

Analysis for ACAP

Weighted Average Projected Medicare Advantage Benchmarks in \$PMPM (Figures are in 2010 Dollars)

Organization	Contract ID	February 2010 MA Enrollment (Excluding Cost)	2010 Risk-Adjusted Local FFS \$PMPM	2010 Benchmark \$PMPM	2011 Benchmark \$PMPM	2012 Benchmark \$PMPM		2013 Benchmark \$PMPM		2014 Benchmark \$PMPM		2015 Benchmark \$PMPM		Current Star Rating
						Without a Quality Bonus	With a Quality Bonus	Without a Quality Bonus	With a Quality Bonus	Without a Quality Bonus	With a Quality Bonus	Without a Quality Bonus	With a Quality Bonus	
Affinity Health System	H5991	2,061	\$962	\$1,081	\$1,081	\$1,040	\$1,056	\$1,006	\$1,036	\$971	\$1,020	\$937	\$984	3.5 out of 5 stars
Alameda JPA	H7292	1,763	\$807	\$936	\$936	\$904	\$918	\$875	\$902	\$846	\$889	\$817	\$858	Not enough data
CalOptima	H5433	10,168	\$852	\$902	\$902	\$877	\$890	\$853	\$878	\$829	\$870	\$804	\$845	3 out of 5 stars
CareOregon	H5859	5,838	\$614	\$812	\$812	\$785	\$808	\$764	\$808	\$744	\$810	\$725	\$795	3 out of 5 stars
CareSource	H6178	586	\$732	\$814	\$814	\$786	\$802	\$763	\$794	\$740	\$789	\$718	\$767	Not enough data
Colorado Access Health Plan	H0621	3,297	\$728	\$811	\$811	\$785	\$798	\$762	\$788	\$743	\$783	\$723	\$763	3 out of 5 stars
Commonwealth Care Alliance	H2225	2,235	\$783	\$897	\$897	\$861	\$874	\$829	\$854	\$798	\$838	\$768	\$807	4 out of 5 stars
Community Choice Michigan	H0141	176	\$764	\$812	\$812	\$782	\$794	\$759	\$782	\$737	\$774	\$715	\$751	Not enough data
Community Health Plan of Washington	H5826	4,511	\$654	\$784	\$784	\$762	\$777	\$743	\$773	\$730	\$775	\$717	\$762	3 out of 5 stars
Contra Costa Health Plan	H5895	132	\$825	\$989	\$989	\$953	\$967	\$918	\$945	\$883	\$927	\$848	\$890	Not enough data
Denver Health Medical Plan	H5608	2,813	\$734	\$820	\$820	\$789	\$801	\$762	\$786	\$739	\$777	\$717	\$754	3 out of 5 stars
Health Plan of San Mateo	H5428	7,728	\$752	\$818	\$818	\$783	\$795	\$754	\$777	\$728	\$765	\$702	\$738	2.5 out of 5 stars
Health Plus NY	H6264	566	\$962	\$1,062	\$1,062	\$1,025	\$1,040	\$993	\$1,023	\$962	\$1,010	\$930	\$977	Too new to be measured
IEHP Access	H5640	3,008	\$777	\$896	\$896	\$866	\$879	\$839	\$864	\$812	\$852	\$785	\$824	2.5 out of 5 stars
L.A. Care Health Plan	H2643	690	\$905	\$966	\$966	\$943	\$957	\$925	\$952	\$906	\$951	\$887	\$931	Not enough data
Metropolitan Health Plan	H2457	728	\$805	\$844	\$844	\$813	\$825	\$787	\$811	\$765	\$804	\$745	\$782	Not enough data
Metropolitan Health Plan	H5750	153	\$805	\$846	\$846	\$815	\$827	\$789	\$812	\$766	\$804	\$744	\$782	Not enough data
Metropolitan Jewish Health System	H3347	11,941	\$949	\$1,034	\$1,034	\$1,000	\$1,015	\$971	\$1,000	\$942	\$989	\$913	\$959	Not enough data
Metropolitan Jewish Health System	H9101	3,656	\$950	\$1,035	\$1,035	\$1,001	\$1,016	\$972	\$1,001	\$943	\$990	\$914	\$960	3 out of 5 stars
UPH/MIHS Ventures	H7352	1,506	\$724	\$815	\$815	\$792	\$808	\$773	\$805	\$754	\$803	\$735	\$786	Not enough data
UPMC Health Plan	H3907	86,012	\$756	\$811	\$811	\$783	\$795	\$760	\$784	\$741	\$780	\$723	\$761	3.5 out of 5 stars
VNS Choice	H5549	4,071	\$957	\$1,065	\$1,065	\$1,027	\$1,042	\$994	\$1,024	\$961	\$1,010	\$929	\$975	2.5 out of 5 stars
ACAP Overall Weighted Average		153,639	\$783	\$856	\$856	\$827	\$840	\$802	\$829	\$781	\$822	\$759	\$800	
ACAP Weighted Average w/out UPMC		67,627	\$818	\$914	\$914	\$883	\$898	\$856	\$885	\$831	\$876	\$806	\$851	
Weighted Average Nationally		10,417,992	\$737	\$846	\$846	\$819	\$834	\$794	\$823	\$774	\$819	\$753	\$799	

Data Sources

CMS Enrollment Data by County and Contract (February 2010) - <http://www.cms.gov/MCRAdvPartDEnrolData/MMAESCC/list.asp#TopOfPage>

CMS 2010 Star Rating information - www.medicare.gov

Medicare Advantage Ratebooks for 2010 and 2011 - http://www.cms.gov/MedicareAdvtgSpecRateStats/11_Ratebook.asp#TopOfPage

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Methodology Information

Benchmarks for 2011 will be frozen at the 2010 level. The benchmarks for later years are shown in the table in 2010 dollars for comparison, but they will increase each year to reflect increases in underlying FFS costs. Depending on the size of the reduction in benchmarks, counties have either a 2-year, 4-year, or 6-year transition to fully phased-in new benchmarks. The table does not show benchmarks for 2016 and 2017 for those counties that fall into the 6-year transition.

These numbers include the following:

- The IME phase-out which was passed as part of MIPPA 2008 and continues into the future
- The adjustments to FFS payment rates (95%-115%) by county payment quartiles
- The 5% quality bonus phased in beginning in 2012
- The separate 5% urban floor/low FFS quality bonus phased-in beginning in 2012
- Caps reflecting the provision that new benchmarks, including quality bonuses, may not be larger than current law benchmarks
- Phase-in of transitions between current payment and future payments as noted above

These numbers do not include the following:

- Changes to rebate percentages based on CMS star ratings phased in beginning in 2012
- Coding intensity adjustments
- Medicare as Secondary Payer (MSP) adjustments
- FFS Normalization adjustments

The analysis reflects the following assumptions:

- The determination of county transition amounts is done before application of quality bonuses
- Counties do not change payment quartiles over time
- Counties do not change MA penetration rate over time
- Counties do not change underlying FFS rates in comparison to the national average over time
- Counties do not change "urban floor" status over time