Milwaukee County Deparment of Family Care - Managed Care Organization
Income Statement
For the period of January 1 through June 30, 2011

Revenues	1/1/11 - 6/30/11 Actual		1/1/11 - 6/30/11 Adjusted Budget
Capitation Revenues	$125,641,953	(1)	$122,059,595
Member Obligation Revenues	$14,430,689		$12,894,013
Other Revenues	$125,840		$112,799
Total Revenues	**$140,198,482**		**$135,066,407**
Expenses			
Member Service Expenses	$130,628,538		$127,372,143
Administrative Expenses:			
---Labor & Fringes	$3,486,070		$4,292,012
---Vendor Contracts	$2,075,112		$2,352,932
---Cross Charges/internal transfers	$675,559		$672,606
---Other expenses (supplies, mileage, etc.)	$700,277		$645,559
--- Est. contribution to reserve			
Total Expenses	**$137,565,557**		**$135,335,252**
Net Surplus/(Deficit)	**$2,632,926**	(2)	**($268,845)**

June 2011 CMO Enrollment:		Enrollment Mix Percent to Total
Nursing Home (Comprehensive):		
59 and Under	1,387	17.86%
60 and Over	6,321	81.41%
Subtotal - Nursing Home Level of Care (i.e., comprehensive)	7,708	99.28%
Non-Nursing Home (Intermediate):		
59 and Under	13	0.17%
60 and Over	43	0.55%
Subtotal - NonNursing home Level of Care (i.e., Intermediate)	56	0.72%
Total Members Served - 6/30/2011	7,764	100.00%

Note (1): The above results reflect an accrual to increase capitation revenue for new expansion members based on an increase in acuity (i.e., members requiring higher care plan needs) as measured by the long-term functional screen. The Department of Family Care (DFC) has estimated the increased revenue to capitation to be approximately $2,124,211. Confirmation from the Wisconsin Department of Health Services Office of Family Care Expansion (DHS-OFCE) of DFC's acuity estimate will likely occur at the end of the 4th quarter or early 1st quarter of 2012.

Note (2): As of the submission of this report approximately $508,683 of the $2,632,926 surplus is from the prior year. This reflects an adjustment to the IBNR resulting from lower than anticipated claims runout for 2010. Because providers have up to twelve (12) months from the date of service to bill the Medicare program before billing the Family Care Program for any remaining balance due there still exists the likelihood the prior year surplus amount will change by year end.

General Note: The above financial summary represent actual results as of the reporting date, however, the results can change due to changes occurring in member service utilization (IBNR), outstanding receivables, internal charges or other regulatory changes. Any change from a prior period is accounted for in the year-to-date aggregate results. Prior period reporting is not restated.