



**Auditee: Florida Community Care, LLC**

**Performance Audit**

**For the Florida Agency for Health Care Administration  
Medicaid Program Finance**

**Annual Achieved Savings Rebate Financial Report**

**For the Year Ended December 31, 2022**



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## PLAN AND PERFORMANCE AUDIT OVERVIEW

Florida Community Care, LLC. (the “Company”) was organized as a Florida limited liability company on February 10, 2017. The Company was organized to establish and operate a Medicaid Provider Service Network to provide services to beneficiaries who meet the qualifications for long-term care services and support in the state of Florida. The Company is related through common ownership with Independent Living Systems, LLC a Florida limited liability company.

The Company operates a Comprehensive plan (the “Plan”) that consists of Managed Medical Assistance (“MMA”) and Long-Term Care (“LTC”) under the Agency’s Statewide Medicaid Managed Care (“SMMC”) Contract.

At the request of the Agency, we conducted a performance audit of selected schedules and exhibits of the annual Achieved Savings Rebate (“ASR”) financial report of the Plan for the year ended December 31, 2022.

Carr, Riggs and Ingram, LLC (“CRI”) was engaged under Contract No. MED217 dated October 28, 2021. This report presents the objective, scope, methodology and results of the performance audit. Our work was performed during the period from March 27, 2023 to August 25, 2023, and our results, reported herein, are as of August 25, 2023.

## OBJECTIVE, SCOPE, AND METHODOLOGY

### *Objective*

Management is responsible for the preparation and fair presentation of the annual ASR financial report in compliance with Florida Statute 409.967(3) and the annual ASR financial report instructions; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the annual ASR financial report that is free from significant misstatement, whether due to fraud or error.

The objective of the performance audit is to determine whether the following schedules and exhibits, collectively the “ASR Schedules,” were prepared and presented pursuant to Florida Statute 409.967(3), the Agency’s annual ASR financial report instructions and the Agency’s verbal and written clarifications to the annual ASR financial report instructions.

- MMA Revenue and Expense Schedule – Summary
- MMA Related Party Transaction Schedule – Summary
- LTC Revenue and Expense Schedule – Summary
- LTC Related Party Transaction Schedule – Summary
- Achieved Savings Rebate Exhibit
- Medical Loss Ratio Exhibit

We conducted the performance audit in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

In planning and conducting our performance audit of the ASR Schedules, we considered the Plan's internal control associated with the completion of the annual ASR financial report to determine the procedures that are appropriate in the circumstances for achieving the audit objectives, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

### **Scope**

The performance audit scope included quarterly and year-to-date amounts reported by the Plan for the year ended December 31, 2022, considering revenue and medical benefits "paid dates" through March 31, 2023. The performance audit scope did not include any schedules included in the annual ASR financial report not listed above. The performance audit scope was limited to determining whether the Plan's revenue, medical benefits and administrative costs were summarized and classified in the ASR Schedules, and whether amounts reported were allowable and supportable, in compliance with Florida Statute 409.967(3), the Agency's annual ASR financial report instructions and the Agency's verbal and written clarifications to the annual ASR financial report instructions.

This performance audit did not constitute an audit of financial statements in accordance with auditing standards generally accepted in the United States of America or *Government Auditing Standards*. Therefore, as agreed by the Agency, the scope of the performance audit excluded the following items.

- Tests of any opening balances (accruals, receivables and payables included in the prior year ASR Schedules which may impact prior calendar year adjustments in the 2022 ASR Schedules). We tested the Plan's supporting documentation for prior calendar year adjustments reported in the ASR Schedules and considered the impact of accruals for revenue and medical benefits reported in the prior year.
- Valuation/measurement of any capitation, kick or other revenue receivables included in the ASR Schedules that were not collected as of March 31, 2023. We agreed significant reported receivables to the Plan's supporting documentation, but performed no testing of the valuation or collectability of the accruals.
- Valuation/measurement of actuarially-determined incurred but not paid ("IBNP") liabilities for medical benefits. We relied on the actuary's estimation of IBNP, reviewed the supporting documentation and reconciled to amounts reported by the Plan by quarter and rate cell.
- Valuation/measurement/completeness of other medical benefits expenses/payable or administrative costs expenses/payable. We obtained supporting documentation of any such amounts reported in the ASR Schedules, but did not perform procedures to test completeness of reported accruals for services and benefits that were not paid on or before March 31, 2023.

- Adjudication of medical benefits claims in accordance with the Plan’s fee schedules or contracts with providers. As documented in the following “Methodology” section, we tested a representative sample of claims included in reported fee for service medical benefit expenses, reviewed supporting documentation to determine the claim was allowable under the SMMC contract, the amount reported was actually paid, and the claim was properly classified by rate-cell and quarter. We did not evaluate whether the claims were paid in accordance with the Plan’s contractual arrangements with respective providers.
- Tests of completeness of underlying data from subcapitation providers related to reporting incurred claims and IBNP in relation to lines 2.2 and 2.4 on the Medical Loss Ratio (“MLR”) exhibit, respectively. For any incurred claims we tested a representative sample of claims to determine the claim was allowable under the SMMC contract. We did not evaluate whether the claims were paid in accordance with the Plan’s contractual arrangements with respective providers. IBNP amounts provided by subcapitated providers were reconciled to supporting documentation. IBNP amounts were not tested for valuation/measurement.
- Tests of underlying data related to reported amounts allocated within the company between lines of business, including but not limited to allocations included in medical benefits, administrative expenses, defined expenses improving health care quality, federal income taxes, and net investment income. We obtained an understanding of the allocation methodology used by the Plan, evaluated whether the allocation seemed reasonable and recalculated the allocation methodology.
- Tests of underlying data or transactions related to reported amounts allocated from a parent or other related entity, including but not limited to allocations included in medical benefits, administrative expenses, defined expenses improving health care quality, federal income taxes, and net investment income. We obtained an understanding of the allocation methodology used by the Plan, evaluated whether the allocations comply with administrative service or related party transaction agreements, if any, and agreed amounts to internal documentation. Reported amounts allocated by a parent or other entity include the following amounts.

<b>ASR Schedule and Line No.</b>	<b>Description</b>	<b>Calendar Year Total*</b>
MMA Revenue and Expense Schedule – Summary, Line No. 12.1	Salaries and benefits	\$ 20,243
MMA Revenue and Expense Schedule – Summary, Line No. 12.3	Information system expenses	\$ 1,538,323
MMA Revenue and Expense Schedule – Summary, Line No. 12.5	General administration expenses	\$ 329,499
MMA Revenue and Expense Schedule – Summary, Line No. 11.4	MSO fees	\$ 12,970,347
LTC Revenue and Expense Schedule – Summary, Line No. 5.1	Salaries and benefits	\$ 330,589
LTC Revenue and Expense Schedule – Summary, Line No. 5.3	Information system expenses	\$ 25,177,157
LTC Revenue and Expense Schedule – Summary, Line No. 5.5	General administration expenses	\$ 5,384,678
LTC Revenue and Expense Schedule – Summary, Line No. 2.17	Care management fees	\$ 29,045,040
LTC Revenue and Expense Schedule – Summary, Line No. 2.18	ILS home delivered meals	\$ 5,369,862

\*As Adjusted

(Continued)

ASR Schedule and Line No.	Description	Calendar Year Total*
Medical Loss Ratio Exhibit, Line No. 4.1	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 150,347
Medical Loss Ratio Exhibit, Line No. 4.2	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 150,347
Medical Loss Ratio Exhibit, Line No. 4.3	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 150,347
Medical Loss Ratio Exhibit, Line No. 4.4	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 150,347
Medical Loss Ratio Exhibit, Line No. 4.5	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 150,347

\*As Adjusted

- Testing or applying any audit procedures to the Annual Credibility Adjustment section of the MLR exhibit.

### **Methodology**

We performed the following procedures for the performance audit:

#### Planning Procedures

- Communicated with the Agency and Plan management regarding the audit objectives, scope and timing of the performance audit
- Developed an understanding of the Plan and its environment, including internal control within the context of the audit objective
- Performed risk assessments related to the preparation of the annual ASR financial report
- Reviewed the Company's audited statutory-basis financial statements for the year ended December 31, 2022 and the Annual Statement submitted to the Florida Office of Insurance Regulation

#### Substantive Procedures

- MMA and LTC Revenue and Expense Schedules – Summary
  - Performed walk-throughs of transaction processes significant to generating information included in the ASR Schedules
  - Verified the mathematical accuracy
  - Inspected quarterly and annual reconciliations of amounts in the ASR Schedules to the Company's general ledger or other summarized amounts from detailed accounting records
  - Inspected the reconciliation of the Company's audited statutory-basis financial statements to the Company's general ledger
  - Inspected a reconciliation of the Plan's reported capitation and kick revenue received to monthly capitation reports and cash receipts

- For a representative sample from the population of claims included in reported fee for service medical benefit expenses, reviewed supporting documentation to determine the claim was allowable under the SMMC contract, the amount reported was actually paid, and the claim was properly classified by rate-cell and quarter
  - o Based on the population being tested and the desired results, the methodology of compliance sampling outlined in *AICPA Audit and Accounting Guide-GAS-Chapter 11* was followed for sample selections. The results of our test were not projected to the total population for any applicable adjustments identified in the report.
- Inspected a reconciliation of the Plan’s reported sub-capitation payments of medical benefits expense to detailed accounting records
- For the largest significant vendor per each applicable ASR row included in reported subcapitated expenses, recalculated subcapitation payments in accordance with applicable contracts or agreements, vouched actual payment of reported amounts and determined amounts were properly classified by rate-cell and quarter
- Inspected reconciliations of amounts reported for other medical benefit expenses, including §1202 PCP payments to providers, settlements, prescription rebates, third-party liability and fraud and abuse recoveries, premium deficiency reserves, and reinsurance amounts to detailed accounting records
- For significant amounts included in the above other medical benefit expenses, vouched actual payment of reported amounts and determined amounts were allowable and properly classified by rate-cell and quarter
- For a representative sample from the population of direct administrative expenses, obtained documentation supporting the reported amount and determined amount was allowable and properly classified by quarter
  - o Based on the population being tested and the desired results, a non-statistical methodology based on the theory underlying monetary-unit sampling was used for sample selections. The results of our test were not projected to the total population for any applicable adjustments identified in the report.
- Evaluated reported revenues and expenses for proper classification and exclusion of disallowed amounts
- MMA and LTC Related Party Transaction Schedules – Summary
  - Verified the mathematical accuracy
  - Evaluated the completeness and accuracy of disclosed related-party transactions through review of the audited statutory-basis financial statements, Annual Statement and general ledger
- Achieved Savings Rebate Exhibit
  - Verified the mathematical accuracy
  - Traced amounts reported on the ASR Exhibit to the MMA and LTC Revenue and Expense Schedule – Summary or underlying accounting records

- Evaluated the proper inclusion/exclusion and classification of certain administrative expenses in accordance with ASR Exhibit instructions
  - Recalculated the Actuarially Sound Administrative Maximum reported on line 4.0 based on data included in the ASR – Actuarially-Sound Administrative Maximum Calculation exhibit, agreed member months to underlying data, and verified Administrative Maximum (PMPM) with the Agency
  - Recalculated Preliminary Achieved Savings Rebate reported on line 7.3
- Medical Loss Ratio Exhibit
    - Verified the mathematical accuracy
    - Traced amounts reported on the MLR Exhibit to the MMA and LTC Revenue and Expense Schedule – Summary or underlying accounting records
    - Reviewed supporting documentation and vouched payment of reported Florida-Specific Contributions, if any
    - For a representative sample from the population of direct costs (excludes amounts allocated by parent/related entity) reported as Defined Expenses Incurred for Improving Health Care Quality, vouched payment and evaluated proper inclusion and classification of amounts
      - Based on the population being tested and the desired results, a non-statistical methodology based on the theory underlying monetary-unit sampling was used for sample selections. The results of our test were not projected to the total population for any applicable adjustments identified in the report.
    - Evaluated the reporting and classification of amounts associated with Deductible Fraud and Abuse Detection/Recovery Expenses, if any
    - Obtained amounts and support provided from the Plan by subcapitated providers for lines 2.2 and 2.4 and reconciled to reported amount
    - For any incurred claims, tested a representative sample from the population of claims to determine the claim was allowable under the SMMC contract
      - Based on the population being tested and the desired results, a non-statistical methodology based on the theory underlying monetary-unit sampling was used for sample selections. The results of our test were not projected to the total population for any applicable adjustments identified in the report.

## RESULTS

Based upon the previously defined objective and the completion of the procedures outlined in the scope and methodology sections, the audit objective has been met. The Plan prepared the MMA Revenue and Expense Schedule –Summary, MMA Related Party Transaction Schedule – Summary, LTC Revenue and Expense Schedule – Summary, LTC Related Party Transaction Schedule – Summary, Achieved Savings Rebate Exhibit and Medical Loss Ratio Exhibit for the year ended December 31, 2022 pursuant to Florida Statute 409.967(3) and the annual ASR financial report instructions.

The following tables summarize adjustments to amounts reported in the ASR Schedules as a result of updated Agency instructions. This adjustment is not considered to be an error by the Plan in the preparation of the above schedules.



**Adjustments to Amounts Reported in the MMA Revenue and Expense Schedule - Summary**

		<u>Reported</u>		<u>Adjusted</u>
		<u>Annual Amount</u>	<u>1</u>	<u>Annual Amount</u>
	<b>MEMBER MONTHS</b>	<b>174,374</b>	-	<b>174,374</b>
	<b>REVENUES</b>			
Revenues	1.1 Capitation	\$ 50,663,823	\$ -	\$ 50,663,823
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-
	1.4.1 Maternity Kick Payments	-	-	-
	1.5 ACA § 9010 related payments	-	-	-
	1.6 Other Revenue	-	30,171	30,171
	<b>1.7 Total Revenue</b>	<b>50,663,823</b>	<b>30,171</b>	<b>50,693,994</b>
	<b>BENEFIT EXPENSES</b>			
Hospital Services	2.1 Inpatient FFS	11,364,713	-	11,364,713
	2.2 Ending IBNP for Inpatient Hospital Services	(349,345)	-	(349,345)
	2.3 Outpatient FFS: ER	1,359,810	-	1,359,810
	2.4 Outpatient FFS: Other than ER	1,222,703	-	1,222,703
	2.5 Ending IBNP for Outpatient Hospital Services	(122,529)	-	(122,529)
	2.6 Subcapitated Hospital Services	-	-	-
	2.7 Hospital Settlements/AP	4,632,030	-	4,632,030
	<b>2.7.1 Transplant Services</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>2.8 Total Hospital Services</b>	<b>18,107,382</b>	<b>-</b>	<b>18,107,382</b>
Professional Services	3.1 Primary Care FFS	1,620,754	-	1,620,754
	3.2 Specialty Care FFS	332,254	-	332,254
	3.3 Other Professional FFS	6,415	-	6,415
	3.4 § 1202 PCP Payments to providers	-	-	-
	3.5 Subcapitated Professional Services	-	-	-
	3.6 Ending IBNP for Professional Services	(35,125)	-	(35,125)
	3.7 Professional Settlements/AP	776,724	-	776,724
	<b>3.8 Total Physician Services</b>	<b>2,701,022</b>	<b>-</b>	<b>2,701,022</b>
Maternity Services	4.1.1 Maternity Services	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-
	<b>4.4.1 Total Maternity Services</b>	<b>-</b>	<b>-</b>	<b>-</b>
Mental Health	5.1 Mental Health & Substance Abuse FFS	332,184	-	332,184
	5.2 MH & SA Subcapitation	-	-	-
	5.3 Ending IBNP for MH & SA	(44,607)	-	(44,607)
	5.4 Mental Health Settlements/AP	196,450	-	196,450
	<b>5.5 Total Mental Health &amp; Substance Abuse</b>	<b>484,027</b>	<b>-</b>	<b>484,027</b>
Dental	6.1 Dental FFS	-	-	-
	6.2 Dental Subcapitation	-	-	-
	6.3 Ending IBNP for Dental Services	-	-	-
	6.4 Dental Settlements/AP	-	-	-
	<b>6.5 Total Dental Services</b>	<b>-</b>	<b>-</b>	<b>-</b>
Transportation	7.1 Transportation FFS	2,331,143	-	2,331,143
	7.2 Transportation Subcapitation	-	-	-
	7.3 Ending IBNP for Transportation	(60,187)	-	(60,187)
	7.4 Transportation Settlements/AP	1,303,291	-	1,303,291
	<b>7.5 Total Transportation Services</b>	<b>3,574,247</b>	<b>-</b>	<b>3,574,247</b>
Pharmacy	8.1 Prescription Drugs FFS	7,492,083	-	7,492,083
	8.2 Hepatitis C Prescription Drug FFS	-	-	-
	8.3 Ending IBNP for Prescription Drugs	(117,080)	-	(117,080)
	8.4 Prescription Drug Rebates	-	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-
	8.7 Prescription Drug Settlements/AP	3,310,365	-	3,310,365
	<b>8.8 Total Prescription Drugs</b>	<b>10,685,368</b>	<b>-</b>	<b>10,685,368</b>

Adjustments to Amounts Reported in the MMA Revenue and Expense Schedule - Summary (Continued)

		Reported Annual Amount	1	Adjusted Annual Amount	
Other Services	9.1	Home Health, Nursing, Personal Care FFS	5,290	-	5,290
	9.2	Hospice FFS	(1,753)	-	(1,753)
	9.2.1	Nursing Facility FFS	622	-	622
	9.3	DME FFS	(25)	-	(25)
	9.4	Other State Plan Services FFS	2,927,704	-	2,927,704
	9.5	Other Services Subcapitation	-	-	-
	9.6	Ending IBNP for Other Services	(84,728)	-	(84,728)
	9.7	Other Service Settlements/AP	1,550,358	-	1,550,358
	<b>9.8</b>	<b>Total Other Services</b>	<b>4,397,468</b>	<b>-</b>	<b>4,397,468</b>
	Expanded Benefits	10.1	Expanded Benefits FFS	2,367,956	-
10.2		Expanded benefits Subcapitation	-	-	-
10.3		Ending IBNP for Expanded Benefits	-	-	-
10.4		Expanded Benefits Settlements/AP	1,201,129	-	1,201,129
<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>3,569,085</b>	<b>-</b>	<b>3,569,085</b>	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	31,361,854	-	31,361,854
	11.2	Total Services Paid Directly -- IBNP	(813,601)	-	(813,601)
	11.3	Total Services Paid through Subcapitation	-	-	-
	11.4	Total Services Paid by Settlements/AP	12,970,347	-	12,970,347
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-
	<b>11.7</b>	<b>Benefit Expense before Reinsurance</b>	<b>43,518,600</b>	<b>-</b>	<b>43,518,600</b>
	11.8	Reinsurance Premiums	-	-	-
	11.9	Reinsurance Recoveries	-	-	-
	11.10	Net cost of Reinsurance	-	-	-
	<b>11.11</b>	<b>Medical Benefit Expense Net of Reinsurance</b>	<b>43,518,600</b>	<b>-</b>	<b>43,518,600</b>
<b>Administrative Expenses, Assessments, Taxes, and Fees</b>					
Administrative Expenses	12.1	Salaries & Benefits	240,720	-	240,720
	12.2	Administrative Services	18,542	-	18,542
	12.3	Information Systems	1,538,323	-	1,538,323
	12.4	Marketing Expenses	17,842	-	17,842
	12.5	General Administration	625,240	1,738	626,978
	12.6	Compliance/Regulatory	12,213	-	12,213
	<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>2,452,880</b>	<b>1,738</b>	<b>2,454,618</b>
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-
	13.2	Department of Insurance Assessments	-	-	-
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-
	13.4	Other 1	-	-	-
	13.5	Other 2	-	-	-
	13.6	Other 3	-	-	-
	<b>13.7</b>	<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>14.0</b>	<b>Grand Total Expenses</b>	<b>45,971,480</b>	<b>1,738</b>	<b>45,973,218</b>	
<b>15.0</b>	<b>Underwriting Gain (Loss)</b>	<b>4,692,343</b>	<b>28,433</b>	<b>4,720,776</b>	
16.0	Income Tax Expense	-	-	-	
<b>17.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>\$ 4,692,343</b>	<b>\$ 28,433</b>	<b>\$ 4,720,776</b>	

**Adjustments to Amounts Reported in the LTC Revenue and Expense Schedule - Summary**

		<b>Reported Annual Amount</b>	<b>1</b>	<b>Adjusted Annual Amount</b>
<b>MEMBER MONTHS</b>		240,937		240,937
<b>REVENUES</b>				
	1.1	\$ 823,436,090	\$ -	\$ 823,436,090
	1.2	(4,219,035)	-	(4,219,035)
	1.2.1	876,324	-	876,324
	1.2.2	(5,987,908)	-	(5,987,908)
	1.3	-	-	-
	<b>1.4 Total Revenue</b>	<b>814,105,471</b>	<b>-</b>	<b>814,105,471</b>
<b>EXPENSES</b>				
	2.1	1,999,381	-	1,999,381
	2.2	234,520	-	234,520
	2.3	414,242,500	-	414,242,500
	2.4	310,178	-	310,178
	2.5	-	-	-
	2.6	38,688,663	-	38,688,663
	2.7	1,659,836	-	1,659,836
	2.8	-	-	-
	2.9	-	-	-
	<b>2.10 Total Nursing Facility and Hospice</b>	<b>454,901,177</b>	<b>-</b>	<b>454,901,177</b>
	2.11	115,173,458	-	115,173,458
	2.12	100,074,564	-	100,074,564
	2.13	3,661,410	-	3,661,410
	2.14	6,221,109	-	6,221,109
	2.15	6,954,562	-	6,954,562
	2.16	-	-	-
	2.17	29,045,043	-	29,045,043
	2.18	7,453,092	-	7,453,092
	2.19	-	-	-
	2.20	(2,471,902)	-	(2,471,902)
	2.21	2,679,215	-	2,679,215
	<b>2.22 Grand Total LTC Services</b>	<b>723,691,728</b>	<b>-</b>	<b>723,691,728</b>
	3.1	6,402,401	-	6,402,401
	3.2	-	-	-
	3.3	-	-	-
	3.4	-	-	-
	<b>3.5 Total Expanded Benefits</b>	<b>6,402,401</b>	<b>-</b>	<b>6,402,401</b>
	4.1	728,226,980	-	728,226,980
	4.2	(812,066)	-	(812,066)
	4.3	-	-	-
	4.4	2,679,215	-	2,679,215
	4.5	-	-	-
	4.6.1	-	-	-
	<b>4.7 Subtotal Benefit Expense before Reinsurance</b>	<b>730,094,129</b>	<b>-</b>	<b>730,094,129</b>
	4.8	-	-	-
	4.9	-	-	-
	4.10	-	-	-
	<b>4.11 Grand Total Service Benefit Expense Net of Reinsurance</b>	<b>730,094,129</b>	<b>-</b>	<b>730,094,129</b>

**Adjustments to Amounts Reported in the LTC Revenue and Expense Schedule - Summary (Continued)**

		<u>Reported</u> <u>Annual Amount</u>	<u>1</u>	<u>Adjusted</u> <u>Annual Amount</u>	
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>					
Administrative Expenses	5.1	Salaries & Benefits	3,939,770	-	3,939,770
	5.2	Administrative Services	303,466	-	303,466
	5.3	Information Systems	25,177,157	-	25,177,157
	5.4	Marketing Expenses	292,008	-	292,008
	5.5	General Administration	10,233,068	28,433	10,261,501
	5.6	Compliance/Regulatory	199,885	-	199,885
	<b>5.7</b>	<b>Total Administrative Expenses</b>	<b>40,145,354</b>	<b>28,433</b>	<b>40,173,787</b>
Government- Mandated Assessments, Taxes, and Fees Other Than Income Taxes	6.1	State Premium Tax	-	-	-
	6.2	Department of Insurance Assessments	-	-	-
	6.3	Other 1	-	-	-
	6.4	Other 2	-	-	-
	6.5	Other 3	-	-	-
	<b>6.6</b>	<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>7.0</b>	<b>Grand Total Expenses</b>	<b>770,239,483</b>	<b>28,433</b>	<b>770,267,916</b>	
<b>8.0</b>	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>43,865,988</b>	<b>(28,433)</b>	<b>43,837,555</b>	
9.0	Income Tax Expense	-	-	-	
<b>10.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>\$ 43,865,988</b>	<b>\$ (28,433)</b>	<b>\$ 43,837,555</b>	

**Adjustments to Amounts Reported in the Annual Achieved Savings Rebate Exhibit**

	Reported Annual Amount			Adjustment	
	Total	MMA	LTC	1 MMA	1 LTC
<b>REVENUES</b>					
1.1 Total Revenue from Revenue & Expense Schedules	\$ 864,769,294	\$ 50,663,823	\$ 814,105,471	\$ 30,171	\$ -
1.2 Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-
1.5 Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	(30,171)	-
1.6 Revenue Subject to ASR	864,769,294	50,663,823	814,105,471	-	-
<b>EXPENSES</b>					
<b>Benefit Expenses</b>					
2.1 Total Benefits Paid through FFS and Subcapitation During the Year	759,588,834	31,361,854	728,226,980	-	-
2.2 Incurred but not Paid (IBNP) Ending Balance	(1,625,667)	(813,601)	(812,066)	-	-
2.3 Settlements/AP	15,649,562	12,970,347	2,679,215	-	-
2.4 Total Benefit Expense before Reinsurance	773,612,729	43,518,600	730,094,129	-	-
2.5 Net Cost of Reinsurance	-	-	-	-	-
2.6 Total Benefit Expense after Reinsurance	773,612,729	43,518,600	730,094,129	-	-
<b>Administrative Expenses</b>					
3.1 Total Administrative Expenses from Revenue & Expense Schedule	42,598,233	2,452,879	40,145,354	1,738	28,433
3.2 Less: Compliance/Regulatory	(212,100)	-	(212,100)	-	-
3.3 Less: Lobbying/Political expenses	(140,500)	-	(140,500)	-	-
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-
3.5 Less: Other Non-allowed expenses	(31,739)	-	(31,739)	-	-
3.6 Administrative Expense Subject to ASR	42,213,894	2,452,879	39,761,015	1,738	28,433
4.0 Actuarially-sound Administrative Expense Maximum	42,273,212	5,898,213	36,374,999	-	-
5.0 Administrative Expenses Subject to ASR	42,213,895	2,452,879	36,374,999	-	-
6.0 Total Benefit and Administrative Expense subject to ASR	815,826,624	45,971,479	766,469,128	-	-
<b>Calculation of Pre-Tax Income and ASR</b>					
7.1 Pre-tax Income	\$ 48,942,670	\$ 4,692,344	\$ 47,636,343	\$ 1,738	\$ 28,433
7.2 Pre-tax Income as a Percent of Revenue	5.7%	9.3%	5.9%		
7.3 Preliminary Achieved Savings Rebate	-	-	-		

**Adjustments to Amounts Reported in the Annual Achieved Savings Rebate Exhibit - Continued**

	Total Adjustments			Adjusted Annual Amount		
	Total	MMA	LTC	Total	MMA	LTC
<b>REVENUES</b>						
1.1 Total Revenue from Revenue & Expense Schedules	\$ 30,171	\$ 30,171	\$ -	\$ 864,799,465	\$ 50,693,994	\$ 814,105,471
1.2 Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-	-
1.5 Less: Financial Incentive Payments Outside of Capitation Rate	(30,171)	(30,171)	-	(30,171)	(30,171)	-
1.6 Revenue Subject to ASR	-	-	-	864,769,294	50,663,823	814,105,471
<b>EXPENSES</b>						
<b>Benefit Expenses</b>						
2.1 Total Benefits Paid through FFS and Subcapitation During the Year	-	-	-	759,588,834	31,361,854	728,226,980
2.2 Incurred but not Paid (IBNP) Ending Balance	-	-	-	(1,625,667)	(813,601)	(812,066)
2.3 Settlements/AP	-	-	-	15,649,562	12,970,347	2,679,215
2.4 Total Benefit Expense before Reinsurance	-	-	-	773,612,729	43,518,600	730,094,129
2.5 Net Cost of Reinsurance	-	-	-	-	-	-
2.6 Total Benefit Expense after Reinsurance	-	-	-	773,612,729	43,518,600	730,094,129
<b>Administrative Expenses</b>						
3.1 Total Administrative Expenses from Revenue & Expense Schedule	30,171	1,738	28,433	42,628,404	2,454,617	40,173,787
3.2 Less: Compliance/Regulatory	-	-	-	(212,100)	-	(212,100)
3.3 Less: Lobbying/Political expenses	-	-	-	(140,500)	-	(140,500)
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-
3.5 Less: Other Non-allowed expenses	-	-	-	(31,739)	-	(31,739)
3.6 Administrative Expense Subject to ASR	30,171	1,738	28,433	42,244,065	2,454,617	39,789,448
4.0 Actuarially-sound Administrative Expense Maximum	-	-	-	42,273,212	5,898,213	36,374,999
5.0 Administrative Expenses Subject to ASR	-	-	-	42,244,065	2,454,617	36,374,999
6.0 Total Benefit and Administrative Expense subject to ASR	-	-	-	815,856,794	45,973,217	766,469,128
<b>Calculation of Pre-Tax Income and ASR</b>						
7.1 Pre-tax Income	\$ 30,171	\$ 1,738	\$ 28,433	\$ 48,912,500	\$ 4,690,606	\$ 47,636,343
7.2 Pre-tax Income as a Percent of Revenue				5.7%	9.3%	5.9%
7.3 Preliminary Achieved Savings Rebate				2,837,018		

## Adjustments to Amounts Reported in the Annual Medical Loss Ratio Exhibit

	Reported Annual Amount			Adjustments 1
	Total	MMA	LTC	MMA
<b>REVENUES</b>				
1.1 Total Revenue from Revenue & Expense Schedules	\$ 864,769,294	\$ 50,663,823	\$ 814,105,471	\$ 30,171
1.2 Federal Taxes and Assessments, including ACA § 9010	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-
1.5 Revenue Subject to MLR	864,769,294	50,663,823	814,105,471	30,171
<b>EXPENSES</b>				
<b>Benefit Expenses</b>				
2.1 Total Benefits Paid through FFS During the Year	759,588,834	31,361,854	728,226,980	-
2.2 Total Benefits Paid through Subcapitation During the Year	-	-	-	-
2.3 Incurred but not Paid (IBNP) Ending Balance	(1,625,667)	(813,601)	(812,066)	-
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-
2.5 Settlements/AP	15,707,985	13,028,770	2,679,215	-
2.6 Total Benefit Expense before Reinsurance	773,671,152	43,577,023	730,094,129	-
2.7 Net Cost of Reinsurance	-	-	-	-
<b>2.8 Total Benefit Expense after Reinsurance</b>	<b>773,671,152</b>	<b>43,577,023</b>	<b>730,094,129</b>	-
<b>Florida-Specific Contributions</b>				
3.1 Funds to Graduate Medical Education institutions	-	-	-	-
3.2 Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-
<b>3.3 Total Florida-Specific Contributions</b>	-	-	-	-
<b>Improving Health Care Quality Expenses Incurred</b>				
4.1 Improve Health Outcomes	75,174	75,174	75,174	-
4.2 Activities to Prevent Hospital Readmissions	75,174	75,174	75,174	-
4.3 Improve Patient Safety and Reducing Medical Errors	75,174	75,174	75,174	-
4.4 Wellness and Health Promotion Activities	75,174	75,174	75,174	-
4.5 Health Information Technology (HIT) expenses related to Health Improvement	340,132	340,132	110,440	-
<b>4.6 Total of Defined Expenses incurred for improving Health Care Quality</b>	<b>640,828</b>	<b>640,828</b>	<b>411,136</b>	-
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	220,064	110,032	110,032	-
<b>6.0 Preliminary Medical Loss Ratio: MLR</b>	<b>90%</b>	<b>87%</b>	<b>90%</b>	

**Adjustments to Amounts Reported in the Annual Medical Loss Ratio Exhibit - Continued**

	Total Adjustments		Adjusted Annual Amount		
	Total	MMA	Total	MMA	LTC
<b>REVENUES</b>					
1.1 Total Revenue from Revenue & Expense Schedules	\$ 30,171	\$ 30,171	\$ 864,799,465	\$ 50,693,994	\$ 814,105,471
1.2 Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-
1.5 Revenue Subject to MLR	30,171	30,171	864,799,465	50,693,994	814,105,471
<b>EXPENSES</b>					
<b>Benefit Expenses</b>					
2.1 Total Benefits Paid through FFS During the Year	-	-	759,588,834	31,361,854	728,226,980
2.2 Total Benefits Paid through Subcapitation During the Year	-	-	-	-	-
2.3 Incurred but not Paid (IBNP) Ending Balance	-	-	(1,625,667)	(813,601)	(812,066)
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-
2.5 Settlements/AP	-	-	15,707,985	13,028,770	2,679,215
2.6 Total Benefit Expense before Reinsurance	-	-	773,671,152	43,577,023	730,094,129
2.7 Net Cost of Reinsurance	-	-	-	-	-
<b>2.8 Total Benefit Expense after Reinsurance</b>	-	-	<b>773,671,152</b>	<b>43,577,023</b>	<b>730,094,129</b>
<b>Florida-Specific Contributions</b>					
3.1 Funds to Graduate Medical Education institutions	-	-	-	-	-
3.2 Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-	-
<b>3.3 Total Florida-Specific Contributions</b>	-	-	-	-	-
<b>Improving Health Care Quality Expenses Incurred</b>					
4.1 Improve Health Outcomes	-	-	75,174	75,174	75,174
4.2 Activities to Prevent Hospital Readmissions	-	-	75,174	75,174	75,174
4.3 Improve Patient Safety and Reducing Medical Errors	-	-	75,174	75,174	75,174
4.4 Wellness and Health Promotion Activities	-	-	75,174	75,174	75,174
4.5 Health Information Technology (HIT) expenses related to Health Improvement	-	-	340,132	340,132	110,440
<b>4.6 Total of Defined Expenses incurred for improving Health Care Quality</b>	-	-	<b>640,828</b>	<b>640,828</b>	<b>411,136</b>
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	-	-	220,064	110,032	110,032
<b>6.0 Preliminary Medical Loss Ratio: MLR</b>			<b>90%</b>	<b>87%</b>	<b>90%</b>



## ADJUSTMENT SUMMARY

### Adjustment No. 01: Directed Payment Program Administration Fee.

As a result of updated Agency instructions regarding how to record the Directed Payment Program Administrations Fee, adjustments to the MMA Revenue and Expense Schedule - Summary, LTC Revenue and Expense Schedule- Summary, Annual Achieved Savings Rebate Exhibit and Medical Loss Ratio Exhibit were required.

#### Condition:

Other Revenue line 1.6 is understated by \$30,171 and General Administration line 12.5 is understated by \$1,738 on the MMA Revenue and Expenses Schedule – Summary. LTC Revenue and Expense Schedule – Summary General Administration line 5.5 is understated by \$28,433.

#### Criteria:

The MMA Revenue and Expense Schedule – Summary and LTC Revenue and Expense Schedule - Summary should be completed following ASR instructions however these instructions were revised by AHCA after the initial submission of the report.

#### Cause:

The Agency's guidelines for the DPP Admin Fee were not provided prior to the Company's submission of the ASR.

#### Effect:

The MMA Revenue and Expense Schedule – Summary needed to be adjusted at line 1.6 and line 12.5 and the LTC Revenue and Expense Schedule – Summary needed to be adjusted at line 5.5, along with corresponding totals impacted by this adjustment.

#### Corrective Action

CRI recommends that the adjustment noted above be reflected in the resubmitted ASR, as requested by the Agency.

#### View of Plan Management

Plan management is in agreement with adjustments identified above.

#### Other Matters:

##### Preliminary Savings Rebate Calculation:

In reviewing the Plan prepared Achieved Savings Rebate Exhibit, CRI noted that the Preliminary Achieved Savings Rebate was not calculated in line 7.3.

This report is intended for the information and use of the Florida Agency for Healthcare Administration and management of the Plan. The report is not intended to be, and should not be, used by anyone other than these specified parties.

*Carr, Riggs & Ingram, L.L.C.*

CARR, RIGGS & INGRAM, LLC  
Panama City Beach, Florida  
August 25, 2023

# SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

**MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY**

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

**Summary**

			JANUARY - MARCH (Q1)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>			40,580.2	-	-	3.0	8.0	93.0	-	6.0	3.0	-	37,625.7	2,841.5
<b>REVENUES</b>														
Revenues	1.1	Capitation	11,655,679	-	-	2,817	11,494	22,936	-	699	10,384	-	4,609,425	6,997,923
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	<b>Total Revenue</b>	<b>11,655,679</b>	-	-	<b>2,817</b>	<b>11,494</b>	<b>22,936</b>	-	<b>699</b>	<b>10,384</b>	-	<b>4,609,425</b>	<b>6,997,923</b>
<b>BENEFIT EXPENSES</b>														
			JANUARY - MARCH (Q1)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1	Inpatient FFS	2,549,463	-	-	-	-	1,863	-	-	43,228	-	674,445	1,829,927
	2.2	Ending IBNP for Inpatient Hospital Services	882	-	-	-	-	1	-	-	20	-	286	575
	2.3	Outpatient FFS: ER	352,495	-	-	-	-	124	-	10	292	-	102,105	249,964
	2.4	Outpatient FFS: Other than ER	340,752	-	-	-	-	990	-	-	-	-	193,478	146,284
	2.5	Ending IBNP for Outpatient Hospital Services	255	-	-	-	-	0	-	0	0	-	102	152
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	828,536	-	-	-	-	2,286	-	281	(34,649)	-	223,886	636,734
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
2.8	<b>Total Hospital Services</b>	<b>4,072,384</b>	-	-	-	-	<b>5,264</b>	-	<b>291</b>	<b>8,891</b>	-	<b>1,194,303</b>	<b>2,863,635</b>	
Professional Services	3.1	Primary Care FFS	788,285	-	-	-	-	146	-	-	-	-	631,483	156,656
	3.2	Specialty Care FFS	130,782	-	-	-	-	-	-	-	-	-	100,777	30,005
	3.3	Other Professional FFS	2,684	-	-	-	-	-	-	-	-	-	591	2,093
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-
	3.6	Ending IBNP for Professional Services	248	-	-	-	-	0	-	-	-	-	175	72
	3.7	Professional Settlements/AP	275,358	-	-	-	-	84	-	-	-	-	188,872	86,403
3.8	<b>Total Physician Services</b>	<b>1,197,358</b>	-	-	-	-	<b>229</b>	-	-	-	-	<b>921,899</b>	<b>275,229</b>	
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	98,913	-	-	-	-	42	-	-	-	-	58,565	40,306
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	32	-	-	-	-	0	-	-	-	-	15	17
	5.4	Mental Health Settlements/AP	39,436	-	-	-	-	91	-	-	-	-	17,314	22,031
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>138,381</b>	-	-	-	-	<b>133</b>	-	-	-	-	<b>75,894</b>	<b>62,355</b>
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	495,585	-	-	-	-	2,541	-	-	190	-	424,676	68,178
	7.2	Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3	Ending IBNP for Transportation	178	-	-	-	-	1	-	-	0	-	153	24
	7.4	Transportation Settlements/AP	134,634	-	-	-	-	1,127	-	-	(151)	-	113,442	20,216
	7.5	<b>Total Transportation Services</b>	<b>630,396</b>	-	-	-	-	<b>3,669</b>	-	-	<b>39</b>	-	<b>538,270</b>	<b>88,419</b>
Pharmacy	8.1	Prescription Drugs FFS	1,795,361	-	-	-	-	1	-	-	-	-	21,557	1,773,803
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	724,668	-	-	-	-	3	-	-	-	-	6,236	718,430
	8.8	<b>Total Prescription Drugs</b>	<b>2,520,029</b>	-	-	-	-	<b>4</b>	-	-	-	-	<b>27,793</b>	<b>2,492,233</b>

(Continued)

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

**MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)**

Health Plan: Florida Community Care  
 Reporting Period: Q4 2021  
 Paid Through: 3/31/2023

**Summary**

			JANUARY - MARCH (Q1)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	-	-	-	-	-	-	-	-	-	-	-	
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-	-	
	9.2.1	Nursing Facility FFS	-	-	-	-	-	-	-	-	-	-	-	
	9.3	DME FFS	-	-	-	-	-	-	-	-	-	-	-	
	9.4	Other State Plan Services FFS	633,288	-	-	-	-	4,368	-	-	-	488,684	140,236	
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	9.6	Ending IBNP for Other Services	232	-	-	-	-	2	-	-	-	180	51	
	9.7	Other Service Settlements/AP	175,482	-	-	-	-	(45)	-	-	-	130,864	44,663	
	<b>9.8</b>	<b>Total Other Services</b>	<b>809,003</b>	-	-	-	-	<b>4,324</b>	-	-	-	<b>619,728</b>	<b>184,950</b>	
Expanded Benefits	10.1	Expanded Benefits FFS	497,586	-	-	-	-	735	-	23	-	460,674	36,154	
	10.2	Expanded Benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	
	10.4	Expanded Benefits Settlements/AP	145,722	-	-	-	-	4,961	-	(23)	-	125,545	15,239	
	<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>643,308</b>	-	-	-	-	<b>5,696</b>	-	-	-	<b>586,220</b>	<b>51,393</b>	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	7,685,195	-	-	-	-	10,810	-	10	43,733	3,157,036	4,473,606	
	11.2	Total Services Paid Directly -- IBNP	1,827	-	-	-	-	3	-	0	20	911	892	
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	11.4	Total Services Paid by Settlements/AP	2,323,837	-	-	-	-	8,506	-	281	(34,824)	806,159	1,543,715	
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	
	11.7	Subtotal Benefit Expense before Reinsurance	10,010,859	-	-	-	-	19,319	-	291	8,930	3,964,105	6,018,214	
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>10,010,859</b>	-	-	-	-	<b>19,319</b>	-	<b>291</b>	<b>8,930</b>	<b>3,964,105</b>	<b>6,018,214</b>	
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			JANUARY - MARCH (Q1)											
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	55,116	55,116	-									
	12.2	Administrative Services	4,245	4,245	-									
	12.3	Information Systems	352,217	352,217	-									
	12.4	Marketing Expenses	4,085	4,085	-									
	12.5	General Administration	143,156	143,156	-									
	12.6	Compliance/Regulatory	2,796	2,796	-									
	<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>561,615</b>	<b>561,615</b>	-									
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-									
	13.2	Department of Insurance Assessments	-	-	-									
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-									
	13.4	Other 1	-	-	-									
	13.5	Other 2	-	-	-									
	13.6	Other 3	-	-	-									
	<b>13.7</b>	<b>Total</b>	-	-	-									
<b>14.0</b>	<b>Grand Total Expenses</b>	<b>10,572,474</b>												
<b>15.0</b>	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>1,083,205</b>												
<b>16.0</b>	<b>Income Tax Expense</b>	-												
<b>17.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>1,083,205</b>												

(Continued)

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

Summary

		APRIL - JUNE (Q2)												
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only	
<b>MEMBER MONTHS</b>		42,449.6	-	-	-	10.0	81.0	-	3.0	2.0	-	39,353.2	3,000.4	
<b>REVENUES</b>														
Revenues	1.1	Capitation	12,235,491	-	-	-	14,469	19,222	-	338	7,222	-	4,814,573	7,379,667
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	<b>Total Revenue</b>	<b>12,235,491</b>	-	-	-	<b>14,469</b>	<b>19,222</b>	-	<b>338</b>	<b>7,222</b>	-	<b>4,814,573</b>	<b>7,379,667</b>
	<b>BENEFIT EXPENSES</b>													
		APRIL - JUNE (Q2)												
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only	
Hospital Services	2.1	Inpatient FFS	2,384,767	-	-	-	-	-	-	-	-	710,856	1,673,911	
	2.2	Ending IBNP for Inpatient Hospital Services	11,950	-	-	-	-	-	-	-	-	3,872	8,078	
	2.3	Outpatient FFS: ER	338,580	-	-	-	114	-	-	-	-	55,707	282,759	
	2.4	Outpatient FFS: Other than ER	325,207	-	-	-	132	-	-	-	-	130,292	194,784	
	2.5	Ending IBNP for Outpatient Hospital Services	3,278	-	-	-	1	-	-	-	-	953	2,324	
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	
	2.7	Hospital Settlements/AP	1,319,646	-	-	-	2,447	-	-	-	-	481,125	836,074	
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	
2.8	<b>Total Hospital Services</b>	<b>4,383,428</b>	-	-	-	<b>2,693</b>	-	-	-	-	<b>1,382,804</b>	<b>2,997,930</b>		
Professional Services	3.1	Primary Care FFS	263,519	-	-	-	-	-	-	-	-	88,823	174,696	
	3.2	Specialty Care FFS	55,573	-	-	-	-	-	-	-	-	30,156	25,418	
	3.3	Other Professional FFS	1,973	-	-	-	-	-	-	-	-	441	1,532	
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	
	3.6	Ending IBNP for Professional Services	1,514	-	-	-	-	-	-	-	-	503	1,011	
	3.7	Professional Settlements/AP	165,832	-	-	-	-	-	-	-	-	76,526	89,306	
3.8	<b>Total Physician Services</b>	<b>488,411</b>	-	-	-	-	-	-	-	-	<b>196,448</b>	<b>291,963</b>		
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	
4.4.1	<b>Total Maternity Services</b>	-	-	-	-	-	-	-	-	-	-	-		
Mental Health	5.1	Mental Health & Substance Abuse FFS	53,990	-	-	-	-	-	-	-	-	17,038	36,952	
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	5.3	Ending IBNP for Mental Health & Substance Abuse	265	-	-	-	-	-	-	-	-	79	186	
	5.4	Mental Health Settlements/AP	33,007	-	-	-	-	-	-	-	-	11,879	21,127	
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>87,261</b>	-	-	-	-	-	-	-	-	<b>28,995</b>	<b>58,266</b>	
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	
	6.5	<b>Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	
Transportation	7.1	Transportation FFS	560,683	-	-	-	829	-	-	-	-	491,915	67,939	
	7.2	Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	7.3	Ending IBNP for Transportation	2,821	-	-	-	5	-	-	-	-	2,470	346	
	7.4	Transportation Settlements/AP	361,545	-	-	-	3,336	-	-	-	-	329,098	29,111	
	7.5	<b>Total Transportation Services</b>	<b>925,049</b>	-	-	-	<b>4,170</b>	-	-	-	-	<b>823,482</b>	<b>97,396</b>	
Pharmacy	8.1	Prescription Drugs FFS	1,814,899	-	-	-	-	-	-	721	-	21,315	1,792,863	
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	8.7	Prescription Drug Settlements/AP	833,357	-	-	-	-	-	-	5,490	-	11,444	816,423	
	8.8	<b>Total Prescription Drugs</b>	<b>2,648,256</b>	-	-	-	-	-	-	<b>6,211</b>	-	<b>32,759</b>	<b>2,609,286</b>	

(Continued)

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

Summary

			APRIL - JUNE (Q2)										
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	-	-	-	-	-	-	-	-	-	-	-
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-	-
	9.2.1	Nursing Facility FFS	-	-	-	-	-	-	-	-	-	-	-
	9.3	DME FFS	-	-	-	-	-	-	-	-	-	-	-
	9.4	Other State Plan Services FFS	711,309	-	-	-	-	1,550	-	-	-	529,463	180,297
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	9.6	Ending IBNP for Other Services	3,564	-	-	-	-	-	-	-	-	2,675	889
	9.7	Other Service Settlements/AP	403,901	-	-	-	-	98	-	-	-	344,494	59,309
	9.8	<b>Total Other Services</b>	<b>1,118,774</b>	-	-	-	-	<b>1,648</b>	-	-	-	<b>876,631</b>	<b>240,495</b>
Expanded Benefits	10.1	Expanded Benefits FFS	518,903	-	-	-	-	149	-	-	-	483,797	34,957
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-
	10.4	Expanded Benefits Settlements/AP	339,506	-	-	-	-	7,670	-	-	-	315,616	16,220
	10.5	<b>Total Expanded Benefits</b>	<b>858,409</b>	-	-	-	-	<b>7,819</b>	-	-	-	<b>799,413</b>	<b>51,177</b>
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	7,029,402	-	-	-	-	2,773	-	-	721	2,559,801	4,466,107
	11.2	Total Services Paid Directly -- IBNP	23,392	-	-	-	-	6	-	-	-	10,551	12,835
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	11.4	Total Services Paid by Settlements/AP	3,456,794	-	-	-	-	13,551	-	-	5,490	1,570,181	1,867,572
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-
	11.7	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>10,509,588</b>	-	-	-	-	<b>16,330</b>	-	-	<b>6,211</b>	<b>4,140,533</b>	<b>6,346,514</b>
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-
	11.11	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>10,509,588</b>	-	-	-	-	<b>16,330</b>	-	-	<b>6,211</b>	<b>4,140,533</b>	<b>6,346,514</b>
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			APRIL - JUNE (Q2)										
			Total	Health Plan	Corporate								
Administrative Expenses	12.1	Salaries & Benefits	57,857	57,857	-								
	12.2	Administrative Services	4,457	4,457	-								
	12.3	Information Systems	369,738	369,738	-								
	12.4	Marketing Expenses	4,288	4,288	-								
	12.5	General Administration	150,277	150,277	-								
	12.6	Compliance/Regulatory	2,935	2,935	-								
	12.7	<b>Total Administrative Expenses</b>	<b>589,553</b>	<b>589,553</b>	-								
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-								
	13.2	Department of Insurance Assessments	-	-	-								
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-								
	13.4	Other 1	-	-	-								
	13.5	Other 2	-	-	-								
	13.6	Other 3	-	-	-								
	13.7	<b>Total</b>	-	-	-								
14.0	<b>Grand Total Expenses</b>	<b>11,099,141</b>											
15.0	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>1,136,350</b>											
16.0	Income Tax Expense	-											
17.0	<b>Net Underwriting Gain (Loss)</b>	<b>1,136,350</b>											

(Continued)

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

Summary

			JULY - SEPTEMBER (Q3)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>			44,353.8	-	-	-	6.0	66.0	-	1.0	3.0	-	41,066.8	3,211.0
<b>REVENUES</b>														
Revenues	1.1	Capitation	12,982,960	1	-	-	8,048	16,274	-	113	10,834	-	5,020,545	7,927,145
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	<b>Total Revenue</b>	<b>12,982,960</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>8,048</b>	<b>16,274</b>	<b>-</b>	<b>113</b>	<b>10,834</b>	<b>-</b>	<b>5,020,545</b>	<b>7,927,145</b>
				JULY - SEPTEMBER (Q3)										
<b>BENEFIT EXPENSES</b>														
Hospital Services	2.1	Inpatient FFS	2,624,283	-	-	-	-	3,906	-	3,997	-	-	811,929	1,804,452
	2.2	Ending IBNP for Inpatient Hospital Services	41,124	-	-	-	-	60	-	43	-	-	13,028	27,994
	2.3	Outpatient FFS: ER	318,922	-	-	-	-	82	-	3,863	-	-	42,524	272,453
	2.4	Outpatient FFS: Other than ER	300,609	-	-	-	-	9	-	124	-	-	112,818	187,658
	2.5	Ending IBNP for Outpatient Hospital Services	9,483	-	-	-	-	1	-	80	-	-	2,380	7,022
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	1,360,982	-	-	-	-	(1,615)	-	-	62	-	410,097	952,438
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	<b>Total Hospital Services</b>	<b>4,655,403</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,443</b>	<b>-</b>	<b>8,168</b>	<b>-</b>	<b>-</b>	<b>1,392,776</b>	<b>3,252,016</b>
Professional Services	3.1	Primary Care FFS	269,707	-	-	-	-	-	-	111	-	-	66,300	203,296
	3.2	Specialty Care FFS	42,873	-	-	-	-	-	-	-	-	-	20,270	22,603
	3.3	Other Professional FFS	1,402	-	-	-	-	-	-	-	-	-	238	1,164
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-
	3.6	Ending IBNP for Professional Services	5,078	-	-	-	-	-	-	3	-	-	1,466	3,609
	3.7	Professional Settlements/AP	162,591	-	-	-	-	-	-	1	-	-	54,456	108,134
	3.8	<b>Total Physician Services</b>	<b>481,651</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>114</b>	<b>-</b>	<b>-</b>	<b>142,732</b>	<b>338,805</b>
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity Services</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Mental Health	5.1	Mental Health & Substance Abuse FFS	65,683	-	-	-	-	-	-	-	-	-	23,489	42,194
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	1,094	-	-	-	-	-	-	-	-	-	397	698
	5.4	Mental Health Settlements/AP	44,880	-	-	-	-	-	-	-	-	-	20,353	24,527
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>111,658</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>44,239</b>	<b>67,419</b>
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>Total Dental Services</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Transportation	7.1	Transportation FFS	606,414	-	-	-	-	1,083	-	136	-	-	526,440	78,756
	7.2	Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3	Ending IBNP for Transportation	9,529	-	-	-	-	14	-	1	-	-	8,304	1,210
	7.4	Transportation Settlements/AP	393,470	-	-	-	-	4,779	-	1	-	-	353,955	34,735
	7.5	<b>Total Transportation Services</b>	<b>1,009,414</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,877</b>	<b>-</b>	<b>138</b>	<b>-</b>	<b>-</b>	<b>888,698</b>	<b>114,700</b>
Pharmacy	8.1	Prescription Drugs FFS	1,930,116	-	-	-	-	-	-	890	-	-	21,450	1,907,777
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	857,025	-	-	-	-	-	-	7	-	-	13,629	843,389
	8.8	<b>Total Prescription Drugs</b>	<b>2,787,141</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>896</b>	<b>-</b>	<b>-</b>	<b>35,079</b>	<b>2,751,166</b>

(Continued)

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

**Summary**

			JULY - SEPTEMBER (Q3)										
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	-	-	-	-	-	-	-	-	-	-	-
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-	-
	9.2.1	Nursing Facility FFS	-	-	-	-	-	-	-	-	-	-	-
	9.3	DME FFS	-	-	-	-	-	-	-	-	-	-	-
	9.4	Other State Plan Services FFS	730,227	-	-	-	-	2,068	-	-	-	569,554	158,605
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	9.6	Ending IBNP for Other Services	11,522	-	-	-	-	12	-	-	-	9,091	2,419
	9.7	Other Service Settlements/AP	442,843	-	-	-	-	(847)	-	-	-	379,367	64,323
	<b>9.8</b>	<b>Total Other Services</b>	<b>1,184,592</b>	-	-	-	-	<b>1,234</b>	-	-	-	<b>958,012</b>	<b>225,347</b>
Expanded Benefits	10.1	Expanded Benefits FFS	578,022	-	-	-	-	134	-	-	-	531,732	46,156
	10.2	Expanded Benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-
	10.4	Expanded Benefits Settlements/AP	348,336	-	-	-	-	2,199	-	-	-	324,401	21,736
	<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>926,358</b>	-	-	-	-	<b>2,333</b>	-	-	-	<b>856,133</b>	<b>67,892</b>
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	7,468,259	-	-	-	-	7,282	-	9,120	-	2,726,745	4,725,112
	11.2	Total Services Paid Directly -- IBNP	77,831	-	-	-	-	88	-	127	-	34,665	42,951
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	11.4	Total Services Paid by Settlements/AP	3,610,127	-	-	-	-	4,516	-	70	-	1,556,259	2,049,281
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-
	<b>11.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>11,156,216</b>	-	-	-	-	<b>11,886</b>	-	<b>9,317</b>	-	<b>4,317,669</b>	<b>6,817,345</b>
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>11,156,216</b>	-	-	-	-	<b>11,886</b>	-	<b>9,317</b>	-	<b>4,317,669</b>	<b>6,817,345</b>
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			JULY - SEPTEMBER (Q3)										
			Total	Health Plan	Corporate								
Administrative Expenses	12.1	Salaries & Benefits	61,392	61,392	-								
	12.2	Administrative Services	4,729	4,729	-								
	12.3	Information Systems	392,325	392,325	-								
	12.4	Marketing Expenses	4,550	4,550	-								
	12.5	General Administration	159,458	159,458	-								
	12.6	Compliance/Regulatory	3,115	3,115	-								
	<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>625,568</b>	<b>625,568</b>	-								
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-								
	13.2	Department of Insurance Assessments	-	-	-								
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-								
	13.4	Other 1	-	-	-								
	13.5	Other 2	-	-	-								
	13.6	Other 3	-	-	-								
	<b>13.7</b>	<b>Total</b>	-	-	-								
14.0	Grand Total Expenses	11,781,785											
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	1,201,175											
16.0	Income Tax Expense	-											
<b>17.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>1,201,175</b>											

(Continued)



## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

Summary

			OCTOBER - DECEMBER (Q4)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>			46,717.5	-	-	3.0	9.0	57.0	-	-	4.0	-	43,240.5	3,404.0
<b>REVENUES</b>														
Revenues	1.1	Capitation	14,037,045	-	-	3,018	12,511	12,376	-	-	12,329	-	5,687,004	8,309,807
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	<b>Total Revenue</b>	<b>14,037,045</b>	-	-	<b>3,018</b>	<b>12,511</b>	<b>12,376</b>	-	-	<b>12,329</b>	-	<b>5,687,004</b>	<b>8,309,807</b>
	<b>BENEFIT EXPENSES</b>													
			OCTOBER - DECEMBER (Q4)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1	Inpatient FFS	3,024,684	-	-	-	-	70	-	-	-	-	952,286	2,072,329
	2.2	Ending IBNP for Inpatient Hospital Services	169,971	-	-	-	-	4	-	-	-	-	52,787	117,180
	2.3	Outpatient FFS: ER	311,850	-	-	-	-	13	-	-	85	-	27,161	284,590
	2.4	Outpatient FFS: Other than ER	276,275	-	-	-	-	19	-	-	-	-	100,362	175,895
	2.5	Ending IBNP for Outpatient Hospital Services	33,723	-	-	-	-	2	-	-	5	-	7,345	26,371
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	1,365,689	-	-	-	-	259	-	-	86	-	461,259	904,086
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	<b>Total Hospital Services</b>	<b>5,182,193</b>	-	-	-	-	<b>365</b>	-	-	<b>176</b>	-	<b>1,601,201</b>	<b>3,580,450</b>
	Professional Services	3.1	Primary Care FFS	268,420	-	-	-	-	21	-	-	-	-	75,352
3.2		Specialty Care FFS	79,798	-	-	-	-	-	-	-	-	-	47,192	32,606
3.3		Other Professional FFS	48	-	-	-	-	-	-	-	-	-	48	-
3.4		§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
3.5		Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-
3.6		Ending IBNP for Professional Services	19,913	-	-	-	-	1	-	-	-	-	7,001	12,911
3.7		Professional Settlements/AP	171,874	-	-	-	-	208	-	-	-	-	74,423	97,243
3.8		<b>Total Physician Services</b>	<b>540,053</b>	-	-	-	-	<b>229</b>	-	-	-	-	<b>204,016</b>	<b>335,808</b>
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health	5.1	Mental Health & Substance Abuse FFS	90,309	-	-	-	-	-	-	-	-	-	25,401
5.2		Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
5.3		Ending IBNP for Mental Health & Substance Abuse	5,033	-	-	-	-	-	-	-	-	-	1,401	3,632
5.4		Mental Health Settlements/AP	60,536	-	-	-	-	-	-	-	-	-	20,956	39,579
5.5		<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>155,877</b>	-	-	-	-	-	-	-	-	-	<b>47,758</b>	<b>108,119</b>
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	598,955	-	-	-	-	250	-	-	-	-	524,727	73,978
	7.2	Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3	Ending IBNP for Transportation	34,189	-	-	-	-	18	-	-	-	-	29,936	4,235
	7.4	Transportation Settlements/AP	391,498	-	-	-	-	1,197	-	-	-	-	362,421	27,881
	7.5	<b>Total Transportation Services</b>	<b>1,024,642</b>	-	-	-	-	<b>1,465</b>	-	-	-	-	<b>917,083</b>	<b>106,094</b>
Pharmacy	8.1	Prescription Drugs FFS	1,951,707	-	-	-	-	-	-	3,798	-	-	14,781	1,933,127
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	778,717	-	-	-	-	-	-	-	3,650	-	7,540	767,528
	8.8	<b>Total Prescription Drugs</b>	<b>2,730,425</b>	-	-	-	-	-	-	-	<b>7,448</b>	-	<b>22,321</b>	<b>2,700,655</b>

(Continued)

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

**Summary**

			OCTOBER - DECEMBER (Q4)								LTC Dual Eligible	LTC Medicaid Only
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible		
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	-	-	-	-	-	-	-	-	-	-
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-
	9.2.1	Nursing Facility FFS	-	-	-	-	-	-	-	-	-	-
	9.3	DME FFS	-	-	-	-	-	-	-	-	-	-
	9.4	Other State Plan Services FFS	784,245	-	-	-	1,333	-	-	-	614,695	168,217
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-
	9.6	Ending IBNP for Other Services	43,802	-	-	-	61	-	-	-	34,766	8,976
	9.7	Other Service Settlements/AP	457,339	-	-	-	(289)	-	-	-	401,554	56,074
<b>9.8</b>	<b>Total Other Services</b>	<b>1,285,386</b>	-	-	-	<b>1,105</b>	-	-	-	<b>1,051,015</b>	<b>233,267</b>	
Expanded Benefits	10.1	Expanded Benefits FFS	723,723	-	-	-	332	-	50	-	663,099	60,243
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-
	10.4	Expanded Benefits Settlements/AP	412,359	-	-	-	3,301	-	2,929	-	384,330	21,799
	<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>1,136,083</b>	-	-	-	<b>3,633</b>	-	<b>2,979</b>	-	<b>1,047,429</b>	<b>82,042</b>
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	8,110,015	-	-	-	2,038	-	3,933	-	3,045,105	5,058,939
	11.2	Total Services Paid Directly -- IBNP	306,630	-	-	-	85	-	5	-	133,236	173,304
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-
	11.4	Total Services Paid by Settlements/AP	3,638,013	-	-	-	4,675	-	6,665	-	1,712,483	1,914,191
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-
	<b>11.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>12,054,658</b>	-	-	-	<b>6,798</b>	-	<b>10,603</b>	-	<b>4,890,824</b>	<b>7,146,434</b>
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>12,054,658</b>	-	-	-	<b>6,798</b>	-	<b>10,603</b>	-	<b>4,890,824</b>	<b>7,146,434</b>
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			OCTOBER - DECEMBER (Q4)									
			Total	Health Plan	Corporate							
Administrative Expenses	12.1	Salaries & Benefits	66,355	66,355	-							
	12.2	Administrative Services	5,111	5,111	-							
	12.3	Information Systems	424,043	424,043	-							
	12.4	Marketing Expenses	4,918	4,918	-							
	12.5	General Administration	172,349	172,349	-							
	12.6	Compliance/Regulatory	3,367	3,367	-							
	<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>676,143</b>	<b>676,143</b>	-							
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-									
	13.2	Department of Insurance Assessments	-									
	13.3	Section 9010 Health Insurance Providers Fee	-									
	13.4	Other 1	-									
	13.5	Other 2	-									
	13.6	Other 3	-									
	<b>13.7</b>	<b>Total</b>	-									
14.0	Grand Total Expenses	12,730,801										
<b>15.0</b>	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>1,306,243</b>										
16.0	Income Tax Expense	-										
<b>17.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>1,306,243</b>										

(Continued)

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

Summary			TOTAL (TO DATE)												
			Prior Year Adjustments	Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>			273.3	174,374.4	-	-	6.0	33.0	297.0	-	10.0	12.0	-	161,286.2	12,456.9
<b>REVENUES</b>															
Revenues	1.1	Capitation	(247,352)	50,663,823	1	-	5,835	46,521	70,809	-	1,150	40,769	-	20,131,548	30,614,542
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	<b>Total Revenue</b>	<b>(247,352)</b>	<b>50,663,823</b>	<b>1</b>	<b>-</b>	<b>5,835</b>	<b>46,521</b>	<b>70,809</b>	<b>-</b>	<b>1,150</b>	<b>40,769</b>	<b>-</b>	<b>20,131,548</b>	<b>30,614,542</b>
	<b>BENEFIT EXPENSES</b>														
			Prior Calendar Year Adjustments	Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1	Inpatient FFS	781,515	11,364,713	-	-	-	-	5,839	-	-	47,225	-	3,149,516	7,380,618
	2.2	Ending IBNP for Inpatient Hospital Services	(573,273)	(349,345)	-	-	-	-	64	-	-	63	-	69,974	153,827
	2.3	Outpatient FFS: ER	37,964	1,359,810	-	-	-	-	334	-	10	4,240	-	227,497	1,089,766
	2.4	Outpatient FFS: Other than ER	(20,140)	1,222,703	-	-	-	-	1,149	-	-	124	-	536,950	704,620
	2.5	Ending IBNP for Outpatient Hospital Services	(169,267)	(122,529)	-	-	-	-	5	-	0	85	-	10,780	35,869
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	(242,822)	4,632,030	-	-	-	-	3,375	-	281	(34,501)	-	1,576,366	3,329,332
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	<b>Total Hospital Services</b>	<b>(186,025)</b>	<b>18,107,382</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10,766</b>	<b>-</b>	<b>291</b>	<b>17,236</b>	<b>-</b>	<b>5,571,083</b>	<b>12,694,032</b>
Professional Services	3.1	Primary Care FFS	30,822	1,620,754	-	-	-	-	167	-	-	111	-	861,958	727,696
	3.2	Specialty Care FFS	23,227	332,254	-	-	-	-	-	-	-	-	-	198,396	110,631
	3.3	Other Professional FFS	309	6,415	-	-	-	-	-	-	-	-	-	1,318	4,788
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	3.6	Ending IBNP for Professional Services	(61,878)	(35,125)	-	-	-	-	1	-	-	3	-	9,145	17,604
	3.7	Professional Settlements/AP	1,069	776,724	-	-	-	-	291	-	-	1	-	394,277	381,086
	3.8	<b>Total Physician Services</b>	<b>(6,451)</b>	<b>2,701,023</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>459</b>	<b>-</b>	<b>-</b>	<b>114</b>	<b>-</b>	<b>1,465,095</b>	<b>1,241,805</b>
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity Services</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Mental Health	5.1	Mental Health & Substance Abuse FFS	23,289	332,184	-	-	-	-	42	-	-	-	-	124,493	184,360
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	(51,031)	(44,607)	-	-	-	-	0	-	-	-	-	1,891	4,533
	5.4	Mental Health Settlements/AP	18,591	196,450	-	-	-	-	91	-	-	-	-	70,502	107,265
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>(9,151)</b>	<b>484,026</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>133</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>196,886</b>	<b>296,158</b>
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>Total Dental Services</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Transportation	7.1	Transportation FFS	69,506	2,331,143	-	-	-	-	4,703	-	-	326	-	1,967,757	288,851
	7.2	Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	7.3	Ending IBNP for Transportation	(106,903)	(60,187)	-	-	-	-	38	-	-	1	-	40,862	5,815
	7.4	Transportation Settlements/AP	22,143	1,303,291	-	-	-	-	10,439	-	-	(150)	-	1,158,915	111,944
	7.5	<b>Total Transportation Services</b>	<b>(15,254)</b>	<b>3,574,246</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>15,180</b>	<b>-</b>	<b>-</b>	<b>177</b>	<b>-</b>	<b>3,167,534</b>	<b>406,610</b>
Pharmacy	8.1	Prescription Drugs FFS	-	7,492,083	-	-	-	-	1	-	-	5,409	-	79,103	7,407,570
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	(117,080)	(117,080)	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	116,598	3,310,365	-	-	-	-	3	-	-	9,147	-	38,849	3,145,769
	8.8	<b>Total Prescription Drugs</b>	<b>(482)</b>	<b>10,685,369</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>14,556</b>	<b>-</b>	<b>117,952</b>	<b>10,553,340</b>

(Continued)

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

**MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)**

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

**Summary**

		Prior Calendar Year Adjustments	TOTAL (TO DATE)												
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only	
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	5,290	5,290	-	-	-	-	-	-	-	-	-	-	-	-
	9.2 Hospice FFS	(1,753)	(1,753)	-	-	-	-	-	-	-	-	-	-	-	-
	9.2.1 Nursing Facility FFS	622	622	-	-	-	-	-	-	-	-	-	-	-	-
	9.3 DME FFS	(25)	(25)	-	-	-	-	-	-	-	-	-	-	-	-
	9.4 Other State Plan Services FFS	68,634	2,927,704	-	-	-	-	9,319	-	-	-	-	2,202,396	647,355	-
	9.5 Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	9.6 Ending IBNP for Other Services	(143,849)	(84,728)	-	-	-	-	75	-	-	-	-	46,711	12,335	-
	9.7 Other Service Settlements/AP	70,793	1,550,358	-	-	-	-	(1,083)	-	-	-	-	1,256,279	224,369	-
	<b>9.8 Total Other Services</b>	<b>(287)</b>	<b>4,397,469</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>8,311</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,505,386</b>	<b>884,059</b>	<b>-</b>
Expanded Benefits	10.1 Expanded Benefits FFS	49,722	2,367,956	-	-	-	-	1,350	-	-	73	-	2,139,301	177,509	-
	10.2 Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-	
	10.3 Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-	
	10.4 Expanded Benefits Settlements/AP	(44,795)	1,201,129	-	-	-	-	18,130	-	-	2,906	-	1,149,893	74,994	-
	<b>10.5 Total Expanded Benefits</b>	<b>4,927</b>	<b>3,569,084</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>19,480</b>	<b>-</b>	<b>-</b>	<b>2,979</b>	<b>-</b>	<b>3,289,195</b>	<b>252,503</b>	<b>-</b>
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	1,068,982	31,361,854	-	-	-	-	22,903	-	10	57,508	-	11,488,686	18,723,765	-
	11.2 Total Services Paid Directly -- IBNP	(1,223,281)	(813,601)	-	-	-	-	183	-	0	152	-	179,363	229,982	-
	11.3 Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-	
	11.4 Total Services Paid by Settlements/AP	(58,423)	12,970,347	-	-	-	-	31,247	-	281	(22,598)	-	5,645,082	7,374,759	-
	11.5 TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	-	
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-	
	<b>11.7 Subtotal Benefit Expense before Reinsurance</b>	<b>(212,722)</b>	<b>43,518,599</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>54,333</b>	<b>-</b>	<b>291</b>	<b>35,062</b>	<b>-</b>	<b>17,313,131</b>	<b>26,328,506</b>	<b>-</b>
	11.8 Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	-	
	11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10 Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	-	
	<b>11.11 Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>(212,722)</b>	<b>43,518,599</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>54,333</b>	<b>-</b>	<b>291</b>	<b>35,062</b>	<b>-</b>	<b>17,313,131</b>	<b>26,328,506</b>	<b>-</b>
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		Prior Calendar Year Adjustments	TOTAL (TO DATE)												
			Total	Health Plan	Corporate										
Administrative Expenses	12.1 Salaries & Benefits	-	240,720	240,720	-										
	12.2 Administrative Services	-	18,542	18,542	-										
	12.3 Information Systems	-	1,538,323	1,538,323	-										
	12.4 Marketing Expenses	-	17,842	17,842	-										
	12.5 General Administration	-	625,240	625,240	-										
	12.6 Compliance/Regulatory	-	12,213	12,213	-										
	<b>12.7 Total Administrative Expenses</b>	<b>-</b>	<b>2,452,879</b>	<b>2,452,879</b>	<b>-</b>										
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1 State Premium tax	-	-	-											
	13.2 Department of Insurance Assessments	-	-	-											
	13.3 Section 9010 Health Insurance Providers Fee	-	-	-											
	13.4 Other 1	-	-	-											
	13.5 Other 2	-	-	-											
	13.6 Other 3	-	-	-											
	<b>13.7 Total</b>	<b>-</b>	<b>-</b>	<b>-</b>											
14.0 Grand Total Expenses		(212,722)	45,971,479												
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations		(34,629)	4,692,344												
16.0 Income Tax Expense		-	-												
<b>17.0 Net Underwriting Gain (Loss)</b>		<b>(34,629)</b>	<b>4,692,344</b>												

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

### MANAGED MEDICAL ASSISTANCE -- RELATED-PARTY TRANSACTION SCHEDULE - SUMMARY

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

**Summary**

			JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		PRIOR YEAR ADJUSTMENTS	TOTAL (TO DATE)				
EXPENSES	Vendor Name	Affiliation	Payment Methodology	MM	Amount	MM	Amount	MM	Amount	MM	Amount	Amount	MM	Amount		
Hospital Services	1.1 ILS MSO	Related party	Alternative Payment Methodology		828,536		1,319,646		1,360,982		1,365,689	(242,822)	-	4,632,030		
	1.2 Vendor #2													-	-	
	1.3 Vendor #3														-	-
	1.4 Vendor #4														-	-
	1.5 Vendor #5														-	-
	<b>1.6 Total Hospital Services</b>						<b>828,536</b>		<b>1,319,646</b>		<b>1,360,982</b>		<b>1,365,689</b>	<b>(242,822)</b>		<b>4,632,030</b>
Professional Services	2.1 ILS MSO	Related party	Alternative Payment Methodology		275,358		165,832		162,591		171,874	1,069	-	776,724		
	2.2 Vendor #2													-	-	
	2.3 Vendor #3														-	-
	2.4 Vendor #4														-	-
	2.5 Vendor #5														-	-
	<b>2.6 Total Professional Services</b>						<b>275,358</b>		<b>165,832</b>		<b>162,591</b>		<b>171,874</b>	<b>1,069</b>		<b>776,724</b>
Mental Health	3.1 ILS MSO	Related party	Alternative Payment Methodology		39,436		33,007		44,880		60,536	18,591	-	196,450		
	3.2 Vendor #2													-	-	
	3.3 Vendor #3														-	-
	3.4 Vendor #4														-	-
	3.5 Vendor #5														-	-
	<b>3.6 Total Mental Health</b>						<b>39,436</b>		<b>33,007</b>		<b>44,880</b>		<b>60,536</b>	<b>18,591</b>		<b>196,450</b>
Dental	4.1 ILS MSO				-		-		-		-		-	-		
	4.2 Vendor #2													-	-	
	4.3 Vendor #3														-	-
	4.4 Vendor #4														-	-
	4.5 Vendor #5														-	-
	<b>4.6 Total Dental</b>						<b>-</b>		<b>-</b>		<b>-</b>		<b>-</b>			<b>-</b>
Transportation	5.1 ILS MSO	Related party	Alternative Payment Methodology		134,634		361,545		393,470		391,498	22,143	-	1,303,291		
	5.2 Vendor #2														-	-
	5.3 Vendor #3														-	-
	5.4 Vendor #4														-	-
	5.5 Vendor #5														-	-
	<b>5.6 Total Transportation</b>						<b>134,634</b>		<b>361,545</b>		<b>393,470</b>		<b>391,498</b>	<b>22,143</b>		<b>1,303,291</b>
Pharmacy	6.1 ILS MSO	Related party	Alternative Payment Methodology		724,668		833,357		857,025		778,717	116,598	-	3,310,365		
	6.2 Vendor #2														-	-
	6.3 Vendor #3														-	-
	6.4 Vendor #4														-	-
	6.5 Vendor #5														-	-
	<b>6.6 Total Pharmacy</b>						<b>724,668</b>		<b>833,357</b>		<b>857,025</b>		<b>778,717</b>	<b>116,598</b>		<b>3,310,365</b>
Other Services	7.1 ILS MSO	Related party - other	Alternative Payment Methodology		175,482		403,901		442,843		457,339	70,793	-	1,550,358		
	7.2 ILS MSO	Related party - expanded benefits	Alternative Payment Methodology		145,722		339,506		348,336		412,359	(44,795)	-	1,201,129		
	7.3 Vendor #3												-	-		
	7.4 Vendor #4												-	-		
	7.5 Vendor #5												-	-		
	<b>7.6 Total Other Services</b>				<b>321,204</b>		<b>743,407</b>		<b>791,179</b>		<b>869,698</b>	<b>25,998</b>		<b>2,751,487</b>		
Administrative Expense	8.1 ILS TPA	Related party	Subcapitation		352,437		369,958		392,976		425,190		-	1,540,561		
	8.2 ILS Indirect Admin	Related party	Subcapitation		80,011		83,989		89,214		96,528		-	349,742		
	8.3 Vendor #3												-	-		
	8.4 Vendor #4												-	-		
	8.5 Vendor #5												-	-		
	<b>8.6 Total Administrative Expense</b>				<b>432,448</b>		<b>453,947</b>		<b>482,190</b>		<b>521,718</b>	<b>-</b>		<b>1,890,303</b>		
<b>9 Grand Total</b>				<b>2,756,284</b>		<b>3,910,740</b>		<b>4,092,317</b>		<b>4,159,731</b>	<b>(58,423)</b>		<b>14,860,650</b>			

**Notes**

Additional lines can be added if the number of related-party vendors exceeds the number of lines listed per service type.  
 Additional information concerning the nature of the relationship with each related party, as well as the payment methodology, shall be disclosed in the Notes tab of the Financial Reporting package.

**SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT**

**LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY**

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

**Summary**

		JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT
<b>MEMBER MONTHS</b>		55,486.0	18,736.0	36,750.0	-	58,356.0	20,752.0	37,604.0	-
<b>REVENUES</b>									
Revenues	1.1 Capitation	181,550,463				194,222,624			
	1.2 NH Rate Reconciliation	(867,609)				(968,179)			
	1.2.1 Community High Risk Pool	120,492				160,760			
	1.2.2 Patient Responsibility Reconciliation	(1,441,058)				(1,487,306)			
	1.3 Other Revenue	-				-			
<b>1.4 Total Revenue</b>	<b>179,362,288</b>				<b>191,927,899</b>				
		JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)			
<b>EXPENSES</b>		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	422,209	405,022	17,187		468,723	440,449	28,274	
	2.2 Nursing Facility Days (Crossover)	61,359	42,881	18,478		52,867	36,758	16,109	
	2.3 Nursing Facility FFS (Medicaid)	85,516,425	81,905,636	3,610,789		94,864,918	88,880,851	5,984,067	
	2.4 Nursing Facility FFS (Crossover)	110,625	71,237	39,388		77,869	41,986	35,883	
	2.5 Hospice Days	-	-	-		-	-	-	
	2.6 Hospice FFS	7,896,491	7,008,760	887,731		8,873,714	7,398,220	1,475,494	
	2.7 Ending IBNP for NF & Hospice Services	991,718	960,939	30,778		1,910,658	1,820,838	89,820	
	2.8 NF & Hospice Subcapitated Services	-	-	-		-	-	-	
	2.9 NF & Hospice Settlements/AP	-	-	-		-	-	-	
	<b>2.10 Total Nursing Facility and Hospice</b>	<b>94,515,258</b>	<b>89,946,571</b>	<b>4,568,687</b>		<b>105,727,159</b>	<b>98,141,895</b>	<b>7,585,265</b>	
Long Term Care Services	2.11 Assisted Living FFS	26,921,152	1,538,697	25,382,455		27,751,199	2,228,113	25,523,087	
	2.12 Home Health FFS	19,963,140	285,133	19,678,008		22,844,284	490,039	22,354,244	
	2.13 Medical Equipment/Supplies FFS	1,000,306	86,824	913,483		949,578	69,938	879,640	
	2.14 Therapy Services FFS	1,405,165	1,299,112	106,053		1,530,766	1,378,638	152,128	
	2.15 Transportation Services FFS	1,402,323	427,773	974,550		1,558,160	530,200	1,027,960	
	2.16 Case Management (Plan Provided) FFS	-	-	-		-	-	-	
	2.17 Case Management (non-Plan Provided) FFS	6,697,345	1,657,641	5,039,704		6,993,275	1,836,222	5,157,053	
	2.18 Home & Community Based Services (HCBS) FFS	1,539,066	43,874	1,495,192		1,646,757	55,630	1,591,128	
	2.19 Subcapitated LTC Services (excluding NF)	-	-	-		-	-	-	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	46,033	3,905	42,128		85,965	7,586	78,379	
	2.21 LTC Services Settlements/AP (excluding NF)	600,061	29,050	571,011		624,780	24,450	600,330	
<b>2.22 Grand Total LTC Services</b>	<b>154,089,850</b>	<b>95,318,580</b>	<b>58,771,270</b>		<b>169,711,925</b>	<b>104,762,711</b>	<b>64,949,214</b>		
Expanded Benefits	3.1 Expanded Benefits FFS	1,514,846	269,460	1,245,386		1,431,953	385,455	1,046,499	
	3.2 Expanded Benefits Subcapitation	-	-	-		-	-	-	
	3.3 Ending IBNP for Expanded Benefits	-	-	-		-	-	-	
	3.4 Expanded Benefits Services Settlements	-	-	-		-	-	-	
	<b>3.5 Total Expanded Benefits</b>	<b>1,514,846</b>	<b>269,460</b>	<b>1,245,386</b>		<b>1,431,953</b>	<b>385,455</b>	<b>1,046,499</b>	

(Continued)

**SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT**

**LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)**

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

**Summary**

			JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)			
			Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT
Totals Before and After Reinsurance	4.1	Total Services Paid Directly FFS	153,966,885	94,594,147	59,372,738		168,522,475	103,295,291	65,227,184	
	4.2	Total Services Paid Directly -- IBNP	1,037,750	964,844	72,907		1,996,623	1,828,424	168,199	
	4.3	Total Services Paid through Subcapitation	-	-	-		-	-	-	
	4.4	Total Services Paid by Settlements/AP	600,061	29,050	571,011		624,780	24,450	600,330	
	4.5	TPL & Fraud/Abuse Recoveries	-	-	-		-	-	-	
	4.6.1	Premium Deficiency Reserve	-	-	-		-	-	-	
	<b>4.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>155,604,696</b>	<b>95,588,041</b>	<b>60,016,656</b>		<b>171,143,878</b>	<b>105,148,165</b>	<b>65,995,713</b>	
	4.8	Reinsurance Premiums	-	-	-		-	-	-	
	4.9	Reinsurance Recoveries	-	-	-		-	-	-	
	4.10	Net Cost of Reinsurance	-	-	-		-	-	-	
	<b>4.11</b>	<b>Grand Total Service Benefit Expense Net of Reinsurance</b>	<b>155,604,696</b>	<b>95,588,041</b>	<b>60,016,656</b>		<b>171,143,878</b>	<b>105,148,165</b>	<b>65,995,713</b>	
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)			
			Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT
Administrative Expenses	5.1	Salaries & Benefits	858,488	314,340	544,148		918,410	352,494	565,916	
	5.2	Administrative Services	66,126	24,212	41,914		70,742	27,151	43,590	
	5.3	Information Systems	5,486,178	2,008,793	3,477,385		5,869,111	2,252,615	3,616,496	
	5.4	Marketing Expenses	63,629	23,298	40,331		68,071	26,126	41,945	
	5.5	General Administration	2,229,816	816,459	1,413,357		2,385,457	915,559	1,469,898	
	5.6	Compliance/Regulatory	43,554	15,947	27,607		46,596	17,884	28,712	
	<b>5.7</b>	<b>Total Administrative Expenses</b>	<b>8,747,792</b>	<b>3,203,050</b>	<b>5,544,742</b>		<b>9,358,387</b>	<b>3,591,829</b>	<b>5,766,558</b>	
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	6.1	State Premium Tax	-	-	-		-	-	-	
	6.2	Department of Insurance Assessments	-	-	-		-	-	-	
	6.3	Other 1	-	-	-		-	-	-	
	6.4	Other 2	-	-	-		-	-	-	
	6.5	Other 3	-	-	-		-	-	-	
	<b>6.6</b>	<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>		<b>-</b>	<b>-</b>	<b>-</b>	
7.0	Grand Total Expenses	164,352,488				180,502,265				
<b>8.0</b>	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>15,009,800</b>				<b>11,425,634</b>				
9.0	Income Tax Expense	-				-				
<b>10.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>15,009,800</b>				<b>11,425,634</b>				

(Continued)

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

**LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)**

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

**Summary**

		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	Prior Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
<b>MEMBER MONTHS</b>		61,793.0	22,844.0	38,949.0	-	65,356.0	25,221.0	40,135.0	-	(54.0)	240,937.0	87,553.0	153,438.0	-
<b>REVENUES</b>														
Revenues	1.1 Capitation	208,223,008				242,747,729				(3,307,734)	823,436,090			
	1.2 NH Rate Reconciliation	(1,076,171)				(1,307,075)				-	(4,219,035)			
	1.2.1 Community High Risk Pool	262,888				332,185				-	876,324			
	1.2.2 Patient Responsibility Reconciliation	(1,520,081)				(1,539,464)				-	(5,987,908)			
	1.3 Other Revenue	-				-				-	-			
	<b>1.4 Total Revenue</b>	<b>205,889,644</b>				<b>240,233,375</b>				<b>(3,307,734)</b>	<b>814,105,471</b>			
		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)			
<b>EXPENSES</b>		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	Prior Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	510,535	470,484	40,051		561,036	513,841	47,195		36,878	1,999,381	1,829,796	132,707	
	2.2 Nursing Facility Days (Crossover)	55,776	39,699	16,077		55,737	39,078	16,659		8,781	234,520	158,416	67,323	
	2.3 Nursing Facility FFS (Medicaid)	103,812,048	95,304,001	8,508,047		123,067,799	112,260,593	10,807,206		6,981,309	414,242,500	378,351,081	28,910,109	
	2.4 Nursing Facility FFS (Crossover)	81,875	58,340	23,535		55,978	45,919	10,059		(16,169)	310,178	217,481	108,866	
	2.5 Hospice Days	-	-	-		-	-	-		-	-	-	-	
	2.6 Hospice FFS	9,870,009	7,878,882	1,991,128		11,929,511	9,612,748	2,316,763		118,938	38,688,663	31,898,609	6,671,115	
	2.7 Ending IBNP for NF & Hospice Services	3,984,424	3,790,433	193,992		7,173,866	6,729,028	444,838		(12,400,829)	1,659,836	13,301,238	759,428	
	2.8 NF & Hospice Subcapitated Services	-	-	-		-	-	-		-	-	-	-	
	2.9 NF & Hospice Settlements/AP	-	-	-		-	-	-		-	-	-	-	
		<b>2.10 Total Nursing Facility and Hospice</b>	<b>117,748,356</b>	<b>107,031,655</b>	<b>10,716,701</b>		<b>142,227,153</b>	<b>128,648,288</b>	<b>13,578,866</b>		<b>(5,316,751)</b>	<b>454,901,177</b>	<b>423,768,409</b>	<b>36,449,518</b>
Long Term Care Services	2.11 Assisted Living FFS	28,127,604	2,828,272	25,299,332		32,026,861	3,985,443	28,041,418		346,642	115,173,458	10,580,525	104,246,291	
	2.12 Home Health FFS	25,809,467	685,432	25,124,034		30,846,244	995,079	29,851,164		611,430	100,074,564	2,455,684	97,007,451	
	2.13 Medical Equipment/Supplies FFS	777,618	53,836	723,782		742,752	62,920	679,832		191,155	3,661,410	273,518	3,196,737	
	2.14 Therapy Services FFS	1,489,873	1,314,581	175,293		1,582,056	1,381,431	200,625		213,248	6,221,109	5,373,762	634,099	
	2.15 Transportation Services FFS	1,592,731	540,735	1,051,996		1,786,489	625,870	1,160,620		614,859	6,954,562	2,124,578	4,215,125	
	2.16 Case Management (Plan Provided) FFS	-	-	-		-	-	-		-	-	-	-	
	2.17 Case Management (non-Plan Provided) FFS	7,365,582	2,022,498	5,343,084		7,988,841	2,234,778	5,754,063		-	29,045,043	7,751,139	21,293,904	
	2.18 Home & Community Based Services (HCBS) FFS	2,517,670	139,602	2,378,068		1,747,182	98,848	1,648,334		2,416	7,453,092	337,954	7,112,722	
	2.19 Subcapitated LTC Services (excluding NF)	-	-	-		-	-	-		-	-	-	-	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	176,355	14,934	161,420		826,170	71,722	754,448		(3,606,425)	(2,471,902)	98,147	1,036,375	
2.21 LTC Services Settlements/AP (excluding NF)	703,868	26,550	677,318		698,946	50,810	648,136		51,560	2,679,215	130,860	2,496,795		
	<b>2.22 Grand Total LTC Services</b>	<b>186,309,124</b>	<b>114,658,096</b>	<b>71,651,028</b>		<b>220,472,695</b>	<b>138,155,189</b>	<b>82,317,505</b>		<b>(6,891,865)</b>	<b>723,691,727</b>	<b>452,894,576</b>	<b>277,689,017</b>	
Expanded Benefits	3.1 Expanded Benefits FFS	1,528,332	433,188	1,095,144		1,917,149	457,741	1,459,408		10,120	6,402,401	1,545,844	4,846,437	
	3.2 Expanded Benefits Subcapitation	-	-	-		-	-	-		-	-	-	-	
	3.3 Ending IBNP for Expanded Benefits	-	-	-		-	-	-		-	-	-	-	
	3.4 Expanded Benefits Services Settlements	-	-	-		-	-	-		-	-	-	-	
		<b>3.5 Total Expanded Benefits</b>	<b>1,528,332</b>	<b>433,188</b>	<b>1,095,144</b>		<b>1,917,149</b>	<b>457,741</b>	<b>1,459,408</b>		<b>10,120</b>	<b>6,402,401</b>	<b>1,545,844</b>	<b>4,846,437</b>

(Continued)



## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023

Summary

		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)				Prior Calendar Year Adjustments	TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT		Total	Non-HCBS	HCBS	MED-P / SIXT
Totals Before and After Reinsurance	4.1	Total Services Paid Directly FFS	182,972,809	111,259,367	71,713,442		213,690,862	131,761,370	81,929,492	9,073,949	728,226,980	440,910,175	278,242,856	
	4.2	Total Services Paid Directly -- IBNP	4,160,779	3,805,367	355,412		8,000,036	6,800,750	1,199,286	(16,007,254)	(812,066)	13,399,385	1,795,803	
	4.3	Total Services Paid through Subcapitation	-	-	-		-	-	-	-	-	-	-	
	4.4	Total Services Paid by Settlements/AP	703,868	26,550	677,318		698,946	50,810	648,136	51,560	2,679,215	130,860	2,496,795	
	4.5	TPL & Fraud/Abuse Recoveries	-	-	-		-	-	-	-	-	-	-	
	4.6.1	Premium Deficiency Reserve	-	-	-		-	-	-	-	-	-	-	
	4.7	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>187,837,456</b>	<b>115,091,284</b>	<b>72,746,172</b>		<b>222,389,843</b>	<b>138,612,930</b>	<b>83,776,913</b>	<b>(6,881,745)</b>	<b>730,094,128</b>	<b>454,440,420</b>	<b>282,535,454</b>	
	4.8	Reinsurance Premiums	-	-	-		-	-	-	-	-	-	-	
	4.9	Reinsurance Recoveries	-	-	-		-	-	-	-	-	-	-	
	4.10	Net Cost of Reinsurance	-	-	-		-	-	-	-	-	-	-	
	4.11	<b>Grand Total Service Benefit Expense Net of Reinsurance</b>	<b>187,837,456</b>	<b>115,091,284</b>	<b>72,746,172</b>		<b>222,389,843</b>	<b>138,612,930</b>	<b>83,776,913</b>	<b>(6,881,745)</b>	<b>730,094,128</b>	<b>454,440,420</b>	<b>282,535,454</b>	
		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)			
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	Prior Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
Administrative Expenses	5.1	Salaries & Benefits	984,613	391,317	593,295		1,178,260	486,630	691,629	-	3,939,770	1,544,781	2,394,989	
	5.2	Administrative Services	75,841	30,142	45,699		90,757	37,483	53,274	-	303,466	118,989	184,477	
	5.3	Information Systems	6,292,182	2,500,720	3,791,462		7,529,686	3,109,818	4,419,868	-	25,177,157	9,871,946	15,305,211	
	5.4	Marketing Expenses	72,978	29,004	43,974		87,330	36,068	51,262	-	292,008	114,496	177,512	
	5.5	General Administration	2,557,410	1,016,399	1,541,011		3,060,385	1,263,962	1,796,422	-	10,233,068	4,012,379	6,220,689	
	5.6	Compliance/Regulatory	49,955	19,854	30,101		59,780	24,690	35,090	-	199,885	78,374	121,511	
	5.7	<b>Total Administrative Expenses</b>	<b>10,032,978</b>	<b>3,987,435</b>	<b>6,045,543</b>		<b>12,006,198</b>	<b>4,958,652</b>	<b>7,047,546</b>	-	<b>40,145,354</b>	<b>15,740,966</b>	<b>24,404,388</b>	
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	6.1	State Premium Tax	-	-	-		-	-	-	-	-	-	-	
	6.2	Department of Insurance Assessments	-	-	-		-	-	-	-	-	-	-	
	6.3	Other 1	-	-	-		-	-	-	-	-	-	-	
	6.4	Other 2	-	-	-		-	-	-	-	-	-	-	
	6.5	Other 3	-	-	-		-	-	-	-	-	-	-	
	6.6	<b>Total</b>	-	-	-		-	-	-	-	-	-	-	
7.0	<b>Grand Total Expenses</b>	<b>197,870,434</b>				<b>234,396,041</b>				<b>(6,881,745)</b>	<b>770,239,483</b>			
8.0	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>8,019,209</b>				<b>5,837,334</b>				<b>3,574,011</b>	<b>43,865,988</b>			
9.0	Income Tax Expense	-				-				-	-			
10.0	<b>Net Underwriting Gain (Loss)</b>	<b>8,019,209</b>				<b>5,837,334</b>				<b>3,574,011</b>	<b>43,865,988</b>			

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

### LONG TERM CARE -- RELATED-PARTY TRANSACTION SCHEDULE - SUMMARY

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023  
**Summary**

			JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		Prior Year Adjustments	TOTAL (TO DATE)			
EXPENSES	Vendor Name	Affiliation	Payment Methodology	MM	Amount	MM	Amount	MM	Amount	MM	Amount	Amount	MM	Amount	
LTC Nursing Facility (NF) & Hospice Services	1.1	Vendor #1											-	-	
	1.2	Vendor #2											-	-	
	1.3	Vendor #3											-	-	
	1.4	Vendor #4											-	-	
	1.5	Vendor #5											-	-	
	<b>1.6</b>	<b>Total LTC Nursing Facility &amp; Hospice</b>												-	-
Long Term Care Services	2.1	ILS HOME DELIVERED MEALS	RELATED THROUGH PARENT COMPANY	Fee-for-Service		1,083,805		1,103,127		1,908,046		1,267,293	7,591	-	5,369,862
	2.2	ILS Care management	Parent Company	Subcapitation	55,486.0	6,697,344	58,356.0	6,993,274	61,793.0	7,365,580	65,356.0	7,988,842		240,991.0	29,045,040
	2.3	Vendor #3												-	-
	2.4	Vendor #4												-	-
	2.5	Vendor #5												-	-
	<b>2.6</b>	<b>Total Long Term Services</b>				<b>7,781,149</b>		<b>8,096,400</b>		<b>9,273,626</b>		<b>9,256,135</b>	<b>7,591</b>		<b>34,414,902</b>
Administrative Expenses	3.1	ILS TPA FEES	Parent Company	Subcapitation		\$ 5,484,505		5,868,273		6,294,219		7,527,923		-	25,174,919
	3.2	ILS INDIRECT ADMIN	Parent Company	Subcapitation		1,245,107		1,332,231		1,428,930		1,709,009		-	5,715,277
	3.3	Vendor #3												-	-
	3.4	Vendor #4												-	-
	3.5	Vendor #5												-	-
	<b>3.6</b>	<b>Total Administrative Expenses</b>				<b>6,729,612</b>		<b>7,200,504</b>		<b>7,723,149</b>		<b>9,236,932</b>			<b>30,890,196</b>
<b>4</b>	<b>Grand Total</b>				<b>14,510,761</b>		<b>15,296,904</b>		<b>16,996,775</b>		<b>18,493,066</b>	<b>7,591</b>		<b>65,305,098</b>	

**Notes**

Each Vendor shall be reported on the same line for the Summary Related-Party schedule as well as Regional Related-Party schedules. This will allow the formulas in the Related-Party Summary schedule to total properly. Additional lines can be added if needed.

Additional information concerning the nature of the relationship with each related party, as well as the payment methodology, shall be disclosed in the Notes tab of the Financial Reporting package.

**SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT**

**ACHIEVED SAVINGS REBATE EXHIBIT**

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023  
 Plan Type: LTC

	JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)		
	Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
<b>REVENUES</b>									
1.1 Total Revenue from Revenue & Expense Schedules	191,017,967	11,655,679	179,362,288	204,163,390	12,235,491	191,927,899	218,872,604	12,982,960	205,889,644
1.2 Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5 Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-	-
1.6 Revenue Subject to ASR	191,017,967	11,655,679	179,362,288	204,163,390	12,235,491	191,927,899	218,872,604	12,982,960	205,889,644
<b>EXPENSES</b>									
<b>Benefit Expenses</b>									
2.1 Total Benefits Paid through FFS and Subcapitation During the Year	161,652,080	7,685,195	153,966,885	175,551,878	7,029,402	168,522,475	190,441,068	7,468,259	182,972,809
2.2 Incurred but not Paid (IBNP) Ending Balance	1,039,577	1,827	1,037,750	2,020,015	23,392	1,996,623	4,238,610	77,831	4,160,779
2.3 Settlements/AP	2,923,897	2,323,837	600,061	4,081,574	3,456,794	624,780	4,313,995	3,610,127	703,868
2.4 Total Benefit Expense before Reinsurance	165,615,555	10,010,859	155,604,696	181,653,466	10,509,588	171,143,878	198,993,672	11,156,216	187,837,456
2.5 Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.6 Total Benefit Expense after Reinsurance	165,615,555	10,010,859	155,604,696	181,653,466	10,509,588	171,143,878	198,993,672	11,156,216	187,837,456
<b>Administrative Expenses</b>									
3.1 Total Administrative Expenses from Revenue & Expense Schedule	9,309,407	561,615	8,747,792	9,947,939	589,553	9,358,387	10,658,547	625,568	10,032,978
3.2 Less: Compliance/Regulatory	(27,233)	-	(27,233)	(27,233)	-	(27,233)	(27,233)	-	(27,233)
3.3 Less: Lobbying/Political expenses	(25,500)	-	(25,500)	(30,000)	-	(30,000)	(55,000)	-	(55,000)
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-	-
3.5 Less: Other Non-allowed expenses	(7,935)	-	(7,935)	(7,935)	-	(7,935)	(7,935)	-	(7,935)
3.6 Administrative Expense Subject to ASR	9,248,739	561,615	8,687,124	9,882,771	589,553	9,293,219	10,568,379	625,568	9,942,811
4.0 Actuarially-sound Administrative Expense Maximum									
5.0 Administrative Expenses Subject to ASR									
6.0 Total Benefit and Administrative Expense subject to ASR									
<b>Calculation of Pre-Tax Income and ASR</b>									
7.1 Pre-tax Income									
7.2 Pre-tax Income as a Percent of Revenue									
7.3 Preliminary Achieved Savings Rebate									

(Continued)

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

### ACHIEVED SAVINGS REBATE EXHIBIT (continued)

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023  
 Plan Type: LTC

		OCTOBER - DECEMBER (Q4)			Prior Year Adjustments			TOTAL (TO DATE)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	254,270,420	14,037,045	240,233,375	(3,555,086)	(247,352)	(3,307,734.24)	864,769,294	50,663,823	814,105,471
1.2	Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-	-
1.6	Revenue Subject to ASR	254,270,420	14,037,045	240,233,375	(3,555,086)	(247,352)	(3,307,734)	864,769,294	50,663,823	814,105,471
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	221,800,877	8,110,015	213,690,862	10,142,931	1,068,982	9,073,949	759,588,833	31,361,854	728,226,980
2.2	Incurred but not Paid (IBNP) Ending Balance	8,306,666	306,630	8,000,036	(17,230,535)	(1,223,281)	(16,007,254)	(1,625,667)	(813,601)	(812,066)
2.3	Settlements/AP	4,336,958	3,638,013	698,946	(6,863)	(58,423)	51,560	15,649,562	12,970,347	2,679,215
2.5	Total Benefit Expense before Reinsurance	234,444,502	12,054,658	222,389,843	(7,094,468)	(212,722)	(6,881,745)	773,612,728	43,518,599	730,094,128
2.6	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.7	Total Benefit Expense after Reinsurance	234,444,502	12,054,658	222,389,843	(7,094,468)	(212,722)	(6,881,745)	773,612,728	43,518,599	730,094,128
<b>Administrative Expenses</b>										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	12,682,341	676,143	12,006,198	-	-	-	42,598,234	2,452,879	40,145,354
3.2	Less: Compliance/Regulatory	(27,233)	-	(27,233)	(103,168)	-	(103,168)	(212,100)	-	(212,100)
3.3	Less: Lobbying/Political expenses	(30,000)	-	(30,000)	-	-	-	(140,500)	-	(140,500)
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-	-
3.5	Less: Other Non-allowed expenses	(7,935)	-	(7,935)	-	-	-	(31,739)	-	(31,739)
3.6	Administrative Expense Subject to ASR	12,617,173	676,143	11,941,030	(103,168)	-	(103,168)	42,213,895	2,452,879	39,761,015
4.0	Actuarially-sound Administrative Expense Maximum							42,273,212	5,898,213	36,374,999
5.0	Administrative Expenses Subject to ASR							42,213,895	2,452,879	36,374,999
6.0	Total Benefit and Administrative Expense subject to ASR							815,826,622	45,971,479	766,469,128
<b>Calculation of Pre-Tax Income and ASR</b>										
7.1	Pre-tax Income							48,942,671	4,692,344	47,636,343
7.2	Pre-tax Income as a Percent of Revenue							5.7%	9.3%	5.9%
7.3	Preliminary Achieved Savings Rebate									

## SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

### ACHIEVED SAVINGS REBATE - ACTUARIALLY-SOUND ADMINISTRATIVE MAXIMUM CALCULATION January 1 through September 30 of the Calendar Year

Health Plan: Florida Community Care  
 Reporting Period: Q4 2022  
 Paid Through: 3/31/2023  
 Plan Type: LTC

CALENDAR YEAR TOTAL (January 1 to September 30)				
MMA Administrative Expense Maximum		MMA		
1.0	Select your Nationwide Member Enrollment	Select One		
1.1	Plan Enrollment			
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non-SMI	\$28.11	1.0	28
	TANF SMI	\$78.58		-
	SSI Medicaid Only Non-SMI	\$85.28	3.0	256
	SSI Medicaid Only SMI	\$110.67	8.0	885
	SSI Dual Eligible	\$27.06	240.0	6,494
	Child Welfare	\$72.09		-
	HIV/AIDS Non-Specialty Medicaid Only	\$135.64		-
	HIV/AIDS Specialty Medicaid Only	\$152.99		-
	HIV/AIDS Dual Eligible	\$22.97		-
	LTC Medicaid Only	\$192.83	9052.0	1,745,497
	LTC Dual Eligible	\$21.61	118046.0	2,550,974
	Maternity Kick Payment			-
	Private Duty Nursing			-
	LTC Eligible Kick Payments			-
1.3	<b>Total MMA Administrative Maximum</b>			<b>4,304,135</b>
LTC Administrative Expense Maximum		LTC		
2.0	Select your Nationwide Member Enrollment	Select One		
		Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.1	LTC Program	\$148.55	175,635.0	26,090,579
2.2	<b>Total LTC Administrative Maximum</b>			<b>26,090,579</b>

**Instructions**

Reporting Period For Q1, Q2, Q3 ASR report, the reporting period is Quarter YTD  
 For Q4 and Annual ASR report, the reporting period should be January 1 to September 30 of the Calendar Year

Paid Through For Q1, Q2, Q3, Q4 ASR report, paid through date is Quarter YTD  
 For Annual ASR report, paid through date is March 31 of the following Calendar Year

Line 1.0 Please select your nationwide member enrollment size for all lines business for MMA program as of December 31 of the Calendar Year

Line 1.1 Report national health plan enrollment across all lines business as of December 31 of the Calendar Year

Line 1.2 For Q1, Q2, Q3 ASR report, enter the applicable year-to-date member months for the reporting period for the different rate groups for MMA Program.  
 For Q4 and Annual ASR report, enter the applicable year-to-date member months for the period from January 1 to September 30 of the calendar year for the different rate groups for MMA Program

Line 2.0 Please select your nationwide member enrollment size for all lines business for LTC program as of December 31 of the Calendar Year

Line 2.1 For Q1, Q2, Q3 ASR report, enter the applicable year-to-date member months for the reporting period for LTC Program.  
 For Q4 and Annual ASR report, enter the applicable year-to-date member months for the period from January 1 to September 30 of the Calendar Year for LTC Program

Maternity Kick Payment For member months, please report number of kick payments that occurred from January 1 to September 30 of the Calendar Year

Note 1: For Column C, Admin max PMPM for the covered reporting period, please input the PMPM based on the corresponding Milliman report-Statewide Medicaid Managed Care administrative cost maximum

# SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT

## ACHIEVED SAVINGS REBATE - ACTUARIALLY-SOUND ADMINISTRATIVE MAXIMUM CALCULATION October 1 through December 31 of the Calendar Year

Health Plan: Florida Community Care  
 Reporting Period: CY2022  
 Paid Through: 3/31/2023  
 Plan Type: LTC

CALENDAR YEAR TOTAL (October 1 -December 31)				
MMA Administrative Expense Maximum		MMA		
1.0	Select your Nationwide Member Enrollment	Select One		
1.1	Plan Enrollment			
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$27.20		-
	TANF SMI	\$74.06		-
	SSI Medicaid Only Non-SMI	\$80.93	3.0	243
	SSI Medicaid Only SMI	\$108.14	9.0	973
	SSI Dual Eligible	\$25.13	57.0	1,432
	Child Welfare	\$69.99		-
	HIV/AIDS Non-Specialty Medicaid Only	\$114.85		-
	HIV/AIDS Specialty Medicaid Only	\$127.94	4.0	512
	HIV/AIDS Dual Eligible	\$23.16		-
	LTC Medicaid Only	\$189.94	3404.0	646,556
	LTC Dual Eligible	\$21.84	43240.0	944,362
	Maternity Kick Payment			-
	Private Duty Nursing			-
	LTC Eligible Kick Payments			-
1.3	<b>Total MMA Administrative Maximum</b>			<b>1,594,078</b>
LTC Administrative Expense Maximum		LTC		
2.0	Select your Nationwide Member Enrollment	Select One		
		Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.1	LTC Program	\$157.36	65,356.0	10,284,420
2.2	<b>Total LTC Administrative Maximum</b>			<b>10,284,420</b>

**Instructions**

Reporting Period: October 1 to December 31 of the Calendar Year  
 Paid Through: For Q4 ASR report, paid through date is December 31.  
 For Annual ASR report, paid through date is March 31 of the following Calendar Year

Line 1.0: Please select your nationwide member enrollment size for all lines business for MMA program as of December 31 of the Calendar Year  
 Line 1.1: Report national health plan enrollment across all lines business as of December 31 of the Calendar Year  
 Line 1.2: For Q4 and Annual ASR report, enter the applicable year-to-date member months for the period from October 1 to December 31 of the Calendar Year for the different rate groups for MMA Program  
 Line 2.0: Please select your nationwide member enrollment size for all lines business for LTC program as of December 31 of the Calendar Year  
 Line 2.1: For Q4 and Annual ASR report, enter the applicable year-to-date member months for the period from October 1 to December 31 of the Calendar Year for LTC Program  
 Maternity Kick Payment: For member months, please report number of kick payments that occurred from October 1 to December 31 of the Calendar Year  
 LTC Eligible Kick Payments: For member months, please report number of kick payments that occurred from October 1 to December 31 of the Calendar Year  
 Note 1: For Column C, Admin max PMPM for the covered reporting period, please input the PMPM based on the corresponding Milliman report-Statewide Medicaid Managed Care administrative cost maximum

**SELECTED SCHEDULES FROM THE PLAN SUBMITTED ANNUAL ACHIEVED SAVINGS REBATE FINANCIAL REPORT**

**MEDICAL LOSS RATIO EXHIBIT**

Health Plan: Florida Community Care  
 Calendar Year: 12/31/2022  
 Reporting Period: Annual  
 Paid Through: 3/31/2023  
 Plan Type: LTC

	JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)			
	Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC	
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	191,017,967	11,655,679	179,362,288	204,163,390	12,235,491	191,927,899	218,872,604	12,982,960	205,889,644
1.2	Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5	Revenue Subject to MLR	191,017,967	11,655,679	179,362,288	204,163,390	12,235,491	191,927,899	218,872,604	12,982,960	205,889,644
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS During the Year	161,652,080	7,685,195	153,966,885	175,551,878	7,029,402	168,522,475	190,441,068	7,468,259	182,972,809
2.2	Total Benefits Paid through Subcapitation During the Year	-	-	-	-	-	-	-	-	-
2.3	Incurred but not Paid (IBNP) Ending Balance	1,039,577	1,827	1,037,750	2,020,015	23,392	1,996,623	4,238,610	77,831	4,160,779
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-
2.5	Settlements/AP	2,923,897	2,323,837	600,061	4,081,574	3,456,794	624,780	4,313,995	3,610,127	703,868
2.6	Total Benefit Expense before Reinsurance	165,615,555	10,010,859	155,604,696	181,653,466	10,509,588	171,143,878	198,993,672	11,156,216	187,837,456
2.7	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.8	<b>Total Benefit Expense after Reinsurance</b>	<b>165,615,555</b>	<b>10,010,859</b>	<b>155,604,696</b>	<b>181,653,466</b>	<b>10,509,588</b>	<b>171,143,878</b>	<b>198,993,672</b>	<b>11,156,216</b>	<b>187,837,456</b>
<b>Florida-Specific Contributions</b>										
3.1	Funds to Graduate Medical Education institutions	-	-	-	-	-	-	-	-	-
3.2	Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-	-	-	-	-	-
3.3	<b>Total Florida-Specific Contributions</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Improving Health Care Quality Expenses Incurred</b>										
4.1	Improve Health Outcomes	37,587	18,793	18,793.41	18,793	18,793	18,793.41	18,793	18,793	18,793.41
4.2	Activities to Prevent Hospital Readmissions	37,587	18,793	18,793.41	18,793	18,793	18,793.41	18,793	18,793	18,793.41
4.3	Improve Patient Safety and Reducing Medical Errors	37,587	18,793	18,793.41	18,793	18,793	18,793.41	18,793	18,793	18,793.41
4.4	Wellness and Health Promotion Activities	37,587	18,793	18,793.41	18,793	18,793	18,793.41	18,793	18,793	18,793.41
4.5	Health Information Technology (HIT) expenses related to Health Improvement	112,643	85,033	27,610.05	85,033	85,033	27,610.05	85,033	85,033	27,610.05
4.6	<b>Total of Defined Expenses incurred for improving Health Care Quality.</b>	<b>262,990</b>	<b>160,207</b>	<b>102,784</b>	<b>160,207</b>	<b>160,207</b>	<b>102,784</b>	<b>160,207</b>	<b>160,207</b>	<b>102,784</b>
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	27,508	13,754	13,754.00	27,508	13,754	13,754.00	27,508	13,754	13,754.00
6.0	<b>Preliminary Medical Loss Ratio: MLR</b>	<b>87%</b>	<b>87%</b>	<b>87%</b>	<b>89%</b>	<b>87%</b>	<b>89%</b>	<b>91%</b>	<b>87%</b>	<b>91%</b>

(Continued)

**MEDICAL LOSS RATIO EXHIBIT (Continued)**

Health Plan: Florida Community Care  
 Calendar Year: 12/31/2022  
 Reporting Period: Annual  
 Paid Through: 3/31/2023  
 Plan Type: LTC

		OCTOBER - DECEMBER (Q4)			Prior Year Adjustments			TOTAL (TO DATE)			
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC	
<b>REVENUES</b>											
1.1	Total Revenue from Revenue & Expense Schedules	254,270,420	14,037,045	240,233,375	(3,555,086)	(247,352)	(3,307,734)	864,769,294	50,663,823	814,105,471	
1.2	Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-	-	-	-	
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-	
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-	
1.5	Revenue Subject to MLR	254,270,420	14,037,045	240,233,375	(3,555,086)	(247,352)	(3,307,734)	864,769,294	50,663,823	814,105,471	
<b>EXPENSES</b>											
<b>Benefit Expenses</b>											
2.1	Total Benefits Paid through FFS During the Year	221,800,877	8,110,015	213,690,862	10,142,931	1,068,982	9,073,949	759,588,833	31,361,854	728,226,980	
2.2	Total Benefits Paid through Subcapitation During the Year	-	-	-	-	-	-	-	-	-	
2.3	Incurred but not Paid (IBNP) Ending Balance	8,306,666	306,630	8,000,036	(17,230,535)	(1,223,281)	(16,007,254)	(1,625,667)	(813,601)	(812,066)	
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-	
2.5	Settlements/AP	4,336,958	3,638,013	698,946	51,560	-	51,560	15,707,985	13,028,770	2,679,215	
2.6	Total Benefit Expense before Reinsurance	234,444,502	12,054,658	222,389,843	(7,036,045)	(154,299)	(6,881,745)	773,671,151	43,577,022	730,094,128	
2.7	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-	
2.8	Total Benefit Expense after Reinsurance	234,444,502	12,054,658	222,389,843	(7,036,045)	(154,299)	(6,881,745)	773,671,151	43,577,022	730,094,128	
<b>Florida-Specific Contributions</b>											
3.1	Funds to Graduate Medical Education institutions	-	-	-	-	-	-	-	-	-	
3.2	Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-	-	-	-	-	-	
3.3	Total Florida-Specific Contributions	-	-	-	-	-	-	-	-	-	
<b>Improving Health Care Quality Expenses Incurred</b>											
4.1	Improve Health Outcomes	18,793	18,793	18,793.41	-	-	-	75,174	75,174	75,174	
4.2	Activities to Prevent Hospital Readmissions	18,793	18,793	18,793.41	-	-	-	75,174	75,174	75,174	
4.3	Improve Patient Safety and Reducing Medical Errors	18,793	18,793	18,793.41	-	-	-	75,174	75,174	75,174	
4.4	Wellness and Health Promotion Activities	18,793	18,793	18,793.41	-	-	-	75,174	75,174	75,174	
4.5	Health Information Technology (HIT) expenses related to Health Improvement	85,033	85,033	27,610.05	-	-	-	340,132	340,132	110,440	
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	160,207	160,207	102,784	-	-	-	640,827	640,827	411,135	
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	27,508	13,754	13,754.00	110,032	55,016	55,016.00	220,064	110,032	110,032.00	
6.0	Preliminary Medical Loss Ratio: MLR	92%	87%	93%	195%	40%	206%	90%	87%	90%	
<b>Annual Credibility Adjustment</b>											
7.1	Member Months for Managed Care Plan (MM)							240,937.00			
7.2	Number of Member Months where MM is rounded down to the nearest annual Member Months (MMa)							192,000.00			
7.3	Number of Member Months where MM is rounded up to the nearest annual Member Months (MMb)							380,000.00			
7.4	Credibility Adjustment Factor for MMA (CAa)							1.5%			
7.5	Credibility Adjustment Factor for MMb (CAb)							1.0%			
7.6	Credibility Adjustment Calculation							1.4%			
7.7	Calculated MLR							90%			
7.8	Final MLR (Apply Credibility Adjustment)							90.94%			