



**Auditee: Molina Healthcare of Central Florida, Inc.  
– SMI Specialty Plan**

**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**



**TAB: Report**

Plan and Performance Audit Overview	1
Objective, Scope and Methodology	1
Results	7

**TAB: Exhibits**

Selected Schedules from the Plan Submitted Annual Achieved Savings Rebate Financial Report	8
--	---

## PLAN AND PERFORMANCE AUDIT OVERVIEW

Molina Healthcare of Florida, Inc. (the “Company”) was incorporated under the laws of the state of Florida on May 9, 2007. The Company is a wholly owned subsidiary of Molina Healthcare, Inc. The Company is a health maintenance organization that provides state-wide, comprehensive health care services to Medicaid and Medicare recipients under contracts with the State of Florida Agency for Health Care Administration (the “Agency”) and the Centers for Medicaid & Medicare Services. The Company also serves individuals through the state’s Health Insurance Marketplace.

The Company operates a Managed Medical Assistance – Specialty (“MMA”) plan (the “Plan”) 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 May 1, 2023 to September 1, 2023, and our results, reported herein, are as of September 1, 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
- Achieved Savings Rebate Exhibit
- Medical Loss Ratio (“MLR”) 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 MLR exhibit, respectively. For any incurred claims we tested a representative sample of claims to determine the claim was allowable under the SMMC contract. We did not evaluate whether the claims were paid in accordance with the Plan’s contractual arrangements with respective providers. IBNP amounts provided by subcapitated providers were reconciled to supporting documentation. IBNP amounts were not tested for valuation/measurement.
- Tests of underlying data related to reported amounts allocated within the company between lines of business, including but not limited to allocations included in medical benefits, administrative expenses, defined expenses improving health care quality, federal income taxes, and net investment income. We obtained an understanding of the allocation methodology used by the Plan, evaluated whether the allocation seemed reasonable and recalculated the allocation methodology.
- Tests of underlying data or transactions related to reported amounts allocated from a parent or other related entity, including but not limited to allocations included in medical benefits, administrative expenses, defined expenses improving health care quality, federal income taxes, and net investment income. We obtained an understanding of the allocation methodology used by the Plan, evaluated whether the allocations comply with administrative service or related party transaction agreements, if any, and agreed amounts to internal documentation. Reported amounts allocated by a parent or other entity include the following amounts.

<b>ASR Schedule and Line No.</b>	<b>Description</b>	<b>Calendar Year Total</b>
MMA Revenue and Expense Schedule – Summary, Line No. 12.2 and 12.3	Administrative expenses invoiced directly from the parent	\$16,637,918
MMA Revenue & Expense Schedule – Summary, Line No. 16.0	Expenses related to income taxes based on allocations from centralized corporate operations	\$10,063,617

- 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 Revenue and Expense Schedule – 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 tests were not projected to the total population for any applicable adjustments identified in the report.
  - Inspected a reconciliation of the Plan's reported sub-capitation payments of medical benefits expense to detailed accounting records
  - For the largest significant vendor per each applicable ASR row included in reported subcapitated expenses, recalculated subcapitation payments in accordance with applicable contracts or agreements, vouched actual payment of reported amounts and determined amounts were properly classified by rate-cell and quarter

- Inspected reconciliations of amounts reported for other medical benefit expenses, including §1202 PCP payments to providers, settlements, prescription rebates, third-party liability and fraud and abuse recoveries, premium deficiency reserves, and reinsurance amounts to detailed accounting records
  - For significant amounts included in the above other medical benefit expenses, vouched actual payment of reported amounts and determined amounts were allowable and properly classified by rate-cell and quarter
  - For a representative sample from the population of direct administrative expenses, obtained documentation supporting the reported amount and determined amount was allowable and properly classified by quarter
    - o Based on the population being tested and the desired results, a non-statistical methodology based on the theory underlying monetary-unit sampling was used for sample selections. The results of our tests 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 Related Party Transaction Schedule – 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 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 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
  - o Based on the population being tested and the desired results, a non-statistical methodology based on the theory underlying monetary-unit sampling was used for sample selections. The results of our tests 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
  - o Based on the population being tested and the desired results, a non-statistical methodology based on the theory underlying monetary-unit sampling was used for sample selections. The results of our tests 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, Achieved Savings Rebate Exhibit and the 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.

## OTHER MATTERS

### Preliminary Achieved Savings Rebate Calculation

In reviewing the Plan prepared Achieved Savings Rebate Exhibit, CRI noted that the Preliminary Achieved Savings Rebate was not calculated in line 7.3. The Plan is authorized to report the Achieved Savings Rebate on a consolidated basis in conjunction with a comprehensive MMA/Long-term Care plan.

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  
September 1, 2023

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023

**Summary**

			JANUARY - MARCH (Q1)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>			79,188	377	49,858	107	22,186	6,158	69	32	401	-	-	-
<b>REVENUES</b>														
Revenues	1.1	Capitation	\$ 54,781,402	\$ 80,466	\$ 23,456,372	\$ 118,793	\$ 27,349,380	\$ 2,069,327	\$ 30,942	\$ 6,112	\$ 1,670,010	\$ -	\$ -	\$ -
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	606,458	3,626	570,763	-	24,817	-	3,626	-	3,626	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	90,194	-	-	-	-	90,042	-	152	-	-	-	-
	1.7	<b>Total Revenue</b>	<b>55,478,054</b>	<b>84,092</b>	<b>24,027,135</b>	<b>118,793</b>	<b>27,374,197</b>	<b>2,159,369</b>	<b>34,568</b>	<b>6,264</b>	<b>1,673,636</b>	-	-	-
	<b>BENEFIT EXPENSES</b>													
Hospital Services	2.1	Inpatient FFS	5,397,325	5,198	1,662,369	-	3,576,494	76,156	1,455	1,556	74,097	-	-	-
	2.2	Ending IBNP for Inpatient Hospital Services	192,847	186	59,397	-	127,788	2,721	52	56	2,647	-	-	-
	2.3	Outpatient FFS: ER	1,326,909	5,285	840,636	1,637	455,524	9,508	860	153	13,306	-	-	-
	2.4	Outpatient FFS: Other than ER	2,222,809	8,441	1,132,669	2,610	1,004,747	56,998	471	59	16,814	-	-	-
	2.5	Ending IBNP for Outpatient Hospital Services	12,216	47	6,790	15	5,025	229	5	1	104	-	-	-
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	72,325	-	-	-	70,857	-	-	-	1,468	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	<b>Total Hospital Services</b>	<b>9,224,431</b>	<b>19,157</b>	<b>3,701,861</b>	<b>4,262</b>	<b>5,240,435</b>	<b>145,612</b>	<b>2,843</b>	<b>1,825</b>	<b>108,436</b>	-	-	-
Professional Services	3.1	Primary Care FFS	3,407,750	5,916	1,532,740	4,980	1,745,433	94,022	2,328	329	22,002	-	-	-
	3.2	Specialty Care FFS	61,713	146	35,386	231	21,289	4,424	-	-	237	-	-	-
	3.3	Other Professional FFS	103,225	303	76,587	272	23,618	1,017	1,242	-	186	-	-	-
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	300,831	1,295	192,826	410	85,170	18,972	319	83	1,754	-	2	-
	3.6	Ending IBNP for Professional Services	12,292	22	5,659	19	6,160	342	12	1	77	-	-	-
	3.7	Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	3.8	<b>Total Physician Services</b>	<b>3,885,811</b>	<b>7,682</b>	<b>1,843,198</b>	<b>5,912</b>	<b>1,881,670</b>	<b>118,777</b>	<b>3,901</b>	<b>413</b>	<b>24,256</b>	-	<b>2</b>	-
Maternity Services	4.1.1	Maternity Services	190,013	730	178,038	-	8,873	31	1,140	-	1,201	-	-	-
	4.2.1	Ending IBNP for Maternity Services	655	3	613	-	31	-	4	-	4	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity Services</b>	<b>190,668</b>	<b>733</b>	<b>178,651</b>	-	<b>8,904</b>	<b>31</b>	<b>1,144</b>	-	<b>1,205</b>	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	4,701,624	2,250	1,591,441	677	2,781,830	259,464	18,522	7,929	39,511	-	-	-
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	14,821	7	5,017	2	8,769	818	58	25	125	-	-	-
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>4,716,445</b>	<b>2,257</b>	<b>1,596,458</b>	<b>679</b>	<b>2,790,599</b>	<b>260,282</b>	<b>18,580</b>	<b>7,954</b>	<b>39,636</b>	-	-	-
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	369,404	570	120,004	380	205,470	37,886	272	1,258	3,564	-	-	-
	7.2	Transportation Subcapitation	576,480	734	97,133	1,332	276,153	194,990	134	1,013	4,991	-	-	-
	7.3	Ending IBNP for Transportation	1,270	2	413	1	707	130	1	4	12	-	-	-
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	<b>Total Transportation Services</b>	<b>947,154</b>	<b>1,306</b>	<b>217,550</b>	<b>1,713</b>	<b>482,330</b>	<b>233,006</b>	<b>407</b>	<b>2,275</b>	<b>8,567</b>	-	-	-
Pharmacy	8.1	Prescription Drugs FFS	9,836,660	6,372	3,135,884	33,740	6,117,702	82,635	4,801	(10)	455,536	-	-	-
	8.2	Hepatitis C Prescription Drug FFS	116,259	-	54,398	-	61,861	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	(21,195)	(14)	(6,757)	(73)	(13,181)	(178)	(10)	-	(982)	-	-	-
	8.5	Ending accrual for Rebates receivable	(482)	-	(154)	(2)	(300)	(4)	-	-	(22)	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	<b>Total Prescription Drugs</b>	<b>9,931,242</b>	<b>6,358</b>	<b>3,183,371</b>	<b>33,665</b>	<b>6,166,082</b>	<b>82,453</b>	<b>4,791</b>	<b>(10)</b>	<b>454,532</b>	-	-	-

Notes

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023

**Summary**

			JANUARY - MARCH (Q1)										
			SSI Medicaid		SSI Medicaid		HIV/AIDS Dual		HIV/AIDS	Private Duty	LTC Dual	LTC Medicaid	
			Total	TANF Non-SMI	TANF SMI	Only Non-SMI	Only SMI	Dual Eligible	Child Welfare	Eligible	Medicaid Only	Nursing	Eligible
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	79,009	-	6,525	-	48,101	23,226	-	-	1,157	-	-
	9.2	Hospice FFS	281,452	-	-	-	220,775	45,560	-	-	15,117	-	-
	9.2.1	Nursing Facility FFS	208,696	-	-	-	79,016	129,680	-	-	-	-	-
	9.3	DME FFS	79,491	185	31,879	-	44,529	2,898	-	-	-	-	-
	9.4	Other State Plan Services FFS	1,246,831	2,716	643,172	1,238	534,269	52,071	445	64	12,856	-	-
	9.5	Other Services Subcapitation	285,734	1,310	179,888	292	76,384	25,462	235	127	2,032	-	4
	9.6	Ending IBNP for Other Services	6,522	10	2,345	4	3,189	872	2	-	100	-	-
	9.7	Other Service Settlements/AP	835	5	601	1	223	-	1	-	4	-	-
	<b>9.8</b>	<b>Total Other Services</b>	<b>2,188,570</b>	<b>4,226</b>	<b>864,410</b>	<b>1,535</b>	<b>1,006,486</b>	<b>279,769</b>	<b>683</b>	<b>191</b>	<b>31,266</b>	-	<b>4</b>
Expanded Benefits	10.1	Expanded Benefits FFS	896,226	2,688	510,812	787	323,707	49,567	88	590	7,987	-	-
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	3,084	9	1,758	3	1,114	171	-	2	27	-	-
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>899,310</b>	<b>2,697</b>	<b>512,570</b>	<b>790</b>	<b>324,821</b>	<b>49,738</b>	<b>88</b>	<b>592</b>	<b>8,014</b>	-	-
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	30,503,720	40,786	11,545,630	46,476	17,239,756	924,961	31,615	11,929	662,567	-	-
	11.2	Total Services Paid Directly -- IBNP	243,705	286	81,990	44	152,782	5,283	134	89	3,097	-	-
	11.3	Total Services Paid through Subcapitation	1,163,048	3,340	469,846	2,034	437,708	239,424	689	1,223	8,778	-	6
	11.4	Total Services Paid by Settlements/AP	73,161	5	601	1	71,081	-	1	-	1,472	-	-
	11.5	TPL & Fraud/Abuse Recoveries	528	528	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-
	<b>11.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>31,984,162</b>	<b>44,945</b>	<b>12,098,067</b>	<b>48,555</b>	<b>17,901,327</b>	<b>1,169,668</b>	<b>32,439</b>	<b>13,241</b>	<b>675,914</b>	-	<b>6</b>
	11.8	Reinsurance Premiums	79,188	377	49,858	107	22,186	6,158	69	32	401	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	79,188	377	49,858	107	22,186	6,158	69	32	401	-	-
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>32,063,350</b>	<b>45,322</b>	<b>12,147,925</b>	<b>48,662</b>	<b>17,923,513</b>	<b>1,175,826</b>	<b>32,508</b>	<b>13,273</b>	<b>676,315</b>	-	<b>6</b>
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			JANUARY - MARCH (Q1)										
			Total	Health Plan	Corporate								
Administrative Expenses	12.1	Salaries & Benefits	1,266,262	1,266,262	-								
	12.2	Administrative Services	3,209,905	34,066	3,175,839								
	12.3	Information Systems	956,869	162,909	793,960								
	12.4	Marketing Expenses	9,889	9,889	-								
	12.5	General Administration	634,065	634,065	-								
	12.6	Compliance/Regulatory	546,953	546,953	-								
	<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>6,623,943</b>	<b>2,654,144</b>	<b>3,969,799</b>								
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-								
	13.2	Department of Insurance Assessments	-	-	-								
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-								
	13.4	Other 1	-	-	-								
	13.5	Other 2	-	-	-								
	13.6	Other 3	-	-	-								
	<b>13.7</b>	<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>								
14.0	Grand Total Expenses	38,687,293											
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	16,790,761											
16.0	Income Tax Expense	2,260,039											
<b>17.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>\$ 14,530,722</b>											

Notes

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023

**Summary**

		APRIL - JUNE (Q2)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>		81,792	291.0	52,431.0	70.0	22,299.0	6,182.0	66.0	32.0	421.0	-	-	-
<b>REVENUES</b>													
Revenues	1.1 Capitation	\$ 56,082,290	\$ 64,050	\$ 24,639,039	\$ 77,802	\$ 27,430,453	\$ 2,080,636	\$ 28,320	\$ 6,030	\$ 1,755,960	\$ -	\$ -	\$ -
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	608,015	7,111	569,295	-	31,609	-	-	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	95,315	-	-	-	-	95,157	-	158	-	-	-	-
	1.7 <b>Total Revenue</b>	<b>56,785,620</b>	<b>71,161</b>	<b>25,208,334</b>	<b>77,802</b>	<b>27,462,062</b>	<b>2,175,793</b>	<b>28,320</b>	<b>6,188</b>	<b>1,755,960</b>	-	-	-
	<b>BENEFIT EXPENSES</b>												
		APRIL - JUNE (Q2)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1 Inpatient FFS	6,068,701	3,549	2,329,623	7,169	3,485,819	120,242	-	-	122,299	-	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	353,686	207	135,771	418	203,154	7,008	-	-	7,128	-	-	-
	2.3 Outpatient FFS: ER	1,493,734	4,789	959,563	1,357	503,245	6,993	990	198	16,599	-	-	-
	2.4 Outpatient FFS: Other than ER	2,399,887	5,215	1,279,525	1,422	1,066,371	29,446	1,302	23	16,583	-	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	17,148	44	9,862	12	6,913	160	10	1	146	-	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	143,790	-	-	285	138,641	-	-	-	4,864	-	-	-
	2.7.1 Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8 <b>Total Hospital Services</b>	<b>10,476,946</b>	<b>13,804</b>	<b>4,714,344</b>	<b>10,663</b>	<b>5,404,143</b>	<b>163,849</b>	<b>2,302</b>	<b>222</b>	<b>167,619</b>	-	-	-
Professional Services	3.1 Primary Care FFS	3,581,022	6,263	1,756,258	2,369	1,687,726	78,494	1,150	300	48,462	-	-	-
	3.2 Specialty Care FFS	64,247	-	40,697	6	21,501	1,217	41	44	741	-	-	-
	3.3 Other Professional FFS	84,843	38	60,125	254	23,336	354	375	-	361	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	321,770	1,003	210,290	295	89,368	18,682	328	78	1,726	-	-	-
	3.6 Ending IBNP for Professional Services	16,431	28	8,180	12	7,631	353	7	2	218	-	-	-
	3.7 Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	3.8 <b>Total Physician Services</b>	<b>4,068,313</b>	<b>7,332</b>	<b>2,075,550</b>	<b>2,936</b>	<b>1,829,562</b>	<b>99,100</b>	<b>1,901</b>	<b>424</b>	<b>51,508</b>	-	-	-
Maternity Services	4.1.1 Maternity Services	187,966	1,880	180,448	-	5,638	-	-	-	-	-	-	-
	4.2.1 Ending IBNP for Maternity Services	828	8	795	-	25	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 <b>Total Maternity Services</b>	<b>188,794</b>	<b>1,888</b>	<b>181,243</b>	-	<b>5,663</b>	-	-	-	-	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	4,387,617	2,017	1,552,443	-	2,510,052	284,271	4,549	2,057	32,228	-	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	20,387	9	7,213	-	11,663	1,321	21	10	150	-	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 <b>Total Mental Health &amp; Substance Abuse Services</b>	<b>4,408,004</b>	<b>2,026</b>	<b>1,559,656</b>	-	<b>2,521,715</b>	<b>285,592</b>	<b>4,570</b>	<b>2,067</b>	<b>32,378</b>	-	-	-
Dental	6.1 Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2 Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3 Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5 <b>Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1 Transportation FFS	400,730	190	141,145	706	214,686	35,725	190	1,924	6,164	-	-	-
	7.2 Transportation Subcapitation	595,405	489	88,163	805	256,334	243,403	111	1,260	4,840	-	-	-
	7.3 Ending IBNP for Transportation	1,765	1	622	3	946	157	1	8	27	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5 <b>Total Transportation Services</b>	<b>997,900</b>	<b>680</b>	<b>229,930</b>	<b>1,514</b>	<b>471,966</b>	<b>279,285</b>	<b>302</b>	<b>3,192</b>	<b>11,031</b>	-	-	-
Pharmacy	8.1 Prescription Drugs FFS	11,179,800	7,233	3,828,994	50,806	6,713,090	50,333	1,736	-	527,608	-	-	-
	8.2 Hepatitis C Prescription Drug FFS	90,410	-	37,312	-	53,098	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	(22,163)	(14)	(7,591)	(101)	(13,308)	(100)	(3)	-	(1,046)	-	-	-
	8.5 Ending accrual for Rebates receivable	(357)	-	(122)	(2)	(214)	(2)	-	-	(17)	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 <b>Total Prescription Drugs</b>	<b>11,247,690</b>	<b>7,219</b>	<b>3,858,593</b>	<b>50,703</b>	<b>6,752,666</b>	<b>50,231</b>	<b>1,733</b>	-	<b>526,545</b>	-	-	-

Notes

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023

**Summary**

		APRIL - JUNE (Q2)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>		81,792	291.0	52,431.0	70.0	22,299.0	6,182.0	66.0	32.0	421.0	-	-	-
<b>REVENUES</b>													
Revenues	1.1 Capitation	\$ 56,082,290	\$ 64,050	\$ 24,639,039	\$ 77,802	\$ 27,430,453	\$ 2,080,636	\$ 28,320	\$ 6,030	\$ 1,755,960	\$ -	\$ -	\$ -
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	608,015	7,111	569,295	-	31,609	-	-	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	95,315	-	-	-	-	95,157	-	158	-	-	-	-
	<b>1.7 Total Revenue</b>	<b>56,785,620</b>	<b>71,161</b>	<b>25,208,334</b>	<b>77,802</b>	<b>27,462,062</b>	<b>2,175,793</b>	<b>28,320</b>	<b>6,188</b>	<b>1,755,960</b>	-	-	-
<b>BENEFIT EXPENSES</b>													
Hospital Services	2.1 Inpatient FFS	6,068,701	3,549	2,329,623	7,169	3,485,819	120,242	-	-	122,299	-	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	353,686	207	135,771	418	203,154	7,008	-	-	7,128	-	-	-
	2.3 Outpatient FFS: ER	1,493,734	4,789	959,563	1,357	503,245	6,993	990	198	16,599	-	-	-
	2.4 Outpatient FFS: Other than ER	2,399,887	5,215	1,279,525	1,422	1,066,371	29,446	1,302	23	16,583	-	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	17,148	44	9,862	12	6,913	160	10	1	146	-	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	143,790	-	-	285	138,641	-	-	-	4,864	-	-	-
	2.7.1 Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	<b>2.8 Total Hospital Services</b>	<b>10,476,946</b>	<b>13,804</b>	<b>4,714,344</b>	<b>10,663</b>	<b>5,404,143</b>	<b>163,849</b>	<b>2,302</b>	<b>222</b>	<b>167,619</b>	-	-	-
Professional Services	3.1 Primary Care FFS	3,581,022	6,263	1,756,258	2,369	1,687,726	78,494	1,150	300	48,462	-	-	-
	3.2 Specialty Care FFS	64,247	-	40,697	6	21,501	1,217	41	44	741	-	-	-
	3.3 Other Professional FFS	84,843	38	60,125	254	23,336	354	375	-	361	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	321,770	1,003	210,290	295	89,368	18,682	328	78	1,726	-	-	-
	3.6 Ending IBNP for Professional Services	16,431	28	8,180	12	7,631	353	7	2	218	-	-	-
	3.7 Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
<b>3.8 Total Physician Services</b>	<b>4,068,313</b>	<b>7,332</b>	<b>2,075,550</b>	<b>2,936</b>	<b>1,829,562</b>	<b>99,100</b>	<b>1,901</b>	<b>424</b>	<b>51,508</b>	-	-	-	
Maternity Services	4.1.1 Maternity Services	187,966	1,880	180,448	-	5,638	-	-	-	-	-	-	-
	4.2.1 Ending IBNP for Maternity Services	828	8	795	-	25	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>4.4.1 Total Maternity Services</b>	<b>188,794</b>	<b>1,888</b>	<b>181,243</b>	-	<b>5,663</b>	-	-	-	-	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	4,387,617	2,017	1,552,443	-	2,510,052	284,271	4,549	2,057	32,228	-	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	20,387	9	7,213	-	11,663	1,321	21	10	150	-	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>5.5 Total Mental Health &amp; Substance Abuse Services</b>	<b>4,408,004</b>	<b>2,026</b>	<b>1,559,656</b>	-	<b>2,521,715</b>	<b>285,592</b>	<b>4,570</b>	<b>2,067</b>	<b>32,378</b>	-	-	-
Dental	6.1 Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2 Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3 Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>6.5 Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1 Transportation FFS	400,730	190	141,145	706	214,686	35,725	190	1,924	6,164	-	-	-
	7.2 Transportation Subcapitation	595,405	489	88,163	805	256,334	243,403	111	1,260	4,840	-	-	-
	7.3 Ending IBNP for Transportation	1,765	1	622	3	946	157	1	8	27	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>7.5 Total Transportation Services</b>	<b>997,900</b>	<b>680</b>	<b>229,930</b>	<b>1,514</b>	<b>471,966</b>	<b>279,285</b>	<b>302</b>	<b>3,192</b>	<b>11,031</b>	-	-	-
Pharmacy	8.1 Prescription Drugs FFS	11,179,800	7,233	3,828,994	50,806	6,713,090	50,333	1,736	-	527,608	-	-	-
	8.2 Hepatitis C Prescription Drug FFS	90,410	-	37,312	-	53,098	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	(22,163)	(14)	(7,591)	(101)	(13,308)	(100)	(3)	-	(1,046)	-	-	-
	8.5 Ending accrual for Rebates receivable	(357)	-	(122)	(2)	(214)	(2)	-	-	(17)	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>8.8 Total Prescription Drugs</b>	<b>11,247,690</b>	<b>7,219</b>	<b>3,858,593</b>	<b>50,703</b>	<b>6,752,666</b>	<b>50,231</b>	<b>1,733</b>	-	<b>526,545</b>	-	-	-

Notes

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023

Summary

			JULY - SEPTEMBER (Q3)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>			85,403	282	55,704	63	22,596	6,202	78	28	450	-	-	-
<b>REVENUES</b>														
Revenues	1.1	Capitation	\$ 58,414,991	\$ 62,327	\$ 26,245,974	\$ 69,652	\$ 28,024,944	\$ 2,088,592	\$ 36,300	\$ 5,265	\$ 1,881,937	\$ -	\$ -	\$ -
	1.2.1	Pharmacy Drug High Risk Pool	118,602	44,851	-	-	73,751	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	772,166	-	726,342	-	42,198	-	-	-	3,626	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	97,627	-	-	-	-	97,493	-	134	-	-	-	-
	1.7	<b>Total Revenue</b>	<b>59,403,386</b>	<b>107,178</b>	<b>26,972,316</b>	<b>69,652</b>	<b>28,140,893</b>	<b>2,186,085</b>	<b>36,300</b>	<b>5,399</b>	<b>1,885,563</b>	-	-	-
	<b>BENEFIT EXPENSES</b>													
			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	6,113,689	-	2,446,187	-	3,533,725	27,144	9,192	11,250	86,191	-	-	-
	2.2	Ending IBNP for Inpatient Hospital Services	601,465	-	240,656	-	347,649	2,670	904	1,107	8,479	-	-	-
	2.3	Outpatient FFS: ER	1,706,054	5,828	1,128,964	542	545,136	6,170	4,044	38	15,332	-	-	-
	2.4	Outpatient FFS: Other than ER	2,606,254	2,395	1,497,909	271	1,056,174	24,604	2,177	109	22,615	-	-	-
	2.5	Ending IBNP for Outpatient Hospital Services	7,883	15	4,803	1	2,928	56	11	-	69	-	-	-
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	75,706	-	-	-	73,903	-	-	-	1,803	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	<b>Total Hospital Services</b>	<b>11,111,051</b>	<b>8,238</b>	<b>5,318,519</b>	<b>814</b>	<b>5,559,515</b>	<b>60,644</b>	<b>16,328</b>	<b>12,504</b>	<b>134,489</b>	-	-	-
Professional Services	3.1	Primary Care FFS	3,632,193	4,744	1,784,778	487	1,711,681	93,465	716	36	36,286	-	-	-
	3.2	Specialty Care FFS	65,121	(4)	34,646	(1)	30,586	(509)	(2)	(39)	444	-	-	-
	3.3	Other Professional FFS	102,604	-	66,483	492	26,764	129	8,072	-	664	-	-	-
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	338,698	968	226,346	291	90,875	18,137	288	73	1,720	-	-	-
	3.6	Ending IBNP for Professional Services	6,955	9	3,451	2	3,235	174	16	-	68	-	-	-
	3.7	Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	3.8	<b>Total Physician Services</b>	<b>4,145,571</b>	<b>5,717</b>	<b>2,115,704</b>	<b>1,271</b>	<b>1,863,141</b>	<b>111,396</b>	<b>9,090</b>	<b>70</b>	<b>39,182</b>	-	-	-
Maternity Services	4.1.1	Maternity Services	168,472	-	158,948	-	8,642	-	-	-	882	-	-	-
	4.2.1	Ending IBNP for Maternity Services	309	-	291	-	16	-	-	-	2	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity Services</b>	<b>168,781</b>	-	<b>159,239</b>	-	<b>8,658</b>	-	-	-	<b>884</b>	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	4,991,987	4,091	1,700,981	-	2,938,801	282,858	5,821	232	59,203	-	-	-
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	9,074	7	3,092	-	5,342	514	11	-	108	-	-	-
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>5,001,061</b>	<b>4,098</b>	<b>1,704,073</b>	-	<b>2,944,143</b>	<b>283,372</b>	<b>5,832</b>	<b>232</b>	<b>59,311</b>	-	-	-
Dental	6.1	Dental FFS	109	-	109	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>Total Dental Services</b>	<b>109</b>	-	<b>109</b>	-	-	-	-	-	-	-	-	-
	Transportation	7.1	Transportation FFS	437,668	138	161,857	-	237,567	31,454	414	476	5,762	-	-
7.2		Transportation Subcapitation	621,871	542	107,126	733	262,961	244,020	150	1,102	5,237	-	-	-
7.3		Ending IBNP for Transportation	801	-	296	-	434	58	1	1	11	-	-	-
7.4		Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
7.5		<b>Total Transportation Services</b>	<b>1,060,340</b>	<b>680</b>	<b>269,279</b>	<b>733</b>	<b>500,962</b>	<b>275,532</b>	<b>565</b>	<b>1,579</b>	<b>11,010</b>	-	-	-
Pharmacy	8.1	Prescription Drugs FFS	11,624,652	9,159	4,184,691	53,997	6,701,168	70,101	3,694	1,189	600,653	-	-	-
	8.2	Hepatitis C Prescription Drug FFS	180,429	-	108,936	-	71,493	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	(23,173)	(18)	(8,342)	(108)	(13,359)	(140)	(7)	(2)	(1,197)	-	-	-
	8.5	Ending accrual for Rebates receivable	(425)	-	(153)	(2)	(245)	(3)	-	-	(22)	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	<b>Total Prescription Drugs</b>	<b>11,781,483</b>	<b>9,141</b>	<b>4,285,132</b>	<b>53,887</b>	<b>6,759,057</b>	<b>69,958</b>	<b>3,687</b>	<b>1,187</b>	<b>599,434</b>	-	-	-

Notes

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts - 12 -

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.

Reporting Period: 12/31/2022

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	121,893	-	34,357	-	57,449	27,857	-	-	2,230	-	-	-
	9.2 Hospice FFS	351,833	-	23,347	-	251,818	73,530	-	-	3,138	-	-	-
	9.2.1 Nursing Facility FFS	360,514	-	15,170	-	190,860	154,484	-	-	-	-	-	-
	9.3 DME FFS	142,419	-	60,786	10,233	62,612	8,785	-	3	-	-	-	-
	9.4 Other State Plan Services FFS	1,423,051	1,849	749,591	415	608,069	43,296	160	3	19,668	-	-	-
	9.5 Other Services Subcapitation	308,314	993	200,882	189	79,483	24,350	271	112	2,034	-	-	-
	9.6 Ending IBNP for Other Services	4,387	3	1,615	19	2,141	563	-	-	46	-	-	-
	9.7 Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>9.8 Total Other Services</b>	<b>2,712,411</b>	<b>2,845</b>	<b>1,085,748</b>	<b>10,856</b>	<b>1,252,432</b>	<b>332,865</b>	<b>431</b>	<b>118</b>	<b>27,116</b>	-	-	-
Expanded Benefits	10.1 Expanded Benefits FFS	946,228	1,618	586,121	745	329,076	18,275	9	390	9,994	-	-	
	10.2 Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	10.3 Ending IBNP for Expanded Benefits	1,730	3	1,072	1	602	33	-	1	18	-	-	
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	
	<b>10.5 Total Expanded Benefits</b>	<b>947,958</b>	<b>1,621</b>	<b>587,193</b>	<b>746</b>	<b>329,678</b>	<b>18,308</b>	<b>9</b>	<b>391</b>	<b>10,012</b>	-	-	
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	34,951,571	29,800	14,735,366	67,072	18,348,018	861,500	34,290	13,684	861,841	-	-	
	11.2 Total Services Paid Directly -- IBNP	632,604	38	255,275	24	362,345	4,069	943	1,109	8,801	-	-	
	11.3 Total Services Paid through Subcapitation	1,268,885	2,503	534,354	1,214	433,320	286,506	709	1,287	8,992	-	-	
	11.4 Total Services Paid by Settlements/AP	75,706	-	-	-	73,903	-	-	-	1,803	-	-	
	11.5 TPL & Fraud/Abuse Recoveries	(1,377)	(1,377)	-	-	-	-	-	-	-	-	-	
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	
	<b>11.7 Subtotal Benefit Expense before Reinsurance</b>	<b>36,927,389</b>	<b>30,964</b>	<b>15,524,995</b>	<b>68,310</b>	<b>19,217,586</b>	<b>1,152,075</b>	<b>35,942</b>	<b>16,080</b>	<b>881,437</b>	-	-	
	11.8 Reinsurance Premiums	85,403	282	55,704	63	22,596	6,202	78	28	450	-	-	
	11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	
	11.10 Net cost of Reinsurance	85,403	282	55,704	63	22,596	6,202	78	28	450	-	-	
	<b>11.11 Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>37,012,792</b>	<b>31,246</b>	<b>15,580,699</b>	<b>68,373</b>	<b>19,240,182</b>	<b>1,158,277</b>	<b>36,020</b>	<b>16,108</b>	<b>881,887</b>	-	-	
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		JULY - SEPTEMBER (Q3)											
		Total	Health Plan	Corporate									
Administrative Expenses	12.1 Salaries & Benefits	1,433,307	1,433,307	-									
	12.2 Administrative Services	3,505,379	285,796	3,219,583									
	12.3 Information Systems	1,009,403	204,507	804,896									
	12.4 Marketing Expenses	-	-	-									
	12.5 General Administration	318,275	318,275	-									
	12.6 Compliance/Regulatory	754,193	754,193	-									
	<b>12.7 Total Administrative Expenses</b>	<b>7,020,557</b>	<b>2,996,078</b>	<b>4,024,479</b>									
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1 State Premium tax	-	-	-									
	13.2 Department of Insurance Assessments	-	-	-									
	13.3 Section 9010 Health Insurance Providers Fee	-	-	-									
	13.4 Other 1	-	-	-									
	13.5 Other 2	-	-	-									
	13.6 Other 3	-	-	-									
	<b>13.7 Total</b>	<b>-</b>	<b>-</b>	<b>-</b>									
14.0 Grand Total Expenses	44,033,349												
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	15,370,037												
16.0 Income Tax Expense	4,977,192												
17.0 Net Underwriting Gain (Loss)	\$ 10,392,845												

Notes

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023

**Summary**

		OCTOBER - DECEMBER (Q4)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>		89,005	260.0	58,791.0	54.0	22,996.0	6,306.0	68.0	27.0	503.0	-	-	-
<b>REVENUES</b>													
Revenues	1.1 Capitation	\$ 57,241,883	\$ 53,134	\$ 25,803,707	\$ 56,011	\$ 27,734,570	\$ 1,854,813	\$ 36,058	\$ 4,874	\$ 1,698,716	\$ -	\$ -	\$ -
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	785,692	3,637	721,842	-	52,477	-	-	-	7,736	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	135,546	-	-	-	-	135,352	-	194	-	-	-	-
	1.7 <b>Total Revenue</b>	<b>58,163,121</b>	<b>56,771</b>	<b>26,525,549</b>	<b>56,011</b>	<b>27,787,047</b>	<b>1,990,165</b>	<b>36,058</b>	<b>5,068</b>	<b>1,706,452</b>	-	-	-
	<b>BENEFIT EXPENSES</b>												
Hospital Services	2.1 Inpatient FFS	6,007,606	1,913	2,322,835	10,529	3,426,510	39,585	44,505	4,500	157,229	-	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	1,100,185	350	425,386	1,928	627,504	7,249	8,150	824	28,794	-	-	-
	2.3 Outpatient FFS: ER	1,559,867	4,830	1,019,968	724	508,363	4,543	2,083	33	19,323	-	-	-
	2.4 Outpatient FFS: Other than ER	2,471,230	3,030	1,348,773	302	1,077,218	14,957	315	35	26,600	-	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	64,466	126	37,882	16	25,357	312	38	1	734	-	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	2,860	-	-	8	2,727	-	-	-	125	-	-	-
	2.7.1 Transplant Services	4,315	-	-	-	4,315	-	-	-	-	-	-	-
	2.8 <b>Total Hospital Services</b>	<b>11,210,529</b>	<b>10,249</b>	<b>5,154,844</b>	<b>13,507</b>	<b>5,671,994</b>	<b>66,646</b>	<b>55,091</b>	<b>5,393</b>	<b>232,805</b>	-	-	-
Professional Services	3.1 Primary Care FFS	3,970,505	4,059	1,936,975	1,800	1,924,369	61,382	2,278	262	39,380	-	-	-
	3.2 Specialty Care FFS	40,493	(21)	25,610	76	26,994	(11,456)	(6)	(1,418)	714	-	-	-
	3.3 Other Professional FFS	96,728	28	56,090	1,151	37,339	434	1,321	-	365	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	343,123	825	232,943	291	89,428	17,646	289	69	1,630	-	2	-
	3.6 Ending IBNP for Professional Services	66,087	65	32,452	48	31,817	995	58	4	648	-	-	-
	3.7 Professional Settlements/AP	1	1	-	-	-	-	-	-	-	-	-	-
	3.8 <b>Total Physician Services</b>	<b>4,516,937</b>	<b>4,957</b>	<b>2,284,070</b>	<b>3,366</b>	<b>2,109,947</b>	<b>69,001</b>	<b>3,940</b>	<b>(1,083)</b>	<b>42,737</b>	-	<b>2</b>	-
Maternity Services	4.1.1 Maternity Services	196,755	1,190	179,632	-	13,421	76	11	-	2,425	-	-	-
	4.2.1 Ending IBNP for Maternity Services	3,147	19	2,873	-	215	1	-	-	39	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 <b>Total Maternity Services</b>	<b>199,902</b>	<b>1,209</b>	<b>182,505</b>	-	<b>13,636</b>	<b>77</b>	<b>11</b>	-	<b>2,464</b>	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	4,783,749	186	1,786,132	-	2,705,045	244,966	11,512	5,727	30,181	-	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	79,416	3	29,652	-	44,907	4,067	191	95	501	-	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 <b>Total Mental Health &amp; Substance Abuse Services</b>	<b>4,863,165</b>	<b>189</b>	<b>1,815,784</b>	-	<b>2,749,952</b>	<b>249,033</b>	<b>11,703</b>	<b>5,822</b>	<b>30,682</b>	-	-	-
Dental	6.1 Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2 Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3 Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5 <b>Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1 Transportation FFS	390,287	523	137,299	-	218,521	25,355	469	99	8,021	-	-	-
	7.2 Transportation Subcapitation	649,122	496	112,074	567	241,620	287,718	130	1,232	5,285	-	-	-
	7.3 Ending IBNP for Transportation	6,241	8	2,196	-	3,495	405	7	2	128	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5 <b>Total Transportation Services</b>	<b>1,045,650</b>	<b>1,027</b>	<b>251,569</b>	<b>567</b>	<b>463,636</b>	<b>313,478</b>	<b>606</b>	<b>1,333</b>	<b>13,434</b>	-	-	-
Pharmacy	8.1 Prescription Drugs FFS	11,884,687	9,407	4,538,425	36,663	6,609,485	9,954	2,617	1,188	676,948	-	-	-
	8.2 Hepatitis C Prescription Drug FFS	254,038	-	155,346	-	86,416	-	-	-	12,276	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	(25,166)	(20)	(9,610)	(78)	(13,995)	(21)	(6)	(3)	(1,433)	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 <b>Total Prescription Drugs</b>	<b>12,113,559</b>	<b>9,387</b>	<b>4,684,161</b>	<b>36,585</b>	<b>6,681,906</b>	<b>9,933</b>	<b>2,611</b>	<b>1,185</b>	<b>687,791</b>	-	-	-

**Notes**

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

(Continued)



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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2022  
 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
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	112,571	-	17,608	-	67,175	25,722	-	-	2,066	-	-
	9.2	Hospice FFS	313,615	-	7,149	-	251,644	54,822	-	-	-	-	-
	9.2.1	Nursing Facility FFS	368,487	-	21,313	-	182,421	140,264	-	-	24,489	-	-
	9.3	DME FFS	92,758	-	38,447	-	51,146	2,163	-	-	1,002	-	-
	9.4	Other State Plan Services FFS	1,387,645	3,224	772,586	1,332	548,351	40,748	473	-	20,931	-	-
	9.5	Other Services Subcapitation	321,368	942	212,244	187	81,468	24,083	243	105	2,092	-	4
	9.6	Ending IBNP for Other Services	36,383	52	13,707	21	17,603	4,217	8	-	775	-	-
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	<b>9.8</b>	<b>Total Other Services</b>	<b>2,632,827</b>	<b>4,218</b>	<b>1,083,054</b>	<b>1,540</b>	<b>1,199,808</b>	<b>292,019</b>	<b>724</b>	<b>105</b>	<b>51,355</b>	-	<b>4</b>
Expanded Benefits	10.1	Expanded Benefits FFS	1,049,295	1,634	665,606	403	355,750	14,597	49	182	11,074	-	-
	10.2	Expanded Benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	16,780	26	10,645	6	5,689	233	1	3	177	-	-
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>1,066,075</b>	<b>1,660</b>	<b>676,251</b>	<b>409</b>	<b>361,439</b>	<b>14,830</b>	<b>50</b>	<b>185</b>	<b>11,251</b>	-	-
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	34,959,462	29,982	15,020,184	52,903	18,080,489	668,089	65,621	10,604	1,031,590	-	-
	11.2	Total Services Paid Directly -- IBNP	1,372,709	649	554,792	2,021	756,587	17,481	8,453	929	31,797	-	-
	11.3	Total Services Paid through Subcapitation	1,313,612	2,262	557,261	1,046	412,516	329,447	661	1,406	9,007	-	6
	11.4	Total Services Paid by Settlements	2,860	-	-	8	2,727	-	-	-	125	-	-
	11.5	TPL & Fraud/Abuse Recoveries	(2,466)	(2,466)	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-
	<b>11.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>37,646,177</b>	<b>30,427</b>	<b>16,132,237</b>	<b>55,978</b>	<b>19,252,319</b>	<b>1,015,017</b>	<b>74,735</b>	<b>12,939</b>	<b>1,072,519</b>	-	<b>6</b>
	11.8	Reinsurance Premiums	89,005	260	58,791	54	22,996	6,306	68	27	503	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	89,005	260	58,791	54	22,996	6,306	68	27	503	-	-
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>37,735,182</b>	<b>30,687</b>	<b>16,191,028</b>	<b>56,032</b>	<b>19,275,315</b>	<b>1,021,323</b>	<b>74,803</b>	<b>12,966</b>	<b>1,073,022</b>	-	<b>6</b>
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			OCTOBER - DECEMBER (Q4)										
			Total	Health Plan	Corporate								
Administrative Expenses	12.1	Salaries & Benefits	1,519,776	1,519,776	-								
	12.2	Administrative Services	3,810,735	138,659	3,672,076								
	12.3	Information Systems	1,130,780	212,761	918,019								
	12.4	Marketing Expenses	-	-	-								
	12.5	General Administration	790,477	790,477	-								
	12.6	Compliance/Regulatory	938,548	938,548	-								
	<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>8,190,316</b>	<b>3,600,221</b>	<b>4,590,095</b>								
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-								
	13.2	Department of Insurance Assessments	-	-	-								
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-								
	13.4	Other 1	-	-	-								
	13.5	Other 2	-	-	-								
	13.6	Other 3	-	-	-								
	<b>13.7</b>	<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>								
14.0	Grand Total Expenses	45,925,498											
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	12,237,623											
16.0	Income Tax Expense	(200,282)											
<b>17.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>\$ 12,437,905</b>											

**Notes**

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023

Summary

		Prior Calendar Year Adjustments	TOTAL (TO DATE)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>		(29)	335,359	1,210	216,784	294	90,077	24,848	281	119	1,775	-	-	-
<b>REVENUES</b>														
Revenues	1.1	Capitation	\$ (14,520)	\$ 226,506,046	\$ 259,977	\$ 100,145,092	\$ 322,258	\$ 110,539,347	\$ 8,093,368	\$ 131,620	\$ 22,281	\$ 7,006,623	\$ -	\$ -
	1.2.1	Pharmacy Drug High Risk Pool	-	118,602	44,851	-	-	73,751	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	3,446	2,775,777	14,374	2,588,242	-	151,101	-	3,626	-	14,988	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	418,682	-	-	-	-	418,044	-	638	-	-	-
	1.7	<b>Total Revenue</b>	<b>(11,073)</b>	<b>229,819,108</b>	<b>319,202</b>	<b>102,733,334</b>	<b>322,258</b>	<b>110,764,199</b>	<b>8,511,412</b>	<b>135,246</b>	<b>22,919</b>	<b>7,021,611</b>	<b>-</b>	<b>-</b>
	<b>BENEFIT EXPENSES</b>													
Hospital Services	2.1	Inpatient FFS	691,460	24,278,781	10,660	8,761,014	17,698	14,022,548	263,127	55,152	17,306	439,816	-	-
	2.2	Ending IBNP for Inpatient Hospital Services	(3,247,942)	(999,759)	743	861,210	2,346	1,306,095	19,648	9,106	1,987	47,048	-	-
	2.3	Outpatient FFS: ER	(101,190)	5,985,374	20,732	3,949,131	4,260	2,012,268	27,214	7,977	422	64,560	-	-
	2.4	Outpatient FFS: Other than ER	(256,919)	9,443,261	19,081	5,258,876	4,605	4,204,510	126,005	4,265	226	82,612	-	-
	2.5	Ending IBNP for Outpatient Hospital Services	(1,490,421)	(1,388,708)	232	59,337	44	40,223	757	64	3	1,053	-	-
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	355,319	650,000	-	-	293	286,128	-	-	-	8,260	-	-
	2.7.1	Transplant Services	(2,234)	2,081	-	-	-	4,315	-	-	-	-	-	-
2.8	<b>Total Hospital Services</b>	<b>(4,051,927)</b>	<b>37,971,030</b>	<b>51,448</b>	<b>18,889,568</b>	<b>29,246</b>	<b>21,876,087</b>	<b>436,751</b>	<b>76,564</b>	<b>19,944</b>	<b>643,349</b>	<b>-</b>	<b>-</b>	
Professional Services	3.1	Primary Care FFS	38,942	14,630,412	20,982	7,010,751	9,636	7,069,209	327,363	6,472	927	146,130	-	-
	3.2	Specialty Care FFS	8,301	239,875	121	136,339	312	100,370	(6,324)	33	(1,413)	2,136	-	-
	3.3	Other Professional FFS	4,221	391,621	369	259,285	2,169	111,057	1,934	11,010	-	1,576	-	-
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	133,613	1,438,035	4,091	862,405	1,287	354,841	73,437	1,224	303	6,830	-	4
	3.6	Ending IBNP for Professional Services	(713,326)	(611,561)	124	49,742	81	48,843	1,864	93	7	1,011	-	-
	3.7	Professional Settlements/AP	-	1	1	-	-	-	-	-	-	-	-	-
	3.8	<b>Total Physician Services</b>	<b>(528,248)</b>	<b>16,088,384</b>	<b>25,688</b>	<b>8,318,522</b>	<b>13,485</b>	<b>7,684,320</b>	<b>398,274</b>	<b>18,832</b>	<b>(176)</b>	<b>157,683</b>	<b>-</b>	<b>4</b>
Maternity Services	4.1.1	Maternity Services	69,518	812,724	3,800	697,066	-	36,574	107	1,151	-	4,508	-	-
	4.2.1	Ending IBNP for Maternity Services	71,844	76,783	30	4,572	-	287	1	4	-	45	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity Services</b>	<b>141,362</b>	<b>889,507</b>	<b>3,830</b>	<b>701,638</b>	<b>-</b>	<b>36,861</b>	<b>108</b>	<b>1,155</b>	<b>-</b>	<b>4,553</b>	<b>-</b>	<b>-</b>
Mental Health	5.1	Mental Health & Substance Abuse FFS	424,726	19,289,703	8,544	6,630,997	677	10,935,728	1,071,559	40,404	15,945	161,123	-	-
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	(1,118,261)	(994,563)	26	44,974	2	70,681	6,720	281	130	884	-	-
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>(693,536)</b>	<b>18,295,139</b>	<b>8,570</b>	<b>6,675,971</b>	<b>679</b>	<b>11,006,409</b>	<b>1,078,279</b>	<b>40,685</b>	<b>16,075</b>	<b>162,007</b>	<b>-</b>	<b>-</b>
Dental	6.1	Dental FFS	-	109	-	109	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>Total Dental Services</b>	<b>-</b>	<b>109</b>	<b>-</b>	<b>109</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Transportation	7.1	Transportation FFS	19,229	1,617,318	1,421	560,305	1,086	876,244	130,420	1,345	3,757	23,511	-	-
	7.2	Transportation Subcapitation	(1,157,744)	1,285,134	2,261	404,496	3,437	1,037,068	970,131	525	4,607	20,353	-	-
	7.3	Ending IBNP for Transportation	(58,471)	(48,394)	11	3,527	4	5,582	750	10	15	178	-	-
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	<b>Total Transportation Services</b>	<b>(1,196,985)</b>	<b>2,854,059</b>	<b>3,693</b>	<b>968,328</b>	<b>4,527</b>	<b>1,918,894</b>	<b>1,101,301</b>	<b>1,880</b>	<b>8,379</b>	<b>44,042</b>	<b>-</b>	<b>-</b>
Pharmacy	8.1	Prescription Drugs FFS	-	44,525,799	32,171	15,687,994	175,206	26,141,445	213,023	12,848	2,367	2,260,745	-	-
	8.2	Hepatitis C Prescription Drug FFS	-	641,136	-	355,992	-	272,868	-	-	-	12,276	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	(26,060)	(92,591)	(46)	(22,690)	(282)	(39,848)	(418)	(20)	(2)	(3,225)	-	-
	8.5	Ending accrual for Rebates receivable	8,513	(17,917)	(20)	(10,039)	(84)	(14,754)	(30)	(6)	(3)	(1,494)	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	<b>Total Prescription Drugs</b>	<b>(17,547)</b>	<b>45,056,427</b>	<b>32,105</b>	<b>16,011,257</b>	<b>174,840</b>	<b>26,359,711</b>	<b>212,575</b>	<b>12,822</b>	<b>2,362</b>	<b>2,268,302</b>	<b>-</b>	<b>-</b>

Notes

(Continued)

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023

**Summary**

		Prior Calendar Year Adjustments	TOTAL (TO DATE)												
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only	
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	34,213	449,584	-	76,556	-	228,382	103,118	-	-	7,315	-	-	-	
	9.2 Hospice FFS	6,941	1,304,112	-	39,563	-	1,019,606	206,151	-	-	31,851	-	-	-	
	9.2.1 Nursing Facility FFS	78,881	1,299,638	-	36,483	3,554	554,290	601,941	-	-	24,489	-	-	-	
	9.3 DME FFS	11,338	404,812	185	175,846	10,233	190,813	15,346	-	49	1,002	-	-	-	
	9.4 Other State Plan Services FFS	27,096	5,419,978	9,741	2,827,704	3,630	2,294,908	183,207	1,544	67	72,081	-	-	-	
	9.5 Other Services Subcapitation	-	1,210,697	4,258	782,198	863	314,959	98,793	999	463	8,156	-	8	-	
	9.6 Ending IBNP for Other Services	(220,452)	(163,693)	74	20,901	62	27,733	6,906	12	-	1,071	-	-	-	
	9.7 Other Service Settlements/AP	-	835	5	601	1	223	-	1	-	4	-	-	-	
	9.8 <b>Total Other Services</b>	<b>(61,983)</b>	<b>9,925,963</b>	<b>14,263</b>	<b>3,959,852</b>	<b>18,343</b>	<b>4,630,914</b>	<b>1,215,462</b>	<b>2,556</b>	<b>579</b>	<b>145,969</b>	<b>-</b>	<b>8</b>	<b>-</b>	
Expanded Benefits	10.1 Expanded Benefits FFS	80,696	3,865,487	8,452	2,303,719	2,374	1,326,408	104,520	146	1,394	37,778	-	-	-	
	10.2 Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-	
	10.3 Ending IBNP for Expanded Benefits	(65,822)	(40,295)	49	15,859	12	8,805	534	1	7	260	-	-	-	
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-	
	10.5 <b>Total Expanded Benefits</b>	<b>14,874</b>	<b>3,825,192</b>	<b>8,501</b>	<b>2,319,578</b>	<b>2,386</b>	<b>1,335,213</b>	<b>105,054</b>	<b>147</b>	<b>1,401</b>	<b>38,038</b>	<b>-</b>	<b>-</b>	<b>-</b>	
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	1,117,672	134,491,295	136,191	54,735,002	235,077	71,346,941	3,368,263	142,322	41,040	3,368,787	-	-	-	
	11.2 Total Services Paid Directly -- IBNP	(6,842,850)	(4,170,188)	1,290	1,060,117	2,554	1,508,246	37,183	9,571	2,149	51,552	-	-	-	
	11.3 Total Services Paid through Subcapitation	(1,024,131)	3,933,871	10,610	2,049,098	5,590	1,706,870	1,142,361	2,748	5,373	35,340	-	12	-	
	11.4 Total Services Paid by Settlements/AP	355,319	650,836	5	601	294	286,352	-	1	-	8,264	-	-	-	
	11.5 TPL & Fraud/Abuse Recoveries	(62,607)	(72,272)	(9,665)	-	-	-	-	-	-	-	-	-	-	
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.7 <b>Subtotal Benefit Expense before Reinsurance</b>	<b>(6,456,597)</b>	<b>134,833,542</b>	<b>138,431</b>	<b>57,844,818</b>	<b>243,515</b>	<b>74,848,409</b>	<b>4,547,807</b>	<b>154,642</b>	<b>48,562</b>	<b>3,463,943</b>	<b>-</b>	<b>12</b>	<b>-</b>	
	11.8 Reinsurance Premiums	-	335,388	1,210	216,784	294	90,077	24,848	281	119	1,775	-	-	-	
	11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10 Net cost of Reinsurance	-	335,388	1,210	216,784	294	90,077	24,848	281	119	1,775	-	-	-	
	11.11 <b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>(6,456,597)</b>	<b>135,168,930</b>	<b>139,641</b>	<b>58,061,602</b>	<b>243,809</b>	<b>74,938,486</b>	<b>4,572,655</b>	<b>154,923</b>	<b>48,681</b>	<b>3,465,718</b>	<b>-</b>	<b>12</b>	<b>-</b>	
			TOTAL (TO DATE)												
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		Prior Calendar Year Adjustments	Total	Health Plan	Corporate										
Administrative Expenses	12.1 Salaries & Benefits	-	5,610,045	5,610,045	-										
	12.2 Administrative Services	-	14,099,920	789,586	13,310,334										
	12.3 Information Systems	-	4,096,302	768,718	3,327,584										
	12.4 Marketing Expenses	-	9,889	9,889	-										
	12.5 General Administration	-	2,063,270	2,063,270	-										
	12.6 Compliance/Regulatory	-	2,836,977	2,836,977	-										
	12.7 <b>Total Administrative Expenses</b>	<b>-</b>	<b>28,716,403</b>	<b>12,078,485</b>	<b>16,637,918</b>										
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1 State Premium tax	-	-	-	-										
	13.2 Department of Insurance Assessments	-	-	-	-										
	13.3 Section 9010 Health Insurance Providers Fee	-	-	-	-										
	13.4 Other 1	-	-	-	-										
	13.5 Other 2	-	-	-	-										
	13.6 Other 3	-	-	-	-										
13.7 <b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>											
14.0 Grand Total Expenses		(6,456,597)	163,885,333												
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations		6,445,524	65,933,775												
16.0 Income Tax Expense		-	10,063,617												
17.0 <b>Net Underwriting Gain (Loss)</b>		<b>\$ 6,445,524</b>	<b>\$ 55,870,158</b>												

**Notes**

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023  
 Summary

EXPENSES	Vendor Name	Affiliation	Payment Methodology	JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		PRIOR YEAR ADJUSTMENTS	CALENDAR YEAR TOTAL (TO DATE)	
				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			-	-	-	-	-	-	-	-	-	-	-
	<b>1.6 Total Hospital Services</b>													
Professional Services	2.1 Molina Medical Group			-	-	-	-	-	-	-	-	-	-	-
	2.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	2.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	2.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	2.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>2.6 Total Professional Services</b>													
Mental Health	3.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	3.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	3.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	3.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	3.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>3.6 Total Mental Health</b>													
Dental	4.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	4.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	4.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	4.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	4.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>4.6 Total Dental</b>													
Transportation	5.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	5.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	5.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	5.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	5.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>5.6 Total Transportation</b>													
Pharmacy	6.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	6.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	6.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	6.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	6.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>6.6 Total Pharmacy</b>													
Other Services	7.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	7.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	7.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	7.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	7.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>7.6 Total Other Services</b>													
Administrative Expense	8.1 Molina Healthcare, Inc. (MHI)	Direct Parent	Other (please explain)	79,188	3,969,799	81,792	4,053,544	85,403	4,024,479	89,005	4,590,095		335,388	16,637,917
	8.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	8.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	8.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	8.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>8.6 Total Administrative Expense</b>				<b>3,969,799</b>		<b>4,053,544</b>		<b>4,024,479</b>		<b>4,590,095</b>			<b>16,637,917</b>
<b>9 Grand Total</b>				<b>3,969,799</b>		<b>4,053,544</b>		<b>4,024,479</b>		<b>4,590,095</b>			<b>16,637,917</b>	

**Notes**

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

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

**ACHIEVED SAVINGS REBATE EXHIBIT**

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023  
 Plan Type: SMI Specialty Plan

	JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)			
	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	\$ 55,478,054	\$ 55,478,054	\$ -	\$ 56,785,620	\$ 56,785,620	\$ -	\$ 59,403,386	\$ 59,403,386	\$ -
1.2	Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-	-
1.6	<b>Revenue Subject to ASR</b>	<b>55,478,054</b>	<b>55,478,054</b>	-	<b>56,785,620</b>	<b>56,785,620</b>	-	<b>59,403,386</b>	<b>59,403,386</b>	-
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	31,667,296	31,667,296	-	34,164,977	34,164,977	-	36,219,079	36,219,079	-
2.2	Incurred but not Paid (IBNP) Ending Balance	243,705	243,705	-	423,644	423,644	-	632,604	632,604	-
2.3	Settlements/AP	73,161	73,161	-	143,790	143,790	-	75,706	75,706	-
2.4	Total Benefit Expense before Reinsurance	31,984,162	31,984,162	-	34,732,411	34,732,411	-	36,927,389	36,927,389	-
2.5	Net Cost of Reinsurance	79,188	79,188	-	81,792	81,792	-	85,403	85,403	-
2.6	<b>Total Benefit Expense after Reinsurance</b>	<b>32,063,350</b>	<b>32,063,350</b>	-	<b>34,814,203</b>	<b>34,814,203</b>	-	<b>37,012,792</b>	<b>37,012,792</b>	-
<b>Administrative Expenses</b>										
3.1	Administrative Expenses from Revenue & Expense Schedule	6,623,943	6,623,943	-	6,881,585	6,881,585	-	7,020,557	7,020,557	-
3.2	Less: Compliance/Regulatory	(546,953)	(546,953)	-	(597,282)	(597,282)	-	(754,193)	(754,193)	-
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-	-
3.5	Less: Reserve Account Contributions	-	-	-	-	-	-	-	-	-
3.6	<b>Administrative Expense Subject to ASR</b>	<b>6,076,990</b>	<b>6,076,990</b>	-	<b>6,284,303</b>	<b>6,284,303</b>	-	<b>6,266,364</b>	<b>6,266,364</b>	-
4.0	Actuarially-sound Administrative Expense Maximum									
5.0	<b>Administrative Expenses Subject to ASR</b>									
6.0	Total Benefit and Administrative Expense subject to ASR									
<b>Calculation of Pre-Tax Income and ASR</b>										
7.1	Pre-tax Income									
7.2	Pre-tax Income as a Percent of Revenue									
7.3	<b>Preliminary Achieved Savings Rebate</b>									

Notes

(Continued)

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

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

**ACHIEVED SAVINGS REBATE EXHIBIT (Continued)**

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023  
 Plan Type: MMA, LTC , Comprehensive

	OCTOBER - DECEMBER (Q4)			PRIOR YEAR ADJUSTMENTS			CALENDER YEAR TOTAL (TO DATE)			
	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	\$ 58,163,121	\$ 58,163,121	\$ -	\$ (11,073)	\$ (11,073)	\$ -	\$ 229,819,108	\$ 229,819,108	\$ -
1.2	Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.6	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-	-
1.8	<b>Revenue Subject to ASR</b>	<b>58,163,121</b>	<b>58,163,121</b>	<b>-</b>	<b>(11,073)</b>	<b>(11,073)</b>	<b>-</b>	<b>229,819,108</b>	<b>229,819,108</b>	<b>-</b>
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	36,270,608	36,270,608	-	30,934	30,934	-	138,352,894	138,352,894	-
2.2	Incurred but not Paid (IBNP) Ending Balance	1,372,709	1,372,709	-	(6,842,850)	(6,842,850)	-	(4,170,188)	(4,170,188)	-
2.3	Settlements/AP	2,860	2,860	-	355,319	355,319	-	650,836	650,836	-
2.4	Total Benefit Expense before Reinsurance	37,646,177	37,646,177	-	(6,456,597)	(6,456,597)	-	134,833,542	134,833,542	-
2.5	Net Cost of Reinsurance	89,005	89,005	-	-	-	-	335,388	335,388	-
2.6	<b>Total Benefit Expense after Reinsurance</b>	<b>37,735,182</b>	<b>37,735,182</b>	<b>-</b>	<b>(6,456,597)</b>	<b>(6,456,597)</b>	<b>-</b>	<b>135,168,930</b>	<b>135,168,930</b>	<b>-</b>
<b>Administrative Expenses</b>										
3.1	Administrative Expenses from Revenue & Expense Schedule	8,190,316	8,190,316	-	-	-	-	28,716,401	28,716,401	-
3.2	Less: Compliance/Regulatory	(938,548)	(938,548)	-	-	-	-	(2,836,976)	(2,836,976)	-
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-	-
3.5	Less: Reserve Account Contributions	-	-	-	-	-	-	-	-	-
3.6	<b>Administrative Expense Subject to ASR</b>	<b>7,251,768</b>	<b>7,251,768</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>25,879,425</b>	<b>25,879,425</b>	<b>-</b>
4.0	Actuarially-sound Administrative Expense Maximum							26,476,552	26,476,552	-
5.0	<b>Administrative Expenses Subject to ASR</b>							<b>25,879,425</b>	<b>25,879,425</b>	<b>-</b>
6.0	Total Benefit and Administrative Expense subject to ASR							\$ 161,048,355	\$ 161,048,355	\$ -
<b>Calculation of Pre-Tax Income and ASR</b>										
7.1	Pre-tax Income							68,770,753	68,770,753	-
7.2	Pre-tax Income as a Percent of Revenue							29.9%	29.9%	0.0%
7.3	<b>Preliminary Achieved Savings Rebate</b>							-	-	-

Notes

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

51,534,319.90

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

**ACHIEVED SAVINGS REBATE - ACTUARIALLY-SOUND ADMINISTRATIVE MAXIMUM CALCULATION**

**January 2022 through September 2022**

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 1/1/2022-9/30/2022  
 Paid Through: 3/31/2023  
 Plan Type: SMI Specialty Plan

		CALENDER YEAR TOTAL (January 1, 2022 to Sep 30,2022)		
<b>MMA Administrative Expense Maximum</b>		<b>MMA</b>		
1.0	Select your Nationwide Member Enrollment	<b>&gt;500,000</b>		
1.1	Plan Enrollment	<b>5,181,238</b>		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$ 26.89	950	\$ 25,546
	TANF SMI	75.16	157,993	11,874,754
	SSI Medicaid Only Non-SMI	81.57	240	19,577
	SSI Medicaid Only SMI	105.86	67,081	7,101,195
	SSI Dual Eligible	25.89	18,542	480,052
	Child Welfare	69.40	213	14,782
	HIV/AIDS Non-Specialty Medicaid Only	129.75	-	-
	HIV/AIDS Specialty Medicaid Only	146.34	1,272	186,144
	HIV/AIDS Dual Eligible	21.97	92	2,021
	LTC Medicaid Only	184.45	-	-
	LTC Dual Eligible	20.67	-	-
	Maternity Kick Payment	239.62	-	-
	Private Duty Nursing	465.69	-	-
	LTC Eligible Kick Payments	-	-	-
1.3	<b>Total MMA Administrative Maximum</b>			<b>\$ 19,704,071</b>
<b>LTC Administrative Expense Maximum</b>		<b>LTC</b>		
2.0	Select your Nationwide Member Enrollment	<b>&lt;100,000</b>		
		Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.1	LTC Program	\$ -	-	-
2.2	<b>Total LTC Administrative Maximum</b>			<b>\$ -</b>

Instructions

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

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

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

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

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

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

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

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

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

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

**ACHIEVED SAVINGS REBATE - ACTUARIALLY-SOUND ADMINISTRATIVE MAXIMUM CALCULATION**

**October 1, 2022 through December 31, 2022**

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 10/1/2022-12/31/2022  
 Paid Through: 3/31/2023  
 Plan Type: SMI Specialty Plan

		CALENDER YEAR TOTAL (October 1, 2022 -December 31, 2022)		
<b>MMA Administrative Expense Maximum</b>		<b>MMA</b>		
1.0	Select your Nationwide Member Enrollment	<b>&gt;500,000</b>		
1.1	Plan Enrollment	<b>5,269,666</b>		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$ 26.02	260	\$ 6,765
	TANF SMI	70.84	58,791	4,164,754
	SSI Medicaid Only Non-SMI	77.42	54	4,181
	SSI Medicaid Only SMI	103.43	22,996	2,378,476
	SSI Dual Eligible	24.04	6,306	151,596
	Child Welfare	66.95	68	4,553
	HIV/AIDS Non-Specialty Medicaid Only	109.85	-	-
	HIV/AIDS Specialty Medicaid Only	122.38	503	61,557
	HIV/AIDS Dual Eligible	22.15	27	598
	LTC Medicaid Only	181.68	-	-
	LTC Dual Eligible	20.89	-	-
	Maternity Kick Payment	251.79	-	-
	Private Duty Nursing	520.71	-	-
	LTC Eligible Kick Payments	-	-	-
1.3	<b>Total MMA Administrative Maximum</b>			<b>\$ 6,772,481</b>
<b>LTC Administrative Expense Maximum</b>		<b>LTC</b>		
2.0	Select your Nationwide Member Enrollment	<b>&lt;100,000</b>		
		Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.1	LTC Program	-	-	-
2.2	<b>Total LTC Administrative Maximum</b>			<b>\$ -</b>

Instructions

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



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

**MEDICAL LOSS RATIO EXHIBIT**

Health Plan: Molina Healthcare of Florida, Inc.  
 Calendar Year: 12/31/2022  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023  
 Plan Type: SMI Specialty Plan

	JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)			
	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	\$ 55,478,054	\$ 55,478,054	\$ -	\$ 56,785,620	\$ 56,785,620	\$ -	\$ 59,403,386	\$ 59,403,386	\$ -
1.2	Federal Taxes and Assessments, including ACA § 9010	(2,260,039)	(2,260,039)	-	(3,026,668)	(3,026,668)	-	(4,977,192)	(4,977,192)	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5	Revenue Subject to MLR	53,218,015	53,218,015	-	53,758,952	53,758,952	-	54,426,194	54,426,194	-
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS During the Year	30,504,248	30,504,248	-	32,952,520	32,952,520	-	34,950,194	34,950,194	-
2.2	Total Benefits Paid through Subcapitation During the Year	1,103,463	1,103,463	-	518,030	518,030	-	1,007,193	1,007,193	-
2.3	Incurred but not Paid (IBNP) Ending Balance	243,705	243,705	-	423,644	423,644	-	632,604	632,604	-
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	524	524	-	1,383	1,383	-	4,002	4,002	-
2.5	Settlements/AP	73,160	73,160	-	143,790	143,790	-	75,706	75,706	-
2.6	Total Benefit Expense before Reinsurance	31,925,100	31,925,100	-	34,039,367	34,039,367	-	36,669,699	36,669,699	-
2.7	Net Cost of Reinsurance	79,188	79,188	-	81,792	81,792	-	85,403	85,403	-
2.8	Total Benefit Expense after Reinsurance	32,004,288	32,004,288	-	34,121,159	34,121,159	-	36,755,102	36,755,102	-
<b>Florida-Specific Contributions (MLR Only)</b>										
3.1	Funds to Graduate Medical Education institutions	-	-	-	-	-	-	-	-	-
3.2	Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-	-	-	-	-	-
3.3	Total Florida-Specific Contributions	-	-	-	-	-	-	-	-	-
<b>Improving Health Care Quality Expenses Incurred (MLR Only)</b>										
4.1	Improve Health Outcomes	679,283	679,283	-	713,207	713,207	-	817,857	817,857	-
4.2	Activities to Prevent Hospital Readmissions	325,105	325,105	-	340,547	340,547	-	390,328	390,328	-
4.3	Improve Patient Safety and Reducing Medical Errors	10,164	10,164	-	10,679	10,679	-	12,211	12,211	-
4.4	Wellness and Health Promotion Activities	103,268	103,268	-	108,173	108,173	-	123,986	123,986	-
4.5	Health Information Technology (HIT) expenses related to Health Improvement	133,525	133,525	-	140,020	140,020	-	160,269	160,269	-
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	\$ 1,251,345	\$ 1,251,345	-	\$ 1,312,626	\$ 1,312,626	-	\$ 1,504,651	\$ 1,504,651	-
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses (MLR only)	34,369	34,369	-	36,002	36,002	-	41,264	41,264	-
6.0	Preliminary Medical Loss Ratio: MLR	63%	63%	-	66%	66%	-	70%	70%	-

Notes

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

(Continued)

**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)	

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

**MEDICAL LOSS RATIO EXHIBIT (Continued)**

Health Plan: Molina Healthcare of Florida, Inc.  
 Calendar Year: 12/31/2022  
 Reporting Period: 12/31/2022  
 Paid Through: 3/31/2023  
 Plan Type: MMA, LTC, Comprehensive

	OCTOBER - DECEMBER (Q4)			PRIOR YEAR ADJUSTMENTS			CALENDER YEAR TOTAL (TO DATE)			
	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	\$ 58,163,121	\$ 58,163,121	\$ -	\$ (11,073)	\$ (11,073)	\$ -	\$ 229,819,108	\$ 229,819,108	\$ -
1.2	Federal Taxes and Assessments, including ACA § 9010	200,282	200,282	-	-	-	-	(10,063,617)	(10,063,617)	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5	Revenue Subject to MLR	58,363,403	58,363,403	-	(11,073)	(11,073)	-	219,755,491	219,755,491	-
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS During the Year	34,956,996	34,956,996	-	1,055,065	1,055,065	-	134,419,023	134,419,023	-
2.2	Total Benefits Paid through Subcapitation During the Year	1,045,476	1,045,476	-	(1,225,335)	(1,225,335)	-	2,448,827	2,448,827	-
2.3	Incurred but not Paid (IBNP) Ending Balance	1,372,709	1,372,709	-	(6,842,850)	(6,842,850)	-	(4,170,188)	(4,170,188)	-
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	7,968	7,968	-	-	-	-	13,877	13,877	-
2.5	Settlements/AP	2,860	2,860	-	355,319	355,319	-	650,835	650,835	-
2.7	Total Benefit Expense before Reinsurance	37,386,009	37,386,009	-	(6,657,801)	(6,657,801)	-	133,362,374	133,362,374	-
2.8	Net Cost of Reinsurance	89,005	89,005	-	-	-	-	335,388	335,388	-
2.9	<b>Total Benefit Expense after Reinsurance</b>	<b>37,475,014</b>	<b>37,475,014</b>	-	<b>(6,657,801)</b>	<b>(6,657,801)</b>	-	<b>133,697,762</b>	<b>133,697,762</b>	-
<b>Florida-Specific Contributions (MLR Only)</b>										
3.1	Funds to Graduate Medical Education institutions	-	-	-	-	-	-	-	-	-
3.2	Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-	-	-	-	-	-
3.3	<b>Total Florida-Specific Contributions</b>	-	-	-	-	-	-	-	-	-
<b>Improving Health Care Quality Expenses Incurred (MLR Only)</b>										
4.1	Improve Health Outcomes	750,383	750,383	-	-	-	-	2,960,730	2,960,730	-
4.2	Activities to Prevent Hospital Readmissions	355,744	355,744	-	-	-	-	1,411,724	1,411,724	-
4.3	Improve Patient Safety and Reducing Medical Errors	11,129	11,129	-	-	-	-	44,183	44,183	-
4.4	Wellness and Health Promotion Activities	113,000	113,000	-	-	-	-	448,427	448,427	-
4.5	Health Information Technology (HIT) expenses related to Health Improvement	146,143	146,143	-	-	-	-	579,957	579,957	-
4.6	<b>Total of Defined Expenses incurred for improving Health Care Quality.</b>	<b>\$ 1,376,399</b>	<b>\$ 1,376,399</b>	-	<b>\$ -</b>	<b>\$ -</b>	-	<b>\$ 5,445,021</b>	<b>\$ 5,445,021</b>	-
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses (MLR only)	37,608	37,608	-	-	-	-	149,243	149,243	-
6.0	<b>Preliminary Medical Loss Ratio: MLR</b>	<b>67%</b>	<b>67%</b>	-	<b>60126%</b>	<b>60126%</b>	-	<b>63%</b>	<b>63%</b>	-

**Notes**

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts

**Annual Credibility Adjustment**

7.1	Member Months for Managed Care Plan (MM)		335,359.00	335359
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)		12.00	
7.4	Credibility Adjustment Factor for MMa (CAa)		0.0%	
7.5	Credibility Adjustment Factor for MMb (CAb)		0.0%	
7.6	Credibility Adjustment Calculation		0.0%	
7.7	Calculated MLR		63%	
7.8	<b>Final MLR (Apply Credibility Adjustment)</b>		<b>63.39%</b>	