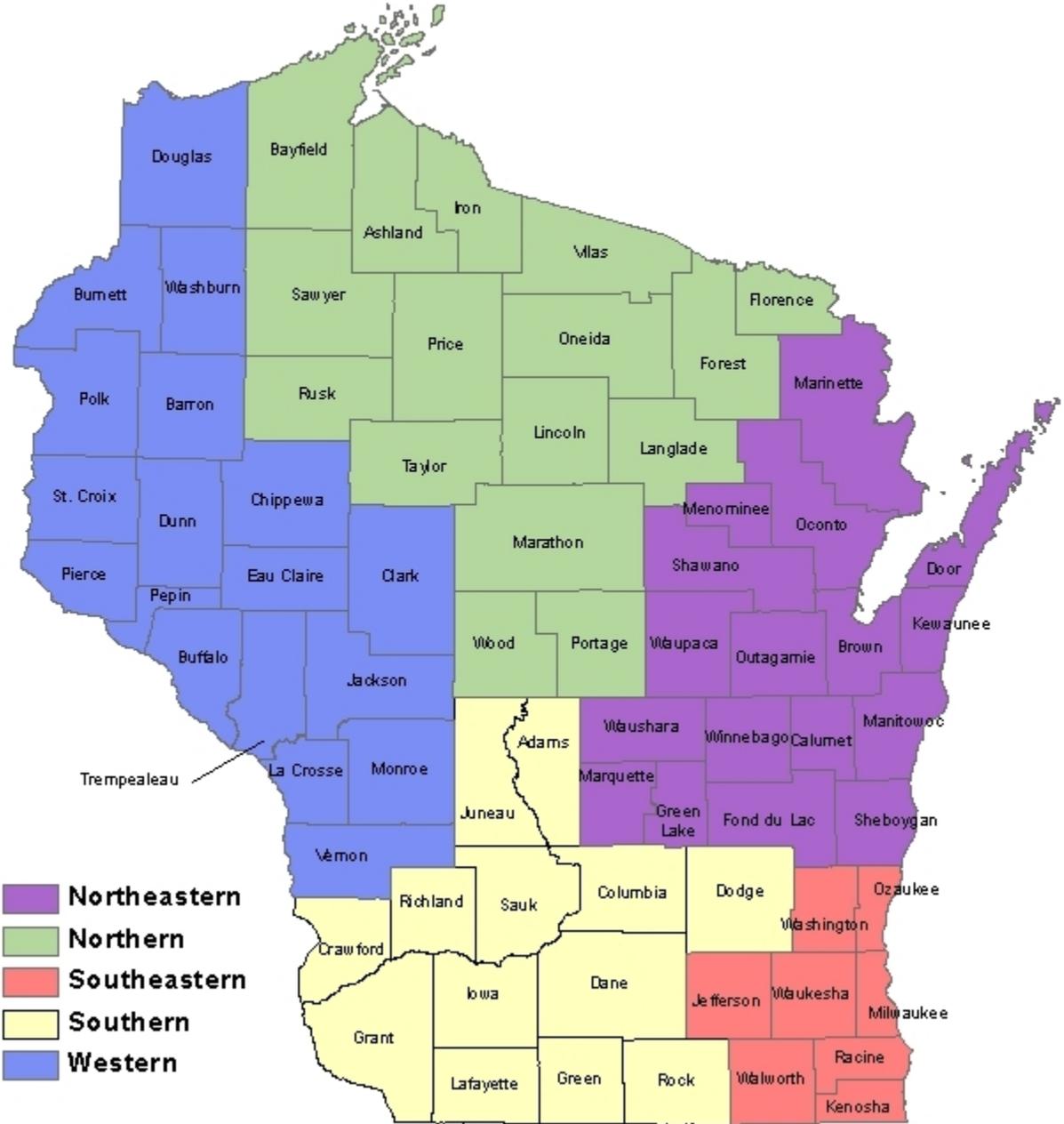
Nursing Home Long Stay Population

Unique Lives		Elderly/Elderly		Disabled/Disabled		Disabled/Elderly		Grand Total	
		16,418		1,753		2,632		20,803	
Most Prevalent Condition	Co-existing Condition	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions	Condition Combination Occurrences	% of Lives with Combination of Conditions
Chronic Obstructive Pulmonary Disease (COPD)	-	416	2.53%	45	2.57%	101	3.84%	562	2.70%
	Addiction	14	0.09%	1	0.06%	7	0.27%	22	0.11%
	Acute Myocardial Infarction (AMI)	16	0.10%	3	0.17%	3	0.11%	22	0.11%
	Aneurysm	18	0.11%	4	0.23%	6	0.23%	28	0.13%
	Angina	5	0.03%	-	0.00%	1	0.04%	6	0.03%
	Anxiety	6	0.04%	-	0.00%	4	0.15%	10	0.05%
	Asthma - Low	1	0.01%	-	0.00%	-	0.00%	1	0.00%
	Asthma - Medium	3	0.02%	-	0.00%	1	0.04%	4	0.02%
	Coronary Artery Disease (CAD)	37	0.23%	1	0.06%	13	0.49%	51	0.25%
	Cancer - Non-Skin	20	0.12%	1	0.06%	6	0.23%	27	0.13%
	Cancer - Skin	1	0.01%	-	0.00%	1	0.04%	2	0.01%
	Dementia	28	0.17%	-	0.00%	2	0.08%	30	0.14%
	Depression	12	0.07%	1	0.06%	8	0.30%	21	0.10%
	Diabetes - Low	47	0.29%	3	0.17%	18	0.68%	68	0.33%
	Diabetes - Medium	3	0.02%	3	0.17%	3	0.11%	9	0.04%
	Epilepsy	3	0.02%	1	0.06%	-	0.00%	4	0.02%
	End-Stage Renal Disease (ESRD)	6	0.04%	-	0.00%	-	0.00%	6	0.03%
	Low Blood Pressure	4	0.02%	1	0.06%	1	0.04%	6	0.03%
	Hyperlipidemia	6	0.04%	1	0.06%	3	0.11%	10	0.05%
	Multiple Sclerosis (MS)	-	0.00%	-	0.00%	3	0.11%	3	0.01%
	Parkinson's Disease	5	0.03%	-	0.00%	1	0.04%	6	0.03%
	Sleep Disorders	6	0.04%	2	0.11%	3	0.11%	11	0.05%
	Stroke	17	0.10%	1	0.06%	3	0.11%	21	0.10%

Appendix 1B: DQA Region Map

This map illustrates the regional groupings of counties used in data exhibits and the current implementation & expansion plans.

Division of Quality Assurance Regions Bureau of Nursing Home Resident Care



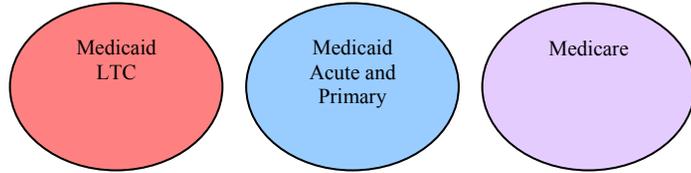
Appendix 1C: Virtual PACE Eligible Population Recommendations

<i>Passive</i>	<i>Voluntary</i>	<i>Excluded</i>	<i>Summary Points</i>
Age 18 and Over		Under 18	Predetermined limitation
Full Dual Eligible (full Medicaid and Medicare benefits)		Partial Medicare or Partial Medicaid	Predetermined limitation
In pilot service areas		Not in pilot service area	Predetermined limitation
Fee for Service Medicaid <u>and</u> Medicare	Medicare Managed Care Plan	Medicaid Managed Care <ul style="list-style-type: none"> • Family Care • Family Care Partnership • PACE IRIS Enrollees	Policy recommendation from advisory committee, stakeholder inputs and principles identified in DHS proposal
	Individuals with employer sponsored insurance or retirees for whom their employer/union is paid a Part D drug subsidy by Medicare		Recommendations from content experts and benefits specialist experienced with individuals enrolling in MC programs and unintentionally losing access to other, non-publicly funded health care benefits and/or supplements that can not be reestablished for the enrollee or their family.
Resident of Skilled Nursing Facility		Resident of IMD Resident of ICF-MR	Recommendations from prospective ICO, NH, and some stakeholder comments. IMD and ICF-MR residents are significantly different from a care, cost and qualitative initiatives to impact.
Medicaid Stays		Short Term Medicare Rehab stay	No known alternate standard date than the Medicare benefit cut off date to establish. Some NH stakeholders raise as a critical provision. Some advocates, other stakeholders indicate short-term stay group is critical opportunity for return to home.

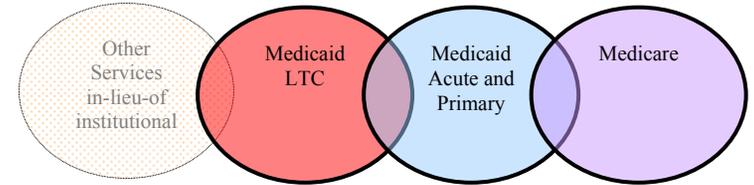
Appendix 2: Wisconsin Benefit Package Spectrum

Current Service Delivery System & Proposed Virtual PACE Benefit Package

Current Institutional Benefit Package

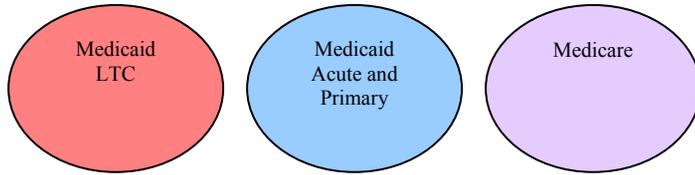


Virtual PACE Benefit Package

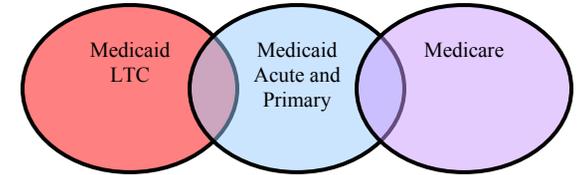


Other Benefit Package Options Discussed for Different Populations

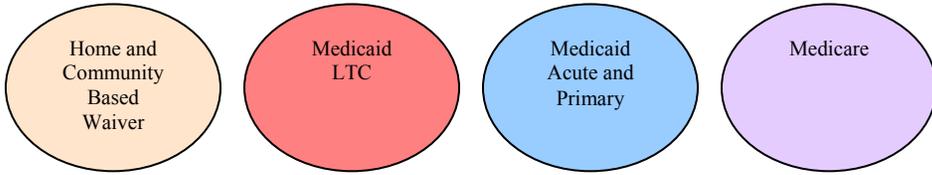
Current Community Non-Waiver Benefit Package



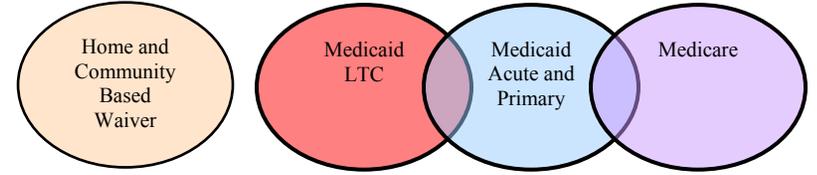
Virtual PACE Benefit Package 1a: Community Non-Waiver



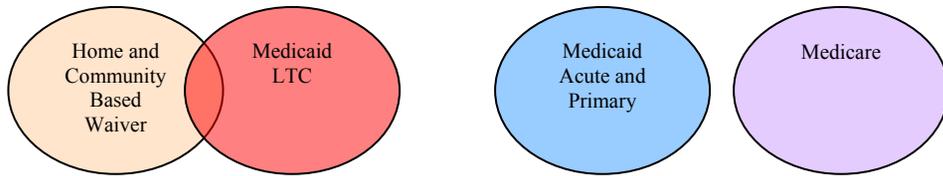
Current Legacy Waiver Benefit Package



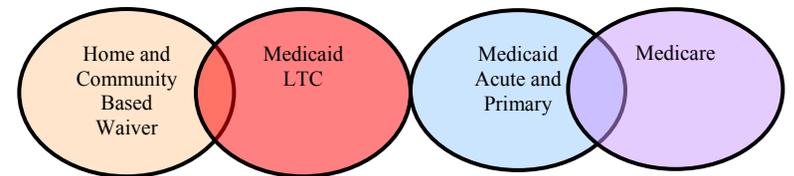
Virtual PACE Benefit Package 1b: Legacy Waiver



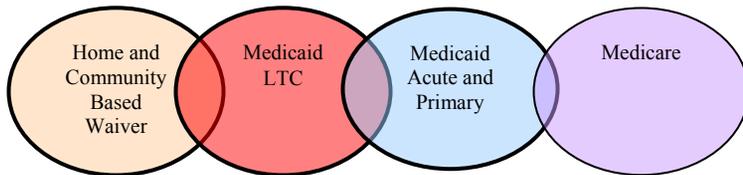
Current Family Care Benefit Package



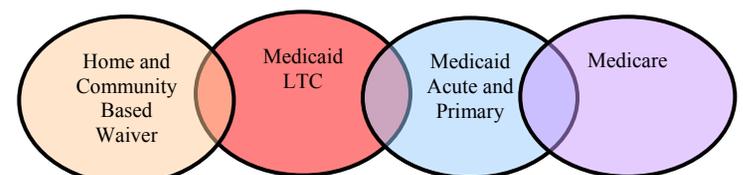
Virtual PACE Benefit Package 2: Family Care



Current Family Care – Partnership Benefit Package



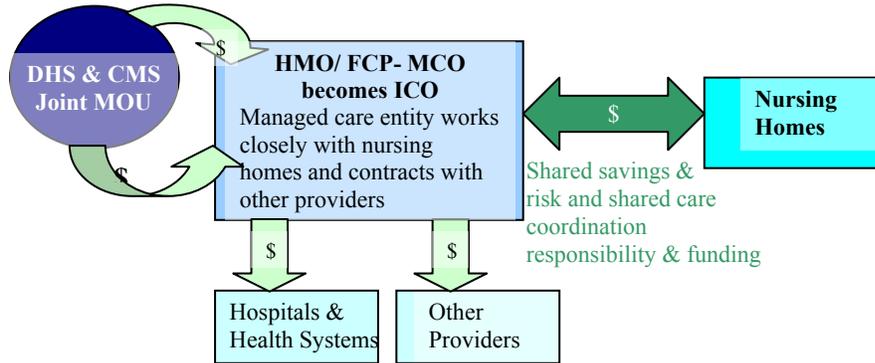
Virtual PACE Benefit Package 3: FC-P



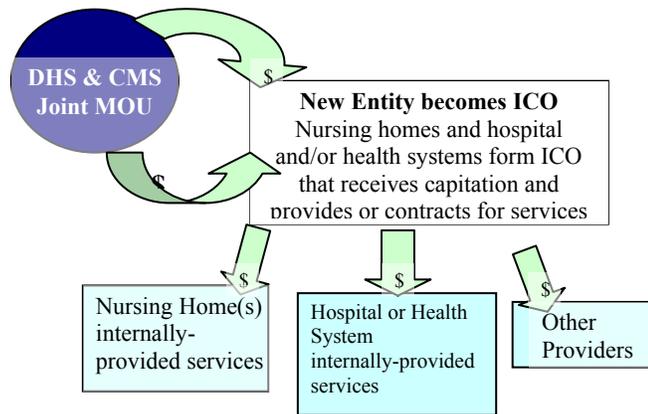
Appendix 3: Examples of Business Model Suggestions

Several business models were suggested by and discussed with stakeholders during the program design phase. These pictures show how those business models may apply to the current Virtual PACE Proposal. The models have been refined from previous versions based on additional discussion of the key role of nursing homes in the demonstration, and how that role may be reflected in various business models.

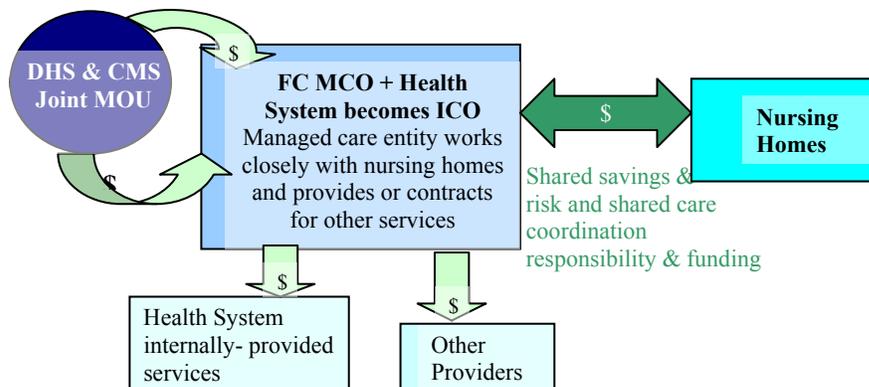
Model #1: Managed Care Entity with Acute & Primary Experience Collaborates with Nursing Homes



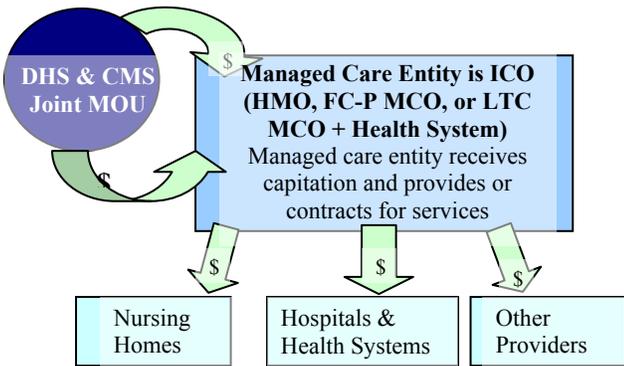
Model #2: New Entity Formed by Providers



Model #3: Long Term Care MCO and Acute & Primary Entities form ICO and Collaborate with Nursing Homes



Model #4: Managed Care Entity Contracts with Providers



Appendix 4: Virtual PACE Stakeholder Outreach & Input Catalogue

The stakeholder outreach and input catalogue in this appendix is not an exhaustive list of all input.

	Stakeholder Input	Date	Enrollment Strategy	Target Population	Demonstration Regions	Financial Models	Provider Network	Plan selection	Savings Opportunities	Care Coordination	MCD / MCR Misalignments	Quality Metrics	Beneficiary Protections	Medicare Data	Information Sharing
Health Systems and HMO's	Wisconsin Managed Care Organization (MCO)	11/7/12	X	X	X		X	X	X	X	X				X
	Wisconsin MCO	11/8/11	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wisconsin MCO	11/9/11	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wisconsin MCO	11/10/11	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wisconsin MCO	11/11/11	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wisconsin MCO	11/23/11	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wisconsin MCO	12/1/11	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wisconsin MCO	12/1/11	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wisconsin MCO	12/12/11	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wisconsin MCO Leadership	12/14/11	X	X	X	X	X	X	X	X	X	X	X	X	X
	Health Maintenance Organization	1/5/12	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wisconsin MCO	1/12/12	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wisconsin MCO Leadership	1/13/12	X	X	X				X	X				X	
	Health Maintenance Organization	1/19/12	X	X	X	X	X	X	X	X	X	X	X	X	X
	Pharmaceutical Association	1/25/12	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wisconsin MCO Forum	1/27/12	X	X	X				X	X				X	
	Wisconsin MCO Leadership	2/8/12	X	X	X	X	X	X	X	X	X	X	X	X	X
	Health Maintenance Organization	2/9/12	X	X		X		X						X	X
	Wisconsin MCO Leadership	2/14/12	X	X	X	X	X	X	X	X	X	X	X	X	X
	HMO Contract Administrators Forum	2/16/12	X	X	X	X				X	X			X	
Health Maintenance Organization	2/23/12	X	X	X	X		X	X	X	X	X		X		
Health Maintenance Organization	3/13/12	X	X	X	X	X	X	X	X	X	X	X	X	X	
Advisory Committees - Internal and External	External Stakeholder Advisory Committee	3/1/12	X	X	X	X	X	X	X	X	X	X	X	X	X
	External Stakeholder Advisory Committee	3/14/12	X	X	X	X	X	X	X	X	X	X	X	X	X
	<i>External Stakeholder Advisory Committee</i>	4/5/12													
	<i>External Stakeholder Advisory Committee</i>	4/19/12													
	Internal Stakeholder Advisory Committee	11/7/11	X	X	X				X	X	X			X	
	Internal Stakeholder Advisory Committee	12/5/11		X	X	X			X		X			X	
	Internal Stakeholder Advisory Committee	1/5/11	X	X	X				X	X	X			X	
	Internal Stakeholder Advisory Committee	2/6/12	X	X	X	X		X	X	X	X	X		X	
Internal Stakeholder Advisory Committee	3/5/12	X	X	X	X	X	X	X	X				X	X	

Appendix 5: Proposed Elements of an Integrated Grievance & Appeals System

DHS will propose that the integrated, streamlined grievance & appeal process to be negotiated with CMS include:

- Incorporation of the Medicaid requirement for providing notice prior to denying, terminating, suspending, or reducing services.
- A linear three level appeals process in which the member must receive a decision from one stage before proceeding to the next level of appeals:
 1. The first level will be an internal ICO-level appeal. Members will have access to assistance from an external advocate at this stage and all subsequent stages. The member will have 60 days from the decision to file the appeal, and the ICO will have 30 days to issue a decision.
 2. The second level will be an external review of the ICO's decision by an independent entity. The member will have 60 days from the ICO's decision to appeal to the external entity, and the external entity will have 30 days to issue a decision.
 3. The third level will be a State Fair Hearing, in which members will be able to appeal negative decisions by the external review entity to an Administrative Law Judge (ALJ).³⁶ Initially, the Wisconsin Medicaid timelines for State Fair Hearings will apply: the member will have 45 days to file an appeal and the ALJ will have 90 days to issue a decision. Wisconsin will consider the feasibility of reducing the ALJ decision timeline in the future.
- A hybrid approach to expedited appeals, adopting the Medicare rule requiring a decision within 72 hours, but using the Medicaid standard for when an appeal must be expedited- that is, when failing to do so would seriously jeopardize the beneficiary's life or health or ability to regain maximum function.

³⁶ ALJs will need to be educated in Medicare coverage reviews, but it is important to note that for the majority of services, Medicaid coverage rules are broader than those of Medicare. ALJs are already familiar with the more expansive Medicaid rules from the current Medicaid State Fair Hearing process.

Appendix 6: Cost & Quality Measurement and Pay for Performance Experience

The Wisconsin Department of Health Services (DHS) has experience monitoring managed care programs and nursing homes and administering quality improvement efforts for its Medicaid programs. This experience can be leveraged during the development of quality measures for the Virtual PACE program.

Cost & Utilization Measurement in Managed Care Programs

DHS collects encounter data to monitor cost and service utilization in the managed care programs it administers. Managed Care Organizations (MCOs) in the state's long-term care programs report the utilization of specific services and the actual costs of those services to the Division of Long-Term Care (DLTC). SSI Managed Care and BadgerCare Plus organizations provide utilization data to the Division of Health Care Access and Accountability (DHCAA), which DHCAA prices based on the Medicaid fee schedule. DHS infrastructure and experience with the use of encounter data in measuring utilization and cost is described in more detail in Section G.

Quality & Beneficiary Experience Measurement in Current Programs

DHCAA Quality Measurement in Acute & Primary Managed Care Programs

DHCAA has extensive experience developing and employing quality measures to monitor access to services and improve the quality of care provided. In the last five years, DHCAA has launched two effective pay-for-performance (P4P) initiatives for the BadgerCare Plus and SSI Managed Care populations (described further below in the P4P sections below) and has adopted an array of public reporting initiatives to monitor health plans' performance. DHCAA uses well-established processes to develop quality initiatives to monitor HMO performance and improve health care outcomes. These include the following

- Quality initiatives and measures are designed by a DHCAA workgroup and negotiated with health plans;
- Annual calculation of more than 15 quality metrics for P4P and other public reporting purposes, including Health Effectiveness Data and Information Set (HEDIS) and other Wisconsin specific measures by HP Analytic Services;
- Auditing of the quality measures by the EQRO, who is also a NCQA certified HEDIS auditor;
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys conducted by HP Analytic Services and an NCQA certified CAHPS vendor, which are used for public reporting in the ForwardHealth Quality Report (FHQR) and the HMO Report Card; and
- The HMO Report Card included in enrollment packets for new members, which compares HMO performance statewide on multiple quality measures and five CAHPS measures.

DLTC Quality Measurement in LTC Programs

DLTC employs a number of different quality measurements and quality monitoring processes. These include the quality standards that are defined in MCO contracts and monitored by DHS oversight teams and a contracted EQRO for each MCO. Given the emphasis on member-centered outcome-based care planning in managed long-term care programs, DLTC's quality monitoring places significant focus on care management processes and personal experience outcomes. The quality monitoring of LTC programs has led to the development of a member survey called PEONIES: **P**ersonal **E**xperience **O**utcomes **i**n**T**egrated **I**nterview and **E**valuation System, which measures and uses member-identified outcomes to monitor and improve the quality of LTC programs.³⁷ The Minimum Data Set (MDS), which DLTC staff use to develop nursing home rates, provides an additional source of information for the design of quality measurement.

³⁷ Additional information on PEONIES is available online at the [PEONIES website](#).

DQA Regulation and Quality Measurement in Nursing Homes

DQA regulates and oversees Wisconsin's nursing homes, along with numerous other types of health and long term care providers. Its work includes licensing and inspecting facilities, along with investigating complaints. DQA produces consumer information reports and makes information on citations publicly available. DQA also supports initiatives to improve the quality of nursing home care; specific goals for the 2011-13 biennium include reducing the prevalence of pressure ulcers and falls.

Medicare Programs

DHS can compare its Medicaid measures to the large amount of data CMS currently collects from Medicare Advantage plans via the HPMS system. The Medicare Advantage data includes utilization, adverse events, network adequacy, grievances, dispute resolution, care management, and other types of data. There are also specific HEDIS measures for Special Needs Plans (SNPs). These measures will be assessed, side-by-side, with the Department's Medicaid measures to determine the measures with the greatest applicability to the Virtual PACE member population. CMS uses the same measures across all SNPs, some of which may not be applicable to an institutionalized population.

BadgerCare Plus and SSI Managed Care Pay-for-performance

In 2009, DHCAA introduced a \$4.5 million pay-for-performance that allocated payments to 13 HMOs in the BadgerCare Plus program based on seven measures. The approach was modified in 2011, pay-for-performance (P4P) to a withhold approach of 1% of annual capitation payments. That year the effort expanded to include six SSI Managed Care HMOs that would be monitored through five quality measures. In 2012, the P4P withhold amount increased to 1.5% of capitation payments, and five new measures were added to the BadgerCare Plus and SSI Managed Care P4P for the 16 participating HMOs.

The P4P measures focus on improving mental health outcomes and managing chronic conditions, such as asthma and diabetes, for the Medicaid population. The table below includes all the 2012 P4P measures for BadgerCare Plus and SSI Managed Care.

2012 HMO P4P Measures

Focus	Measurement	BC+	SSI	% withhold	% withhold
				% withhold	% withhold
Chronic	Comprehensive diabetes care - HbA1c (CDC)	<input type="checkbox"/>	<input type="checkbox"/>	0.15%	0.20%
	Comprehensive diabetes care - LDL (CDC)	<input type="checkbox"/>	<input type="checkbox"/>	0.15%	0.20%
	Appropriate medications for people with asthma (ASM)	<input type="checkbox"/>	<input type="checkbox"/>	0.25%	
	Blood lead screening (LSC)	<input type="checkbox"/>	<input type="checkbox"/>	0.20%	
	Tobacco cessation (18 & older, counseling & pharmacotherapy)	<input type="checkbox"/>	<input type="checkbox"/>	0.20%	
Mental Health	Follow-up after hospitalization for mental illness with 7 days (FUH)	<input type="checkbox"/>	<input type="checkbox"/>		0.20%
	Follow-up after hospitalization for mental illness within 30 days (FUH)	<input type="checkbox"/>	<input type="checkbox"/>		0.20%
	Antidepressant medication management-Acute (AMM)	<input type="checkbox"/>	<input type="checkbox"/>	0.10%	
	Antidepressant medication management-Continuation (AMM)	<input type="checkbox"/>	<input type="checkbox"/>	0.10%	
	Initiation in AOD treatment (IET)	<input type="checkbox"/>	<input type="checkbox"/>		0.15%

Focus	Measurement	BC+		SSI	
	Engagement in AOD treatment (IET)	<input type="checkbox"/>		<input type="checkbox"/>	0.15%
Preventive	Adults' access to preventive/ambulatory health services (AAP)	<input type="checkbox"/>		<input type="checkbox"/>	0.20%
	Childhood immunization status (CIS)	<input type="checkbox"/>	0.20%	<input type="checkbox"/>	
	Breast cancer screening (BCS)	<input type="checkbox"/>	0.15%	<input type="checkbox"/>	0.20%
Chronic Measures		<input type="checkbox"/>	0.95%	<input type="checkbox"/>	0.40%
Mental health measures		<input type="checkbox"/>	0.20%	<input type="checkbox"/>	0.70%
Preventive measures		<input type="checkbox"/>	0.35%	<input type="checkbox"/>	0.40%
Total		<input type="checkbox"/>	1.50%	<input type="checkbox"/>	1.50%
Max potential "bonus" in addition to earning back the withhold \$		<input type="checkbox"/>	1%	<input type="checkbox"/>	1%

For 2012 P4P, HMOs can earn back withhold amount separately per measure. Following the principles of CMS' Value Based Purchasing Program, HMOs are rewarded either for good performance (performance level benchmarks) or for achieving a significant level of improvement from the prior year (degree of improvement benchmarks). Each HMO's payment per measure is based on a combination of its performance level and the degree of improvement (using a reduction in error approach), and the amount earned back will depend on that combination, as shown below.

HMO P4P Earn-Back Percentages

Performance LEVEL	Degree of IMPROVEMENT		
	High (10% or higher)	Medium (5% - 9.9%)	Low (below 5%)
High (75 th – 100 th percentile)	100% earn back		
Medium (50 th – 75 th percentile)	100% earn back	75% earn back	50% earn back
Low (below 50 th percentile)		50% earn back	No earn back

For BadgerCare Plus P4P, the high performance level benchmarks are set at NCQA's Quality Compass national Medicaid 75th percentiles for HMOs. An HMO with a "high" performance level or with a "high" improvement will get 100% of its withhold back for that measure.

Hospital P4P

In July 2012, the Department will also launch a hospital pay-for-performance initiative for state fiscal year (SFY) 2013 that will include a 1.5% withhold in FFS inpatient and outpatient claims. Different measures will apply to each hospital type (i.e. acute care, critical access, psychiatric, children), and each measure will have a separate withhold amount that is equally weighted across the whole of measures. Hospitals will earn back funds based on the same methodology used in the BadgerCare Plus and SSI Managed Care P4P initiatives.

The hospital P4P initiative incorporates some CMS' Hospital Value Based Purchasing measures and other measures that Wisconsin hospitals are already reporting to Checkpoint and the Joint Commission. The table below lists the hospital P4P measures for SFY2013.

Hospital P4P Measures for State Fiscal Year 2013

Measure	Data Source	Level	Error Reduction
1. All-cause hospital readmission - Specifications developed by DHS. No case mix adjustment; Pre/post comparison, not across hospitals.	DHS claims data	✘	✓
2. Mental health follow-up visit within 30 days of discharge for mental health inpatient care - pre/post comparison. Specifications developed by DHS. Pre/post comparison.	DHS claims data	✘	✓
3. Asthma care for children (Home Management Plan of Care only) – applicable to Children’s Hospitals only.	Joint Commission	✓ (national average)	✓
4. Surgical infection index – from Checkpoint. WHA hinted it might retire this measure, but the raw data will still be available. May need to finalize algorithm Move from “Assessment P4P” to “Withhold P4P”	CheckPoint	✓ (WI average)	✓
5. Checkpoint #15 – (PN-6) – Initial antibiotic - % of immunocompetent patients with community-acquired pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with guidelines.	CheckPoint	✓ (WI average)	✓
6. Healthcare provider (HCW / HCP) influenza vaccination – CMS will require it in future. Specifications developed by DHS.	Self-report via DPH survey	P4R only for SFY 2013	P4R only for SFY 2013

✓ = measure is conceptually applicable

The Department envisions expanding the hospital P4P in SFY2014 to target additional areas. New areas under consideration are the following:

- Transition care planning, including medication reconciliation at discharge
- Drug measures – e.g., narcotics / pain medication in ER
- Elective early induced births
- Venous Thromboembolism
- Outpatient Measures
- Align with CMS core quality measures, clinical quality and meaningful use measures.

Analysis of Operational and Quality Measurement Requirements in Current Programs

In its design of the Virtual PACE program, DHS will leverage its work monitoring managed care programs and Medicaid services to determine how the quality measures currently used in Medicare and Medicaid programs can be integrated. An analysis of the quality measures used in current programs indicates the areas of concurrence and divergence.

Medicaid Managed Long-Term Care Requirements

- Operational Measures: Under DHS 10.46, an MCO must report the following measures regarding the operation of the Family Care program
 - voluntary and involuntary disenrollments,
 - inclusion of providers in governing boards and committees,
 - grievances, appeals and fair hearings and their disposition.
- Provision of Care Measures: Under DHS 10.46, an MCO must report measures on the following components of care:
 - medication management,
 - member movement between residential settings,
 - preventable hospitalizations and emergency room visits,
 - pressure sores,

- change in members' abilities to carry out activities of daily living,
- employment or other activities sought by consumers,
- influenza vaccinations.
- Qualitative Measures: Under DHS 10.46, DHS assesses MCO abilities in the following areas:
 - fair treatment,
 - privacy,
 - choice of routine,
 - maintenance of family involvement,
 - satisfactory community contact,
 - access to transportation,
 - choice of living arrangement.
- Financial Measures: Under DHS 10.46, DHS assesses an MCO's abilities in the following areas:
 - cost-effectiveness in meeting member needs within available resources,
 - financial condition,
 - the cost of all department-funded health care services received by members.

Medicaid Managed Care Requirements

- The SSI Managed Care program's quality measures are described in the P4P material above.

Medicare Requirements

- Operational Measures: The federal Medicare managed care programs rely on specific HEDIS measures of acute and primary care services. In 2009, these measures included the following:
 - Medication Reconciliation Post-Discharge
 - Board Certification
- Provision of Care Measures: The federal Medicare managed care programs rely on specific HEDIS measures of acute and primary care services. In 2009, these measures included the following:
 - Controlling High Blood Pressure
 - Persistence of Beta Blocker Treatment After a Heart Attack
 - Osteoporosis Management in Older Women
 - Antidepressant Medication Management
 - Follow-Up After Hospitalization for Mental Illness
 - Annual Monitoring for Patients on Persistent Medications
 - Potentially Harmful Drug-Disease Interactions
 - Use of High Risk Medication in the Elderly
 - Colorectal Cancer Screening
 - Glaucoma Screening in Older Adults
 - Care for Older Adults
 - Use of Spirometry Testing in the Assessment and Diagnosis of COPD
 - Pharmacotherapy of COPD Exacerbation

PACE

- Operational Measures: Organizations must regularly report on the following areas:
 - Grievances and Appeals,
 - Enrollments,
 - Disenrollments,
 - Prospective Enrollees,
 - Readmissions.
- Provision of Care Measures: Organizations must regularly report on the following areas:
 - Routine Immunizations

- Emergency (Unscheduled) Care,
- Unusual Incidents (suicides or homicides, falls, infectious disease outbreaks, pressure ulcers, or traumatic injuries)
- Deaths.

Virtual PACE Proposal

Integrated Care Organizations (ICOs) will be required to report regularly on quality measures for both operational and care components of the program. Operational measures will cover enrollment and disenrollment counts and outcomes of grievance and appeals processes. To measure quality of care, Virtual PACE will integrate measures used for long-term care services in Medicaid and those for acute and primary care services in Medicare and Medicaid. Quality metrics will be aligned with the nursing home measures for resident care to incorporate a unified model of quality standards.

Appendix 7: Workplan/Timeline

Timeframe	Key Activities/Milestones	Responsible Parties
March 16, 2012	Demonstration proposal posted for Wisconsin 30 day public comment period.	DHS
April 2, 2012	If the CMS Medicare Advantage-based system is used in the partner selection process ³⁸ , this will be the deadline for partners to submit a Notice of Intent to Apply (NOIA).	Interested Contracting Entities
April 26, 2012	Demonstration proposal submitted to CMS	DHS
April 30, 2012	If the CMS Medicare Advantage-based system is used in the partner selection process, this will be the deadline for new entities that have not submitted another Medicare Advantage formulary to submit a Part D formulary.	Interested Contracting Entities
May-June 2012	Memorandum of Understanding (MOU) discussions	DHS & CMS
May 7, 2012	If the CMS Medicare Advantage-based system is used in the partner selection process, this will be the deadline for entities to submit a Medication Therapy Management Program (MTMP)	Interested Contracting Entities
May 14, 2012	If the CMS Medicare Advantage-based system is used in the partner selection process, this will be the deadline for entities that have already submitted a non-demonstration formulary for another Medicare Advantage plan to submit their formulary for the demonstration.	Interested Contracting Entities
June 4, 2012	If the CMS Medicare Advantage-based system is used in the partner selection process, this will be the deadline for entities to submit a proposed benefit package.	Interested Contracting Entities
Early June 2012	Decision on whether Wisconsin's demonstration proposal is approved and implementation may proceed	CMS
June 2012	Infrastructure development begins, including systems modifications and refinement of state staffing plans; this will need to begin as soon as the above decision is made and proceed through the end of 2012.	DHS & Contractors
June or early July 2012	Memorandum of Understanding (MOU) between CMS and DHS finalized & signed	DHS & CMS
June-July 2012 (deadline July 30)	Partner Selection for initial pilot- Southeastern Region	DHS, CMS, & Interested Contracting Entities
August – early September 2012	Contract negotiations for initial pilot- Southeastern Region	DHS, CMS, & Selected Partners

³⁸ This process and associated deadlines are generally described in Capitated Financial Alignment Model materials released by CMS in January 2012.

Timeframe	Key Activities/Milestones	Responsible Parties
September 20, 2012	Three-way contracts signed.	DHS, CMS, & Selected Partners
August - September 2012	Readiness reviews (concurrent with contract finalization) for initial pilot- Southeastern Region	DHS, CMS, & Selected Plans
October 2012	Members notified of enrollment in demonstration and applicable opt-out provisions & time frames	Enrollment entity or entities to be determined
November-December 2012	Infrastructure finalized, including completion of systems modifications, hiring of any new staff, and finalization of any new or revised contracts	DHS & Contractors
January 1, 2013	Demonstration Start- Southeastern Region	
June-July 2013	Partner Selection: Southern and Northeastern regions	DHS, CMS, & Interested Contracting Entities
August-September 2013	Contract negotiation, signing, & readiness reviews for Southern & Northeastern expansions	DHS, CMS, & Selected Partners
October 2013	Members notified of enrollment in demonstration and applicable opt-out provisions & time frames for Southern & Northeastern expansions	Enrollment entity or entities to be determined
January 1, 2014	Expansion to Southern and Northeastern Regions	
June-July 2014	Partner Selection: Western and Northern regions	DHS, CMS, & Interested Contracting Entities
August-September 2014	Contract negotiation, signing, & readiness reviews for Western & Northern expansions	DHS, CMS, & Selected Partners
October 2014	Members notified of enrollment in demonstration and applicable opt-out provisions & time frames for Western & Northern expansions	Enrollment entity or entities to be determined
January 1, 2015	Expansion to Western and Northern Regions	

Appendix 8: Analysis of Care Coordination Models in Current Programs

Medicaid Managed Long-Term Care Requirements

- *Care Coordination Team*
 - The Family Care and Partnership programs require that each member have an interdisciplinary team (IDT) to administer a comprehensive assessment, to develop an individualized care plan, and to coordinate the long-term care services received by the member based on that care plan. The member must have a meaningful opportunity to participate in these activities
 - In Family Care, the IDT includes a social service coordinator and a Wisconsin licensed registered nurse, along with the member. The Partnership program adds the participation of a Wisconsin licensed nurse practitioner. In both programs, additional persons with specialized expertise may be enlisted.
- *Frequency of Member Meetings*
 - IDT staff is required to conduct a face-to-face visit with a member once a calendar quarter.
- *Coordination Across Services*
 - In Family Care, acute and primary care is provided outside of the program.
 - In Partnership, the policies and procedures for authorizing acute and primary care services may differ from those for long-term care services, including the possibility that these services are authorized outside of the IDT.

Medicaid Managed Care Requirements

- *Care Coordination Team*
 - Care coordinators and case managers work together with primary care providers to provide a comprehensive assessment and development of a care plan. The attributes of a care coordinator are unspecified; in practice, the role is usually performed by a social worker or nurse practitioner.
 - The care plan must be developed in consultation with the member and/or the member's legal guardian, if appropriate, with opportunity for the member to provide input. Member participation must be documented
- *Frequency of Member Meetings*
 - HMO care management activities must include patient status and care plan reviews annually at a minimum. The contract does not specify the extent of member participation in these reviews.
- *Coordination Across Services*
 - Long-term care services are provided outside of these plans

Medicare Requirements

- *Care Coordination Team*
 - All special needs plans (SNPs) are required to use an interdisciplinary care team to consult with the beneficiary to develop a comprehensive individualized care plan that addresses the beneficiary's particular needs and to coordinate the delivery of services and benefits. The composition of the team may be a standard team construct, which is not defined, or an unique team constructed to best meet the beneficiary's needs. The beneficiary will participate in the team whenever feasible.
- *Frequency of Member Meetings*
 - The frequency of meetings with the beneficiary is not an explicit requirement
- *Coordination Across Services*
 - Non-Medicare services are provided outside of these plans.

PACE

- *Care Coordination Team*
 - The PACE program requires that an interdisciplinary team (IDT) be responsible for initial and periodic assessments, plan of care, and coordination of 24-hour care delivery. The IDT consists of the following members:
 - Primary Care Physician;*
 - Registered Nurse;*
 - Master's Level Social Worker;*
 - Physical Therapist;*
 - Occupational Therapist;*
 - Recreational Therapist or Activity Coordinator;*
 - Dietitian;*
 - PACE Center Manager;
 - Home Care Coordinator;*
 - Personal Care Attendant or his or her representative;
 - Driver or his or her representative.
 - Eight of these members (identified with an asterisk above) conduct assessments within each of their care domains, which are combined for the overall member assessment.
 - Each member of the team acts within his/her authorized scope of practice, in accordance with participant preferences, working in unison with other IDT members to meet the identified needs and achieve each participant's optimal outcomes.
- *Frequency of Member Meetings*
 - The physical therapist, occupational therapist, dietitian, and home care coordinator, at a minimum, must conduct, on at least an annual basis, an in person reassessment.
- *Coordination Across Services*
 - A key component of the PACE model is a focus across all care domains (medical, psychosocial, physical, cognitive, functional, and end-of-life),

Virtual PACE Proposal

A member's care coordination centers on the work of the member's interdisciplinary team (IDT). This team combines expertise from the multiple areas of care, including behavioral and mental health, acute and primary care, and long-term supports, to develop an individualized care plan that guides the services that the member receives. The team will coordinate care across the full array of medical, psychosocial, physical, cognitive, functional, and end-of-life, regardless of whether these services were traditionally provided through Medicare or Medicaid. Each member of the team acts within his/her authorized scope of practice, in accordance with participant preferences, working in unison with other IDT members to meet the identified needs and achieve each participant's optimal outcomes.

The involvement of the member is integral to care coordination within the Virtual PACE program. The member will have a meaningful opportunity to participate in all of the activities of the IDT, from assessment, to the development, implementation and monitoring of the care plan. This care coordination model will be synergized with the Nursing Home care plan to create one seamless and integrated team working together to identify, monitor and measures results.

Appendix 9: ICO Contracting and Certification Analysis

Medicaid Managed Long-Term Care Requirements

- *Contract Application*
 - DHS solicits proposals to operate the Family Care or Partnership program within a region. Those proposals are evaluated primarily based on the quality of care to be provided and the ability to meet the Family Care managed care organization (MCO) certification requirements.
 - Applicants may be counties, long-term care districts, tribal governing entities, or a private organization.
- *Certification*
 - For Family Care or Partnership certification, DHS determines whether a plan meets the following standards:
 - adequate availability of qualified providers with the expertise and ability to serve potential members;
 - case management capability to determine and arrange for services and supports to meet the needs of its potential members;
 - ability to remain financially solvent and stable and assume some financial risk
 - capability to collect, monitor, and analyze data to support financial management and quality assurance functions;
 - capacity to support consumer employment, training and supervision of family members, friends, and community members in carrying out services within the service plan; and
 - a process for reviewing and resolving appeals and grievances.
 - DHS certification of a plan does not bind the department to contracting with that entity.
 - In addition to DHS processes, the plan must be a certified Medicaid provider. For Partnership plans, this includes meeting federal HMO requirements.
 - Plans must apply for a permit with the state's Office of the Commissioner of Insurance.

Medicare Special Needs Plan Requirements

- *Contract Application*
 - Special Needs Plans (SNPs) must be approved by the National Committee for Quality Assurance (NCQA). This approval process is based on the scoring of eleven clinical and on-clinical elements:
 - Description of the SNP-specific Target Population;
 - Measurable Goals;
 - Staff Structure and Care Management Goals;
 - Interdisciplinary Care Team;
 - Provider Network having Specialized Expertise and Use of Clinical Practice Guidelines and Protocols;
 - Model of Care Training for Personnel and Provider Network;
 - Health Risk Assessment;
 - Individualized Care Plan;
 - Integrated Communication Network;
 - Care Management for the Most Vulnerable Subpopulations; and
 - Performance and Health Outcomes Measurement.

- *Certification*
 - An entity must meet Medicare Advantage requirements including the following:
 - Licensed as a risk bearing entity by the state(s) in which it will operate;
 - Meet minimum enrollment requirements of at least 5000 (or, if outside of an urbanized area, 1500) individuals enrolled to receive health benefits, unless granted a waiver by CMS;
 - Administrative and management structures satisfactory to CMS.
 - Beginning in 2013, SNPs serving dual eligibles (D-SNPs) must have a Medicaid contract with the State Medicaid Agency in the area they serve. This contract must document the roles and responsibilities of the entity and the State Medicaid Agency, the process by which Medicaid benefits are provided, categories of eligible beneficiaries, the covered Medicaid benefits, the cost-sharing protections, the process for sharing provider information, the process to verify enrollee's dual eligibility status, and the service area.

PACE

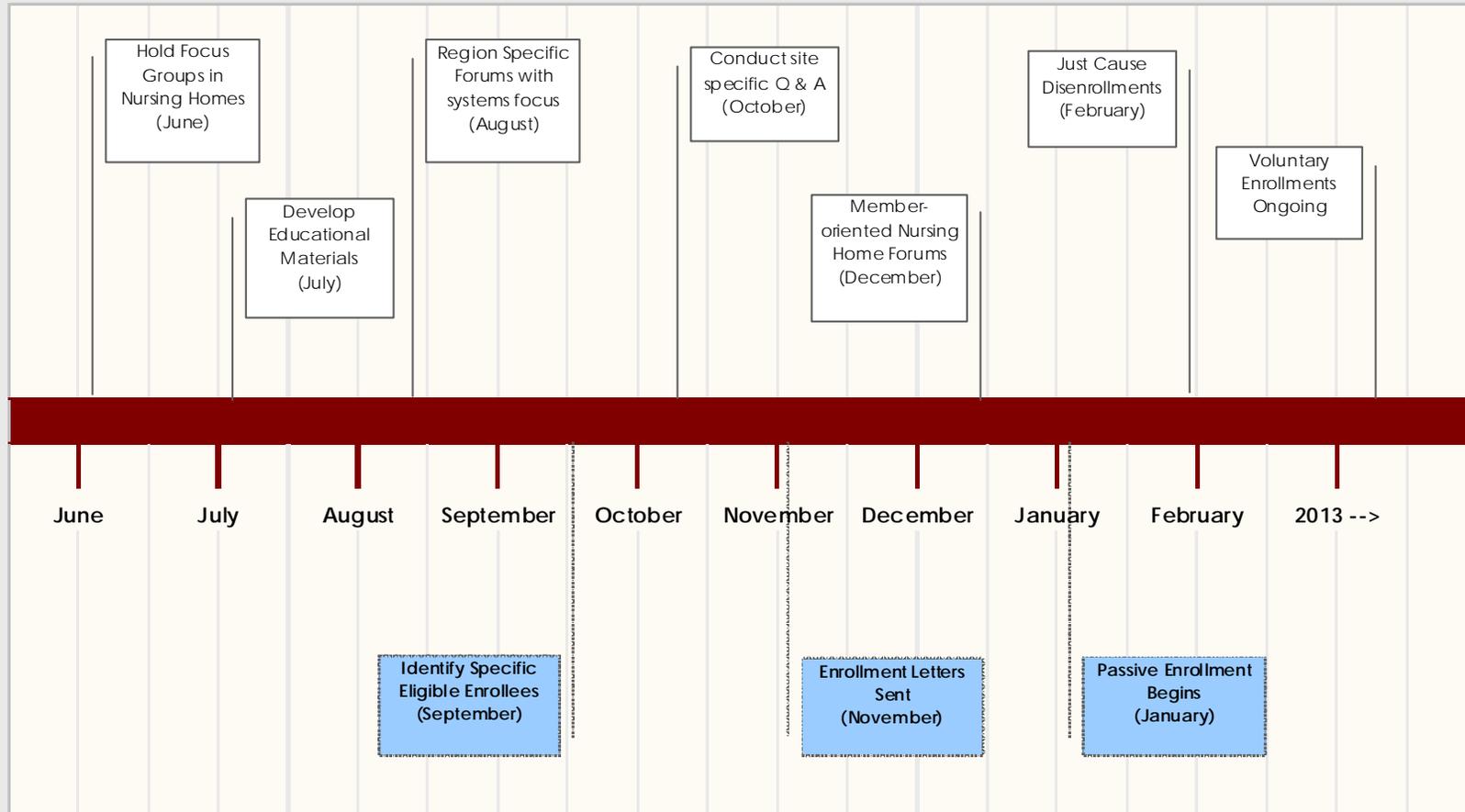
- *Contract Application*
 - The PACE provider submits an application describing how it meets the requirements established in the federal statutes that establish the PACE program.
 - A PACE provider may be a government entity; a private non-profit entity for charitable purposes; a for-profit entity, subject to a demonstration waiver; or a distinct part of one of these entities.
- *Certification*
 - The PACE contract is a three-way contract between the PACE provider, the State Administering Agency, and CMS.
 - The PACE provider must also submit a separate Medicare Prescription Drug Part D application.
 - The State Administering Agency must provide an assurance with the application that the State considers the provider to be qualified to administer the PACE program and is willing to enter into a PACE program agreement with the provider.
 - The State Medicaid Agency must submit a State Plan Amendment to CMS regarding the proposed PACE program.
 - A PACE provider must have a fiscally sound operation, as demonstrated by the following:
 - Total assets greater than total unsecured liabilities;
 - Sufficient cash flow and adequate liquidity to meet obligations as they become due;
 - A net operating surplus or a financial plan for maintaining solvency that is satisfactory to CMS and the State Administering Agency.

Virtual PACE Proposal

The Department will use the above analysis of current application processes and certification standards in developing specific standards to operationalize the key certification criteria described in Section C. The Department will work with CMS and seek input from the Stakeholder Advisory committee in determining the appropriate platform from the above sets of processes and standards, as well as determining necessary changes from those platforms to fully integrate Medicare and Medicaid standards.

Appendix 10: Enrollee Outreach Timeline

Virtual PACE Enrollee Outreach, Input, and Education



Resources:

DHS: BFM, BADR, DQA
 Integrated Care Organizations
 Nursing Homes

Purpose of this document is to: 1) Establish a general timeline for member outreach, 2) Identify specific outreach activities and interdependencies, 3) Describe and present the set of pre-enrollment activities, 4) Provide support and logistics

Appendix 11: Provider Network Standards Analysis

Medicaid Managed Long-Term Care Requirements

- *Access:* Under Family Care requirements for initial certification and annual recertification, a managed care organization must demonstrate that it maintains a provider network that ensures timely access to all services within the benefit package. Family Care contracts, Department of Health Service administrative rules (Chapter 10), State statutes (State Statute 46, Social Services) do not specify standards for the assessment of timely access; this determination is dependent upon the assessment of the State Family Care oversight staff.
- *Hours of operation:* Access to medically necessary services should be available 24-hours, seven days a week.
- *Cultural competency:* Family Care contract (VIII, J) requires MCO to permit members to choose providers among MCO network based on cultural preference, including Native American provider
- *Family Members as Providers:* The Family Care contract specifies the allowance of member's family members as a provider if the family member meets the provider standards established by the MCO and the Inter-disciplinary Team (IDT) monitors and manages any conflicts of interest.
- *Out of Network Providers:* MCO shall maintain process for considering member request for non-MCO provider, if the providers meets MCO standards. The Family Care contract requires that a MCO shall arrange for non-MCO providers if the MCO lacks capacity to provide necessary medical or LTC services, lacks specialized expertise/knowledge/cultural diversity in its network, cannot meet member needs in timely manner, or transportation/physical access to MCO provider causes undue hardship to member.

Medicaid Managed Care Requirements

- *Access:* The SSI Managed Care contract (III,H,4) establishes the following standards of proximity to any member of the HMO:
 - Dental provider within 35-mile distance
 - Mental health/substance abuse within 35 mile distance
 - Primary care provider within 20-mile distanceExceptions to these standards can be made if no provider exists within the fee-for-service system within these distances.
- *Hours of operation:* The SSI Managed Care contract (III,E,8) require all emergency services and post-stabilization services be available 24 hours a week, seven days a week
- *Cultural competency:* The SSI Managed Care contract (III,H,4) specifies that the HMO must ensure access to and Indian Health Care Provider or Service, when available.
- *Out of Network Providers:* The HMO must provide adequate and timely coverage of services provided out of network, when the required medical service is not available within the HMO network.

Medicare Requirements

- *Access:* The Medicare Managed Care Manual (Chapter 4, Section 110) requires that services are geographically accessible and consistent with local community patterns of care, but does not provide specific standards.
- *Hours of operation:* Access to medically necessary services should be available 24-hours, seven days a week.
- *Cultural competency:* The Medicare Managed Care Manual requires that the manage care entity ensure that all services, both clinical and non-clinical, are provided in a culturally competent manner and are accessible to all members, including those with limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural and ethnic backgrounds.

- *Out of Network Providers:* The managed care entity must arrange for specialty care outside of the plan provider network when network providers are unavailable or inadequate to meet a member's medical needs

Virtual PACE Proposal

Integrated Care Organizations (ICOs) will be required to maintain a provider network that ensures access to all services in the program benefit package. Sufficient access will be defined by the geographic proximity of an available provider within the network; the provider that a member uses does not need to comply with these standards. A primary care professional must be available within 20 miles of all members, a mental health or substance abuse provider within 35 miles, and a dental provider within 35 miles. Exceptions to these standards will be allowed if no fee-for-service provider is available within these distances; in which case, the distance will be that of the nearest fee-for-service provider of the service.

ICOs will be required to provide availability of medically-necessary, emergency, or post-stabilization services 24 hours, seven days a week for all members.

The ICO will be required to ensure that all services, both clinical and non-clinical, are provided in a culturally competent manner and are accessible to all members, including those with limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural and ethnic backgrounds. When available, the ICO must ensure access to and Indian Health Care Provider or Service for Native American members.

The ICO will arrange for out-of-network providers if the ICO lacks capacity to provide necessary medical or long-term care services; lacks specialized expertise, knowledge, or cultural diversity in its network; cannot meet member needs in timely manner; or transportation or physical access to in-network providers causes undue hardship to the member.

Appendix 12: Virtual PACE Demonstration Initiative Letters of Support

LETTERS OF SUPPORT

ADVISORY COMMITTEE (VIRTUAL PACE)	1
COMMUNITY CARE OF CENTRAL WISCONSIN	3
GREATER WISCONSIN AGENCY ON AGING RESOURCES, INC	5
ICARE	6
STATE OF WISCONSIN BOARD ON AGING AND LONG TERM CARE	7
UNITED HEALTHCARE	8

Appendix 13: List of Acronyms

Acronym	Meaning
AAP	Adults' access to preventative / ambulatory health services
AARP	Association of American Retired Persons
ACO	Accountable Care Organizations
ADRC	Aging and Disability Resource Center
AHRQ	Agency for Healthcare Research and Quality
ALJ	Administrative Law Judge
AMM	Antidepressant Medication Management
AOD	Alcohol and Other Drugs
ASM	Appropriate Medications for people with Asthma
BADR	Bureau of Aging and Disability Resources
BCS	Breast Cancer Screening
BFM	Bureau of Financial Management
BLTS	Bureau of Long Term Support
BOALTC	Board on Aging and Long Term Care
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CARES	Client Assistance for Re-employment and Economic Support
CDC	Comprehensive Diabetes Care
CDPS	Chronic Illness and Disability Payment System
CIP	Community Integration Program
CIS	Childhood Immunization Status
CMO	Chief Medical Officer
CMS	Centers for Medicare & Medicaid Services
COP	Community Options Program
COPD	Chronic Obstructive Pulmonary Disease
DD	Developmentally Disabled
DHCAA	Division of Health Care Access and Accountability
DHS	Wisconsin Department of Health Services
DIB	Disability Insurance Benefits
DLTC	Division of Long Term Care
DME	Durable Medical Equipment
DMHSAS	Division of Mental Health and Substance Abuse Services
DPH	Division of Public Health
DQA	Division of Quality Assurance
DRW	Disability Rights Wisconsin
EBD	Elderly, blind, and disabled
EQRO	External Quality Review Organization
ESRD	End Stage Renal Disease
FC	Family Care
FC-P	Family Care Partnership
FE	Frail Elderly
FFS	Fee-For-Service
FHQR	Forward Health Quality Report
FUH	Follow-up after Hospitalization
GCPD	Governor's Committee for Persons with Disabilities
HCBS	Home and Community-Based services
HCC	Hierarchical Coexisting Conditions

Acronym	Meaning
HCP	Health Care Practitioner
HCW	Health Care Worker
HEDIS	Health Effectiveness Data and Information Set
HHS	Home Health Services
HIPPA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HP	Hewlett-Packard
HPMS	Health Plan Management System
ICF-MR	Intermediate Care Facility for the Mentally Retarded
ICO	Integrated Care Organizations
IDT	Interdisciplinary Team
IET	Initiation and Engagement in AOD treatment
IMD	Institute for Mental Disease
IRIS	Include, Respect, I Self-Direct
I-SNP	Institutional Special Needs Plan
IT	Information Technology
KFF	Kaiser Family Foundation
LSC	Blood Lead Screening
LTC	Long Term Care
LTC MCO	Long Term Care Managed Care Organization
LTCFS	Long Term Care Functional Screen
MAO	Medicare Advantage Organization
MCO	Managed Care Organization
MDS	Minimum Data Set
MedPAC	Medicare Payment Advisory Commission
MLTC	Managed Long Term Care
MMCO	Medicare-Medicaid Coordination Office
MMIS	Medicaid Management Information System
MOC	Model of Care
MOU	Memorandum of Understanding
NCQA	National Committee for Quality Assurance
NH	Nursing Home
NHLOC	Nursing Home Level of Care
NQF	National Quality Forum
NSCLC	National Senior Citizens Law Center
OASI	Old Age and Survivor's Insurance
OCI	Wisconsin's Office of the Commissioner of Insurance
OFCE	Office of Family Care Expansion
ORCD	Office of Resource Center Development
PACE	Programs of All-inclusive Care for the Elderly
PD	Physically Disabled
PEONIES	Personal Experience Outcomes Integrated Interview and Evaluation System
PMPM	Per Member Per Month
PWC	Pricewaterhouse Coopers
QAPI	Quality Assessment and Performance Improvement
RTI	National Center on Response to Intervention
SFY	State Fiscal Year

Acronym	Meaning
SNF	Skilled Nursing Facility
SNP	Special Needs Plan
SSI	Supplemental Security Income
SSI MC	Supplemental Security Income Managed Care program
WHA	Wisconsin Health and Hospital Association