

Family Care Financial Summary
Six Months Ending June 30, 2013
(Report Date: October 1, 2013)

Background

- As of the end of the June 30, 2013, financial reporting period, the Family Care program is projected to be a \$1.3 billion program, when annualized for the full 2013 calendar year.
- The program has experienced an 8.3% growth in total capitation payments and a 9.3 % growth in member months during the first six months of 2013, compared to the same period in 2012.
- Seven of the eight MCOs reported a net income through June 30th, and the other reported a loss. **The average net income was 3.7% of revenue, while the loss was -0.2% of revenue.**
- The MCO in a loss position is under increased oversight by DHS & OCI. An intensive planning process is in place, and agency staff are actively monitoring the organization's performance in order to ensure that operational and financial goals are met.
- Preliminary financial results from the MCO that expanded into the Chippewa, Dunn, Eau Claire, Pierce, & St. Croix region in the beginning of 2013 appear positive, although the Department does not present disaggregated results.
- The continued improvement in overall financial results across the program remains consistent with the Department's expectation of increased financial stabilization after the program's initial expansion into a given service region has completed and business operations have normalized.
- The composite, year-to-date Family Care program net income of \$21 million (3.3% of revenue) compares to a net gain of \$13.8 million (2.3% of revenue) through the first six months of 2012.
- The Department continues to evaluate differences in financial results that have been experienced across MCOs and to isolate what is unique about those MCOs with stronger financial results.
- The department and the Office of the Commissioner of Insurance (OCI) carry out financial regulatory responsibility for the Family Care program jointly.

Key Metrics

- *Capitation:* **The average capitation revenue decreased by 1.0%**, on a per member per month (PMPM) basis, relative to the first six months of 2012. The decrease reflects primarily a continued increase in new, lower acuity, lower cost members.
- *Member services:* There was a **2.2% decrease in overall member services costs**, expressed on a PMPM basis, relative to the same time period in 2012. The decrease generally results from the care coordination and contracting strategies adopted by the MCOs, as well as the influx of lower need/lower cost enrollees. Service costs generally decline over time, reflecting the Family Care program model of cost effective, member-centered care planning, so this result is consistent with expectations.
- *Care Management:* Year-to-date results reflect a **1.5% decrease in care management costs**, on a PMPM basis, since the quarter ending June 30, 2012. The reported decrease reflects MCOs' continued efforts to streamline care management practices. The cost for this service, \$333 on a per member per month basis, represents an average of 4 – 5 hours of care management per person per month, roughly. This is consistent with historical norms for the program.
- *Administration:* The program continues to achieve administrative savings, with 93.5% of funding used to support the full spectrum of member services and 4.1% of revenue being used to administer the program. The cost to administer the program decreased an additional 2.5%, on a PMPM basis, relative to the same time period in 2012. MCOs continue to focus on

generating savings by contracting for claims processing under the Department's master contract, which represents a pooled approach to buying administrative services, through other MCO-specific initiatives to achieve administrative efficiencies, and through significant economies of scale.

- *Net Income:* Year-to-date net income for the Family Care program was \$21 million for the quarter ending June 30, 2013. As noted above, this compares to a gain of \$13.8 million for the first six months of the same reporting period in the prior year. This represents the 13th consecutive quarter in which revenue has exceeded expenses, on a program-wide basis.
- *Solvency:* MCO Working Capital improved by \$43.3 million since the quarter ending June 30, 2012. As of June 30, 2013, total Working Capital across the entire program is \$95.3 million. The Department is closely monitoring the Working Capital of two MCOs which had a negative position, to ensure continued progress on this important liquidity measure. As of June 30, 2013, Restricted Reserves are fully funded by all eight MCOs, with total funding at 100% of requirements. The MCO Solvency Fund, a pooled and segregated fund held by the Department of Administration (DOA), was liquidated in order to fund the care that had been provided to CHP's Family Care enrollees during the end of 2012. MCOs must come back into compliance with this capital requirement by December, 2014, per a fixed deposit schedule. MCOs that do not meet the capital requirements are under fiscal corrective action that requires monthly financial reporting.

More Recent Developments

- Under a competitive procurement, CCCW was selected to offer the Family Care benefit in the counties of Douglas, Bayfield, Rusk, Ashland, Iron, Price, Sawyer, Barron, Washburn, Burnett, and Polk Counties effective January 1, 2014.
- NB has been re-permitted to continue providing Family Care services in its current service region through December 31, 2013.
- SFCA formally changed the MCO name to ContinuUs effective August 1, 2013.
- CHP ended its participation in Family Care in 2012. The Department continues to work closely with the court-appointed Receiver overseeing the closure, as well as the new MCO, enrolled members, service providers, and other stakeholders, to ensure continuity of care and operational close out.
- The program's Solvency Fund was liquidated in order to assist with the continued purchase and provision of care for all of CHP's Family Care enrollees during the end of 2013. Through mid-May, roughly \$5.2 million of the program's \$6.0 million Solvency Fund has been used to fund payments to CHP's former service providers. Sufficient funding remains to cover the costs of all services that had been authorized in 2012.
- ContinuUs' (previously SFCA's) financial results in the same region through the second quarter have been very promising. These are attributable to substantial, positive changes within the care management function; its proactive approach to provider relations; and continuing many of the administrative efficiencies it had already identified and implemented in the southwest region of the state.
- MCOs deposited \$2.9 million to replenish the pooled solvency fund as of August 31, 2013. All MCOs are currently in compliance with the re-payment schedule established by the Office of the Commissioner of Insurance for the replenishment of the fund.
- The program continues to see increased competition

- Milwaukee County Department of Family Care has been permitted to offer the program in Ozaukee, Sheboygan, Walworth, Washington, and Waukesha Counties, effective June 1st.
- Care Wisconsin has been permitted to offer the program in Ozaukee, Sheboygan, and Walworth Counties effective April 15th.
- ContinuUs has been permitted to offer the program in Columbia, Dodge, Green Lake, Jefferson, Marquette, Washington, Waukesha, and Waushara Counties effective August 1st.
- Care Wisconsin has been permitted to offer the program in Jackson, La Crosse, Monroe, and Vernon Counties effective August 1st; Trempealeau County effective September 1st; and Buffalo, Clark, and Pepin Counties effective October 1st.
- The Department completed the procurement of Family Care services in the region encompassing Milwaukee County. Both MCOs operating in that region successfully completed the bid process and will be continuing to offer the Family Care benefit.
- Initial capitation rates for 2014 have been released to the Family Care and Family Care Partnership/PACE MCOs. **The initial CY 2014 Family Care rates are projected to decline,** primarily as a result of the increased proportion of lower-acuity members in the base population, but also as a result of improved managed care efficiencies.
- The MCOs' three-year Business Plan submissions are due to the Department in late October.
- The Department and MCOs continue to invest significant staff resources into the ongoing development, refinement, and implementation of the LTC Sustainability initiatives. Several of these initiatives now have contract provisions associated with them.

Family Care
MCO Financial Statement Summaries
YTD for Period Ending June 30, 2013

	ContinuUs	CCCW	LCD	WWC	MCDFC	CCI	CWF	NB	Total
Revenues									
Capitation	82,886,274	57,856,284	47,316,923	62,494,662	126,626,328	153,000,584	71,234,024	34,868,341	636,283,420
Interest Income- Operating Acct	26,847	64,284	0	2,320	0	0	0	8,524	101,975
Other Retro Adjustments, DHS	0	0	0	(22,609)	0	0	443,050	0	420,441
Other Income	(44,722)	82,841	56,895	4,400	739,523	0	0	29,975	868,912
Total Service Revenue	82,868,399	58,003,409	47,373,818	62,478,773	127,365,851	153,000,584	71,677,074	34,906,840	637,674,748

Expenses

Member Service Expenses	76,550,596	52,132,671	44,353,889	58,251,473	122,127,126	147,247,383	65,945,141	31,204,288	597,812,567
Cost Share	(2,130,378)	(1,126,452)	(1,368,529)	(1,954,401)	(5,024,163)	(3,383,151)	(1,396,840)	(693,400)	(17,077,314)
Room & Board	(6,924,343)	(5,026,799)	(4,140,077)	(4,352,514)	(8,773,664)	(14,559,098)	(7,041,720)	(3,003,605)	(53,821,820)
Spend Down & Third Party	(418,265)	(421,198)	(509,501)	(160,861)	(1,081,641)	(1,293,231)	(672,169)	(168,782)	(4,725,648)
Net Member Services Expenses	67,077,610	45,558,222	38,335,782	51,783,697	107,247,658	128,011,903	56,834,412	27,338,501	522,187,785

Net Care Management Expenses	9,558,643	8,803,448	6,188,570	8,376,195	14,322,937	15,443,935	6,302,428	4,783,361	73,779,517
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Administrative Expenses	3,353,566	3,018,193	2,320,010	2,860,198	4,733,496	5,144,811	2,968,773	1,915,079	26,314,126
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Total Operating Expenses, CY	79,989,819	57,379,863	46,844,362	63,020,090	126,304,091	148,600,649	66,105,613	34,036,941	622,281,428
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Income (Loss) from Operations, CY	2,878,580	623,546	529,456	(541,317)	1,061,760	4,399,935	5,571,461	869,899	15,393,320
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Other (Revenue)/Expense, Ordinary

Total Other (Revenue)/Expense	278,235	(202,356)	(258,867)	(427,256)	(2,230,948)	(2,387,736)	(343,289)	(74,099)	(5,646,316)
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Net Income/ (Loss)	2,600,345	825,902	788,323	(114,061)	3,292,708	6,787,671	5,914,750	943,998	21,039,636
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Member Months by FC Target Group

Developmentally Disabled (DD)	43.0%	43.0%	43.2%	37.3%	22.9%	50.0%	55.0%	43.7%	40.8%
Physically Disabled (PD)	29.8%	22.1%	35.6%	35.6%	49.7%	25.9%	20.1%	27.1%	32.5%
Frail Elder (FE)	27.2%	34.9%	21.2%	27.2%	27.4%	24.2%	25.0%	29.2%	26.7%
Total Member Months	28,222	20,278	16,598	24,103	48,001	49,758	21,889	12,664	221,513

Key Ratios (as % of Revenue)

Member Service Expense, Net	81.0%	78.5%	80.9%	82.9%	84.2%	83.7%	79.3%	78.3%	81.9%
Care Management Service Expense	11.5%	15.2%	13.1%	13.4%	11.2%	10.1%	8.8%	13.7%	11.6%
Total Member Service Expense	92.5%	93.7%	94.0%	96.3%	95.4%	93.8%	88.1%	92.0%	93.5%
Administrative Expense	4.0%	5.2%	4.9%	4.6%	3.7%	3.4%	4.1%	5.5%	4.1%
Total Operating Expense	96.5%	98.9%	98.9%	100.9%	99.2%	97.1%	92.2%	97.5%	97.6%
Net Income/(Loss)	3.1%	1.4%	1.7%	-0.2%	2.6%	4.4%	8.3%	2.7%	3.3%

Family Care
MCO Financial Statement Summaries
YTD for Period Ending June 30, 2013

	ContinuUs	CCCW	LCD	WWC	MCDFC	CCI	CWF	NB	Total
Summary PMPM Presentation									
Revenues									
Capitation	2,936.94	2,853.16	2,850.76	2,592.82	2,637.99	3,074.89	3,254.33	2,753.34	2,872.44
Interest Income- Operating Acct	0.95	3.17	0.00	0.10	0.00	0.00	0.00	0.67	0.46
Other Retro Adjustments, DHS	0.00	0.00	0.00	(0.94)	0.00	0.00	20.24	0.00	1.90
Other Income	(1.58)	4.09	3.43	0.18	15.41	0.00	0.00	2.37	3.92
Total Revenues	2,936.30	2,860.41	2,854.19	2,592.16	2,653.40	3,074.89	3,274.57	2,756.38	2,878.72
Expenses									
Total Member Service Expenses	2,712.44	2,570.90	2,672.24	2,416.77	2,544.26	2,959.27	3,012.71	2,464.02	2,698.77
Cost Share	(75.49)	(55.55)	(82.45)	(81.09)	(104.67)	(67.99)	(63.81)	(54.75)	(77.09)
Room & Board	(245.35)	(247.89)	(249.43)	(180.58)	(182.78)	(292.60)	(321.70)	(237.18)	(242.97)
Spend Down & Third Party	(14.82)	(20.77)	(30.70)	(6.67)	(22.53)	(25.99)	(30.71)	(13.33)	(21.33)
Net Member Service Expenses	2,376.78	2,246.68	2,309.66	2,148.43	2,234.28	2,572.69	2,596.48	2,158.76	2,357.37
Net Care Management Expenses	338.69	434.14	372.85	347.52	298.39	310.38	287.93	377.71	333.07
Administrative Expenses	118.83	148.84	139.78	118.67	98.61	103.40	135.63	151.22	118.79
Total Operating Expenses, CY	2,834.31	2,829.66	2,822.29	2,614.62	2,631.28	2,986.47	3,020.04	2,687.69	2,809.23
Income (Loss) from Operations, CY	102.00	30.75	31.90	(22.46)	22.12	88.43	254.53	68.69	69.49
Other (Revenue)/Expense, Ordinary									
Total Other (Revenue)/Expense	9.86	(9.98)	(15.60)	(17.73)	(46.48)	(47.99)	(15.68)	(5.85)	(25.49)
Net Income/(Loss)	92.14	40.73	47.50	(4.73)	68.60	136.41	270.22	74.54	94.98

Family Care
MCO Financial Statement Summaries
YTD for Period Ending June 30, 2013

	ContinuUs	CCCW	LCD	WWC	MCDFC	CCI	CWF	NB	Total
Member Months by FC Target Group									
Developmentally Disabled (DD)	43.0%	43.0%	43.2%	37.3%	22.9%	50.0%	55.0%	43.7%	40.8%
Physically Disabled (PD)	29.8%	22.1%	35.6%	35.6%	49.7%	25.9%	20.1%	27.1%	32.5%
Frail Elder (FE)	27.2%	34.9%	21.2%	27.2%	27.4%	24.2%	25.0%	29.2%	26.7%
Total Member Months	28,222	20,278	16,598	24,103	48,001	49,758	21,889	12,664	221,513

Solvency Protection

Working Capital

Current Assets	24,990,601	23,623,497	20,602,855	12,486,660	55,499,639	58,491,747	33,893,977	8,661,931	238,250,907
Current Liabilities	17,862,267	11,035,608	9,203,517	12,676,574	27,466,298	39,171,866	15,569,700	9,989,340	142,975,170
Working Capital	7,128,334	12,587,889	11,399,338	(189,914)	28,033,341	19,319,881	18,324,277	(1,327,409)	95,275,737
Requirement	5,163,431	3,646,281	2,939,717	3,884,096	7,823,583	9,094,460	4,331,692	2,263,840	39,147,101
Excess/(shortage)	1,964,903	8,941,608	8,459,621	(4,074,010)	20,209,758	10,225,421	13,992,585	(3,591,249)	56,128,636

Restricted Reserve

Current Restricted Reserve	2,747,810	2,221,787	1,981,023	2,296,381	3,614,472	4,054,272	2,445,102	1,757,715	21,118,562
Required	2,721,144	2,215,427	1,979,906	2,294,699	3,607,861	4,031,487	2,443,897	1,754,613	21,049,034
Excess/(shortage)	26,666	6,360	1,117	1,682	6,611	22,785	1,205	3,102	69,528

Solvency Fund

Current Solvency Fund	187,500	187,500	0	0	0	350,000	0	0	725,000
Required	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	6,000,000
Excess/(shortage)	(562,500)	(562,500)	(750,000)	(750,000)	(750,000)	(400,000)	(750,000)	(750,000)	(5,275,000)

Total Equity	11,480,361	16,916,064	13,960,100	2,764,695	31,045,646	34,486,081	23,570,775	579,524	134,803,246
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PACE and Family Care Partnership Financial Summary
Six Months ending June 30, 2013
(Report Date: October 1, 2013)

Background

- Based on the CY 2013 financial reporting through June 30, PACE and Partnership are projected to be \$213.5 million programs on an annualized basis.
- The program has experienced a 28.3% decline in total capitation payments and a 28.0% decline in member months during the first six months of 2013, compared to the same period in 2012.
- Most of these declines are related to the departure of PHP from the program. Across the other MCOs, the program experienced 8.2% growth in total capitation payments and a 7.5% growth in member months during the first six months of 2013, compared to the same period in 2012.
- Medicare is the source of 37.5% of the programs' overall capitation funding. Accounting for the federal matching rate on the Medicaid capitation, the federal government funds roughly 75% of the combined capitation amounts, while the state funds about 25%. These general proportions of Medicaid and Medicare funding have been stable for some time.
- The Department continues to monitor Medicare policy changes affecting payment rates for Medicare Advantage plans, as well as results from studies of the appropriateness of the payment formula for plans that serve a more complex membership such as the PACE/Partnership organizations. These studies are required by the national health care reform legislation.
- Primary financial regulatory responsibility for the PACE and Family Care Partnership programs is carried out by the Office of the Commissioner of Insurance (OCI) as the regulator of all HMOs within the State. OCI monitors solvency of all HMOs and requires financial reporting on a statutory basis. The Department monitors the fiscal operations and financial results that are reported using generally accepted accounting principles (GAAP).

Key Metrics

Note: The inclusion of the Medicare funding stream creates additional complexities in assembling, interpreting, and drawing conclusions from these metrics. Expenses are not separated by major funding stream on a systematic, program-wide basis.

- *Capitation:* The average Medicaid capitation for PACE/Partnership, on a per member per month (PMPM) basis, was \$3,240, while the Medicare capitation was \$1,944 PMPM. This compares to the first six months of 2012, when the comparable numbers were \$3,326 for Medicaid and \$1,875 for Medicare. Medicaid capitation rates decreased by 2.6% and Medicare capitation rates increased by 3.7%, respectively, relative to the first six months of 2012.
 - Excluding PHP from the base period for purposes of a more accurate comparison, the 2013 rates changed as follows: Medicaid rates decreased 0.6%, and Medicare rates increased 2.9%.
- *Member Service expenses:* On a PMPM basis, net member services expenses were \$4,398 PMPM for the first six months of 2013, compared to \$4,243 for the same period in 2012. This represents an increase of 3.7%.
 - Excluding PHP from the base period for purposes of a more accurate comparison, the 2012 expenses were \$4,248, and the annual increase is 3.5%.

- **Care Management expenses:** The PMPM of \$416 for 2013 represents a 35.6% decrease, compared to the \$646 PMPM reported for the same time period in 2012. Several of the Partnership MCOs have initiatives in place to examine, and improve, the way care management is structured and delivered within their organization.
 - Excluding PHP from the base period for purposes of a more accurate comparison, the 2012 expenses were \$555, on a PMPM basis, and the **annual decrease is 25%.**
- **Administrative expenses: Expenses,** on a PMPM basis, were \$229. This represents a 6.6% decrease, compared to the same time period in 2012, when expenses were \$245 PMPM. While there has been little change in the administrative cost structure over the past two years, the benchmark prior to 2011 had been in the \$300 – \$400 PMPM range.
 - Excluding PHP from the base period for purposes of a more accurate comparison, the 2012 expenses were \$223, on a PMPM basis, and the **annual increase is 2.9%.**
- **Net Income:** The PACE/Partnership programs reported a \$2.9 million net income for the first six months of 2013, compared to a \$3.5 million net income for the same period in 2012. The program as a whole shows a 2.7% positive margin; however, there is variation in performance by MCO.
 - Excluding the results of PHP, the second quarter of 2012 would have shown close to a \$3.7 million net income.

More Recent Developments

- PHP ended its participation in Family Care Partnership in 2012. The program is no longer offered in that five county service region: Chippewa, Dunn Eau Claire, Pierce, and St. Croix Counties. The Department prioritized continuity of care for transitioning members.
- The Department completed the procurement of Family Care Partnership services in Dane County and in Milwaukee County.
- The Department and MCOs continue to invest significant staff resources into the ongoing development, refinement, and implementation of the LTC Sustainability initiatives. Several of these initiatives now have contract provisions associated with them.
- The Department continues to monitor anticipated shifts in Medicare funding levels, as the Affordable Care Act is fully implemented.
- Initial capitation rates have been released to the Family Care Partnership/PACE and Family Care MCOs. The initial CY 2014 Family Care Partnership/PACE rates are projected to decline.
- The MCOs' three-year Business Plan submissions are due to the Department in late October.
- Given the increased interest in integrating services and funding for dual eligibles, the Department has been investing increased analytical resources into better understanding MCO performance relative to each funding source.

**Family Care Partnership/PACE
MCO Financial Statement Summaries
YTD for Period Ending June 30, 2013**

	Care WI- CWHP	CCI-CCHP	iCare	Total
Revenues				
Capitation-MA	25,275,020	28,184,940	13,258,433	66,718,393
Capitation- MC	17,966,843	17,918,857	4,148,477	40,034,177
Interest Income-Operating Acct	10,332	-	79,266	89,598
Other Retro Adjustments, DHS	132,519	-	(30,254)	102,265
Other Income	9,664	88,381	-	98,045
Total Revenues	43,394,378	46,192,178	17,455,922	107,042,478

Expenses				
Total Acute & Primary Services	15,550,231	18,663,584	11,575,291	45,789,106
Total LTC-Family Care Expenses	20,522,665	25,617,973	3,462,736	49,603,374
Cost Share	(737,963)	(765,623)	(42,614)	(1,546,200)
Room & Board	(1,319,363)	(1,556,540)	(194,380)	(3,070,283)
Spend Down & Third Party	(119,230)	(84,095)	1,753	(201,572)
Net Member Services Expenses	33,896,340	41,875,299	14,802,786	90,574,425

Net Care Management Expenses	3,807,743	2,876,586	1,880,672	8,565,001
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Administrative Expenses	2,719,705	1,005,047	1,002,948	4,727,700
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Total Operating Expenses	40,423,788	45,756,932	17,686,406	103,867,126
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Income (Loss) from Operations, CY	2,970,590	435,246	(230,484)	3,175,352
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Other (Revenue)/Expense, Operating

Total Other (Revenue)/Expense	390,781	(52,160)	(103,860)	234,761
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Net Income/ (Loss)	2,579,809	487,406	(126,624)	2,940,591
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Member Months by FC Target Group

Developmentally Disabled (DD)	10.9%	10.3%	28.6%	14.2%
Physically Disabled (PD)	51.5%	39.9%	68.0%	50.1%
Frail Elder (FE)	37.6%	49.9%	3.4%	35.7%
Total Member Months	8,040	8,413	4,140	20,593

Key Ratios (as % of Revenue)

Member Service Expense, Net	78.1%	90.7%	84.8%	84.6%
Care Management Service Expense	8.8%	6.2%	10.8%	8.0%
Total Member Service Expense	86.9%	96.9%	95.6%	92.6%
Administrative Expense	6.3%	2.2%	5.7%	4.4%
Total Operating Expense	93.2%	99.1%	101.3%	97.0%
Net Income/ (Loss)	5.9%	1.1%	-0.7%	2.7%

**Family Care Partnership/PACE
MCO Financial Statement Summaries
YTD for Period Ending June 30, 2013**

	Care WI- CWHP	CCI-CCHP	iCare	Total
Summary PMPM Presentation				
Revenues				
Capitation-MA	3,143.66	3,350.17	3,202.52	3,239.86
Capitation- MC	2,234.68	2,129.90	1,002.05	1,944.07
Interest Income-Operating Acct	1.29	-	19.15	4.35
Other Retro Adjustments, DHS	16.48	-	(7.31)	4.97
Other Income	1.20	10.51	-	4.76
Total Revenues	5,397.31	5,490.57	4,216.41	5,198.00
Expenses				
Total Acute & Primary Services	1,934.11	2,218.42	2,795.96	2,223.53
Total LTC-Family Care Expenses	2,552.57	3,045.05	836.41	2,408.75
Cost Share	(91.79)	(91.00)	(10.29)	(75.08)
Room & Board	(164.10)	(185.02)	(46.95)	(149.09)
Spend Down & Third Party	(14.83)	(10.00)	0.42	(9.79)
Net Member Services Expenses	4,215.96	4,977.45	3,575.55	4,398.31
Net Care Management Expenses	473.60	341.92	454.27	415.92
Administrative Expenses	338.27	119.46	242.26	229.58
Total Operating Expenses, CY	5,027.83	5,438.84	4,272.08	5,043.81
Income (Loss) from Operations, CY	369.48	51.73	(55.67)	154.20
Other (Revenue)/Expense, Ordinary				
Total Other (Revenue)/Expense	48.60	(6.20)	(25.09)	11.40
Net Income/ (Loss)	320.87	57.93	(30.59)	142.80
Member Months by FC Target Group				
Developmentally Disabled (DD)	10.9%	10.3%	28.6%	14.2%
Physically Disabled (PD)	51.5%	39.9%	68.0%	50.1%
Frail Elder (FE)	37.6%	49.9%	3.4%	35.7%
Total Member Months	8,040	8,413	4,140	20,593