



Auditee: Humana Medical Plan, Inc.

**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

Humana Medical Plan, Inc. (the “Company”) is a health maintenance organization domiciled in the state of Florida. The Company is a wholly-owned subsidiary of Humana, Inc. The Company provides health care services under contracts with the State of Florida Agency for Health Care Administration (the “Agency”) and the Centers for Medicaid & Medicare Services. The Company provides health and pharmacy insurance coverage to both Medicare and Medicaid eligible members.

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 April 25, 2023 to August 30, 2023, and our results, reported herein, are as of August 30, 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.

ASR Schedule and Line No.	Description	Calendar Year Total
MMA Revenue and Expense Schedule – Summary, Line No. 12.1	Salaries and benefits based on corporate allocations	\$ 188,561,138
MMA Revenue and Expense Schedule – Summary, Line No. 12.2	Administrative services based on corporate allocations	\$ 8,761,495
MMA Revenue and Expense Schedule – Summary, Line No. 12.3	Information system expenses based on corporate allocations	\$ 15,904,410
MMA Revenue and Expense Schedule – Summary, Line No. 12.4	Marketing expenses based on corporate allocations	\$ 19,622,513
MMA Revenue and Expense Schedule – Summary, Line No. 12.5	General administration expenses based on corporate allocations	\$ 31,935,634
MMA Revenue and Expense Schedule – Summary, Line No. 12.6	Compliance and regulatory expenses based on corporate allocations	\$ 1,001,559
LTC Revenue and Expense Schedule – Summary, Line No. 5.7	Administrative services based on corporate allocations	\$ 10,859,946

(Continued)

ASR Schedule and Line No.	Description	Calendar Year Total
LTC Revenue and Expense Schedule – Summary, Line No. 2.16	Case management services based on allocations from centralized corporate operations	\$ 44,110,483
MMA Revenue and Expense Schedule – Summary, Line No. 16.0	Income tax based on corporate allocations	\$ 63,745,241
LTC Revenue and Expense Schedule – Summary, Line No. 9.0	Income tax based on corporate allocations	\$ (241,446)
Medical Loss Ratio Exhibit, Line No. 4.1	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 23,398,739
Medical Loss Ratio Exhibit, Line No. 4.2	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 5,703,735
Medical Loss Ratio Exhibit, Line No. 4.3	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 6,192,423
Medical Loss Ratio Exhibit, Line No. 4.4	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 10,801,703
Medical Loss Ratio Exhibit, Line No. 4.5	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 4,331,573

- 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
 - 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
 - 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 table summarizes an adjustment 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 Annual Achieved Savings Rebate Exhibit

	Reported Annual Amount			1 MMA	Adjusted Annual Amount		
	Total	MMA	LTC		Total	MMA	LTC
REVENUES							
1.1 Total Revenue from Revenue & Expense Schedules	\$ 3,894,528,808	\$ 2,638,547,630	\$ 1,255,981,178	\$ -	\$ 3,894,528,808	\$ 2,638,547,630	\$ 1,255,981,178
1.2 Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	(6,333,618)	(5,581,972)	(751,646)	-	(6,333,618)	(5,581,972)	(751,646)
1.4 Regulatory Authority Licenses and Fees	(1,192,525)	(966,222)	(226,302)	-	(1,192,525)	(966,222)	(226,302)
1.5 Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	(3,137,391)	(3,137,391)	(3,137,391)	-
1.6 Revenue Subject to ASR	3,887,002,665	2,631,999,436	1,255,003,229	(3,137,391)	3,883,865,274	2,628,862,045	1,255,003,229
EXPENSES							
Benefit Expenses							
2.1 Total Benefits Paid through FFS and Subcapitation During the Year	3,115,311,847	1,948,913,361	1,166,398,486	-	3,115,311,847	1,948,913,361	1,166,398,486
2.2 Incurred but not Paid (IBNP) Ending Balance	31,518,539	1,009,884	30,508,656	-	31,518,539	1,009,884	30,508,656
2.3 Settlements/AP	126,778,651	126,778,651	-	-	126,778,651	126,778,651	-
2.4 Total Benefit Expense before Reinsurance	3,273,609,038	2,076,701,896	1,196,907,142	-	3,273,609,038	2,076,701,896	1,196,907,142
2.5 Net Cost of Reinsurance	-	-	-	-	-	-	-
2.6 Total Benefit Expense after Reinsurance	3,273,609,038	2,076,701,896	1,196,907,142	-	3,273,609,038	2,076,701,896	1,196,907,142
Administrative Expenses							
3.1 Total Administrative Expenses from Revenue & Expense Schedule	324,068,541	263,865,774	60,202,766	-	324,068,541	263,865,774	60,202,766
3.2 Less: Compliance/Regulatory	(1,237,228)	(1,001,559)	(235,668)	-	(1,237,228)	(1,001,559)	(235,668)
3.3 Less: Lobbying/Political expenses	-	-	-	-	-	-	-
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	(361,364)	(255,076)	(106,287)	-	(361,364)	(255,076)	(106,287)
3.5 Less: Other Non-allowed expenses	(2,067,674)	(1,460,621)	(607,053)	-	(2,067,674)	(1,460,621)	(607,053)
3.6 Administrative Expense Subject to ASR	320,402,275	261,148,517	59,253,758	-	320,402,275	261,148,517	59,253,758
4.0 Actuarially-sound Administrative Expense Maximum	353,158,048	301,164,554	51,993,494	-	353,158,048	301,164,554	51,993,494
5.0 Administrative Expenses Subject to ASR	320,402,275	261,148,517	51,993,494	-	320,402,275	261,148,517	51,993,494
6.0 Total Benefit and Administrative Expense subject to ASR	3,594,011,313	2,337,850,413	1,248,900,636	-	3,594,011,313	2,337,850,413	1,248,900,636
Calculation of Pre-Tax Income and ASR							
7.1 Pre-tax Income	\$ 292,991,352	\$ 294,149,023	\$ 6,102,594	\$ (3,137,391)	\$ 289,853,961	\$ 291,011,632	\$ 6,102,594
7.2 Pre-tax Income as a Percent of Revenue	7.5%	11.2%	0.5%		7.5%	11.1%	0.5%
7.3 Preliminary Achieved Savings Rebate	49,320,610			(1,490,261)	47,830,349		

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 Administration Fee, adjustments to the MMA Revenue and Expense Schedule and ASR Exhibit were required.

Condition

The amounts reported for MMA Revenue and Expense Schedule – Summary line 1.6, Other Revenue, and line 15.0, Underwriting Gain (Loss), were incorrectly recorded between quarters, although were correct in total. The TANF Non-SMI rate cell and quarterly total for line 1.6 as well as the quarterly total for line 15.0 in Quarter 1 were understated by \$2,353,044. The TANF Non-SMI rate cells and quarterly totals for line 1.6 as well as the quarterly totals for line 15.0 in Quarters 2-4 were each overstated by \$784,348. This caused line 16.0, Income Tax Expense, to be understated by \$503,397 in Quarter 1 and overstated by \$167,799 in Quarters 2-4. The amounts reported for ASR Exhibit line 1.5, Financial Incentive Payments Outside of Capitation Rate, were overstated by \$3,137,391. As a result, line 1.6, Revenue Subject to ASR, and line 7.1, Pre-tax Income, were overstated by \$3,137,391 and line 7.3, Preliminary Achieved Savings Rebate, was overstated by \$1,490,261.

Criteria

The MMA Revenue and Expense Schedule – Summary and ASR Exhibit should be completed following Agency guidelines.

Cause

The Agency's guidelines for the DPP Admin Fee were provided after the Company's submission of the ASR.

Effect

Other Revenue and Income Tax Expense were not properly recorded on the MMA Revenue and Expense Schedule – Summary for Quarters 1-4. Financial Incentive Payments Outside of Capitation Rate and the Preliminary Achieved Savings Rebate were not properly recorded.

OTHER MATTERS

MMA Subcap Summary

For Professional Services, Other Services, and Expanded Benefits, the five vendors with the highest total paid were not listed individually, in accordance with ASR instructions.

Claims Testing Exception

The following issue was identified as an exception in our testing of claims. Due to the nature of the exception and the population being tested, it is not possible to determine the impact to the total claim population.

Testing of FFS claims reported on MMA Revenue and Expense Schedule – Summary identified three exceptions related to claims that were improperly classified based on type of service. The three identified claims were related to services that would be properly classified in line 4.1.1, Maternity Services, but were reported in line 3.1, Primary Care FFS.

Corrective Action

CRI recommends that the adjustments noted above be reflected in the resubmitted ASR, as requested by the Agency. We also recommend that the Plan review their processes to ensure these adjustments and other matters are corrected in future ASR submissions.

View of Plan Management

Plan management is in agreement with adjustments identified above.

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 30, 2023

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

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 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
MEMBER MONTHS			2,031,234.8	1,656,705.0	71,838.2	120,632.8	45,387.1	58,680.1	11,604.0	697.4	5,664.2	165.6	52,933.8	6,926.5
REVENUES														
Revenues	1.1	Capitation	606,928,478	311,496,193	39,008,478	125,354,589	67,631,986	12,406,415	4,654,191	106,188	18,405,513	4,264,206	6,561,001	17,039,717
	1.2.1	Pharmacy Drug High Risk Pool	1,173,484	957,111	41,502	69,692	26,221	33,901	6,704	403	3,272	96	30,581	4,002
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	13,069,898	11,950,757	891,691	97,525	90,064	-	3,875	-	32,334	-	-	3,650
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	943,289	907,115	6,938	11,651	4,384	5,667	1,121	67	547	16	5,112	669
	1.7	Total Revenue	622,115,149	325,311,177	39,948,609	125,533,458	67,752,655	12,445,984	4,665,891	106,659	18,441,666	4,264,318	6,596,694	17,048,038
	BENEFIT EXPENSES													
			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	71,149,555	37,030,539	2,254,740	18,669,670	7,907,055	(27,515)	169,195	1,256	684,315	348,640	607,452	3,504,208
	2.2	Ending IBNP for Inpatient Hospital Services	403,305	209,904	12,781	105,827	44,820	(156)	959	7	3,879	1,976	3,443	19,863
	2.3	Outpatient FFS: ER	47,575,825	30,969,078	3,247,048	7,802,942	3,899,932	183,223	175,966	2,616	347,529	27,960	167,724	751,807
	2.4	Outpatient FFS: Other than ER	11,327,582	942,340	173,812	4,708,373	1,524,800	1,628,216	26,747	16,999	144,702	5,550	970,626	1,185,417
	2.5	Ending IBNP for Outpatient Hospital Services	333,888	28,967	5,610	140,633	45,653	48,191	918	473	4,160	207	28,188	30,890
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	130,790,155	69,180,827	5,693,990	31,427,444	13,422,261	1,831,959	373,785	21,351	1,184,586	384,333	1,777,433	5,492,185
Professional Services	3.1	Primary Care FFS	89,066,182	57,298,170	4,358,745	14,905,963	6,116,673	1,003,187	460,685	34,697	691,910	104,673	2,120,341	1,971,139
	3.2	Specialty Care FFS	4,452,754	2,114,160	241,036	1,125,967	581,483	14,413	8,287	253	65,447	10,531	76,470	214,708
	3.3	Other Professional FFS	18,971	12,544	1,594	2,362	681	337	349	-	539	-	-	564
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	11,587,542	9,656,088	428,966	603,310	285,901	268,405	63,998	19,350	44,078	912	183,738	32,796
	3.6	Ending IBNP for Professional Services	530,211	341,129	25,928	88,749	36,393	5,965	2,707	206	4,129	620	12,630	11,754
	3.7	Professional Settlements/AP	27,410,539	22,583,385	1,073,606	1,405,031	718,309	745,582	130,817	11,358	109,861	2,543	544,981	85,066
	3.8	Total Physician Services	133,066,199	92,005,476	6,129,875	18,131,383	7,739,440	2,037,889	666,844	65,864	915,964	119,279	2,938,159	2,316,026
Maternity Services	4.1.1	Maternity Services	10,440,711	9,315,623	709,234	141,080	224,282	7,316	6,941	-	31,448	-	194	4,594
	4.2.1	Ending IBNP for Maternity Services	59,182	52,805	4,020	800	1,271	41	39	-	178	-	1	26
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	10,499,893	9,368,428	713,254	141,880	225,553	7,357	6,980	-	31,626	-	195	4,620
Mental Health	5.1	Mental Health & Substance Abuse FFS	112,894	39,728	18,281	7,111	39,215	6,785	902	96	1,550	69	(752)	(92)
	5.2	Mental Health & Substance Abuse Subcapitation	35,676,195	12,545,656	8,711,695	2,806,909	7,891,485	980,837	952,829	20,491	434,991	2,765	875,530	453,008
	5.3	Ending IBNP for Mental Health & Substance Abuse	640	225	104	40	222	38	5	1	9	0	(4)	(1)
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	35,789,729	12,585,609	8,730,080	2,814,061	7,930,922	987,660	953,736	20,587	436,550	2,834	874,774	452,916
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	2,694,002	788,173	153,420	430,532	335,703	169,778	5,604	1,977	32,270	7,311	588,768	180,465
	7.2	Transportation Subcapitation	9,809,877	7,984,983	335,803	594,950	218,285	281,668	55,335	11,857	25,518	717	266,078	34,684
	7.3	Ending IBNP for Transportation	15,271	4,468	870	2,440	1,903	962	32	11	183	41	3,337	1,023
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	12,519,150	8,777,624	490,092	1,027,922	555,891	452,409	60,971	13,845	57,972	8,070	858,183	216,172
Pharmacy	8.1	Prescription Drugs FFS	121,808,269	43,935,649	10,049,004	30,691,343	22,957,910	88,664	727,237	2,756	6,378,782	-	51,290	6,925,633
	8.2	Hepatitis C Prescription Drug FFS	637,458	251,063	72,437	175,987	74,611	-	-	-	50,688	-	-	12,672
	8.3	Ending IBNP for Prescription Drugs	6	2	0	1	1	0	0	0	0	-	0	0
	8.4	Prescription Drug Rebates	(757,260)	(263,391)	(61,763)	(178,136)	(157,770)	(619)	(3,829)	(22)	(47,583)	-	(286)	(43,860)
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	121,688,472	43,923,323	10,059,678	30,689,195	22,874,752	88,045	723,408	2,734	6,381,888	-	51,004	6,894,446

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 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	
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	3,648,593	430,634	7,690	640,156	208,462	140,513	81,276	2,326	5,289	2,132,248			
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-			
	9.2.1	Nursing Facility FFS	4,009,450	26,057	23,045	704,998	323,761	2,931,589	-	-	-	-			
	9.3	DME FFS	3,002,040	1,198,039	187,142	1,139,350	292,686	29,391	32,018	179	12,771	110,465			
	9.4	Other State Plan Services FFS	13,881,465	10,143,553	742,902	1,760,970	733,645	12,903	96,331	2,286	107,928	39,421	52,068	189,458	
	9.5	Other Services Subcapitation	10,619,234	8,456,044	425,049	671,312	307,902	307,902	50,786	58,715	43,527	766	254,753	42,792	
	9.6	Ending IBNP for Other Services	141,611	103,021	7,636	18,145	7,554	136	1,021	21	1,104	399	545	2,029	
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	35,302,392	20,357,346	1,393,464	4,934,931	1,874,010	3,422,120	261,431	63,527	170,619	2,283,300	307,366	234,279	
Expanded Benefits	10.1	Expanded Benefits FFS	5,932,292	2,563,243	380,630	1,148,995	791,318	214,178	12,382	1,970	49,810	-	583,552	186,214	
	10.2	Expanded Benefits Subcapitation	591,716	386,224	32,866	62,695	30,133	37,380	607	1,120	2,462	8	33,527	4,694	
	10.3	Ending IBNP for Expanded Benefits	24,175	10,162	1,531	4,952	3,134	848	53	7	186	-	2,509	792	
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	10.5	Total Expanded Benefits	6,548,184	2,959,630	415,026	1,216,642	824,586	252,406	13,042	3,098	52,459	8	619,588	191,699	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	389,000,783	196,795,201	22,558,996	83,877,663	45,854,447	6,402,359	1,800,091	67,388	8,557,396	2,786,869	5,217,447	15,082,926	
	11.2	Total Services Paid Directly -- IBNP	1,508,288	750,682	58,480	361,588	140,953	56,025	5,735	727	13,829	3,243	50,650	66,377	
	11.3	Total Services Paid through Subcapitation	68,284,564	39,028,995	9,934,379	4,739,176	8,733,707	1,875,877	1,123,554	111,533	550,576	5,169	1,613,624	567,973	
	11.4	Total Services Paid by Settlements/AP	27,410,539	22,583,385	1,073,606	1,405,031	718,309	745,582	130,817	11,358	109,861	2,543	544,981	85,066	
	11.5	TPL & Fraud/Abuse Recoveries	(643,351)	(326,668)	(35,399)	(143,620)	(71,388)	(12,013)	(2,863)	(108)	(12,625)	(4,169)	(9,092)	(25,407)	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	
	11.7	Subtotal Benefit Expense before Reinsurance	485,560,823	258,831,595	33,590,061	90,239,838	55,376,027	9,067,831	3,057,334	190,898	9,219,037	2,793,655	7,417,611	15,776,936	
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	485,560,823	258,831,595	33,590,061	90,239,838	55,376,027	9,067,831	3,057,334	190,898	9,219,037	2,793,655	7,417,611	15,776,936	
	Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JANUARY - MARCH (Q1)											
			Total	Health Plan	Corporate										
Administrative Expenses	12.1	Salaries & Benefits	40,923,306	375,605	40,547,700										
	12.2	Administrative Services	1,664,422	-	1,664,422										
	12.3	Information Systems	3,437,117	-	3,437,117										
	12.4	Marketing Expenses	2,609,719	-	2,609,719										
	12.5	General Administration	2,841,391	(2,809,570)	5,650,961										
	12.6	Compliance/Regulatory	325,861	-	325,861										
	12.7	Total Administrative Expenses	51,801,816	(2,433,965)	54,235,781										
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	Total	-	-	-										
14.0	Grand Total Expenses	537,362,640													
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	84,752,509													
16.0	Income Tax Expense	18,131,494													
17.0	Net Underwriting Gain (Loss)	66,621,015													

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 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
MEMBER MONTHS			2,127,871.1	1,744,298.7	75,890.2	123,538.1	45,703.7	59,574.7	11,367.1	658.6	5,867.4	160.8	53,691.0	7,120.7
REVENUES														
Revenues	1.1	Capitation	633,053,688	329,706,052	41,203,148	129,294,812	68,341,806	12,578,965	4,525,426	100,626	19,052,650	4,113,596	6,649,172	17,487,432
	1.2.1	Pharmacy Drug High Risk Pool	1,229,313	1,007,716	43,843	71,370	26,404	34,417	6,567	381	3,390	93	31,018	4,114
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	12,526,745	11,499,190	749,205	125,786	84,016	3,875	7,471	-	57,203	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	951,746	914,699	7,330	11,932	4,414	5,754	1,098	64	567	16	5,186	688
	1.7	Total Revenue	647,761,492	343,127,658	42,003,526	129,503,900	68,456,640	12,623,011	4,540,562	101,071	19,113,809	4,113,705	6,685,376	17,492,234
	BENEFIT EXPENSES													
			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	77,098,245	41,222,014	2,982,285	19,768,173	7,633,027	209,294	188,098	1,363	605,391	296,487	409,215	3,782,900
	2.2	Ending IBNP for Inpatient Hospital Services	874,782	467,719	33,838	224,296	86,607	2,375	2,134	15	6,869	3,364	4,643	42,922
	2.3	Outpatient FFS: ER	51,622,013	34,463,504	3,286,389	8,192,845	4,071,950	134,949	219,220	3,013	370,345	29,415	179,064	671,321
	2.4	Outpatient FFS: Other than ER	13,781,383	2,207,129	97,180	5,393,173	2,264,536	1,916,713	14,391	22,904	134,255	15,587	974,535	740,980
	2.5	Ending IBNP for Outpatient Hospital Services	742,089	122,088	4,662	291,493	116,445	104,198	1,022	1,061	7,208	622	53,298	39,992
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	144,118,512	78,482,453	6,404,354	33,869,980	14,172,565	2,367,528	424,865	28,356	1,124,067	345,475	1,620,755	5,278,115
Professional Services	3.1	Primary Care FFS	92,222,043	60,474,668	4,605,137	15,787,716	6,459,411	629,701	426,356	14,266	679,445	68,914	1,209,778	1,866,653
	3.2	Specialty Care FFS	5,124,921	2,516,167	282,225	1,246,776	676,300	7,987	14,423	129	69,302	9,307	42,425	259,880
	3.3	Other Professional FFS	18,903	14,678	1,660	713	571	-	50	-	165	-	0	1,066
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	12,376,012	10,382,176	467,330	624,320	290,078	263,616	62,142	3,863	47,214	913	200,445	33,915
	3.6	Ending IBNP for Professional Services	1,104,745	724,570	55,123	189,077	77,324	7,550	5,047	172	8,159	827	14,494	22,403
	3.7	Professional Settlements/AP	29,715,398	24,542,445	1,184,366	1,534,655	755,325	754,397	162,897	10,568	117,354	2,423	559,687	91,282
	3.8	Total Physician Services	140,562,022	98,654,704	6,595,840	19,383,257	8,259,009	1,663,251	670,913	28,997	921,640	82,383	2,026,829	2,275,200
Maternity Services	4.1.1	Maternity Services	10,663,644	9,615,435	754,287	147,820	82,868	4,355	8,223	5	47,631	-	74	2,946
	4.2.1	Ending IBNP for Maternity Services	120,993	109,100	8,558	1,677	940	49	93	0	540	-	1	33
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	10,784,637	9,724,535	762,845	149,497	83,809	4,405	8,316	5	48,171	-	75	2,979
Mental Health	5.1	Mental Health & Substance Abuse FFS	48,058	34,591	4,370	4,414	3,041	780	1,237	-	(89)	-	36	(323)
	5.2	Mental Health & Substance Abuse Subcapitation	36,855,770	13,175,557	9,132,639	2,884,174	7,871,997	982,315	930,464	64,762	426,503	2,622	907,365	477,372
	5.3	Ending IBNP for Mental Health & Substance Abuse	545	392	50	50	35	9	14	-	(1)	-	0	(4)
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	36,904,374	13,210,540	9,137,058	2,888,638	7,875,072	983,104	931,715	64,762	426,413	2,622	907,401	477,046
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	
	6.5	Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	
Transportation	7.1	Transportation FFS	2,993,608	935,586	164,692	473,913	384,069	169,360	9,104	2,387	34,589	56,512	560,555	202,841
	7.2	Transportation Subcapitation	10,315,822	8,444,662	352,499	611,551	218,690	291,599	54,017	3,270	27,207	683	275,849	35,796
	7.3	Ending IBNP for Transportation	33,966	10,615	1,869	5,377	4,358	1,922	103	27	392	641	6,360	2,302
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	13,343,396	9,390,863	519,059	1,090,841	607,117	462,880	63,225	5,684	62,188	57,836	842,764	240,939
Pharmacy	8.1	Prescription Drugs FFS	125,765,563	46,282,304	10,824,696	30,998,363	23,440,053	74,449	659,455	119	6,595,597	-	55,331	6,835,196
	8.2	Hepatitis C Prescription Drug FFS	563,448	132,802	135,797	173,146	83,688	-	-	-	12,672	-	-	25,344
	8.3	Ending IBNP for Prescription Drugs	20	7	2	5	4	0	0	0	1	-	0	1
	8.4	Prescription Drug Rebates	(749,915)	(267,550)	(64,706)	(174,435)	(151,771)	(426)	(3,565)	(1)	(46,221)	-	(314)	(40,927)
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	125,579,116	46,147,563	10,895,788	30,997,079	23,371,974	74,024	655,891	118	6,562,049	-	55,016	6,819,614

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 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	
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	3,599,816	643,487	3,205	584,254	116,870	140,336	105,119	1,715	3,660	2,001,169			
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-			
	9.2.1	Nursing Facility FFS	4,713,345	50,533	18,972	1,099,677	344,294	3,165,670	-	2,037	32,161	-			
	9.3	DME FFS	3,289,155	1,406,274	177,417	1,213,049	343,716	21,676	29,018	149	14,561	83,294			
	9.4	Other State Plan Services FFS	13,516,197	9,858,072	733,198	1,779,788	677,227	(1,356)	117,530	532	94,338	37,393	38,899	180,577	
	9.5	Other Services Subcapitation	10,260,130	8,265,496	412,044	621,172	288,921	297,336	46,286	4,273	43,474	650	240,356	40,123	
	9.6	Ending IBNP for Other Services	289,799	210,190	15,802	38,715	14,850	(41)	2,640	10	2,031	841	858	3,902	
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	35,668,443	20,434,053	1,360,638	5,336,656	1,785,878	3,623,621	300,593	8,715	190,225	2,123,347	280,113	224,603	
Expanded Benefits	10.1	Expanded Benefits FFS	6,097,360	2,683,248	371,655	1,300,369	744,693	170,773	9,793	1,832	67,887	-	504,987	242,122	
	10.2	Expanded Benefits Subcapitation	770,521	532,083	39,403	73,204	32,838	43,739	1,453	436	2,818	18	39,212	5,319	
	10.3	Ending IBNP for Expanded Benefits	49,852	21,253	3,074	11,267	6,089	1,322	83	15	535	-	4,334	1,881	
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	10.5	Total Expanded Benefits	6,917,732	3,236,584	414,132	1,384,840	783,620	215,833	11,329	2,282	71,240	18	548,533	249,322	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	410,367,788	212,272,943	24,378,458	87,989,755	47,174,544	6,644,261	1,798,452	50,450	8,715,688	2,598,077	3,974,585	14,770,576	
	11.2	Total Services Paid Directly -- IBNP	3,216,792	1,665,934	122,977	761,958	306,651	117,383	11,137	1,299	25,735	6,296	83,988	113,433	
	11.3	Total Services Paid through Subcapitation	70,578,254	40,799,974	10,403,915	4,814,420	8,702,524	1,878,604	1,094,361	76,603	547,215	4,887	1,663,227	592,525	
	11.4	Total Services Paid by Settlements/AP	29,715,398	24,542,445	1,184,366	1,534,655	755,325	754,397	162,897	10,568	117,354	2,423	559,687	91,282	
	11.5	TPL & Fraud/Abuse Recoveries	(214,192)	(111,493)	(11,954)	(47,382)	(23,260)	(3,915)	(905)	(25)	(4,076)	(1,199)	(2,232)	(7,751)	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	
	11.7	Subtotal Benefit Expense before Reinsurance	513,664,041	279,169,803	36,077,761	95,053,406	56,915,783	9,390,729	3,065,942	138,894	9,401,918	2,610,483	6,279,255	15,560,066	
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	513,664,041	279,169,803	36,077,761	95,053,406	56,915,783	9,390,729	3,065,942	138,894	9,401,918	2,610,483	6,279,255	15,560,066	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			APRIL - JUNE (Q2)												
			Total	Health Plan	Corporate										
Administrative Expenses	12.1	Salaries & Benefits	40,942,486	(63,067)	41,005,553										
	12.2	Administrative Services	2,422,934	-	2,422,934										
	12.3	Information Systems	3,452,487	-	3,452,487										
	12.4	Marketing Expenses	1,776,962	-	1,776,962										
	12.5	General Administration	9,134,530	162,409	8,972,121										
	12.6	Compliance/Regulatory	253,354	-	253,354										
	12.7	Total Administrative Expenses	57,982,753	99,342	57,883,411										
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	Total	-	-	-											
14.0	Grand Total Expenses	571,646,794													
15.0	Underwriting Gain / (Loss) -- AKA Pre-tax Earnings from Operations	76,114,698													
16.0	Income Tax Expense	16,283,567													
17.0	Net Underwriting Gain (Loss)	59,831,131													

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 2022
 Paid Through: 3/31/2023

			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
MEMBER MONTHS			2,248,031.9	1,854,560.6	79,817.0	125,781.3	45,909.9	61,073.7	11,416.8	636.7	6,060.3	176.0	55,161.4	7,438.1
REVENUES														
Revenues	1.1	Capitation	665,989,592	355,167,936	43,546,394	131,795,373	68,666,492	12,889,282	4,543,994	97,143	19,709,303	4,519,452	6,835,450	18,218,772
	1.2.1	Pharmacy Drug High Risk Pool	1,298,732	1,071,416	46,112	72,666	26,523	35,283	6,596	368	3,501	102	31,868	4,297
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	14,114,700	13,091,032	807,709	82,333	72,137	3,875	3,732	-	46,577	-	-	7,305
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	951,598	913,595	7,709	12,148	4,434	5,899	1,103	61	585	17	5,328	718
	1.7	Total Revenue	682,354,622	370,243,980	44,407,924	131,962,521	68,769,586	12,934,339	4,555,424	97,572	19,759,966	4,519,571	6,872,646	18,231,093
	BENEFIT EXPENSES													
Hospital Services	2.1	Inpatient FFS	81,085,103	46,042,493	2,485,578	18,181,985	7,606,505	212,169	476,984	1,556	1,176,734	335,799	396,106	4,169,193
	2.2	Ending IBNP for Inpatient Hospital Services	2,020,809	1,147,474	61,946	453,133	189,570	5,288	11,887	39	29,327	8,369	9,872	103,905
	2.3	Outpatient FFS: ER	51,384,325	35,060,779	3,344,817	7,628,986	3,602,974	165,620	278,122	3,178	376,594	32,054	157,501	733,699
	2.4	Outpatient FFS: Other than ER	13,554,298	2,883,473	277,281	4,712,909	1,686,306	1,909,393	25,503	16,263	92,089	5,942	1,109,496	835,643
	2.5	Ending IBNP for Outpatient Hospital Services	1,618,405	356,395	29,029	558,973	198,080	237,461	3,840	1,647	10,603	723	122,360	99,294
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	149,662,939	85,490,615	6,198,651	31,535,986	13,283,435	2,529,931	796,337	22,683	1,685,347	382,886	1,795,336	5,941,734
	Professional Services	3.1	Primary Care FFS	89,474,565	59,644,588	4,282,345	14,979,268	5,732,157	703,598	436,169	9,147	641,817	101,066	1,065,409
3.2		Specialty Care FFS	5,107,338	2,717,442	280,666	1,110,158	572,054	11,609	21,763	104	79,486	8,503	33,482	272,071
3.3		Other Professional FFS	17,248	13,492	2,475	660	400	158	11	-	52	-	-	-
3.4		§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
3.5		Subcapitated Professional Services	12,876,521	10,901,350	474,792	607,562	278,416	260,018	63,085	3,720	47,952	1,061	204,915	33,649
3.6		Ending IBNP for Professional Services	2,357,607	1,571,598	112,748	394,691	151,052	18,563	11,364	241	16,971	2,664	28,071	49,643
3.7		Professional Settlements/AP	34,173,855	28,374,872	1,355,327	1,677,821	834,042	850,044	175,778	11,713	135,194	2,705	653,751	102,608
3.8		Total Physician Services	144,007,134	103,223,342	6,508,353	18,770,160	7,568,122	1,843,991	708,169	24,925	921,472	115,999	1,985,629	2,336,972
Maternity Services	4.1.1	Maternity Services	11,930,271	10,920,379	725,125	129,282	91,119	1,135	3,289	64	46,681	-	59	13,137
	4.2.1	Ending IBNP for Maternity Services	297,327	272,158	18,072	3,222	2,271	28	82	2	1,163	-	1	327
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	12,227,598	11,192,538	743,197	132,504	93,390	1,164	3,371	66	47,844	-	61	13,464
Mental Health	5.1	Mental Health & Substance Abuse FFS	55,265	38,888	990	6,005	516	457	7,593	-	-	-	553	264
	5.2	Mental Health & Substance Abuse Subcapitation	38,276,321	13,343,939	9,598,584	2,928,123	7,905,241	989,730	934,507	639,367	474,942	2,881	948,329	510,677
	5.3	Ending IBNP for Mental Health & Substance Abuse	1,377	969	25	150	13	11	189	-	-	-	14	7
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	38,332,963	13,383,796	9,599,599	2,934,277	7,905,770	990,198	942,289	639,367	474,942	2,881	948,896	510,948
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	3,019,230	938,423	186,055	488,629	374,525	171,213	8,509	856	41,851	7,392	573,979	227,797
	7.2	Transportation Subcapitation	10,900,088	8,977,005	364,651	602,214	219,003	300,624	54,235	31,985	28,288	748	284,733	36,604
	7.3	Ending IBNP for Transportation	75,245	23,387	4,637	12,178	9,334	4,267	212	21	1,043	184	14,305	5,677
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	13,994,564	9,938,815	555,343	1,103,021	602,862	476,104	62,956	32,862	71,182	8,324	873,017	270,078
Pharmacy	8.1	Prescription Drugs FFS	131,840,874	50,697,732	11,316,074	31,016,580	24,622,284	157,803	697,052	4,470	6,544,273	-	90,343	6,694,265
	8.2	Hepatitis C Prescription Drug FFS	448,646	148,316	38,016	47,846	158,299	-	-	-	43,497	-	-	12,672
	8.3	Ending IBNP for Prescription Drugs	441	169	38	105	80	0	2	0	22	-	0	23
	8.4	Prescription Drug Rebates	(1,056,285)	(391,830)	(89,978)	(227,392)	(214,353)	(1,379)	(5,615)	(59)	(64,588)	-	(824)	(60,268)
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	131,233,676	50,454,388	11,264,150	30,837,140	24,566,310	156,424	691,439	4,411	6,523,204	-	89,519	6,646,691

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 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	
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	3,634,449	373,122	7,297	698,373	80,978	123,698	66,645	1,813	3,060	2,279,464			
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-			
	9.2.1	Nursing Facility FFS	5,429,179	127,053	54,554	1,209,862	526,664	3,422,047	-	54,319	34,681	-			
	9.3	DME FFS	3,095,391	1,271,709	176,640	1,150,360	269,346	25,811	44,412	403	10,202	146,507			
	9.4	Other State Plan Services FFS	13,137,714	9,818,160	643,299	1,653,815	635,572	7,995	101,113	554	69,985	41,629	32,631	132,963	
	9.5	Other Services Subcapitation	10,390,060	8,440,179	414,838	598,095	276,585	289,635	43,830	6,618	43,888	702	236,009	39,681	
	9.6	Ending IBNP for Other Services	638,083	474,086	31,877	81,412	31,299	431	5,080	25	3,436	2,200	1,601	6,636	
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	36,324,875	20,504,308	1,328,505	5,391,917	1,820,443	3,869,617	261,079	63,732	165,253	2,470,502	270,241	179,280	
Expanded Benefits	10.1	Expanded Benefits FFS	6,253,266	3,000,765	365,112	1,188,178	755,258	183,152	8,558	1,714	53,661	-	492,890	203,978	
	10.2	Expanded Benefits Subcapitation	895,865	637,370	43,970	78,715	34,172	47,787	1,696	680	3,053	26	42,551	5,846	
	10.3	Ending IBNP for Expanded Benefits	109,802	51,429	6,382	22,077	13,240	3,080	144	27	840	-	9,062	3,521	
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	10.5	Total Expanded Benefits	7,258,933	3,689,564	415,464	1,288,970	802,670	234,019	10,398	2,421	57,553	26	544,503	213,345	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	418,410,877	223,304,984	24,096,348	83,975,506	46,500,604	7,094,478	2,170,107	94,381	9,150,076	2,958,354	3,951,625	15,114,413	
	11.2	Total Services Paid Directly -- IBNP	7,119,096	3,897,666	264,753	1,525,940	594,939	269,129	32,801	2,002	63,405	14,140	185,287	269,033	
	11.3	Total Services Paid through Subcapitation	73,338,855	42,299,843	10,896,834	4,814,709	8,713,418	1,887,795	1,097,352	682,370	598,123	5,418	1,716,537	626,457	
	11.4	Total Services Paid by Settlements/AP	34,173,855	28,374,872	1,355,327	1,677,821	834,042	850,044	175,778	11,713	135,194	2,705	653,751	102,608	
	11.5	TPL & Fraud/Abuse Recoveries	(208,894)	(112,281)	(11,618)	(43,121)	(22,033)	(3,769)	(1,017)	(42)	(4,056)	(1,368)	(2,063)	(7,527)	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	
	11.7	Subtotal Benefit Expense before Reinsurance	532,833,789	297,765,085	36,601,644	91,950,854	56,620,969	10,097,678	3,475,020	790,424	9,942,742	2,979,251	6,505,138	16,104,984	
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	532,833,789	297,765,085	36,601,644	91,950,854	56,620,969	10,097,678	3,475,020	790,424	9,942,742	2,979,251	6,505,138	16,104,984	
	Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JULY - SEPTEMBER (Q3)											
			Total	Health Plan	Corporate										
Administrative Expenses	12.1	Salaries & Benefits	48,347,823	294,715	48,053,108										
	12.2	Administrative Services	2,026,188	-	2,026,188										
	12.3	Information Systems	3,811,760	-	3,811,760										
	12.4	Marketing Expenses	2,943,403	-	2,943,403										
	12.5	General Administration	6,103,505	155,472	5,948,034										
	12.6	Compliance/Regulatory	118,885	-	118,885										
	12.7	Total Administrative Expenses	63,351,564	450,186	62,901,378										
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	Total	-												
14.0	Grand Total Expenses	596,185,354													
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	86,169,268													
16.0	Income Tax Expense	18,431,606													
17.0	Net Underwriting Gain (Loss)	67,737,662													

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 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
MEMBER MONTHS			2,354,616.7	1,951,928.3	83,601.9	128,089.8	46,117.8	62,367.2	11,489.5	662.7	6,400.1	168.0	56,156.5	7,635.0
REVENUES														
Revenues	1.1	Capitation	661,142,759	360,642,414	42,167,885	127,940,136	67,269,265	11,404,827	4,351,920	107,520	16,503,243	4,868,508	7,454,582	18,432,459
	1.2.1	Pharmacy Drug High Risk Pool	1,360,308	1,127,667	48,298	74,000	26,643	36,031	6,638	383	3,697	97	32,443	4,411
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	16,426,477	15,294,705	852,387	132,552	95,640	-	-	-	47,512	-	-	3,681
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	953,294	914,401	8,074	12,371	4,454	6,024	1,110	64	618	16	5,424	737
	1.7	Total Revenue	679,882,838	377,979,187	43,076,644	128,159,059	67,396,003	11,446,881	4,359,668	107,967	16,555,071	4,868,621	7,492,449	18,441,289
	BENEFIT EXPENSES													
			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	82,960,964	47,846,830	2,468,444	18,821,990	7,169,077	342,338	427,322	1,556	730,759	433,128	324,304	4,395,215
	2.2	Ending IBNP for Inpatient Hospital Services	7,198,927	4,151,902	214,199	1,633,276	622,096	29,706	37,081	135	63,412	37,585	28,141	381,394
	2.3	Outpatient FFS: ER	55,783,587	40,101,995	3,423,058	6,957,615	3,699,506	183,516	221,032	5,286	354,374	55,120	115,761	666,324
	2.4	Outpatient FFS: Other than ER	14,397,341	2,658,004	274,618	5,424,764	1,650,164	2,142,910	13,600	15,576	199,344	9,166	1,145,388	863,807
	2.5	Ending IBNP for Outpatient Hospital Services	6,089,941	1,093,104	109,041	2,360,702	697,148	909,208	6,478	5,753	76,566	3,781	476,940	351,219
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
2.8	Total Hospital Services	166,430,759	95,851,834	6,489,360	35,198,347	13,837,992	3,607,679	705,512	28,306	1,424,455	538,779	2,090,535	6,657,959	
Professional Services	3.1	Primary Care FFS	95,065,664	65,424,969	4,498,185	14,546,167	5,838,615	735,227	446,193	7,239	664,814	88,939	1,027,227	1,788,088
	3.2	Specialty Care FFS	5,764,690	3,233,274	311,106	1,191,330	604,470	26,077	26,201	181	74,127	19,047	37,574	241,301
	3.3	Other Professional FFS	15,690	13,566	872	320	229	327	138	-	328	-	(89)	-
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	13,099,411	11,130,976	483,334	591,342	269,645	254,446	63,146	15,903	48,421	1,201	208,190	32,807
	3.6	Ending IBNP for Professional Services	8,750,902	6,023,382	413,807	1,338,490	537,369	67,671	40,711	667	61,312	8,188	94,549	164,756
	3.7	Professional Settlements/AP	67,571,953	55,997,175	2,769,650	3,198,073	1,602,716	1,803,796	262,717	25,713	284,657	5,518	1,411,577	210,359
	3.8	Total Professional Services	190,268,309	141,823,344	8,476,954	20,865,723	8,853,045	2,887,544	839,104	49,703	1,133,659	122,894	2,779,028	2,437,311
Maternity Services	4.1.1	Maternity Services	12,453,460	11,420,226	746,590	124,287	91,277	3,699	3,468	-	52,151	-	-	11,763
	4.2.1	Ending IBNP for Maternity Services	1,080,647	990,989	64,785	10,785	7,921	321	301	-	4,525	-	-	1,021
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	13,534,108	12,411,215	811,375	135,072	99,198	4,020	3,769	-	56,676	-	-	12,784
Mental Health	5.1	Mental Health & Substance Abuse FFS	37,842	26,130	1,191	2,669	1,931	306	1,312	-	400	730	2,427	746
	5.2	Mental Health & Substance Abuse Subcapitation	40,359,511	14,888,812	9,912,122	3,015,166	7,880,728	1,030,171	959,541	631,737	506,465	2,846	993,825	538,098
	5.3	Ending IBNP for Mental Health & Substance Abuse	3,284	2,267	103	232	168	27	114	-	35	63	211	65
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	40,400,636	14,917,210	9,913,416	3,018,067	7,882,827	1,030,504	960,967	631,737	506,899	3,639	996,462	538,908
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	2,872,450	959,133	165,293	453,314	373,320	156,787	4,492	1,203	44,142	3,484	533,104	178,180
	7.2	Transportation Subcapitation	11,412,072	9,435,805	394,334	634,235	214,874	308,114	54,124	15,521	29,416	718	285,711	39,219
	7.3	Ending IBNP for Transportation	249,256	83,229	14,343	39,336	13,605	32,395	390	104	3,830	302	46,260	15,462
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	14,533,779	10,478,168	573,969	1,126,885	620,589	478,506	59,006	16,828	77,389	4,504	865,075	232,860
Pharmacy	8.1	Prescription Drugs FFS	135,371,250	53,372,760	11,580,320	31,634,778	24,107,616	145,525	788,798	3,744	7,086,459	2,100	92,984	6,556,167
	8.2	Hepatitis C Prescription Drug FFS	358,876	188,659	38,016	68,841	50,688	-	-	-	-	-	-	12,672
	8.3	Ending IBNP for Prescription Drugs	19	6	2	6	3	0	0	-	1	-	0	2
	8.4	Prescription Drug Rebates	(1,021,960)	(398,434)	(85,750)	(224,604)	(195,028)	(1,005)	(5,232)	(29)	(61,920)	(17)	(642)	(49,298)
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	134,708,186	53,162,990	11,532,587	31,479,020	23,963,279	144,520	783,566	3,715	7,024,539	2,083	92,342	6,519,542

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 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	LTC Dual Eligible	LTC Medicaid Only	
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	4,024,661	406,168	16,863	443,333	82,813	109,381	9,587	789	2,898	2,952,830		
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-	-	
	9.2.1	Nursing Facility FFS	3,932,480	59,503	485	697,744	297,538	2,866,625	-	1,230	9,354	-	-	
	9.3	DME FFS	3,423,673	1,498,420	146,111	1,178,352	380,413	31,382	19,114	342	12,829	156,709	-	
	9.4	Other State Plan Services FFS	13,530,138	10,264,911	639,275	1,632,398	592,304	18,759	89,423	222	81,130	48,517	25,941	137,259
	9.5	Other Services Subcapitation	10,941,479	8,901,752	444,352	606,846	278,262	295,837	44,765	38,362	46,529	731	242,611	41,433
	9.6	Ending IBNP for Other Services	2,202,849	1,661,688	106,242	267,542	99,954	3,067	15,202	35	13,208	8,303	4,339	23,271
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	38,055,280	22,792,443	1,353,327	4,826,214	1,731,284	3,325,051	178,091	40,980	165,946	3,167,090	272,891	201,963
Expanded Benefits	10.1	Expanded Benefits FFS	6,781,812	3,251,824	403,479	1,334,348	817,326	176,128	24,632	2,049	61,603	24	481,903	228,497
	10.2	Expanded Benefits Subcapitation	978,869	699,049	48,266	82,728	35,856	50,859	1,951	6,034	3,294	24	44,561	6,245
	10.3	Ending IBNP for Expanded Benefits	418,680	195,772	24,708	86,585	50,421	10,475	1,687	121	3,689	1	31,122	14,099
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	10.5	Total Expanded Benefits	8,179,360	4,146,645	476,453	1,503,661	903,604	237,462	28,270	8,204	68,585	50	557,585	248,841
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	435,752,617	240,327,939	24,628,155	84,287,644	45,562,260	6,937,983	2,070,076	39,389	9,312,790	3,769,777	3,785,881	15,030,721
	11.2	Total Services Paid Directly -- IBNP	25,994,505	14,202,339	947,230	5,736,953	2,047,474	1,034,080	101,963	6,815	226,577	58,224	681,563	951,287
	11.3	Total Services Paid through Subcapitation	76,791,341	45,056,395	11,282,407	4,930,318	8,679,366	1,939,426	1,123,528	707,557	634,125	5,520	1,774,898	657,801
	11.4	Total Services Paid by Settlements/AP	67,571,953	55,997,175	2,769,650	3,198,073	1,602,716	1,803,796	262,717	25,713	284,657	5,518	1,411,577	210,359
	11.5	TPL & Fraud/Abuse Recoveries	(52,856)	(29,332)	(2,876)	(10,528)	(5,205)	(925)	(233)	(5)	(1,027)	(415)	(487)	(1,823)
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	606,057,560	355,554,517	39,624,566	98,142,461	57,886,611	11,714,360	3,558,052	779,470	10,457,122	3,838,623	7,653,432	16,848,345
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	606,057,560	355,554,517	39,624,566	98,142,461	57,886,611	11,714,360	3,558,052	779,470	10,457,122	3,838,623	7,653,432	16,848,345
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			OCTOBER - DECEMBER (Q4)											
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	58,762,351	(192,425)	58,954,777									
	12.2	Administrative Services	2,647,951	-	2,647,951									
	12.3	Information Systems	5,203,046	-	5,203,046									
	12.4	Marketing Expenses	12,292,429	-	12,292,429									
	12.5	General Administration	11,520,406	155,887	11,364,519									
	12.6	Compliance/Regulatory	303,459	-	303,459									
	12.7	Total Administrative Expenses	90,729,641	(36,538)	90,766,179									
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	Total	-	-	-									
14.0	Grand Total Expenses	696,787,201												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(16,904,362)												
16.0	Income Tax Expense	(3,616,428)												
17.0	Net Underwriting Gain (Loss)	(13,287,934)												

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.

Reporting Period: CY 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
MEMBER MONTHS		(1,111.0)	8,760,643.5	7,207,492.6	311,147.3	498,042.0	183,118.4	241,695.7	45,877.4	2,655.4	23,992.0	670.5	217,942.7	29,120.3
REVENUES														
Revenues	1.1 Capitation	(2,574,883)	2,564,539,635	1,357,012,596	165,925,905	514,384,911	271,909,549	49,279,489	18,075,532	411,478	73,670,709	17,765,762	27,500,206	71,178,381
	1.2.1 Pharmacy Drug High Risk Pool	8,744,007	13,805,845	4,163,910	179,756	287,729	105,791	139,632	26,504	1,534	13,861	387	125,910	16,823
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	944,050	57,081,870	51,835,685	3,300,992	438,196	341,858	7,750	15,077	-	183,626	-	-	14,636
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	(679,645)	3,120,280	3,649,811	30,051	48,102	17,686	23,344	4,431	256	2,317	65	21,049	2,813
	1.7 Total Revenue	6,433,529	2,638,547,630	1,416,662,002	169,436,704	515,158,938	272,374,884	49,450,215	18,121,545	413,269	73,870,512	17,766,214	27,647,165	71,212,653
	BENEFIT EXPENSES													
		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	23,831,487	336,125,354	172,141,876	10,191,048	75,441,818	30,315,665	736,286	1,261,598	5,731	3,197,199	1,414,054	1,737,077	15,851,516
	2.2 Ending IBNP for Inpatient Hospital Services	(30,146,114)	(19,648,292)	5,976,999	322,763	2,416,532	943,093	37,213	52,062	196	103,486	51,294	46,100	548,084
	2.3 Outpatient FFS: ER	(4,333,282)	202,032,468	140,595,356	13,301,312	30,582,387	15,274,361	667,308	894,340	14,094	1,448,842	144,549	620,050	2,823,151
	2.4 Outpatient FFS: Other than ER	(14,940,049)	38,120,555	8,690,946	822,891	20,239,218	7,125,807	7,597,232	80,240	71,741	570,391	36,244	4,200,045	3,625,847
	2.5 Ending IBNP for Outpatient Hospital Services	-	8,784,323	1,600,553	148,341	3,351,801	1,057,326	1,299,058	12,258	8,935	98,537	5,333	680,786	521,395
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1 Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.8 Total Hospital Services	(25,587,959)	565,414,407	329,005,730	24,786,356	132,031,757	54,716,251	10,337,096	2,300,498	100,696	5,418,455	1,651,474	7,284,059	23,369,993
	Professional Services	3.1 Primary Care FFS	159,383	365,987,837	242,842,395	17,744,411	60,219,114	24,146,856	3,071,713	1,769,403	65,349	2,677,986	363,592	5,422,755
3.2 Specialty Care FFS		388,601	20,838,304	10,581,043	1,115,033	4,674,231	2,434,308	60,086	70,673	667	288,362	47,388	189,952	987,961
3.3 Other Professional FFS		(2,612)	68,200	54,281	6,601	4,054	1,880	822	547	-	1,084	-	(89)	1,630
3.4 § 1202 PCP Payments to providers		-	-	-	-	-	-	-	-	-	-	-	-	-
3.5 Subcapitated Professional Services		(116,015)	49,823,470	42,070,590	1,854,422	2,426,535	1,124,041	1,046,485	252,370	42,836	187,665	4,087	797,288	133,167
3.6 Ending IBNP for Professional Services		(1,256,360)	11,487,105	8,660,679	607,605	2,011,007	802,138	99,749	59,829	1,286	90,571	12,299	149,744	248,557
3.7 Professional Settlements/AP		(32,093,095)	126,778,651	131,497,878	6,382,949	7,815,580	3,910,392	4,153,820	732,208	59,352	647,067	13,189	3,169,996	489,315
3.8 Total Physician Services		(32,920,096)	574,983,567	435,706,865	27,711,021	77,150,522	32,419,616	8,432,674	2,885,031	169,489	3,892,735	440,555	9,729,645	9,365,509
Maternity Services	4.1.1 Maternity Services	(443,148)	45,044,937	41,271,664	2,935,235	542,469	489,547	16,505	21,920	69	177,911	-	327	32,440
	4.2.1 Ending IBNP for Maternity Services	(164,116)	1,394,034	1,425,052	95,435	16,484	12,403	440	516	2	6,407	-	3	1,408
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	(607,264)	46,438,972	42,696,715	3,030,671	558,953	501,950	16,945	22,435	71	184,318	-	330	33,847
Mental Health	5.1 Mental Health & Substance Abuse FFS	(7,558)	246,501	139,337	24,832	20,199	44,703	8,328	11,045	96	1,861	799	2,264	596
	5.2 Mental Health & Substance Abuse Subcapitation	(645,336)	150,522,460	53,953,963	37,355,040	11,634,372	31,549,451	3,983,053	3,777,341	1,356,357	1,842,901	11,114	3,725,049	1,979,155
	5.3 Ending IBNP for Mental Health & Substance Abuse	(1,051)	4,795	3,854	281	472	437	85	322	1	42	64	221	67
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 Total Mental Health & Substance Abuse Services	(653,946)	150,773,756	54,097,155	37,380,153	11,655,043	31,594,591	3,991,466	3,788,708	1,356,454	1,844,804	11,976	3,727,533	1,979,818
Dental	6.1 Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.2 Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.3 Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.5 Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	Transportation	7.1 Transportation FFS	465,665	12,044,955	3,621,315	669,460	1,846,388	1,467,617	667,138	27,709	6,423	152,852	74,699	2,256,407
7.2 Transportation Subcapitation		-	42,437,860	34,842,456	1,447,286	2,442,950	870,853	1,182,004	217,712	62,632	110,429	2,866	1,112,370	146,302
7.3 Ending IBNP for Transportation		(589,052)	(215,313)	121,699	21,718	59,331	47,989	20,756	737	164	5,449	1,169	70,262	24,463
7.4 Transportation Settlements/AP		-	-	-	-	-	-	-	-	-	-	-	-	-
7.5 Total Transportation Services		(123,387)	54,267,502	38,585,470	2,138,464	4,348,670	2,386,459	1,869,898	246,157	69,219	268,730	78,734	3,439,039	960,048
Pharmacy	8.1 Prescription Drugs FFS	(508,260)	514,277,696	194,288,445	43,770,093	124,341,064	95,127,863	466,441	2,872,542	11,089	26,605,111			

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 2022
 Paid Through: 3/31/2023

Summary

			TOTAL (TO DATE)												
			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
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	582,688	15,490,207	1,853,410	35,055	2,366,116	489,123	513,929	262,626	6,643	14,906	9,365,711		
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-	-		
	9.2.1	Nursing Facility FFS	3,016,580	21,101,034	263,146	97,057	3,712,281	1,492,257	12,385,932	-	57,586	76,196	-		
	9.3	DME FFS	144,121	12,954,379	5,374,442	687,310	4,681,112	1,286,162	108,260	124,562	1,073	50,362	496,975		
	9.4	Other State Plan Services FFS	(50,233)	54,015,281	40,084,695	2,758,673	6,826,972	2,638,748	38,301	404,396	3,593	353,381	166,960	149,537	640,257
	9.5	Other Services Subcapitation	(353,742)	41,857,161	34,063,471	1,696,282	2,497,424	1,151,670	1,190,395	185,665	107,968	177,418	2,850	973,729	164,030
	9.6	Ending IBNP for Other Services	(4,671,731)	(1,399,389)	2,448,985	161,557	405,813	153,657	3,593	23,943	90	19,779	11,743	7,344	35,838
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	(1,332,317)	144,018,673	84,088,150	5,435,933	20,489,719	7,211,615	14,240,409	1,001,193	176,954	692,043	10,044,239	1,130,611	840,124
Expanded Benefits	10.1	Expanded Benefits FFS	278	25,065,008	11,499,080	1,520,876	4,971,890	3,108,596	744,231	55,365	7,565	232,961	24	2,063,332	860,811
	10.2	Expanded Benefits Subcapitation	-	3,236,971	2,254,726	164,505	297,342	132,999	179,765	5,706	8,270	11,627	76	159,850	22,103
	10.3	Ending IBNP for Expanded Benefits	(352)	602,156	278,616	35,695	124,881	72,885	15,724	1,968	170	5,249	1	47,027	20,292
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	10.5	Total Expanded Benefits	(75)	28,904,135	14,032,423	1,721,076	5,394,113	3,314,480	939,719	63,039	16,005	249,837	102	2,270,209	903,206
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	8,622,668	1,662,154,732	872,701,067	95,661,956	340,130,568	185,091,855	27,079,082	7,838,726	251,608	35,735,950	12,113,078	16,929,539	59,998,637
	11.2	Total Services Paid Directly -- IBNP	(36,828,798)	1,009,884	20,516,622	1,393,439	8,386,439	3,090,017	1,476,618	151,637	10,843	329,546	81,903	1,001,488	1,400,130
	11.3	Total Services Paid through Subcapitation	(1,115,093)	287,877,921	167,185,207	42,517,535	19,298,623	34,829,013	7,581,701	4,438,795	1,578,063	2,330,040	20,993	6,768,286	2,444,757
	11.4	Total Services Paid by Settlements/AP	(32,093,095)	126,778,651	131,497,878	6,382,949	7,815,580	3,910,392	4,153,820	732,208	59,352	647,067	13,189	3,169,996	489,315
	11.5	TPL & Fraud/Abuse Recoveries	-	(1,119,292)	(579,773)	(61,846)	(244,651)	(121,887)	(20,622)	(5,018)	(179)	(21,783)	(7,151)	(13,873)	(42,508)
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	(61,414,318)	2,076,701,896	1,191,321,000	145,894,032	375,386,559	226,799,391	40,270,599	13,156,348	1,899,687	39,020,819	12,222,012	27,855,436	64,290,331
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	(61,414,318)	2,076,701,896	1,191,321,000	145,894,032	375,386,559	226,799,391	40,270,599	13,156,348	1,899,687	39,020,819	12,222,012	27,855,436	64,290,331
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			Prior Calendar Year Adjustments	Total			Health Plan		Corporate						
			Total	Health Plan	Corporate										
Administrative Expenses	12.1	Salaries & Benefits	-	188,975,965	414,828	188,561,138									
	12.2	Administrative Services	-	8,761,495	-	8,761,495									
	12.3	Information Systems	-	15,904,410	-	15,904,410									
	12.4	Marketing Expenses	-	19,622,513	-	19,622,513									
	12.5	General Administration	-	29,599,832	(2,335,803)	31,935,634									
	12.6	Compliance/Regulatory	-	1,001,559	-	1,001,559									
	12.7	Total Administrative Expenses	-	263,865,774	(1,920,975)	265,786,749									
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	Total	-	-											
14.0	Grand Total Expenses	(61,414,318)	2,340,567,670												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	67,847,847	297,979,960												
16.0	Income Tax Expense	-	14,515,002												
17.0	Net Underwriting Gain (Loss)	53,332,845	234,234,718												

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 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 Vendor #1												-	-
	1.2 Vendor #2												-	-
	1.3 Vendor #3												-	-
	1.4 Vendor #4												-	-
	1.5 Vendor #5												-	-
	1.6 Total Hospital Services													-
Professional Services	2.1 CAC CARE	100% Owned	Subcapitation	-	-	-	-	-	-	-	-		-	-
	2.2 CAC-FLORIDA MED CENTERS LLC	100% Owned	Subcapitation	-	-	-	-	-	-	-	-		-	-
	2.3 CONTINUOCARE MDHC LLC	100% Owned	Subcapitation	-	-	-	-	-	-	-	-		-	-
	2.4 CONTINUOCARE MEDICAL MANAGEMENT	100% Owned	Subcapitation	-	-	-	-	-	-	-	-		-	-
	2.5 CONTINUOCARE MSO INC.	100% Owned	Subcapitation	-	-	-	-	-	-	-	-		-	-
	2.6 MCCI-SALUBRIS	49% Owned	Subcapitation	60,054.0	195,565	63,289.0	203,365	66,564.0	217,562	71,330.0	256,500		261,237.0	872,992
	2.7 MCCI-STAFF	49% Owned	Subcapitation	-	-	-	-	-	-	-	-		-	-
	2.8 MCCI-PC ASSOCIATES	49% Owned	Subcapitation	-	-	-	-	-	-	-	-		-	-
	2.9 MCCI GROUP HOLDINGS LLC	49% Owned	Subcapitation	-	-	-	-	-	-	-	-		-	-
	2.14 Total Professional Services				195,565		203,365		217,562		256,500			
Mental Health	3.1 Vendor #1												-	-
	3.2 Vendor #2												-	-
	3.3 Vendor #3												-	-
	3.4 Vendor #4												-	-
	3.5 Vendor #5												-	-
	3.6 Total Mental Health													-
Dental	4.1 Vendor #1												-	-
	4.2 Vendor #2												-	-
	4.3 Vendor #3												-	-
	4.4 Vendor #4												-	-
	4.5 Vendor #5												-	-
	4.6 Total Dental													-
Transportation	5.1 Vendor #1												-	-
	5.2 Vendor #2												-	-
	5.3 Vendor #3												-	-
	5.4 Vendor #4												-	-
	5.5 Vendor #5												-	-
	5.6 Total Transportation													-
Pharmacy	6.1 Humana Pharmacy, Inc. (RightSource/PrescribeIT - Part B Rx)	100% Owned	Fee-for-Service	630,713.0	1,667,699	653,856.0	1,703,701	673,093.0	1,847,501	694,662.0	1,956,915		2,652,324.0	7,175,816
	6.2 Vendor #2												-	-
	6.3 Vendor #3												-	-
	6.4 Vendor #4												-	-
	6.5 Vendor #5												-	-
	6.6 Total Pharmacy				1,667,699		1,703,701		1,847,501		1,956,915			7,175,816
Other Services	7.1 Vendor #1												-	-
	7.2 Vendor #2												-	-
	7.3 Vendor #3												-	-
	7.4 Vendor #4												-	-
	7.5 Vendor #5												-	-
	7.6 Total Other Services													-
Administrative Expense	8.1 Humana Inc.	100% Owned	Other (please explain)		54,193,603		57,838,396		62,852,460		95,811,372		-	270,695,831
	8.2 Managed Care Indemnity, Inc.	100% Owned	Other (please explain)		42,178		45,015		48,918		74,569		-	210,681
	8.3 Vendor #3												-	-
	8.4 Vendor #4												-	-
	8.5 Vendor #5												-	-
	8.6 Total Administrative Expense				54,235,781		57,883,411		62,901,378		95,885,941			270,906,511
9 Grand Total				56,099,045		59,790,477		64,966,440		98,099,356			278,955,319	

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: Humana Medical Plan, Inc.
 Reporting Period: CY 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
MEMBER MONTHS		86,721.0	32,603.0	54,118.0	-	88,646.0	34,153.0	54,493.0	-
REVENUES									
Revenues	1.1 Capitation	293,716,216				301,960,392			
	1.2 NH Rate Reconciliation	-				-			
	1.2.1 Community High Risk Pool	2,033,164				2,383,104			
	1.2.2 Patient Responsibility Reconciliation	(361,511)				(361,511)			
	1.3 Other Revenue	(226,270)				(417,857)			
1.4 Total Revenue	281,892,746				285,953,003				
		JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)			
EXPENSES		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)	787,368	758,376	28,992		827,323	783,074	44,249	
	2.2 Nursing Facility Days (Crossover)	2,967	2,646	321		2,953	2,613	340	
	2.3 Nursing Facility FFS (Medicaid)	157,550,715	151,380,899	6,169,816		166,597,150	157,209,008	9,388,142	
	2.4 Nursing Facility FFS (Crossover)	180,690	155,423	25,267		158,506	134,931	23,575	
	2.5 Hospice Days	73,791	69,655	4,136		83,809	76,486	7,323	
	2.6 Hospice FFS	14,221,211	13,168,414	1,052,797		15,973,427	14,298,613	1,674,814	
	2.7 Ending IBNP for NF & Hospice Services	2,452,199	2,356,598	95,600		5,665,226	5,345,812	319,414	
	2.8 NF & Hospice Subcapitated Services	-	-	-		-	-	-	
	2.9 NF & Hospice Settlements/AP	-	-	-		-	-	-	
	2.10 Total Nursing Facility and Hospice	174,404,815	167,061,334	7,343,480		188,394,310	176,988,365	11,405,945	
Long Term Care Services	2.11 Assisted Living FFS	11,524,812	1,121,970	10,402,841		12,013,237	1,549,031	10,464,206	
	2.12 Home Health FFS	63,613,814	1,841,814	61,772,000		66,257,426	1,857,173	64,400,254	
	2.13 Medical Equipment/Supplies FFS	3,069,364	221,538	2,847,826		2,988,568	212,716	2,775,852	
	2.14 Therapy Services FFS	951,288	858,056	93,232		1,007,835	848,543	159,292	
	2.15 Transportation Services FFS	856,674	19,775	836,899		810,426	11,874	798,553	
	2.16 Case Management (Plan Provided) FFS	10,032,195	3,902,006	6,130,189		10,243,124	3,984,047	6,259,077	
	2.17 Case Management (non-Plan Provided) FFS	-	-	-		-	-	-	
	2.18 Home & Community Based Services (HCBS) FFS	2,827,141	57,606	2,769,536		2,829,418	62,205	2,767,213	
	2.19 Subcapitated LTC Services (excluding NF)	-	-	-		-	-	-	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	68,828	6,309	62,519		164,384	19,458	144,926	
2.21 LTC Services Settlements/AP (excluding NF)	-	-	-		-	-	-		
2.22 Grand Total LTC Services	267,348,929	175,090,408	92,258,521		284,708,728	185,533,411	99,175,317		
Expanded Benefits	3.1 Expanded Benefits FFS	566,332	281,169	285,163		517,630	240,513	277,117	
	3.2 Expanded Benefits Subcapitation	-	-	-		-	-	-	
	3.3 Ending IBNP for Expanded Benefits	-	-	-		-	-	-	
	3.4 Expanded Benefits Services Settlements	-	-	-		-	-	-	
	3.5 Total Expanded Benefits	566,332	281,169	285,163		517,630	240,513	277,117	

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 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	265,394,235	173,008,670	92,385,564		279,396,748	180,408,653	98,988,095	
	4.2	Total Services Paid Directly -- IBNP	2,521,027	2,362,907	158,119		5,829,610	5,365,271	464,339	
	4.3	Total Services Paid through Subcapitation	-	-	-		-	-	-	
	4.4	Total Services Paid by Settlements/AP	-	-	-		-	-	-	
	4.5	TPL & Fraud/Abuse Recoveries	1,057,967	714,526	343,441		(68,767)	(45,968)	(22,799)	
	4.6.1	Premium Deficiency Reserve	-	-	-		-	-	-	
	4.7	Subtotal Benefit Expense before Reinsurance	268,973,229	176,086,104	92,887,125		285,157,591	185,727,956	99,429,635	
	4.8	Reinsurance Premiums	-	-	-		-	-	-	
	4.9	Reinsurance Recoveries	-	-	-		-	-	-	
	4.10	Net Cost of Reinsurance	-	-	-		-	-	-	
	4.11	Grand Total Service Benefit Expense Net of Reinsurance	268,973,229	176,086,104	92,887,125		285,157,591	185,727,956	99,429,635	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			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	7,148,459	2,312,131	4,836,328		6,829,755	2,447,028	4,382,726	
	5.2	Administrative Services	774,703	250,574	524,130		1,106,170	396,613	709,558	
	5.3	Information Systems	1,626,162	525,973	1,100,188		1,606,035	576,021	1,030,014	
	5.4	Marketing Expenses	1,226,287	396,636	829,651		822,199	295,034	527,165	
	5.5	General Administration	2,404,484	777,718	1,626,767		3,926,085	1,406,674	2,519,410	
	5.6	Compliance/Regulatory	70,237	22,718	47,520		48,174	17,286	30,888	
	5.7	Total Administrative Expenses	13,250,334	4,285,750	8,964,584		14,338,417	5,138,656	9,199,761	
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	Total	-				-			
7.0	Grand Total Expenses	282,223,562				299,496,008				
8.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	12,938,037				4,068,119				
9.0	Income Tax Expense	2,767,894				870,311				
10.0	Net Underwriting Gain (Loss)	10,170,143				3,197,807				

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 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
MEMBER MONTHS		91,569.0	35,944.0	55,625.0	-	93,446.0	37,470.0	55,976.0	-	(560.0)	359,822.0	140,170.0	220,212.0	-
REVENUES														
Revenues	1.1 Capitation	312,591,078				353,469,883				(2,232,020)	1,259,505,549			
	1.2 NH Rate Reconciliation	-				-				-	-			
	1.2.1 Community High Risk Pool	2,339,066				2,741,719				(2,695,223)	6,801,829			
	1.2.2 Patient Responsibility Reconciliation	(361,511)				-				(7,761,818)	(8,846,350)			
	1.3 Other Revenue	(800,805)				(1,510,347)				1,475,430	(1,479,850)			
1.4 Total Revenue	313,767,829				354,701,255					(11,213,631)	1,255,981,178			
		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)			
EXPENSES		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)	853,071	791,856	61,215		871,008	805,611	65,397		(7,320)	3,331,450	3,138,917	199,853	
	2.2 Nursing Facility Days (Crossover)	2,731	2,419	312		2,280	2,098	182		-	10,931	9,776	1,155	
	2.3 Nursing Facility FFS (Medicaid)	172,211,129	159,399,993	12,811,136		191,721,803	176,512,682	15,209,121		1,673,235	689,754,032	644,502,582	43,578,215	
	2.4 Nursing Facility FFS (Crossover)	149,699	140,296	9,402		162,987	152,194	10,792		73	651,954	582,844	69,037	
	2.5 Hospice Days	90,602	78,933	11,669		90,589	82,348	8,241		(3,993)	334,798	307,422	31,369	
	2.6 Hospice FFS	17,215,999	14,790,651	2,425,348		18,730,018	16,593,152	2,136,866		131,933	66,272,588	58,850,830	7,289,825	
	2.7 Ending IBNP for NF & Hospice Services	10,122,184	9,368,960	753,224		18,743,833	17,257,727	1,486,105		(6,245,565)	30,737,877	34,329,098	2,654,344	
	2.8 NF & Hospice Subcapitated Services	-	-	-		-	-	-		-	-	-	-	
	2.9 NF & Hospice Settlements/AP	-	-	-		-	-	-		-	-	-	-	
	2.10 Total Nursing Facility and Hospice	199,699,011	183,699,900	15,999,111		229,358,640	210,515,756	18,842,884		(4,440,324)	787,416,451	738,265,355	53,591,421	
Long Term Care Services	2.11 Assisted Living FFS	12,203,811	1,936,496	10,267,315		12,015,115	2,419,450	9,595,665		182,375	47,939,349	7,026,947	40,730,028	
	2.12 Home Health FFS	67,714,011	1,966,469	65,747,542		84,290,476	2,734,052	81,556,424		1,319,862	283,195,589	8,399,508	273,476,219	
	2.13 Medical Equipment/Supplies FFS	2,956,765	208,952	2,747,812		3,006,855	239,030	2,767,825		(14,212)	12,007,340	882,236	11,139,315	
	2.14 Therapy Services FFS	947,435	828,299	119,137		887,322	778,870	108,452		200,150	3,994,030	3,313,768	480,112	
	2.15 Transportation Services FFS	1,073,816	27,369	1,046,447		1,052,266	23,677	1,028,590		456,397	4,249,580	82,695	3,710,488	
	2.16 Case Management (Plan Provided) FFS	11,196,430	4,354,834	6,841,597		12,638,734	4,915,815	7,722,919		-	44,110,483	17,156,701	26,953,781	
	2.17 Case Management (non-Plan Provided) FFS	-	-	-		-	-	-		-	-	-	-	
	2.18 Home & Community Based Services (HCBS) FFS	2,705,621	79,825	2,625,797		2,700,452	97,100	2,603,352		119,496	11,182,128	296,735	10,765,897	
	2.19 Subcapitated LTC Services (excluding NF)	-	-	-		-	-	-		-	-	-	-	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	443,913	63,116	380,797		2,200,520	391,207	1,809,313		(3,106,866)	(229,222)	480,091	2,397,554	
	2.21 LTC Services Settlements/AP (excluding NF)	-	-	-		-	-	-		-	-	-	-	
2.22 Grand Total LTC Services	298,940,813	193,165,259	105,775,554		348,150,380	222,114,956	126,035,424		(5,283,122)	1,193,865,728	775,904,035	423,244,815		
Expanded Benefits	3.1 Expanded Benefits FFS	535,239	253,448	281,791		548,349	274,894	273,455		3,997	2,171,548	1,050,024	1,117,526	
	3.2 Expanded Benefits Subcapitation	-	-	-		-	-	-		-	-	-	-	
	3.3 Ending IBNP for Expanded Benefits	-	-	-		-	-	-		-	-	-	-	
	3.4 Expanded Benefits Services Settlements	-	-	-		-	-	-		-	-	-	-	
	3.5 Total Expanded Benefits	535,239	253,448	281,791		548,349	274,894	273,455		3,997	2,171,548	1,050,024	1,117,526	

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY 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 Calendar Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
Totals Before and After Reinsurance	4.1	Total Services Paid Directly FFS	288,909,956	183,986,631	104,923,325		327,754,376	204,740,916	123,013,460		4,073,306	1,165,528,620	742,144,871	419,310,444	
	4.2	Total Services Paid Directly -- IBNP	10,566,097	9,432,076	1,134,021		20,944,352	17,648,934	3,295,418		(9,352,431)	30,508,656	34,809,189	5,051,898	
	4.3	Total Services Paid through Subcapitation	-	-	-		-	-	-		-	-	-	-	
	4.4	Total Services Paid by Settlements/AP	-	-	-		-	-	-		-	-	-	-	
	4.5	TPL & Fraud/Abuse Recoveries	55,986	36,863	19,124		18,473	12,028	6,445		(193,793)	869,866	717,449	346,210	
	4.6.1	Premium Deficiency Reserve	-	-	-		-	-	-		-	-	-	-	
	4.7	Subtotal Benefit Expense before Reinsurance	299,532,039	193,455,570	106,076,469		348,717,201	222,401,878	126,315,323		(5,472,918)	1,196,907,142	777,671,509	424,708,552	
	4.8	Reinsurance Premiums	-	-	-		-	-	-		-	-	-	-	
	4.9	Reinsurance Recoveries	-	-	-		-	-	-		-	-	-	-	
	4.10	Net Cost of Reinsurance	-	-	-		-	-	-		-	-	-	-	
	4.11	Grand Total Service Benefit Expense Net of Reinsurance	299,532,039	193,455,570	106,076,469		348,717,201	222,401,878	126,315,323		(5,472,918)	1,196,907,142	777,671,509	424,708,552	
			JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)			
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			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	8,532,753	3,279,601	5,253,152		6,062,467	2,373,137	3,689,330		-	28,573,434	10,411,897	18,161,537	
	5.2	Administrative Services	923,696	356,598	567,098		914,431	360,778	553,653		-	3,719,000	1,364,562	2,354,438	
	5.3	Information Systems	1,752,183	676,160	1,076,024		1,842,940	726,437	1,116,502		-	6,827,320	2,504,591	4,322,729	
	5.4	Marketing Expenses	1,344,275	518,389	825,885		5,001,397	1,961,203	3,040,194		-	8,394,158	3,171,262	5,222,896	
	5.5	General Administration	2,441,416	938,369	1,503,047		3,681,201	1,440,996	2,240,205		-	12,453,186	4,563,757	7,889,429	
	5.6	Compliance/Regulatory	50,289	19,428	30,861		66,968	26,384	40,584		-	235,668	85,816	149,852	
	5.7	Total Administrative Expenses	15,044,612	5,788,545	9,256,067		17,569,403	6,888,936	10,680,468		-	60,202,766	22,101,887	38,100,880	
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	Total	-	-	-		-	-	-		-	-	-	-	
7.0	Grand Total Expenses	314,576,651				366,286,605				(5,472,918)	1,257,109,908				
8.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(808,822)				(11,585,350)				(5,740,713)	(1,128,730)				
9.0	Income Tax Expense	(173,007)				(2,478,507)				(1,228,137)	(241,446)				
10.0	Net Underwriting Gain (Loss)	(635,815)				(9,106,843)				(4,512,576)	(887,284)				

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

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

Health Plan: Humana Medical Plan, Inc.

Reporting Period: CY 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	Humana Inc.			10,032,195		10,243,124		11,196,430		12,638,734		-	44,110,483
	1.2	Vendor #2											-	-
	1.3	Vendor #3											-	-
	1.4	Vendor #4											-	-
	1.5	Vendor #5											-	-
	1.6	Total LTC Nursing Facility & Hospice				10,032,195		10,243,124		11,196,430		12,638,734	-	44,110,483
Long Term Care Services	2.1	Humana Pharmacy, Inc. (RightSource/PrescribeIT - Part B Rx)	100% Owned	Fee-for-Service		205,221		204,253		210,870		205,625	-	825,968
	2.2	Vendor #2											-	-
	2.3	Vendor #3											-	-
	2.4	Vendor #4											-	-
	2.5	Vendor #5											-	-
	2.6	Total Long Term Services				205,221		204,253		210,870		205,625	-	825,968
Administrative Expenses	3.1	Humana Inc.	100% Owned	Other (please explain)		3,547,404		3,943,751		2,867,775		458,266	-	10,817,196
	3.2	Managed Care Indemnity, Inc.	100% Owned	Other (please explain)		10,569		11,042		10,946		10,193	-	42,750
	3.3	Vendor #3											-	-
	3.4	Vendor #4											-	-
	3.5	Vendor #5											-	-
	3.6	Total Administrative Expenses				3,557,973		3,954,793		2,878,721		468,459	-	10,859,946
4	Grand Total				13,795,388		14,402,169		14,286,021		13,312,818	-	55,796,397	

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: Humana Medical Plan, Inc.

Reporting Period: CY 2022

Paid Through: 3/31/2023

Plan Type: Comprehensive

		JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
REVENUES										
1.1	Total Revenue from Revenue & Expense Schedules	917,276,748	622,115,149	295,161,599	951,325,619	647,761,492	303,564,127	996,122,450	682,354,622	313,767,829
1.2	Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	(52,745)	(38,007)	(14,738)	(50,269)	(36,456)	(13,813)	(53,569)	(38,956)	(14,613)
1.4	Regulatory Authority Licenses and Fees	(392,797)	(323,297)	(69,500)	(297,727)	(250,414)	(47,313)	(165,876)	(116,335)	(49,542)
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-	-
1.6	Revenue Subject to ASR	916,831,206	621,753,845	295,077,361	950,977,623	647,474,622	303,503,001	995,903,005	682,199,331	313,703,674
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	723,094,198	456,641,996	266,452,202	760,059,831	480,731,850	279,327,981	780,506,780	491,540,838	288,965,942
2.2	Incurred but not Paid (IBNP) Ending Balance	4,029,315	1,508,288	2,521,027	9,046,402	3,216,792	5,829,610	17,685,193	7,119,096	10,566,097
2.3	Settlements/AP	27,410,539	27,410,539	-	29,715,398	29,715,398	-	34,173,855	34,173,855	-
2.4	Total Benefit Expense before Reinsurance	754,534,052	485,560,823	268,973,229	798,821,632	513,664,041	285,157,591	832,365,828	532,833,789	299,532,039
2.5	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.6	Total Benefit Expense after Reinsurance	754,534,052	485,560,823	268,973,229	798,821,632	513,664,041	285,157,591	832,365,828	532,833,789	299,532,039
Administrative Expenses										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	65,052,150	51,801,816	13,250,334	72,321,170	57,982,753	14,338,417	78,396,176	63,351,564	15,044,612
3.2	Less: Compliance/Regulatory	(396,099)	(325,861)	(70,237)	(301,528)	(253,354)	(48,174)	(169,174)	(118,885)	(50,289)
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	(68,016)	(46,595)	(21,421)	(72,301)	(49,865)	(22,436)	(95,354)	(65,984)	(29,370)
3.5	Less: Other Non-allowed expenses	(722,951)	(493,647)	(229,304)	(458,148)	(323,345)	(134,802)	(422,241)	(290,171)	(132,070)
3.6	Administrative Expense Subject to ASR	63,865,084	50,935,713	12,929,371	71,489,193	57,356,188	14,133,005	77,709,407	62,876,524	14,832,883
4.0	Actuarially-sound Administrative Expense Maximum									
5.0	Administrative Expenses Subject to ASR									
6.0	Total Benefit and Administrative Expense subject to ASR									
Calculation of Pre-Tax Income and ASR										
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: Humana Medical Plan, Inc.

Reporting Period: CY 2022

Paid Through: 3/31/2023

Plan Type: Comprehensive

		OCTOBER - DECEMBER (Q4)			Prior Year Adjustments			TOTAL (TO DATE)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
REVENUES										
1.1	Total Revenue from Revenue & Expense Schedules	1,034,584,093	679,882,838	354,701,255	(4,780,102)	6,433,529	(11,213,631)	3,894,528,808	2,638,547,630	1,255,981,178
1.2	Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	(6,177,035)	(5,468,553)	(708,482)	-	-	-	(6,333,618)	(5,581,972)	(751,646)
1.4	Regulatory Authority Licenses and Fees	(336,124)	(276,176)	(59,948)	-	-	-	(1,192,525)	(966,222)	(226,302)
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-	-
1.6	Revenue Subject to ASR	1,028,070,933	674,138,109	353,932,824	(4,780,102)	6,433,529	(11,213,631)	3,887,002,665	2,631,999,436	1,255,003,229
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	840,263,950	512,491,101	327,772,849	11,387,088	7,507,575	3,879,513	3,115,311,847	1,948,913,361	1,166,398,486
2.2	Incurred but not Paid (IBNP) Ending Balance	46,938,858	25,994,505	20,944,352	(46,181,229)	(36,828,798)	(9,352,431)	31,518,539	1,009,884	30,508,656
2.3	Settlements/AP	67,571,953	67,571,953	-	(32,093,095)	(32,093,095)	-	126,778,651	126,778,651	-
2.4	Total Benefit Expense before Reinsurance	954,774,761	606,057,560	348,717,201	(66,887,236)	(61,414,318)	(5,472,918)	3,273,609,038	2,076,701,896	1,196,907,142
2.5	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.6	Total Benefit Expense after Reinsurance	954,774,761	606,057,560	348,717,201	(66,887,236)	(61,414,318)	(5,472,918)	3,273,609,038	2,076,701,896	1,196,907,142
Administrative Expenses										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	108,299,045	90,729,641	17,569,403	-	-	-	324,068,541	263,865,774	60,202,766
3.2	Less: Compliance/Regulatory	(370,426)	(303,459)	(66,968)	-	-	-	(1,237,228)	(1,001,559)	(235,668)
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	(125,693)	(92,633)	(33,060)	-	-	-	(361,364)	(255,076)	(106,287)
3.5	Less: Other Non-allowed expenses	(464,335)	(353,458)	(110,876)	-	-	-	(2,067,674)	(1,460,621)	(607,053)
3.6	Administrative Expense Subject to ASR	107,338,591	89,980,092	17,358,499	-	-	-	320,402,275	261,148,517	59,253,758
4.0	Actuarially-sound Administrative Expense Maximum							353,158,048	301,164,554	51,993,494
5.0	Administrative Expenses Subject to ASR							320,402,275	261,148,517	51,993,494
6.0	Total Benefit and Administrative Expense subject to ASR							3,594,011,313	2,337,850,413	1,248,900,636
Calculation of Pre-Tax Income and ASR										
7.1	Pre-tax Income							292,991,352	294,149,023	6,102,594
7.2	Pre-tax Income as a Percent of Revenue							7.5%	11.2%	0.5%
7.3	Preliminary Achieved Savings Rebate							49,320,610	96,749,065	

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: Humana Medical Plan, Inc.
 Reporting Period: CY 2022
 Paid Through: 3/31/2023
 Plan Type: Comprehensive

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	6407137.731		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$26.89	5255564.3	141,322,124
	TANF SMI	\$75.16	227545.5	17,102,318
	SSI Medicaid Only Non-SMI	\$81.57	369952.2	30,177,001
	SSI Medicaid Only SMI	\$105.86	137000.7	14,502,892
	SSI Dual Eligible	\$25.89	179328.5	4,642,814
	Child Welfare	\$69.40	34387.9	2,386,522
	HIV/AIDS Non-Specialty Medicaid Only	\$129.75	17591.9	2,282,550
	HIV/AIDS Specialty Medicaid Only	\$146.34	0.0	-
	HIV/AIDS Dual Eligible	\$21.97	1992.7	43,779
	LTC Medicaid Only	\$184.45	21485.3	3,962,973
	LTC Dual Eligible	\$20.67	161786.3	3,344,123
	Maternity Kick Payment	\$239.62	12819.0	3,071,689
	Private Duty Nursing	\$467.69	502.4	234,989
	LTC Eligible Kick Payments	\$5.24	0.0	-
1.3	Total MMA Administrative Maximum			223,073,774
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	\$142.09	266,936.0	37,928,936
2.2	Total LTC Administrative Maximum			37,928,936

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: Humana Medical Plan, Inc.
 Reporting Period: CY 2022
 Paid Through: 3/31/2023
 Plan Type: Comprehensive

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	2354616.731		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$26.02	1951928.3	50,789,175
	TANF SMI	\$70.84	83601.9	5,922,356
	SSI Medicaid Only Non-SMI	\$77.42	128089.8	9,916,713
	SSI Medicaid Only SMI	\$103.43	46117.8	4,769,960
	SSI Dual Eligible	\$24.04	62367.2	1,499,308
	Child Welfare	\$66.95	11489.5	769,221
	HIV/AIDS Non-Specialty Medicaid Only	\$109.85	6400.1	703,053
	HIV/AIDS Specialty Medicaid Only	\$122.38		-
	HIV/AIDS Dual Eligible	\$22.15	662.7	14,678
	LTC Medicaid Only	\$181.68	7635.0	1,387,127
	LTC Dual Eligible	\$20.89	56156.5	1,173,108
	Maternity Kick Payment	\$251.79	4194.0	1,056,007
	Private Duty Nursing	\$536.05	168.0	90,074
	LTC Eligible Kick Payments			-
1.3	Total MMA Administrative Maximum			78,090,780
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	\$150.51	93,446.0	14,064,557
2.2	Total LTC Administrative Maximum			14,064,557

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: Humana Medical Plan, Inc.
 Calendar Year: 2022
 Reporting Period: CY 2022
 Paid Through: 3/31/2023
 Plan Type: Comprehensive

		JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
REVENUES										
1.1	Total Revenue from Revenue & Expense Schedules	917,276,748	622,115,149	295,161,599	951,325,619	647,761,492	303,564,127	996,122,450	682,354,622	313,767,829
1.2	Federal Taxes and Assessments, including ACA § 9010	(20,899,388)	(18,131,494)	(2,767,894)	(17,153,878)	(16,283,567)	(870,311)	(18,258,593)	(18,431,600)	173,007
1.3	State Insurance, Premium and other Taxes	(52,745)	(38,007)	(14,738)	(50,269)	(36,456)	(13,813)	(53,569)	(38,956)	(14,613)
1.4	Regulatory Authority Licenses and Fees	(392,797)	(323,297)	(69,500)	(297,727)	(250,414)	(47,313)	(165,876)	(116,335)	(49,542)
1.5	Revenue Subject to MLR	895,931,818	603,622,351	292,309,468	933,823,744	631,191,055	302,632,690	977,644,412	663,767,731	313,876,681
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS During the Year	654,809,634	388,357,432	266,452,202	689,481,577	410,153,596	279,327,981	707,167,925	418,201,983	288,965,942
2.2	Total Benefits Paid through Subcapitation During the Year	68,284,564	68,284,564	-	70,578,254	70,578,254	-	73,338,855	73,338,855	-
2.3	Incurred but not Paid (IBNP) Ending Balance	4,029,315	1,508,288	2,521,027	9,046,402	3,216,792	5,829,610	17,685,193	7,119,096	10,566,097
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-
2.5	Settlements/AP	27,410,539	27,410,539	-	29,715,398	29,715,398	-	34,173,855	34,173,855	-
2.6	Total Benefit Expense before Reinsurance	754,534,052	485,560,823	268,973,229	798,821,632	513,664,041	285,157,591	832,365,828	532,833,789	299,532,039
2.7	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.8	Total Benefit Expense after Reinsurance	754,534,052	485,560,823	268,973,229	798,821,632	513,664,041	285,157,591	832,365,828	532,833,789	299,532,039
Florida-Specific Contributions										
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	-	-	-	-	-	-	-	-	-
Improving Health Care Quality Expenses Incurred										
4.1	Improve Health Outcomes	4,730,147	4,730,147	-	5,115,189	5,115,189	-	6,714,777	6,714,777	-
4.2	Activities to Prevent Hospital Readmissions	1,202,569	1,202,569	-	1,272,049	1,272,049	-	1,610,655	1,610,655	-
4.3	Improve Patient Safety and Reducing Medical Errors	1,285,944	1,285,944	-	1,377,384	1,377,384	-	1,741,024	1,741,024	-
4.4	Wellness and Health Promotion Activities	1,592,411	1,592,411	-	2,332,902	2,332,902	-	3,604,892	3,604,892	-
4.5	Health Information Technology (HIT) expenses related to Health Improvement	884,883	884,883	-	981,029	981,029	-	1,038,116	1,038,116	-
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	9,695,954	9,695,954	-	11,078,554	11,078,554	-	14,709,464	14,709,464	-
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	(643,351)	(643,351)	-	(214,192)	(214,192)	-	(208,894)	(208,894)	-
6.0	Preliminary Medical Loss Ratio: MLR	85%	82%	-	87%	83%	-	87%	82%	-
Annual Credibility Adjustment										
7.1	Member Months for Managed Care Plan (MM)									
7.2	Number of Member Months where MM is rounded down to the nearest annual Member Months (MMa)									
7.3	Number of Member Months where MM is rounded up to the nearest annual Member Months (MMb)									
7.4	Credibility Adjustment Factor for MMA (CAa)									
7.5	Credibility Adjustment Factor for MMb (CAb)									
7.6	Credibility Adjustment Calculation									
7.7	Calculated MLR									
7.8	Final MLR (Apply Credibility Adjustment)									

(Continued)

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

MEDICAL LOSS RATIO EXHIBIT (Continued)

Health Plan: Humana Medical Plan, Inc.
 Calendar Year: 2022
 Reporting Period: CY 2022
 Paid Through: 3/31/2023
 Plan Type: Comprehensive

		OCTOBER - DECEMBER (Q4)			Prior Year Adjustments			TOTAL (TO DATE)			
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC	
REVENUES											
1.1	Total Revenue from Revenue & Expense Schedules	1,034,584,093	679,882,838	354,701,255	(4,780,102)	6,433,529	(11,213,631)	3,894,528,808	2,638,547,630	1,255,981,178	
1.2	Federal Taxes and Assessments, including ACA § 9010	7,308,253	4,711,722	2,596,531	(13,286,865)	(14,515,002)	1,228,137	(62,290,470)	(62,649,940)	359,470	
1.3	State Insurance, Premium and other Taxes	(6,177,035)	(5,468,553)	(708,482)	-	-	-	(6,333,618)	(5,581,972)	(751,646)	
1.4	Regulatory Authority Licenses and Fees	(336,124)	(276,176)	(59,948)	-	-	-	(1,192,525)	(966,222)	(226,302)	
1.5	Revenue Subject to MLR	1,035,379,187	678,849,831	356,529,355	(18,066,967)	(8,081,473)	(9,985,494)	3,824,712,195	2,569,349,495	1,255,362,700	
EXPENSES											
Benefit Expenses											
2.1	Total Benefits Paid through FFS During the Year	763,472,609	435,699,760	327,772,849	12,502,181	8,622,668	3,879,513	2,827,433,926	1,661,035,440	1,166,398,486	
2.2	Total Benefits Paid through Subcapitation During the Year	76,791,341	76,791,341	-	(1,115,093)	(1,115,093)	-	287,877,921	287,877,921	-	
2.3	Incurred but not Paid (IBNP) Ending Balance	46,938,858	25,994,505	20,944,352	(46,181,229)	(36,828,798)	(9,352,431)	31,518,539	1,009,884	30,508,656	
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-	
2.5	Settlements/AP	67,571,953	67,571,953	-	(32,093,095)	(32,093,095)	-	126,778,651	126,778,651	-	
2.6	Total Benefit Expense before Reinsurance	954,774,761	606,057,560	348,717,201	(66,887,236)	(61,414,318)	(5,472,918)	3,273,609,038	2,076,701,896	1,196,907,142	
2.7	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-	
2.8	Total Benefit Expense after Reinsurance	954,774,761	606,057,560	348,717,201	(66,887,236)	(61,414,318)	(5,472,918)	3,273,609,038	2,076,701,896	1,196,907,142	
Florida-Specific Contributions											
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	-	-	-	-	-	-	-	-	-	
Improving Health Care Quality Expenses Incurred											
4.1	Improve Health Outcomes	6,775,878	6,775,878	-	-	-	-	23,335,991	23,335,991	-	
4.2	Activities to Prevent Hospital Readmissions	1,555,715	1,555,715	-	-	-	-	5,640,988	5,640,988	-	
4.3	Improve Patient Safety and Reducing Medical Errors	1,725,323	1,725,323	-	-	-	-	6,129,675	6,129,675	-	
4.4	Wellness and Health Promotion Activities	3,208,750	3,208,750	-	-	-	-	10,738,955	10,738,955	-	
4.5	Health Information Technology (HIT) expenses related to Health Improvement	1,427,546	1,427,546	-	-	-	-	4,331,573	4,331,573	-	
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	14,693,211	14,693,211	-	-	-	-	50,177,183	50,177,183	-	
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	(52,856)	(52,856)	-	-	-	-	(1,119,292)	(1,119,292)	-	
6.0	Preliminary Medical Loss Ratio: MLR	94%	91%	-	370%	760%	-	87%	83%	-	
Annual Credibility Adjustment											
7.1	Member Months for Managed Care Plan (MM)							9,120,465.46			
7.2	Number of Member Months where MM is rounded down to the nearest annual Member Months (MMa)							>380,000			
7.3	Number of Member Months where MM is rounded up to the nearest annual Member Months (MMb)							N/A			
7.4	Credibility Adjustment Factor for MMa (CAa)							credible			
7.5	Credibility Adjustment Factor for MMb (CAb)							N/A			
7.6	Credibility Adjustment Calculation							0.0%			
7.7	Calculated MLR							87%			
7.8	Final MLR (Apply Credibility Adjustment)							86.87%			