



Auditee: Florida Community Care, LLC

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

Annual Achieved Savings Rebate Financial Report

For the Year Ended December 31, 2021



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PLAN AND PERFORMANCE AUDIT OVERVIEW

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

The Company operates a Long-term care 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, 2021.

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 4, 2022 to August 31, 2022, and our results, reported herein, are as of August 31, 2022.

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
- ASR 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 (“GAS”). 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, 2021, considering revenue and medical benefits “paid dates” through March 31, 2022. 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 2021 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, 2022. 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, 2022.
- 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.

ASR Schedule and Line No.	Description	Calendar Year Total*
MMA Revenue and Expense Schedule – Summary, Line No. 12.1	Salaries and benefits	\$ 20,874
MMA Revenue and Expense Schedule – Summary, Line No. 12.3	Information system expenses	\$ 1,159,879
MMA Revenue and Expense Schedule – Summary, Line No. 12.5	General administration expenses	\$ 196,491
MMA Revenue and Expense Schedule – Summary, Line No.10.1	ILS home delivered meals	\$ 12,327
MMA Revenue and Expense Schedule – Summary, Line No. 11.4	MSO fees	\$ 7,936,613
LTC Revenue and Expense Schedule – Summary, Line No. 5.1	Salaries and benefits	\$ 329,957
LTC Revenue and Expense Schedule – Summary, Line No. 5.3	Information system expenses	\$ 18,312,897
LTC Revenue and Expense Schedule – Summary, Line No. 5.5	General administration expenses	\$ 3,103,508
LTC Revenue and Expense Schedule – Summary, Line No. 2.17	Care management fees	\$ 17,599,089
LTC Revenue and Expense Schedule – Summary, Line No. 2.18	ILS home delivered meals	\$ 1,850,325

ASR Schedule and Line No.	Description	Calendar Year Total*
Medical Loss Ratio Exhibit, Line No. 4.1	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 18,245
Medical Loss Ratio Exhibit, Line No. 4.2	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 18,245
Medical Loss Ratio Exhibit, Line No. 4.3	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 18,245
Medical Loss Ratio Exhibit, Line No. 4.4	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 18,245
Medical Loss Ratio Exhibit, Line No. 4.5	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 38,179

*** as adjusted**

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, 2021 and the Annual Statement submitted to the Florida Office of Insurance Regulation

Substantive Procedures

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

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

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

RESULTS

Based upon the previously defined objective and the completion of the procedures outlined in the scope and methodology section, the audit objective has been met. The Plan did not prepare the MMA Revenue and Expense Schedule – Summary, LTC Revenue and Expense Schedule – Summary, MMA Related Party Transaction Schedule – Summary, LTC Related Party Transaction Schedule – Summary, ASR Exhibit and the Medical Loss Ratio (“MLR”) Exhibit for the year ended December 31, 2021 pursuant to Florida Statute 409.967(3) and the annual ASR financial report instructions.

The following tables summarizes adjustments to amounts reported in the ASR Schedules due to reported amounts being unallowable, misclassified or unsupported, or due to the omission of amounts that should have been reported.

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

		Reported				Total	Adjusted
		Annual Amount	1	6	7	Adjustments	Annual Amount
MEMBER MONTHS		142,144	-	-	-	-	142,144
REVENUES							
Revenues	1.1 Capitation	\$ 39,211,377	\$ -	\$ -	\$ (10,155)	\$ (10,155)	\$ 39,201,222
	1.2.1 Pharmacy Drug High Risk Pool	9,211	-	-	-	-	9,211
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	-	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-
	1.6 Other Revenue	-	-	-	-	-	-
	1.7 Total Revenue	39,220,588	-	-	(10,155)	(10,155)	39,210,433
BENEFIT EXPENSES							
Hospital Services	2.1 Inpatient FFS	9,238,513	-	-	-	-	9,238,513
	2.2 Ending IBNP for Inpatient Hospital Services	680,009	(561,218)	-	-	(561,218)	118,791
	2.3 Outpatient FFS: ER	1,158,053	-	-	-	-	1,158,053
	2.4 Outpatient FFS: Other than ER	1,209,607	-	-	-	-	1,209,607
	2.5 Ending IBNP for Outpatient Hospital Services	170,216	(143,109)	-	-	(143,109)	27,107
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	6,723,328	-	(3,735,769)	-	(3,735,769)	2,987,559
	2.7.1 Transplant Services	-	-	-	-	-	-
	2.8 Total Hospital Services	19,179,726	(704,327)	(3,735,769)	-	(4,440,096)	14,739,630
	Professional Services	3.1 Primary Care FFS	1,100,896	-	-	-	-
3.2 Specialty Care FFS		229,344	-	-	-	-	229,344
3.3 Other Professional FFS		7,660	-	-	-	-	7,660
3.4 § 1202 PCP Payments to providers		-	-	-	-	-	-
3.5 Subcapitated Professional Services		-	-	-	-	-	-
3.6 Ending IBNP for Professional Services		62,366	(36,848)	-	-	(36,848)	25,518
3.7 Professional Settlements/AP		-	-	369,014	-	369,014	369,014
3.8 Total Physician Services		1,400,266	(36,848)	369,014	-	332,166	1,732,432
Maternity Services	4.1.1 Maternity Services	-	-	-	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-
4.4.1 Total Maternity Services	-	-	-	-	-	-	
Mental Health	5.1 Mental Health & Substance Abuse FFS	1,881,810	-	-	-	-	1,881,810
	5.2 MH & SA Subcapitation	-	-	-	-	-	-
	5.3 Ending IBNP for MH & SA	51,767	(47,018)	-	-	(47,018)	4,749
	5.4 Mental Health Settlements/AP	-	-	205,642	-	205,642	205,642
	5.5 Total Mental Health & Substance Abuse	1,933,577	(47,018)	205,642	-	158,624	2,092,201
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	1,477,579	-	-	-	-	1,477,579
	7.2 Transportation Subcapitation	-	-	-	-	-	-
	7.3 Ending IBNP for Transportation	107,531	(70,927)	-	-	(70,927)	36,604
	7.4 Transportation Settlements/AP	-	-	969,549	-	969,549	969,549
7.5 Total Transportation Services	1,585,109	(70,927)	969,549	-	898,622	2,483,731	
Pharmacy	8.1 Prescription Drugs FFS	5,800,631	-	-	-	-	5,800,631
	8.2 Hepatitis C Prescription Drug FFS	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	117,080	(255,183)	-	-	(255,183)	(138,103)
	8.4 Prescription Drug Rebates	-	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	1,465,091	-	1,465,091	1,465,091
	8.8 Total Prescription Drugs	5,917,711	(255,183)	1,465,091	-	1,209,908	7,127,619

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

		Reported				Total	Adjusted	
		Annual Amount	1	6	7	Adjustments	Annual Amount	
Other Services	9.1	Home Health, Nursing, Personal Care FFS	6,317	-	-	-	6,317	
	9.2	Hospice FFS	33,832	-	-	-	33,832	
	9.2.1	Nursing Facility FFS	171,838	-	-	-	171,838	
	9.3	DME FFS	1,778	-	-	-	1,778	
	9.4	Other State Plan Services FFS	1,894,293	-	-	-	1,894,293	
	9.5	Other Services Subcapitation	-	-	-	-	-	
	9.6	Ending IBNP for Other Services	144,612	(72,157)	-	-	72,455	
	9.7	Other Service Settlements/AP	-	-	1,037,574	1,037,574	1,037,574	
	9.8	Total Other Services	2,252,670	(72,157)	1,037,574	-	965,417	3,218,087
	Expanded Benefits	10.1	Expanded Benefits FFS	1,455,835	-	-	-	1,455,835
		10.2	Expanded benefits Subcapitation	-	-	-	-	-
10.3		Ending IBNP for Expanded Benefits	-	(37,106)	-	-	(37,106)	
10.4		Expanded Benefits Settlements/AP	-	-	902,184	902,184	902,184	
10.5	Total Expanded Benefits	1,455,835	(37,106)	902,184	-	865,078	2,320,913	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	25,667,986	-	-	-	25,667,986	
	11.2	Total Services Paid Directly -- IBNP	1,333,581	(1,223,566)	-	-	110,015	
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	
	11.4	Total Services Paid by Settlements/AP	6,723,328	-	1,213,285	-	7,936,613	
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	
	11.7	Benefit Expense before Reinsurance	33,724,895	(1,223,566)	1,213,285	-	(10,281)	33,714,614
	11.8	Reinsurance Premiums	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	
11.11	Medical Benefit Expense Net of Reinsurance	33,724,895	(1,223,566)	1,213,285	-	(10,281)	33,714,614	
Administrative Expenses, Assessments, Taxes, and Fees								
Administrative Expenses	12.1	Salaries & Benefits	302,470	-	-	-	302,470	
	12.2	Administrative Services	6,610	-	-	-	6,610	
	12.3	Information Systems	1,159,921	-	-	-	1,159,921	
	12.4	Marketing Expenses	12,501	-	-	-	12,501	
	12.5	General Administration	416,198	-	-	-	416,198	
	12.6	Compliance/Regulatory	3,471	-	-	-	3,471	
	12.7	Total Administrative Expenses	1,901,172	-	-	-	1,901,172	
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	35,626,067	(1,223,566)	1,213,285	-	(10,281)	35,615,786	
15.0	Underwriting Gain (Loss)	3,594,520	1,223,566	(1,213,285)	(10,155)	126	3,594,646	
16.0	Income Tax Expense	-	-	-	-	-	-	
17.0	Net Underwriting Gain (Loss)	\$ 3,594,520	\$ 1,223,566	\$ (1,213,285)	\$ (10,155)	\$ 10,281	\$ 3,594,646	

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

		Reported	Total			Adjusted	
		Annual Amount	2	7	Adjustments	Annual Amount	
MEMBER MONTHS		188,225				188,225	
REVENUES							
Revenues	1.1	Capitation	\$ 620,077,124	\$ -	\$ (627,307)	\$ (627,307)	\$ 619,449,817
	1.2	NH Rate Reconciliation	(2,997,146)	-	-	-	(2,997,146)
	1.2.1	Community High Risk Pool	616,862	-	-	-	616,862
	1.2.2	Patient Responsibility Reconciliation	(6,756,115)	-	-	-	(6,756,115)
	1.3	Other Revenue	-	-	-	-	-
	1.4	Total Revenue	610,940,725	-	(627,307)	(627,307)	610,313,418
EXPENSES							
LTC Nursing Facility (NF) & Hospice Services	2.1	Nursing Facility Days (Medicaid)	1,468,809	-	-	-	1,468,809
	2.2	Nursing Facility Days (Crossover)	-	-	-	-	-
	2.3	Nursing Facility FFS (Medicaid)	305,371,139	-	-	-	305,371,139
	2.4	Nursing Facility FFS (Crossover)	-	-	-	-	-
	2.5	Hospice Days	147,380	-	-	-	147,380
	2.6	Hospice FFS	28,130,936	-	-	-	28,130,936
	2.7	Ending IBNP for NF & Hospice Services	14,340,942	(4,657,721)	-	(4,657,721)	9,683,221
	2.8	NF & Hospice Subcapitated Services	-	-	-	-	-
	2.9	NF & Hospice Settlements/AP	-	-	-	-	-
	2.10	Total Nursing Facility and Hospice	347,843,017	(4,657,721)	-	(4,657,721)	343,185,296
Long Term Care Services	2.11	Assisted Living FFS	90,486,826	-	-	-	90,486,826
	2.12	Home Health FFS	66,012,980	-	-	-	66,012,980
	2.13	Medical Equipment/Supplies FFS	3,037,199	-	-	-	3,037,199
	2.14	Therapy Services FFS	4,643,491	-	-	-	4,643,491
	2.15	Transportation Services FFS	3,494,973	-	-	-	3,494,973
	2.16	Case Management (Plan Provided) FFS	3,408,205	-	-	-	3,408,205
	2.17	Case Management (non-Plan Provided) FFS	17,599,089	-	-	-	17,599,089
	2.18	Home & Community Based Services (HCBS) FFS	5,141,180	-	-	-	5,141,180
	2.19	Subcapitated LTC Services (excluding NF)	-	-	-	-	-
	2.20	Ending IBNP for Long Term Care Services (excluding NF)	3,844,519	(2,083,194)	-	(2,083,194)	1,761,325
	2.21	LTC Services Settlements/AP (excluding NF)	1,783,750	-	-	-	1,783,750
2.22	Grand Total LTC Services	547,295,229	(6,740,915)	-	(6,740,915)	540,554,314	
Expanded Benefits	3.1	Expanded Benefits FFS	4,955,247	-	-	-	4,955,247
	3.2	Expanded Benefits Subcapitation	-	-	-	-	-
	3.3	Ending IBNP for Expanded Benefits	-	(1,351)	-	(1,351)	(1,351)
	3.4	Expanded Benefits Services Settlements	-	-	-	-	-
	3.5	Total Expanded Benefits	4,955,247	(1,351)	-	(1,351)	4,953,896
Totals Before and After Reinsurance	4.1	Total Services Paid Directly FFS	532,281,264	-	-	-	532,281,264
	4.2	Total Services Paid Directly -- IBNP	18,185,461	(6,742,266)	-	(6,742,266)	11,443,195
	4.3	Total Services Paid through Subcapitation	-	-	-	-	-
	4.4	Total Services Paid by Settlements/AP	1,783,750	-	-	-	1,783,750
	4.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-
	4.6.1	Premium Deficiency Reserve	-	-	-	-	-
	4.7	Subtotal Benefit Expense before Reinsurance	552,250,475	(6,742,266)	-	(6,742,266)	545,508,209
	4.8	Reinsurance Premiums	-	-	-	-	-
	4.9	Reinsurance Recoveries	-	-	-	-	-
	4.10	Net Cost of Reinsurance	-	-	-	-	-
	4.11	Grand Total Service Benefit Expense Net of Reinsurance	552,250,475	(6,742,266)	-	(6,742,266)	545,508,209

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

		<u>Reported Annual Amount</u>	<u>2</u>	<u>7</u>	<u>Total Adjustments</u>	<u>Adjusted Annual Amount</u>	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees							
Administrative Expenses	5.1	Salaries & Benefits	4,777,760	-	-	-	4,777,760
	5.2	Administrative Services	104,412	-	-	-	104,412
	5.3	Information Systems	18,312,897	-	-	-	18,312,897
	5.4	Marketing Expenses	197,470	-	-	-	197,470
	5.5	General Administration	8,124,189	-	-	-	8,124,189
	5.6	Compliance/Regulatory	54,829	-	-	-	54,829
	5.7	Total Administrative Expenses	31,571,557	-	-	-	31,571,557
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	583,822,033	(6,742,266)	-	(6,742,266)	577,079,767
8.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	27,118,692	6,742,266	(627,307)	6,114,959	33,233,651	
9.0	Income Tax Expense	-	-	-	-	-	
10.0	Net Underwriting Gain (Loss)	\$ 27,118,692	\$ 6,742,266	\$ (627,307)	\$ 6,114,959	\$ 33,233,651	

Adjustments to Amounts Reported in the Annual Achieved Savings Rebate Exhibit

	Reported			1	2	6	7	7
	Total	MMA	LTC					
REVENUES								
1.1 Total Revenue from Revenue & Expense Schedules	\$ 650,161,313	\$ 39,220,588	\$ 610,940,725	\$ -	\$ -	\$ -	\$ (10,155)	\$ (627,307)
1.2 Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-
1.5 Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-
1.6 Revenue Subject to ASR	650,161,313	39,220,588	610,940,725	-	-	-	-	-
EXPENSES								
Benefit Expenses								
2.1 Total Benefits Paid through FFS and Subcapitation During the Year	557,949,250	25,667,986	532,281,264	-	-	-	-	-
2.2 Incurred but not Paid (IBNP) Ending Balance	19,519,042	1,333,581	18,185,461	(1,223,566)	(6,742,266)	-	-	-
2.3 Settlements/AP	8,507,078	6,723,328	1,783,750	-	-	1,213,285	-	-
2.4 Total Benefit Expense before Reinsurance	585,975,370	33,724,895	552,250,475	(1,223,566)	(6,742,266)	1,213,285	-	-
2.5 Net Cost of Reinsurance	-	-	-	-	-	-	-	-
2.6 Total Benefit Expense after Reinsurance	585,975,370	33,724,895	552,250,475	(1,223,566)	(6,742,266)	1,213,285	(10,155)	(627,307)
Administrative Expenses								
3.1 Total Administrative Expenses from Revenue & Expense Schedule	33,472,730	1,901,172	31,571,557	-	-	-	-	-
3.2 Less: Compliance/Regulatory	(58,300)	-	(58,300)	-	-	-	-	-
3.3 Less: Lobbying/Political expenses	(85,000)	(5,060)	(79,940)	-	-	-	-	-
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-
3.5 Less: Other Non-allowed expenses	-	-	-	-	-	-	-	-
3.6 Administrative Expense Subject to ASR	33,329,430	1,896,112	31,433,317	-	-	-	-	-
4.0 Actuarially-sound Administrative Expense Maximum	32,064,924	3,636,147	28,428,777	-	-	-	-	-
5.0 Administrative Expenses Subject to ASR	32,064,924	1,896,112	28,428,777	-	-	-	-	-
6.0 Total Benefit and Administrative Expense subject to ASR	618,040,294	35,621,007	580,679,252	(1,223,566)	(6,742,266)	1,213,285	(10,155)	(627,307)
Calculation of Pre-Tax Income and ASR								
7.1 Pre-tax Income	\$ 32,121,019	\$ 3,599,580	\$ 30,261,473	\$ 1,223,566	\$ 6,742,266	\$ (1,213,285)	\$ 10,155	\$ 627,307
7.2 Pre-tax Income as a Percent of Revenue	4.9%	9.2%	5.0%					
7.3 Preliminary Achieved Savings Rebate	-							

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

	Total Adjustments			Adjusted Annual Amount		
	Total	MMA	LTC	Total	MMA	LTC
REVENUES						
1.1 Total Revenue from Revenue & Expense Schedules						
1.2 Federal Taxes and Assessments-ACA § 9010	\$ (637,462)	\$ (10,155)	\$ (627,307)	\$ 649,523,851	\$ 39,210,433	\$ 610,313,418
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-	-
1.5 Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-
1.6 Revenue Subject to ASR	-	-	-	-	-	-
	(637,462)	(10,155)	(627,307)	649,523,851	39,210,433	610,313,418
EXPENSES						
Benefit Expenses						
2.1 Total Benefits Paid through FFS and Subcapitation During the Year	-	-	-	557,949,250	25,667,986	532,281,264
2.2 Incurred but not Paid (IBNP) Ending Balance	(7,965,832)	(1,223,566)	(6,742,266)	11,553,210	110,015	11,443,195
2.3 Settlements/AP	1,213,285	1,213,285	-	9,720,363	7,936,613	1,783,750
2.4 Total Benefit Expense before Reinsurance	(6,752,547)	(10,281)	(6,742,266)	579,222,823	33,714,614	545,508,209
2.5 Net Cost of Reinsurance	-	-	-	-	-	-
2.6 Total Benefit Expense after Reinsurance	(6,752,547)	(10,281)	(6,742,266)	579,222,823	33,714,614	545,508,209
Administrative Expenses						
3.1 Total Administrative Expenses from Revenue & Expense Schedule	-	-	-	33,472,730	1,901,172	31,571,557
3.2 Less: Compliance/Regulatory	-	-	-	(58,300)	-	(58,300)
3.3 Less: Lobbying/Political expenses	-	-	-	(85,000)	(5,060)	(79,940)
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-
3.5 Less: Other Non-allowed expenses	-	-	-	-	-	-
3.6 Administrative Expense Subject to ASR	-	-	-	33,329,430	1,896,112	31,433,317
4.0 Actuarially-sound Administrative Expense Maximum	-	-	-	32,064,924	3,636,147	28,428,777
5.0 Administrative Expenses Subject to ASR	-	-	-	32,064,924	1,896,112	28,428,777
6.0 Total Benefit and Administrative Expense subject to ASR	(6,752,547)	(10,281)	(6,742,266)	611,287,747	35,610,726	573,936,986
Calculation of Pre-Tax Income and ASR						
7.1 Pre-tax Income	\$ 6,115,085	\$ 126	\$ 6,114,959	\$ 38,236,104	\$ 3,599,706	\$ 36,376,432
7.2 Pre-tax Income as a Percent of Revenue				5.9%	9.2%	6.0%
7.3 Preliminary Achieved Savings Rebate				2,879,955		

Adjustments to Amounts Reported in the Annual Medical Loss Ratio Exhibit

	Reported Annual Amount			1	2	5	6	7	7
	Total	MMA	LTC	MMA	LTC	MMA	MMA	MMA	LTC
REVENUES									
1.1 Total Revenue from Revenue & Expense Schedules	\$ 650,161,313	\$ 39,220,588	\$ 610,940,725	\$ -	\$ -	\$ -	\$ -	\$ (10,155)	\$ (627,307)
1.2 Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5 Revenue Subject to MLR	650,161,313	39,220,588	610,940,725	-	-	-	-	(10,155)	(627,307)
EXPENSES									
Benefit Expenses									
2.1 Total Benefits Paid through FFS During the Year	557,949,250	25,667,986	532,281,264	-	-	-	-	-	-
2.2 Total Benefits Paid through Subcapitation During the Year	-	-	-	-	-	-	-	-	-
2.3 Incurred but not Paid (IBNP) Ending Balance	19,519,042	1,333,581	18,185,461	(1,223,566)	(6,742,266)	-	-	-	-
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-
2.5 Settlements/AP	8,507,078	6,723,328	1,783,750	-	-	-	1,213,285	-	-
2.6 Total Benefit Expense before Reinsurance	585,975,370	33,724,895	552,250,475	(1,223,566)	(6,742,266)	-	1,213,285	-	-
2.7 Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.8 Total Benefit Expense after Reinsurance	585,975,370	33,724,895	552,250,475	(1,223,566)	(6,742,266)	-	1,213,285	-	-
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	232,360	232,360	-	-	-	(145,169)	-	-	-
4.2 Activities to Prevent Hospital Readmissions	52,810	52,810	-	-	-	34,042	-	-	-
4.3 Improve Patient Safety and Reducing Medical Errors	66,890	66,890	-	-	-	20,301	-	-	-
4.4 Wellness and Health Promotion Activities	-	-	-	-	-	143,486	-	-	-
4.5 Health Information Technology (HIT) expenses related to Health Improvement	21,870	21,870	-	-	-	200,471	-	-	-
4.6 Total of Defined Expenses incurred for improving Health Care Quality	373,930	373,930	-	-	-	253,131	-	-	-
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	-	-	-	-	-	-	-	-	-
6.0 Preliminary Medical Loss Ratio: MLR	90%	87%	-	-	-	-	-	-	-

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

	Total Adjustments			Adjusted Annual Amount		
	Total	MMA	LTC	Total	MMA	LTC
REVENUES						
1.1 Total Revenue from Revenue & Expense Schedules	\$ (637,462)	\$ (10,155)	\$ (627,307)	\$ 649,523,851	\$ 39,210,433	\$ 610,313,418
1.2 Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-	-
1.5 Revenue Subject to MLR	-	-	-	649,523,851	39,210,433	610,313,418
EXPENSES						
Benefit Expenses						
2.1 Total Benefits Paid through FFS During the Year	-	-	-	557,949,250	25,667,986	532,281,264
2.2 Total Benefits Paid through Subcapitation During the Year	-	-	-	-	-	-
2.3 Incurred but not Paid (IBNP) Ending Balance	(7,965,832)	(1,223,566)	(6,742,266)	11,553,210	110,015	11,443,195
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-
2.5 Settlements/AP	1,213,285	1,213,285	-	9,720,363	7,936,613	1,783,750
2.6 Total Benefit Expense before Reinsurance	(7,965,832)	(1,223,566)	(6,742,266)	579,222,823	33,714,614	545,508,209
2.7 Net Cost of Reinsurance	-	-	-	-	-	-
2.8 Total Benefit Expense after Reinsurance	(7,965,832)	(1,223,566)	(6,742,266)	579,222,823	33,714,614	545,508,209
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	(145,169)	(145,169)	-	87,191	87,191	-
4.2 Activities to Prevent Hospital Readmissions	34,042	34,042	-	86,852	86,852	-
4.3 Improve Patient Safety and Reducing Medical Errors	20,301	20,301	-	87,191	87,191	-
4.4 Wellness and Health Promotion Activities	143,486	143,486	-	143,486	143,486	-
4.5 Health Information Technology (HIT) expenses related to Health Improvement	200,471	200,471	-	222,341	222,341	-
4.6 Total of Defined Expenses incurred for improving Health Care Quality	253,131	253,131	-	627,061	627,061	-
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	-	-	-	-	-	-
6.0 Preliminary Medical Loss Ratio: MLR				89%	88%	

ADJUSTED MANAGED MEDICAL ASSISTANCE RELATED PARTY TRANSACTION SCHEDULE - SUMMARY

Adjustment No. 03
(adjusted amounts italicized)

Health Plan: Florida Community Care
Reporting Period: Q4 2021
Paid Through: 3/31/2022

Summary				CALENDAR YEAR TOTAL (TO DATE)	
EXPENSES	Vendor Name	Affiliation	Payment Methodology	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 Vendor #1			-	-
	2.2 Vendor #2			-	-
	2.3 Vendor #3			-	-
	2.4 Vendor #4			-	-
	2.5 Vendor #5			-	-
	2.6 Total Professional Services				-
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 Vendor #1			-	-
	6.2 Vendor #2			-	-
	6.3 Vendor #3			-	-
	6.4 Vendor #4			-	-
	6.5 Vendor #5			-	-
	6.6 Total Pharmacy				-
Other Services	7.1 ILS HOME DELIVERED MEALS	Related through parent company	Fee-for-Service	140,822	12,327
	7.2 MSO	Related through parent company	Alternative Payment Methodology	140,822	7,936,614
	7.3 Vendor #3			-	-
	7.4 Vendor #4			-	-
	7.5 Vendor #5			-	-
	7.6 Total Other Services				
Administrative Expense	8.1 ILS-Leased employees	Parent company	Other (please explain)	-	20,874
	8.2 ILS-Indirect administrative costs	Parent company	Other (please explain)	-	196,491
	8.3 ILS - Third Party Administration	Parent company	Other (please explain)	-	1,159,879
	8.4 Vendor #4			-	-
	8.5 Vendor #5			-	-
	8.6 Total Administrative Expense				-
9 Grand Total					9,326,185

ADJUSTED LONG TERM CARE RELATED PARTY TRANSACTION SCHEDULE - SUMMARY

Adjustment No. 04

(adjusted amounts italicized)

Health Plan: Florida Community Care

Reporting Period: Q4 2021

Paid Through: 3/31/2022

Summary

			CALENDAR YEAR TOTAL		
EXPENSES	Vendor Name	Affiliation	Payment Methodology	MM	Amount
LTC Fee-For-Service	1.1 Vendor #1				-
	1.2 Vendor #2				-
	1.3 Vendor #3				-
	1.4 Vendor #4				-
	1.5 Vendor #5				-
	1.6 Total LTC Nursing Facility & Hospice				
LTC Subcapitated Services	2.1 ILS HOME DELIVERED MEALS	RELATED THROUGH PARENT COMPANY	Fee-for-Service	187,873	<i>1,850,325</i>
	2.2 ILS Care management	Parent Company	Subcapitation	145,760	<i>17,599,089</i>
	2.3 Vendor #3				-
	2.4 Vendor #4				-
	2.5 Vendor #5				-
	2.6 Total Subcapitated Services				
Administrative Expenses	3.1 <i>ILS-Third party administrative fees</i>	Parent Company	Subcapitation	187,873	<i>18,312,897</i>
	3.2 <i>ILS-Leased employees</i>	Parent company	<i>Other (please explain)</i>		<i>329,957</i>
	3.3 <i>ILS-Indirect administrative costs</i>	Parent company	<i>Other (please explain)</i>		<i>3,103,508</i>
	3.4 Vendor #4				-
	3.5 Vendor #5				-
	3.6 Total Other Expenses				
4 Grand Total					<i>41,195,776</i>

Adjustment No. 06

MMA Revenue and Expense Schedule - Summary

JANUARY - MARCH (Q1)*												
	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	
Total												
Line 2.7	(11,725)	-	-	2,548	9,906	(980)	-	223	8,834	-	39,328	(71,584)
Line 3.7	89,173	-	-	-	-	(133)	-	-	-	-	67,008	22,298
Line 5.4	49,455	-	-	-	-	353	-	-	-	-	31,778	17,324
Line 7.4	53,619	-	-	-	-	(140)	-	79	-	-	45,927	7,753
Line 8.7	171,221	-	-	-	-	3	-	-	-	-	3,404	167,814
Line 9.7	15,821	-	-	5,454	-	(33,305)	-	16	-	-	26,148	17,508
Line 10.4	50,000	-	-	-	6,397	661	-	(2)	-	-	38,728	4,216
Line 11.4	417,564	-	-	8,002	16,303	(33,541)	-	316	8,834	-	252,321	165,329

APRIL - JUNE (Q2)*												
	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	
Total												
Line 2.7	646,201	-	-	-	6,604	(1,038)	-	668	-	-	304,480	335,487
Line 3.7	83,419	-	-	-	-	439	-	-	-	-	41,932	41,048
Line 5.4	75,798	-	-	-	-	-	-	-	-	-	25,584	50,214
Line 7.4	177,555	-	-	-	1,052	4,011	-	(81)	-	-	160,343	12,229
Line 8.7	324,809	-	-	-	-	-	-	-	-	-	5,763	319,046
Line 9.7	194,195	-	-	3,701	-	(23,540)	-	-	-	-	187,592	26,442
Line 10.4	170,078	-	-	-	10,087	1,281	-	(12)	-	-	149,800	8,923
Line 11.4	1,672,056	-	-	3,701	17,743	(18,847)	-	575	-	-	875,495	793,389

Continued

Adjustment No. 06

MMA Revenue and Expense Schedule - 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
Line 2.7	679,185	-	-	2,525	4,403	747	-	223	146	-	451,271	219,870
Line 3.7	98,105	-	-	-	-	369	-	-	-	-	58,890	38,847
Line 5.4	169,978	-	-	-	-	(3)	-	-	-	-	150,680	19,301
Line 7.4	327,857	-	-	-	1,052	887	-	-	-	-	307,820	18,098
Line 8.7	454,418	-	-	-	-	(2)	-	-	1,570	-	19,206	433,644
Line 9.7	397,657	-	-	4,521	7,263	(14,956)	-	321	-	-	380,634	19,875
Line 10.4	303,797	-	-	-	4,264	977	-	12	-	-	289,445	9,099
Line 11.4	2,430,999	-	-	7,046	16,982	(11,981)	-	556	1,716	-	1,657,946	758,734

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
Line 2.7	1,236,389	-	-	-	-	1,191	-	-	47,307	-	647,553	540,338
Line 3.7	108,681	-	-	-	-	118	-	-	679	-	60,195	47,688
Line 5.4	31,418	-	-	-	-	-	-	-	-	-	22,819	8,599
Line 7.4	395,392	-	-	-	-	2,899	-	-	2,549	-	364,815	25,128
Line 8.7	499,939	-	-	-	-	-	-	-	(43,788)	-	13,585	530,142
Line 9.7	420,658	-	-	-	2,467	(75,354)	-	-	-	-	459,539	34,005
Line 10.4	391,458	-	-	-	3,370	1,188	-	-	157	-	377,284	9,459
Line 11.4	3,083,935	-	-	-	5,837	(69,957)	-	-	6,904	-	1,945,791	1,195,360

Continued

Adjustment No. 06

MMA Revenue and Expense Schedule - Summary

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
Line 2.7	437,508											
Line 3.7	(10,365)											
Line 5.4	(121,008)											
Line 7.4	15,127											
Line 8.7	14,704											
Line 9.7	9,244											
Line 10.4	(13,149)											
Line 11.4	332,061											

* as adjusted

ADJUSTMENT SUMMARY

Adjustment No. 01: Prior year adjustment for IBNP is not based on the change in unpaid claims for prior dates of service reported on the prior year ASR.

Prior year adjustment for IBNP was recalculated and adjusted at lines 2.2, 2.5, 3.6, 5.3, 7.3, 9.6, 10.3 and 11.2 of the MMA Revenue and Expense Schedule – Summary. In addition, the changes were adjusted on the ASR Exhibit line 2.2 and MRL Exhibit at line 2.3.

Condition:

IBNP total per the lines noted above on the MMA Revenue and Expense Schedule – Summary, ASR Exhibit and MRL Exhibit were overstated by \$1,223,566.

Criteria:

The MMA Revenue and Expense Schedule – Summary should be completed following ASR instructions.

Cause:

The Plan did not correctly calculate the PY adjustment for IBNP.

Effect:

The MMA Revenue and Expense Schedule – Summary, lines 2.2, 2.5, 3.6, 5.3, 7.3, 9.6, 10.3, and 11.2, ASR Exhibit line 2.2, and MRL Exhibit line 2.3 needed to be adjusted, along with corresponding totals impacted by this adjustment.

Adjustment No. 02: Prior year adjustment for IBNP is not based on the change in unpaid claims for prior dates of service reported on the prior year ASR.

Prior year adjustment for IBNP was recalculated and adjusted at lines 2.7, 2.20, and 4.2 of the LTC Revenue and Expense Schedule – Summary. In addition the changes were adjusted on the ASR Exhibit line 2.2 and MRL Exhibit at line 2.3.

Condition:

IBNP total per the lines noted above on the LTC Revenue and Expense Schedule – Summary, ASR Exhibit and MLR Exhibit were overstated by \$6,742,266.

Criteria:

The LTC Revenue and Expense Schedule – Summary should be completed following ASR instructions.

Cause:

The Plan did not correctly calculate the PY adjustment for IBNP.

Effect:

The LTC Revenue and Expense Schedule – Summary, lines 2.7, 2.2 and 4.2, ASR Exhibit line 2.2 and MRL Exhibit line 2.3 needed to be adjusted, along with corresponding totals impacted by this adjustment.

Adjustment No. 03: Related party transactions included on the MMA Revenue and Expense Schedule – Summary were not reported on the MMA Related Party Transaction Schedule – Summary.

Adjustments were made to include all related party transactions which were included in the total of expenses on the MMA Revenue and Expense Schedule – Summary on the MMA Related Party Transaction Schedule – Summary at lines 7.1, 7.2, 8.1, 8.2 and 8.3.

Condition:

Related party transactions were overstated on line 7.1 by \$218,766 related to ILS home delivered meals. Related party transaction were understated or not reported on line 7.2 for \$3,709,759 related to MSO fees, line 8.1 for \$20,874 related to leased employees, line 8.2 for \$196,491 related to general administrative costs and line 8.3 for \$1,159,879 related to third party administrative fees.

Criteria:

The MMA Related Party Transaction Schedule – Summary and MMA Revenue and Expense Schedule – Summary should be completed following ASR instructions.

Cause:

The Plan did not include all related party transactions included in the balances reported on the MMA Revenue and Expense Schedule – Summary on the MMA Related Party Transaction Schedule – Summary.

Effect:

The MMA Related Party Transaction Schedule lines 7.1, 7.2, 8.1, 8.2 and 8.3 needed to be adjusted, along with corresponding totals impacted by this adjustment.

Adjustment No. 04: Related party transactions included on the LTC Revenue and Expense Schedule – Summary were not reported on the LTC Related Party Transaction Schedule – Summary

Adjustments were made to include all related party transactions which were included in the total of expenses on the LTC Revenue and Expense Schedule – Summary on the LTC Related Party Transaction Schedule – Summary at lines 2.1, 3.1, 3.2 and 3.3.

Condition:

Related party transactions were understated or not reported on line 2.1 for \$556,090 related to ILS home delivered meals, line 3.1 for \$7,178,031 related to third party administration fees, line 3.2 for \$329,957 related to leased employees and line 3.3 for \$3,103,508 related to general administrative costs.

Criteria:

The LTC Related Party Transaction Schedule – Summary should be completed following ASR instructions.

Cause:

The Company did not include all related party transactions included in the balance reported on the LTC Revenue and Expense Schedule – Summary on the LTC Related Party Transaction Schedule – Summary.

Effect:

The LTC Related Party Transaction Schedule lines 2.1, 3.1, 3.2 and 3.3 needed to be adjusted, along with corresponding totals impacted by this adjustment.

Adjustment No. 05: The Plan calculated additional Health Care Quality Expenses subsequent to the original filing of the MLR Exhibit.

The MRL lines 4.1 through 4.5 were adjusted for additional costs determined by the Company that should have been reported in the original filing.

Condition:

Health Care Quality costs were under stated by \$253,131 for salaries and direct costs by various vendors.

Criteria:

The MLR Exhibit – Summary should be completed following ASR instructions and include all appropriate costs when submitted.

Cause:

The Plan did not include all Health Care Quality Expenses applicable to the plan with the original filing of the ASR.

Effect:

The MRL Exhibit line 4.1 through 4.5 needed to be adjusted along, with corresponding totals impacted by this adjustment.

Adjustment No. 06: The Plan did not record the correct allocation of MSO fee settlement payments on the line and rate cells of the MMA Revenue and Expense Schedule – Summary.

The MMA Revenue and Expense Schedule – Summary was corrected for the reallocation of the MSO fees across lines and rate cells. Changes for these reallocations were adjusted on the ASR and MRL Exhibits resulting in an increase in expenses of \$1,213,285.

Condition:

Lines 2.7, 3.7, 5.4, 7.4, 8.7, 9.7, 10.4 and 11.4 and related rate cells were incorrectly reported for allocation of the MSO fees settlement payments on the original submission of the ASR.

Criteria:

The MMA Revenue and Expense Schedule – Summary should be completed following ASR instructions and include all appropriate costs when submitted.

Cause:

The Plan did not report the correct allocation of MSO fee settlement payments across line and rate cells on the MMA Revenue and Expense Schedule – Summary. In addition the total amount was incorrect as it was based on the incorrect calculation of PY adjustment for IBNP.

Effect:

The MMA Revenue and Expense lines 2.7, 3.7, 5.4, 7.4, 8.7, 9.7, 10.4 and 11.4, ASR Exhibit line 2.3 and MRL Exhibit line 2.5 needed to be adjusted, along with corresponding totals impacted by this adjustment.

Adjustment No. 07: Prior year adjustments for MMA and LTC capitation were incorrectly reported.

MMA Revenue and Expense Schedule – Summary line 1.1, LTC Revenue Expense Schedule – Summary line 1.1, annual Achieved Savings Rebate Exhibit line 1.1, and Annual Medical Loss Ratio Exhibit line 1.1, have been adjusted to report the correct amount of capitation.

Condition:

MMA capitation was overstated by \$10,155, and LTC capitation was overstated by \$627,307.

Criteria:

The MMA Revenue and Expense Schedule – Summary and the LTC Revenue and Expense Schedule – Summary should be completed following ASR instructions.

Cause:

Amounts were incorrectly reported as a result of incorrectly applying a filter in calculating the prior year adjustment amount to be reported.

Effect:

The MMA Revenue and Expense Schedule – Summary line 1.1, LTC Revenue and Expense Schedule – Summary line 1.1, ASR Exhibit line 1.1 and MLR Exhibit line 1.1 needed to be adjusted, along with corresponding totals impacted by this adjustment.

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 are corrected in future ASR submissions.

INTERNAL CONTROL

Based upon the audit procedures performed, we identified a deficiency in internal control that is significant within the context of the audit objective. A deficiency in internal control exists when the design of operation of a control does not allow management or employees to prevent or detect misstatements on a timely basis. Our consideration of internal control was limited for the purpose described above and was not designed to identify all deficiencies in internal control that may be significant to the audit objectives.

2021-001

Condition:

The ASR schedule were not prepared in accordance with the ASR instruction and contained errors.

Criteria:

The ASR exhibits and schedule should be 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.

Cause:

The preparer of the schedules was not following the Agency's financial report instructions or verbal and written clarifications correctly.

Effect:

We noted the ASR exhibits and schedules included the following errors: prior year adjustments for IBNP were not based on the change in unpaid claims reported on the prior year ASR, related party transactions reported on the ASR were missing or underreported from those transactions on the submitted ASR, MSO fees were not properly reported and capitation revenues were not correctly calculated and reported on the submitted ASR.

Recommendation:

The Plan should review, or meet with the Agency to review, the ASR instructions and Agency's written and verbal instruction for better clarification of the amounts to be reported on the ASR.

View of Plan Management

Plan management is in agreement with adjustments and matters 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 31, 2022

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

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

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			32,399.6	-	-	9.0	15.0	96.0	-	4.0	3.0	-	29,896.6	2,376.0
REVENUES														
Revenues	1.1	Capitation	8,967,796	-	-	9,304	18,956	22,035	-	829	10,272	-	3,584,721	5,321,679
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	Total Revenue	8,967,796	-	-	9,304	18,956	22,035	-	829	10,272	-	3,584,721	5,321,679
	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	2,885,171	-	-	-	-	209	-	-	-	-	707,766	2,177,195
	2.2	Ending IBNP for Inpatient Hospital Services	22,419	-	-	-	-	2	-	-	-	-	5,500	16,918
	2.3	Outpatient FFS: ER	273,570	-	-	-	-	101	-	-	-	-	79,437	194,032
	2.4	Outpatient FFS: Other than ER	439,713	-	-	-	-	3,668	-	-	-	-	305,276	130,769
	2.5	Ending IBNP for Outpatient Hospital Services	5,542	-	-	-	-	29	-	-	-	-	2,989	2,524
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	416,020	-	-	-	-	-	-	-	-	-	248,481	167,539
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	4,042,435	-	-	-	-	4,010	-	-	-	-	1,349,449	2,688,976
Professional Services	3.1	Primary Care FFS	558,776	-	-	-	-	361	-	-	-	-	428,398	130,016
	3.2	Specialty Care FFS	94,557	-	-	-	-	146	-	-	-	-	69,137	25,275
	3.3	Other Professional FFS	2,175	-	-	-	-	-	-	-	-	-	1,076	1,099
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-
	3.6	Ending IBNP for Professional Services	5,094	-	-	-	-	4	-	-	-	-	3,874	1,215
	3.7	Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	3.8	Total Physician Services	660,602	-	-	-	-	511	-	-	-	-	502,485	157,605
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	605,264	-	-	-	-	155	-	-	-	-	412,773	192,336
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	4,703	-	-	-	-	1	-	-	-	-	3,207	1,495
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	609,967	-	-	-	-	156	-	-	-	-	415,980	193,831
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	353,691	-	-	-	-	477	-	326	-	-	288,112	64,776
	7.2	Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3	Ending IBNP for Transportation	2,748	-	-	-	-	4	-	3	-	-	2,239	503
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	356,439	-	-	-	-	481	-	329	-	-	290,351	65,280
Pharmacy	8.1	Prescription Drugs FFS	1,302,374	-	-	-	-	1	-	-	-	-	32,272	1,270,102
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	1,302,374	-	-	-	-	1	-	-	-	-	32,272	1,270,102

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

Summary

		JANUARY - MARCH (Q1)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	-	-	-	-	-	-	-	-	-	-	-	-
	9.2 Hospice FFS	10,453	-	-	-	-	10,453	-	-	-	-	-	-
	9.2.1 Nursing Facility FFS	23,193	-	-	-	-	23,193	-	-	-	-	-	-
	9.3 DME FFS	730	-	-	-	-	730	-	-	-	-	-	-
	9.4 Other State Plan Services FFS	355,948	-	-	-	-	12,319	-	64	-	170,888	172,677	-
	9.5 Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	9.6 Ending IBNP for Other Services	2,635	-	-	-	-	363	-	-	-	-	1,238	1,033
	9.7 Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	9.8 Total Other Services	392,960	-	-	-	-	47,059	-	64	-	-	172,125	173,710
Expanded Benefits	10.1 Expanded Benefits FFS	345,986	-	-	-	-	274	-	4	-	316,358	29,350	
	10.2 Expanded Benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	10.3 Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	
	10.5 Total Expanded Benefits	345,986	-	-	-	-	274	-	4	-	316,358	29,350	
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	7,251,601	-	-	-	-	52,089	-	394	-	2,811,491	4,387,627	
	11.2 Total Services Paid Directly -- IBNP	43,141	-	-	-	-	403	-	3	-	19,047	23,688	
	11.3 Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	11.4 Total Services Paid by Settlements/AP	416,020	-	-	-	-	-	-	-	-	248,481	167,539	
	11.5 TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	
	11.7 Subtotal Benefit Expense before Reinsurance	7,710,762	-	-	-	-	52,491	-	397	-	3,079,020	4,578,853	
	11.8 Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	
	11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	
	11.10 Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	
	11.11 Grand Total Medical Benefit Expense Net of Reinsurance	7,710,762	-	-	-	-	52,491	-	397	-	3,079,020	4,578,853	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		JANUARY - MARCH (Q1)											
		Total	Health Plan	Corporate									
Administrative Expenses	12.1 Salaries & Benefits	68,982	68,982	-									
	12.2 Administrative Services	1,508	1,508	-									
	12.3 Information Systems	264,536	264,536	-									
	12.4 Marketing Expenses	2,851	2,851	-									
	12.5 General Administration	94,920	94,920	-									
	12.6 Compliance/Regulatory	792	792	-									
	12.7 Total Administrative Expenses	433,588	433,588	-									
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	8,144,350												
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	823,446												
16.0 Income Tax Expense	-												
17.0 Net Underwriting Gain (Loss)	823,446												

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

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			34,493.9	-	-	4.0	16.0	107.0	-	3.0	3.0	-	31,894.9	2,466.0
REVENUES														
Revenues	1.1	Capitation	9,405,086	-	-	4,304	20,631	23,877	-	777	10,272	-	3,842,040	5,503,185
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	Total Revenue	9,405,086	-	-	4,304	20,631	23,877	-	777	10,272	-	3,842,040	5,503,185
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	1,900,937	-	-	-	-	1,535	-	-	-	-	374,924	1,524,478
	2.2	Ending IBNP for Inpatient Hospital Services	49,240	-	-	-	-	40	-	-	-	-	9,712	39,489
	2.3	Outpatient FFS; ER	298,675	-	-	-	-	-	-	-	-	-	62,454	236,220
	2.4	Outpatient FFS; Other than ER	241,193	-	-	-	-	3	-	-	-	-	139,021	102,169
	2.5	Ending IBNP for Outpatient Hospital Services	13,984	-	-	-	-	0	-	-	-	-	5,219	8,765
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	1,681,817	-	-	-	-	-	-	-	-	-	536,805	1,145,013
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
2.8	Total Hospital Services	4,185,846	-	-	-	-	1,578	-	-	-	-	1,128,134	3,056,135	
Professional Services	3.1	Primary Care FFS	198,078	-	-	-	-	225	-	-	-	-	53,443	144,410
	3.2	Specialty Care FFS	49,707	-	-	-	-	38	-	-	-	-	28,544	21,125
	3.3	Other Professional FFS	1,388	-	-	-	-	-	-	-	-	-	300	1,088
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-
	3.6	Ending IBNP for Professional Services	6,454	-	-	-	-	7	-	-	-	-	2,131	4,316
	3.7	Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
3.8	Total Physician Services	255,627	-	-	-	-	270	-	-	-	-	84,418	170,939	
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	1,009,168	-	-	-	-	-	-	-	-	-	735,397	273,771
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	26,141	-	-	-	-	-	-	-	-	-	19,049	7,092
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
5.5	Total Mental Health & Substance Abuse Services	1,035,309	-	-	-	-	-	-	-	-	-	754,446	280,863	
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	362,403	-	-	-	-	1,623	-	79	-	-	294,702	65,999
	7.2	Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3	Ending IBNP for Transportation	9,387	-	-	-	-	42	-	2	-	-	7,634	1,710
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	371,790	-	-	-	-	1,665	-	81	-	-	302,336	67,708
Pharmacy	8.1	Prescription Drugs FFS	1,395,225	-	-	-	-	-	-	-	-	-	28,288	1,366,937
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	1,395,225	-	-	-	-	-	-	-	-	-	28,288	1,366,937

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

Summary			APRIL - JUNE (Q2)										
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	-	-	-	-	-	-	-	-	-	-	-
	9.2	Hospice FFS	17,345	-	-	-	-	17,345	-	-	-	-	-
	9.2.1	Nursing Facility FFS	6,201	-	-	-	-	6,201	-	-	-	-	-
	9.3	DME FFS	339	-	-	-	-	339	-	-	-	-	-
	9.4	Other State Plan Services FFS	459,794	-	-	-	-	9,129	-	-	-	342,525	108,140
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	9.6	Ending IBNP for Other Services	11,457	-	-	-	-	855	-	-	-	8,562	2,040
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	495,136	-	-	-	-	33,869	-	-	-	351,087	110,180
Expanded Benefits	10.1	Expanded Benefits FFS	350,368	-	-	-	-	1,999	-	12	-	316,756	31,601
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	10.5	Total Expanded Benefits	350,368	-	-	-	-	1,999	-	12	-	316,756	31,601
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	6,290,821	-	-	-	-	38,437	-	91	-	2,376,354	3,875,939
	11.2	Total Services Paid Directly -- IBNP	116,663	-	-	-	-	944	-	2	-	52,306	63,411
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	11.4	Total Services Paid by Settlements/AP	1,681,817	-	-	-	-	-	-	-	-	536,805	1,145,013
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	8,089,301	-	-	-	-	39,381	-	93	-	2,965,465	5,084,363
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	8,089,301	-	-	-	-	39,381	-	93	-	2,965,465	5,084,363
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			APRIL - JUNE (Q2)										
			Total	Health Plan	Corporate								
Administrative Expenses	12.1	Salaries & Benefits	72,346	72,346	-								
	12.2	Administrative Services	1,581	1,581	-								
	12.3	Information Systems	277,435	277,435	-								
	12.4	Marketing Expenses	2,990	2,990	-								
	12.5	General Administration	99,548	99,548	-								
	12.6	Compliance/Regulatory	830	830	-								
	12.7	Total Administrative Expenses	454,731	454,731	-								
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 Fees	-	-	-								
	13.4	Other 1	-	-	-								
	13.5	Other 2	-	-	-								
	13.6	Other 3	-	-	-								
	13.7	Total	-	-	-								
14.0	Grand Total Expenses	8,544,032											
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	861,054											
16.0	Income Tax Expense	-											
17.0	Net Underwriting Gain (Loss)	861,054											

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

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
MEMBER MONTHS			36,550.5	-	-	8.0	15.0	106.2	-	3.0	2.0	-	33,852.4	2,564.0
REVENUES														
Revenues	1.1	Capitation	9,828,720	-	-	8,194	19,746	23,780	-	710	8,346	-	4,076,862	5,691,083
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	Total Revenue	9,828,720	-	-	8,194	19,746	23,780	-	710	8,346	-	4,076,862	5,691,083
BENEFIT EXPENSES														
			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
Hospital Services	2.1	Inpatient FFS	1,956,644	-	-	-	-	-	-	-	-	-	284,361	1,672,283
	2.2	Ending IBNP for Inpatient Hospital Services	128,726	-	-	-	-	-	-	-	-	-	18,708	110,018
	2.3	Outpatient FFS: ER	272,025	-	-	-	-	92	-	-	436	-	35,574	235,922
	2.4	Outpatient FFS: Other than ER	259,358	-	-	-	-	170	-	-	-	-	148,012	111,176
	2.5	Ending IBNP for Outpatient Hospital Services	34,959	-	-	-	-	17	-	-	29	-	12,078	22,835
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	2,429,858	-	-	-	-	-	-	-	-	-	759,930	1,669,928
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	5,081,571	-	-	-	-	279	-	-	465	-	-	1,258,663
Professional Services	3.1	Primary Care FFS	173,069	-	-	-	-	34	-	-	-	-	34,475	138,559
	3.2	Specialty Care FFS	52,350	-	-	-	-	59	-	-	-	-	27,355	24,936
	3.3	Other Professional FFS	1,805	-	-	-	-	-	-	-	-	-	355	1,449
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-
	3.6	Ending IBNP for Professional Services	14,949	-	-	-	-	6	-	-	-	-	4,091	10,852
	3.7	Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	3.8	Total Physician Services	242,172	-	-	-	-	99	-	-	-	-	-	66,277
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	228,967	-	-	-	-	4	-	-	-	-	172,499	56,465
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	15,064	-	-	-	-	-	-	-	-	-	11,349	3,715
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	244,031	-	-	-	-	4	-	-	-	-	-	183,847
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	390,460	-	-	-	-	701	-	-	-	-	318,275	71,483
	7.2	Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3	Ending IBNP for Transportation	25,688	-	-	-	-	46	-	-	-	-	20,939	4,703
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	416,148	-	-	-	-	747	-	-	-	-	-	339,214
Pharmacy	8.1	Prescription Drugs FFS	1,539,214	-	-	-	-	2	-	4,688	-	-	21,509	1,513,015
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	309	-	-	-	-	-	-	308	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	1,539,523	-	-	-	-	2	-	4,996	-	-	-	21,509

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

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											
	9.2	4,356	-	-	-	-	4,356	-	-	-	-	-	
	9.2.1	18,296	-	-	-	-	18,296	-	-	-	-	-	
	9.3	357	-	-	-	-	357	-	-	-	-	-	
	9.4	514,688	-	-	-	-	5,856	-	50	-	392,950	115,833	
	9.5	-	-	-	-	-	-	-	-	-	-	-	
	9.6	32,964	-	-	-	-	1,899	-	3	-	25,182	5,879	
	9.7	-	-	-	-	-	-	-	-	-	-	-	
	9.8	570,661	-	-	-	-	30,763	-	53	-	-	418,132	121,712
Expanded Benefits	10.1	357,453	-	-	-	-	536	-	2	-	320,442	36,473	
	10.2	-	-	-	-	-	-	-	-	-	-	-	
	10.3	-	-	-	-	-	-	-	-	-	-	-	
	10.4	-	-	-	-	-	-	-	-	-	-	-	
	10.5	357,453	-	-	-	-	536	-	2	-	320,442	36,473	
Totals Before and After Reinsurance	11.1	5,769,042	-	-	-	-	30,463	-	52	5,124	1,755,808	3,977,595	
	11.2	252,659	-	-	-	-	1,969	-	3	337	92,347	158,002	
	11.3	-	-	-	-	-	-	-	-	-	-	-	
	11.4	2,429,858	-	-	-	-	-	-	-	-	759,930	1,669,928	
	11.5	-	-	-	-	-	-	-	-	-	-	-	
	11.6.1	-	-	-	-	-	-	-	-	-	-	-	
	11.7	8,451,558	-	-	-	-	32,432	-	55	5,461	2,608,085	5,805,526	
	11.8	-	-	-	-	-	-	-	-	-	-	-	
	11.9	-	-	-	-	-	-	-	-	-	-	-	
	11.10	-	-	-	-	-	-	-	-	-	-	-	
11.11	8,451,558	-	-	-	-	32,432	-	55	5,461	-	2,608,085	5,805,526	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		JULY - SEPTEMBER (Q3)											
		Total	Health Plan	Corporate									
Administrative Expenses	12.1	75,605	75,605	-									
	12.2	1,652	1,652	-									
	12.3	289,932	289,932	-									
	12.4	3,125	3,125	-									
	12.5	104,032	104,032	-									
	12.6	868	868	-									
	12.7	475,213	475,213	-									
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	-	-	-									
	13.2	-	-	-									
	13.3	-	-	-									
	13.4	-	-	-									
	13.5	-	-	-									
	13.6	-	-	-									
	13.7	-	-	-									
14.0	8,926,772	-	-										
15.0	901,948	-	-										
16.0	-	-	-										
17.0	901,948	-	-										

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

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			38,473.4	-	-	2.0	7.0	76.0	-	-	2.0	-	35,664.4	2,722.0
REVENUES														
Revenues	1.1	Capitation	11,119,876	-	-	2,139	9,444	17,038	-	-	8,745	-	4,361,131	6,721,378
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	Total Revenue	11,119,876	-	-	2,139	9,444	17,038	-	-	8,745	-	4,361,131	6,721,378
	BENEFIT EXPENSES													
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1	Inpatient FFS	2,047,354	-	-	-	-	4	-	-	-	-	332,095	1,715,255
	2.2	Ending IBNP for Inpatient Hospital Services	376,387	-	-	-	-	1	-	-	-	-	65,875	310,512
	2.3	Outpatient FFS: ER	302,146	-	-	-	-	27	-	-	3,261	-	28,764	270,093
	2.4	Outpatient FFS: Other than ER	281,283	-	-	-	-	220	-	-	265	-	144,759	136,039
	2.5	Ending IBNP for Outpatient Hospital Services	115,730	-	-	-	-	49	-	-	699	-	34,420	80,561
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	3,087,786	-	-	-	-	-	-	-	-	-	685,475	2,402,311
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	6,210,685	-	-	-	-	301	-	-	4,225	-	1,291,389	4,914,771
	Professional Services	3.1	Primary Care FFS	145,892	-	-	-	-	156	-	-	51	-	30,355
3.2		Specialty Care FFS	32,730	-	-	-	-	122	-	-	-	-	13,852	18,756
3.3		Other Professional FFS	2,203	-	-	-	-	-	-	-	-	-	191	2,013
3.4		§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
3.5		Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-
3.6		Ending IBNP for Professional Services	35,869	-	-	-	-	55	-	-	10	-	8,807	26,997
3.7		Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
3.8		Total Physician Services	216,694	-	-	-	-	332	-	-	61	-	53,205	163,096
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	29,543	-	-	-	-	-	-	-	-	-	15,802	13,741
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	5,860	-	-	-	-	-	-	-	-	-	3,135	2,726
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	35,403	-	-	-	-	-	-	-	-	-	18,937	16,466
Dental	6.1	Dental FFS	23,531	20,206	-	378	-	-	2,910	-	-	-	-	36
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	Total Dental Services	23,531	20,206	-	378	-	-	2,910	-	-	-	-	36
	Transportation	7.1	Transportation FFS	351,413	-	-	-	-	273	-	-	190	-	284,674
7.2		Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
7.3		Ending IBNP for Transportation	69,707	-	-	-	-	54	-	-	38	-	56,468	13,147
7.4		Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
7.5		Total Transportation Services	421,119	-	-	-	-	327	-	-	228	-	341,142	79,423
Pharmacy	8.1	Prescription Drugs FFS	1,563,817	-	-	-	-	-	-	-	(3,911)	-	10,887	1,556,841
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	116,771	-	-	-	-	-	-	-	-	-	-	116,771
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	1,680,588	-	-	-	-	-	-	-	(3,911)	-	10,887	1,673,612

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

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	-	-	-	-	-	-	-	-	-	-	-	-
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-	-	-
	9.2.1	Nursing Facility FFS	63,184	-	-	-	-	63,184	-	-	-	-	-	-
	9.3	DME FFS	315	-	-	-	-	315	-	-	-	-	-	-
	9.4	Other State Plan Services FFS	473,099	-	-	-	-	6,075	-	-	-	366,930	100,094	-
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	9.6	Ending IBNP for Other Services	97,558	-	-	-	-	13,801	-	-	-	70,858	12,899	-
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
9.8	Total Other Services	634,156	-	-	-	-	83,375	-	-	-	437,788	112,993	-	
Expanded Benefits	10.1	Expanded Benefits FFS	364,173	-	-	-	-	274	-	14	-	336,910	26,975	-
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	10.5	Total Expanded Benefits	364,173	-	-	-	-	274	-	14	-	336,910	26,975	-
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	5,657,152	-	-	-	-	70,650	-	(130)	-	1,565,219	4,021,414	-
	11.2	Total Services Paid Directly -- IBNP	817,882	-	-	-	-	13,960	-	747	-	239,563	563,612	-
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	11.4	Total Services Paid by Settlements/AP	3,087,786	-	-	-	-	-	-	-	-	685,475	2,402,311	-
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	9,562,820	-	-	-	-	84,610	-	617	-	2,490,257	6,987,336	-
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	9,562,820	-	-	-	-	84,610	-	617	-	2,490,257	6,987,336	-
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			OCTOBER - DECEMBER (Q4)											
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	85,537	85,537	-									
	12.2	Administrative Services	1,869	1,869	-									
	12.3	Information Systems	328,019	328,019	-									
	12.4	Marketing Expenses	3,535	3,535	-									
	12.5	General Administration	117,698	117,698	-									
	12.6	Compliance/Regulatory	982	982	-									
	12.7	Total Administrative Expenses	537,640	537,640	-									
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	10,100,460												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	1,019,416												
16.0	Income Tax Expense	-												
17.0	Net Underwriting Gain (Loss)	1,019,416												

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

Summary

		Prior 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
MEMBER MONTHS		226.6	142,144.0	-	-	23.0	53.0	385.1	-	10.0	10.0	-	131,308.3	10,128.0
REVENUES														
Revenues	1.1 Capitation	(110,101)	39,211,377	-	-	23,941	68,777	86,730	-	2,316	37,635	-	15,864,754	23,237,325
	1.2.1 Pharmacy Drug High Risk Pool	9,211	9,211	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.7 Total Revenue	(100,890)	39,220,588	-	-	23,941	68,777	86,730	-	2,316	37,635	-	15,864,754	23,237,325
	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	448,408	9,238,513	-	-	-	-	1,748	-	-	-	-	1,699,146	7,089,211
	2.2 Ending IBNP for Inpatient Hospital Services	103,236	680,009	-	-	-	-	42	-	-	-	-	99,794	476,936
	2.3 Outpatient FFS: ER	11,637	1,158,053	-	-	-	-	221	-	-	3,697	-	206,229	936,268
	2.4 Outpatient FFS: Other than ER	(11,940)	1,209,607	-	-	-	-	4,060	-	-	265	-	737,068	480,154
	2.5 Ending IBNP for Outpatient Hospital Services	-	170,216	-	-	-	-	96	-	-	728	-	54,707	114,686
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	(892,153)	6,723,328	-	-	-	-	-	-	-	-	-	2,230,691	5,384,790
	2.7.1 Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.8 Total Hospital Services	(340,811)	19,179,726	-	-	-	-	6,168	-	-	4,690	-	5,027,635	14,482,045
Professional Services	3.1 Primary Care FFS	25,081	1,100,896	-	-	-	-	776	-	-	51	-	546,671	528,316
	3.2 Specialty Care FFS	-	229,344	-	-	-	-	365	-	-	-	-	138,887	90,092
	3.3 Other Professional FFS	90	7,660	-	-	-	-	-	-	-	-	-	1,922	5,649
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	3.6 Ending IBNP for Professional Services	-	62,366	-	-	-	-	72	-	-	10	-	18,904	43,380
	3.7 Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	3.8 Total Physician Services	25,171	1,400,266	-	-	-	-	1,213	-	-	61	-	706,384	667,437
Maternity Services	4.1.1 Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	8,868	1,881,810	-	-	-	-	158	-	-	-	-	1,336,471	536,313
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	-	51,767	-	-	-	-	1	-	-	-	-	36,740	15,026
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 Total Mental Health & Substance Abuse Services	8,868	1,933,577	-	-	-	-	160	-	-	-	-	1,373,210	551,339
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	19,613	1,477,579	-	-	-	-	3,074	-	405	190	-	1,185,763
7.2 Transportation Subcapitation		-	-	-	-	-	-	-	-	-	-	-	-	-
7.3 Ending IBNP for Transportation		-	107,531	-	-	-	-	146	-	5	38	-	87,280	20,062
7.4 Transportation Settlements/AP		-	-	-	-	-	-	-	-	-	-	-	-	-
7.5 Total Transportation Services		19,613	1,585,109	-	-	-	-	3,220	-	409	228	-	1,273,043	288,597
Pharmacy	8.1 Prescription Drugs FFS	-	5,800,631	-	-	-	-	3	-	-	777	-	92,956	5,706,896
	8.2 Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	117,080	-	-	-	-	-	-	-	308	-	-	116,771
	8.4 Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 Total Prescription Drugs	-	5,917,711	-	-	-	-	3	-	-	1,085	-	92,956	5,823,667

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

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	6,317	6,317	-	-	-	-	-	-	-	-	-	-		
	9.2	Hospice FFS	1,678	33,832	-	-	-	-	32,154	-	-	-	-	-		
	9.2.1	Nursing Facility FFS	60,963	171,838	-	-	-	-	110,875	-	-	-	-	-		
	9.3	DME FFS	36	1,778	-	-	-	-	1,742	-	-	-	-	-		
	9.4	Other State Plan Services FFS	90,764	1,894,293	-	-	-	-	33,379	-	114	-	1,273,293	496,744		
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-		
	9.6	Ending IBNP for Other Services	-	144,612	-	-	-	-	16,918	-	4	-	105,840	21,851		
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-		
	9.8	Total Other Services	159,758	2,252,670	-	-	-	-	195,067	-	118	-	1,379,133	518,595		
Expanded Benefits	10.1	Expanded Benefits FFS	37,855	1,455,835	-	-	-	-	3,083	-	18	14	1,290,466	124,399		
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-		
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-		
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-		
	10.5	Total Expanded Benefits	37,855	1,455,835	-	-	-	-	3,083	-	18	14	1,290,466	124,399		
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	699,370	25,667,986	-	-	-	-	191,639	-	537	4,994	8,508,872	16,262,575		
	11.2	Total Services Paid Directly -- IBNP	103,236	1,333,581	-	-	-	-	17,275	-	8	1,084	403,263	808,713		
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-		
	11.4	Total Services Paid by Settlements/AP	(892,153)	6,723,328	-	-	-	-	-	-	-	-	2,230,691	5,384,790		
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	-		
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-		
	11.7	Subtotal Benefit Expense before Reinsurance	(89,546)	33,724,895	-	-	-	-	208,914	-	545	6,078	11,142,826	22,456,078		
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-		
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-		
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-		
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	(89,546)	33,724,895	-	-	-	-	208,914	-	545	6,078	11,142,826	22,456,078		
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			Prior Calendar Year Adjustments	TOTAL (TO DATE)												
			Total	Health Plan	Corporate											
Administrative Expenses	12.1	Salaries & Benefits	-	302,470	302,470	-										
	12.2	Administrative Services	-	6,610	6,610	-										
	12.3	Information Systems	-	1,159,921	1,159,921	-										
	12.4	Marketing Expenses	-	12,501	12,501	-										
	12.5	General Administration	-	416,198	416,198	-										
	12.6	Compliance/Regulatory	-	3,471	3,471	-										
	12.7	Total Administrative Expenses	-	1,901,172	1,901,172	-										
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	(89,546)	35,626,067													
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(11,344)	3,594,520													
16.0	Income Tax Expense	-	-													
17.0	Net Underwriting Gain (Loss)	(11,344)	3,594,520													

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022
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 Vendor #1												-	-
	2.2 Vendor #2												-	-
	2.3 Vendor #3												-	-
	2.4 Vendor #4												-	-
	2.5 Vendor #5												-	-
	2.6 Total Professional Services													-
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 Vendor #1												-	-
	6.2 Vendor #2												-	-
	6.3 Vendor #3												-	-
	6.4 Vendor #4												-	-
	6.5 Vendor #5												-	-
	6.6 Total Pharmacy													-
Other Services	7.1 ILS HOME DELIVERED MEALS	Related through parent company	Fee-for-Service	32,222.0	100,231	34,293.0	92,071	36,341.0	38,791	37,966.0			140,822.0	231,093
	7.2 MSO	Related through parent company	Alternative Payment Methodology	32,222.0	1,008,190	34,293.0	915,773	36,341.0	1,077,842	37,966.0	1,225,049		140,822.0	4,226,854
	7.3 Vendor #3												-	-
	7.4 Vendor #4												-	-
	7.5 Vendor #5												-	-
	7.6 Total Other Services				1,108,421	1,007,844	1,116,633	1,225,049						4,457,947
Administrative Expense	8.1 Vendor #1												-	-
	8.2 Vendor #2												-	-
	8.3 Vendor #3												-	-
	8.4 Vendor #4												-	-
	8.5 Vendor #5												-	-
	8.6 Total Administrative Expense													-
9 Grand Total				1,108,421	1,007,844	1,116,633	1,225,049						4,457,947	

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.

(Continued)

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

LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

Summary

			JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)			
			Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT
MEMBER MONTHS			42,113.0	13,793.0	28,320.0	-	45,618.0	15,307.0	30,311.0	-
REVENUES										
Revenues	1.1	Capitation	133,959,452				145,966,420			
	1.2	NH Rate Reconciliation	(621,354)				(714,877)			
	1.2.1	Community High Risk Pool	60,000				121,537			
	1.2.2	Patient Responsibility Reconciliation	(1,602,018)				(2,114,309)			
	1.3	Other Revenue	-				-			
	1.4	Total Revenue	131,796,080				143,258,771			
			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)	302,994	289,960	13,034		343,091	321,634	21,457	
	2.2	Nursing Facility Days (Crossover)	-	-	-		-	-	-	
	2.3	Nursing Facility FFS (Medicaid)	60,942,458	58,212,943	2,729,516		69,290,275	64,710,167	4,580,108	
	2.4	Nursing Facility FFS (Crossover)	-	-	-		-	-	-	
	2.5	Hospice Days	31,013	27,082	3,931		34,354	28,570	5,784	
	2.6	Hospice FFS	5,964,689	5,168,469	796,220		6,646,675	5,440,521	1,206,155	
	2.7	Ending IBNP for NF & Hospice Services	1,258,753	1,192,422	66,331		2,443,980	2,257,753	186,227	
	2.8	NF & Hospice Subcapitated Services	-	-	-		-	-	-	
	2.9	NF & Hospice Settlements/AP	-	-	-		-	-	-	
	2.10	Total Nursing Facility and Hospice	68,165,901	64,573,834	3,592,067		78,380,931	72,408,441	5,972,490	
Long Term Care Services	2.11	Assisted Living FFS	21,194,347	1,572,204	19,622,143		22,105,818	2,048,384	20,057,434	
	2.12	Home Health FFS	13,366,427	225,314	13,141,113		15,452,335	353,272	15,099,063	
	2.13	Medical Equipment/Supplies FFS	680,153	53,254	626,898		700,133	63,967	636,167	
	2.14	Therapy Services FFS	1,103,635	1,030,038	73,597		1,032,095	926,189	105,907	
	2.15	Transportation Services FFS	599,941	177,804	422,136		871,277	261,763	609,514	
	2.16	Case Management (Plan Provided) FFS	3,408,205	1,240,805	2,167,400		-	-	-	
	2.17	Case Management (non-Plan Provided) FFS	-	-	-		5,505,702	2,375,242	3,130,460	
	2.18	Home & Community Based Services (HCBS) FFS	978,214	29,546	948,669		983,019	33,160	949,860	
	2.19	Subcapitated LTC Services (excluding NF)	-	-	-		-	-	-	
	2.20	Ending IBNP for Long Term Care Services (excluding NF)	314,718	28,520	286,198		612,753	52,729	560,024	
	2.21	LTC Services Settlements/AP (excluding NF)	107,500	-	107,500		-	-	-	
2.22	Grand Total LTC Services	109,919,040	68,931,319	40,987,721		125,644,064	78,523,146	47,120,918		
Expanded Benefits	3.1	Expanded Benefits FFS	1,107,173	182,261	924,912		1,206,440	324,473	881,967	
	3.2	Expanded Benefits Subcapitation	-	-	-		-	-	-	
	3.3	Ending IBNP for Expanded Benefits	-	-	-		-	-	-	
	3.4	Expanded Benefits Services Settlements	-	-	-		-	-	-	
	3.5	Total Expanded Benefits	1,107,173	182,261	924,912		1,206,440	324,473	881,967	

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

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	109,345,243	67,892,638	41,452,605		123,793,771	76,537,136	47,256,634	
	4.2	Total Services Paid Directly -- IBNP	1,573,471	1,220,942	352,529		3,056,733	2,310,482	746,251	
	4.3	Total Services Paid through Subcapitation	-	-	-		-	-	-	
	4.4	Total Services Paid by Settlements/AP	107,500	-	107,500		-	-	-	
	4.5	TPL & Fraud/Abuse Recoveries	-	-	-		-	-	-	
	4.6.1	Premium Deficiency Reserve	-	-	-		-	-	-	
	4.7	Subtotal Benefit Expense before Reinsurance	111,026,214	69,113,580	41,912,634		126,850,504	78,847,619	48,002,885	
	4.8	Reinsurance Premiums	-	-	-		-	-	-	
	4.9	Reinsurance Recoveries	-	-	-		-	-	-	
	4.10	Net Cost of Reinsurance	-	-	-		-	-	-	
	4.11	Grand Total Service Benefit Expense Net of Reinsurance	111,026,214	69,113,580	41,912,634		126,850,504	78,847,619	48,002,885	
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	1,030,448	660,486	369,962		1,122,808	710,160	412,648	
	5.2	Administrative Services	22,519	14,434	8,085		24,538	15,520	9,018	
	5.3	Information Systems	3,951,591	2,532,851	1,418,740		4,305,778	2,723,344	1,582,434	
	5.4	Marketing Expenses	42,589	27,299	15,291		46,407	29,352	17,055	
	5.5	General Administration	1,417,894	908,828	509,067		1,544,982	977,179	567,803	
	5.6	Compliance/Regulatory	11,825	7,580	4,246		12,885	8,150	4,735	
	5.7	Total Administrative Expenses	6,476,867	4,151,478	2,325,390		7,057,398	4,463,705	2,593,693	
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	117,503,081				133,907,901				
8.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	14,292,998				9,350,870				
9.0	Income Tax Expense	-				-				
10.0	Net Underwriting Gain (Loss)	14,292,998				9,350,870				

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

Summary

		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)				Prior Year Adjustments	TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT		Total	Non-HCBS	HCBS	MED-P / SIXT
MEMBER MONTHS		48,784.0	16,615.0	32,169.0	-	51,690.0	18,471.0	33,219.0	-	20.0	188,225.0	64,186.0	124,019.0	-
REVENUES														
Revenues	1.1 Capitation	156,453,927				179,609,606				4,087,719	620,077,124			
	1.2 NH Rate Reconciliation	(772,311)				(965,366)				76,763	(2,997,146)			
	1.2.1 Community High Risk Pool	139,406				49,273				246,646	616,862			
	1.2.2 Patient Responsibility Reconciliation	(1,708,203)				(1,333,170)				1,585	(6,756,115)			
	1.3 Other Revenue	-				-				-	-			
1.4 Total Revenue	154,112,819				177,360,342				4,412,713	610,940,725				
		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)				Prior Year Adjustments	TOTAL (TO DATE)			
EXPENSES		Total	Non-HCBS	HCBS	MED-P / SIXT	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)	363,577	333,765	29,812		394,772	360,979	33,793		64,375	1,468,809	1,306,338	98,096	
	2.2 Nursing Facility Days (Crossover)	-	-	-		-	-	-		-	-	-	-	
	2.3 Nursing Facility FFS (Medicaid)	73,671,501	67,230,586	6,440,914		89,642,626	81,691,704	7,950,922		11,824,279	305,371,139	271,845,400	21,701,460	
	2.4 Nursing Facility FFS (Crossover)	-	-	-		-	-	-		-	-	-	-	
	2.5 Hospice Days	38,599	30,698	7,901		40,320	32,121	8,199		3,094	147,380	118,471	25,815	
	2.6 Hospice FFS	7,365,873	5,730,795	1,635,078		7,656,768	6,002,430	1,654,338		496,931	28,130,936	22,342,214	5,291,790	
	2.7 Ending IBNP for NF & Hospice Services	3,657,727	3,293,206	364,520		7,225,794	6,471,491	754,303		(245,312)	14,340,942	13,214,872	1,371,382	
	2.8 NF & Hospice Subcapitated Services	-	-	-		-	-	-		-	-	-	-	
	2.9 NF & Hospice Settlements/AP	-	-	-		-	-	-		-	-	-	-	
	2.10 Total Nursing Facility and Hospice	84,695,100	76,254,588	8,440,513		104,525,188	94,165,624	10,359,563		12,075,898	347,843,017	307,402,486	28,364,633	
Long Term Care Services	2.11 Assisted Living FFS	22,665,808	2,514,871	20,150,937		24,565,163	3,330,803	21,234,360		(44,310)	90,486,826	9,466,262	81,064,874	
	2.12 Home Health FFS	17,523,737	439,027	17,084,710		19,140,793	624,947	18,515,847		529,688	66,012,980	1,642,559	63,840,733	
	2.13 Medical Equipment/Supplies FFS	790,244	68,102	722,142		799,222	81,415	717,807		67,446	3,037,199	266,739	2,703,014	
	2.14 Therapy Services FFS	1,062,804	918,182	144,622		1,227,571	1,055,775	171,796		217,385	4,643,491	3,930,184	495,922	
	2.15 Transportation Services FFS	1,080,961	359,975	720,986		666,569	248,664	417,906		276,225	3,494,973	1,048,207	2,170,541	
	2.16 Case Management (Plan Provided) FFS	-	-	-		-	-	-		-	3,408,205	1,240,805	2,167,400	
	2.17 Case Management (non-Plan Provided) FFS	5,894,879	2,620,138	3,274,741		6,198,508	2,886,429	3,312,079		-	17,599,089	7,881,809	9,717,280	
	2.18 Home & Community Based Services (HCBS) FFS	1,878,851	316,587	1,562,265		1,152,562	56,038	1,096,524		148,533	5,141,180	435,330	4,557,317	
	2.19 Subcapitated LTC Services (excluding NF)	-	-	-		-	-	-		-	-	-	-	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	1,008,191	94,871	913,320		1,784,936	241,129	1,543,807		123,921	3,844,519	417,249	3,303,349	
2.21 LTC Services Settlements/AP (excluding NF)	1,311,250	-	1,311,250		365,000	-	365,000		-	1,783,750	-	1,783,750		
2.22 Grand Total LTC Services	137,911,826	83,586,340	54,325,485		160,425,513	102,690,824	57,734,689		13,394,786	547,295,229	333,731,630	200,168,813		
Expanded Benefits	3.1 Expanded Benefits FFS	1,357,557	364,529	993,028		1,280,574	356,631	923,944		3,502	4,955,247	1,227,893	3,723,851	
	3.2 Expanded Benefits Subcapitation	-	-	-		-	-	-		-	-	-	-	
	3.3 Ending IBNP for Expanded Benefits	-	-	-		-	-	-		-	-	-	-	
	3.4 Expanded Benefits Services Settlements	-	-	-		-	-	-		-	-	-	-	
	3.5 Total Expanded Benefits	1,357,557	364,529	993,028		1,280,574	356,631	923,944		3,502	4,955,247	1,227,893	3,723,851	

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022

Summary

		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)				Prior Calendar Year Adjustments	TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT		Total	Non-HCBS	HCBS	MED-P / SIXT
Totals Before and After Reinsurance	4.1	Total Services Paid Directly FFS	133,292,215	80,562,792	52,729,423		152,330,357	96,334,835	55,995,522		13,519,679	532,281,264	321,327,402	197,434,184
	4.2	Total Services Paid Directly -- IBNP	4,665,918	3,388,077	1,277,841		9,010,730	6,712,620	2,298,110		(121,391)	18,185,461	13,632,121	4,674,731
	4.3	Total Services Paid through Subcapitation	-	-	-		-	-	-		-	-	-	-
	4.4	Total Services Paid by Settlements/AP	1,311,250	-	1,311,250		365,000	-	365,000		-	1,783,750	-	1,783,750
	4.5	TPL & Fraud/Abuse Recoveries	-	-	-		-	-	-		-	-	-	-
	4.6.1	Premium Deficiency Reserve	-	-	-		-	-	-		-	-	-	-
	4.7	Subtotal Benefit Expense before Reinsurance	139,269,383	83,950,869	55,318,514		161,706,087	103,047,455	58,658,632		13,398,288	552,250,475	334,959,523	203,892,664
	4.8	Reinsurance Premiums	-	-	-		-	-	-		-	-	-	-
	4.9	Reinsurance Recoveries	-	-	-		-	-	-		-	-	-	-
	4.10	Net Cost of Reinsurance	-	-	-		-	-	-		-	-	-	-
	4.11	Grand Total Service Benefit Expense Net of Reinsurance	139,269,383	83,950,869	55,318,514		161,706,087	103,047,455	58,658,632		13,398,288	552,250,475	334,959,523	203,892,664
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)				Prior Year Adjustments	TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT		Total	Non-HCBS	HCBS	MED-P / SIXT
Administrative Expenses	5.1	Salaries & Benefits	1,203,481	753,938	449,543		1,421,023	863,425	557,598		-	4,777,760	2,988,010	1,789,750
	5.2	Administrative Services	26,301	16,476	9,824		31,055	18,869	12,186		-	104,412	65,299	39,113
	5.3	Information Systems	4,615,143	2,891,223	1,723,920		5,440,385	3,302,092	2,138,293		-	18,312,897	11,449,510	6,863,387
	5.4	Marketing Expenses	49,741	31,161	18,580		58,732	35,686	23,046		-	197,470	123,497	73,972
	5.5	General Administration	1,655,987	1,037,417	618,570		1,955,326	1,188,072	767,254		1,550,000	8,124,189	4,111,496	2,462,693
	5.6	Compliance/Regulatory	13,811	8,652	5,159		16,307	9,909	6,399		-	54,829	34,290	20,539
	5.7	Total Administrative Expenses	7,564,463	4,738,868	2,825,596		8,922,829	5,418,053	3,504,776		1,550,000	31,571,557	18,772,103	11,249,454
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	146,833,846				170,628,916				14,948,288	583,822,033			
8.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	7,278,973				6,731,426				(10,535,575)	27,118,692			
9.0	Income Tax Expense	-				-				-	-			
10.0	Net Underwriting Gain (Loss)	7,278,973				6,731,426				(10,535,575)	27,118,692			

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022
Summary

			JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		Prior Year Adjustments	TOTAL (TO DATE)		
EXPENSES	Vendor Name	Affiliation	Payment Methodology	MM	Amount	MM	Amount	MM	Amount	MM	Amount	Amount	MM	Amount
LTC Nursing Facility (NF) & Hospice Services	1.1 Vendor #1													
	1.2 Vendor #2													
	1.3 Vendor #3													
	1.4 Vendor #4													
	1.5 Vendor #5													
	1.6 Total LTC Nursing Facility & Hospice													
Long Term Care Services	2.1 ILS HOME DELIVERED MEALS	RELATED THROUGH PARENT COMPANY	Fee-for-Service	42,113.0	112,677	45,618.0	86,814	48,800.0	953,764	51,342.0	140,980		187,873.0	1,294,235
	2.2 ILS Care management	Parent Company	Subcapitation			45,618.0	5,505,702	48,800.0	5,894,879	51,342.0	6,198,508		145,760.0	17,599,089
	2.3 Vendor #3												-	-
	2.4 Vendor #4												-	-
	2.5 Vendor #5												-	-
	2.6 Total Long Term Services				112,677	5,592,516	6,848,643	6,339,488						
Administrative Expenses	3.1 ILS	Parent Company	Subcapitation	42,113.0	2,495,955	45,618.0	2,703,690	48,800.0	2,892,281	51,342.0	3,042,940		187,873.0	11,134,866
	3.2 Vendor #2												-	-
	3.3 Vendor #3												-	-
	3.4 Vendor #4												-	-
	3.5 Vendor #5												-	-
	3.6 Total Administrative Expenses				2,495,955	2,703,690	2,892,281	3,042,940						
4 Grand Total				2,608,632	8,296,206	9,740,924	9,382,428							30,028,190

Notes

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

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

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

ACHIEVED SAVINGS REBATE EXHIBIT

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022
 Plan Type: LTC

	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	140,763,875	8,967,796	131,796,080	152,663,857	9,405,086	143,258,771	163,941,539	9,828,720	154,112,819
1.2 Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5 Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-	-
1.6 Revenue Subject to ASR	140,763,875	8,967,796	131,796,080	152,663,857	9,405,086	143,258,771	163,941,539	9,828,720	154,112,819
EXPENSES									
Benefit Expenses									
2.1 Total Benefits Paid through FFS and Subcapitation During the Year	116,596,844	7,251,601	109,345,243	130,084,591	6,290,821	123,793,771	139,061,257	5,769,042	133,292,215
2.2 Incurred but not Paid (IBNP) Ending Balance	1,616,612	43,141	1,573,471	3,173,396	116,663	3,056,733	4,918,577	252,659	4,665,918
2.3 Settlements/AP	523,520	416,020	107,500	1,681,817	1,681,817	-	3,741,108	2,429,858	1,311,250
2.4 Total Benefit Expense before Reinsurance	118,736,976	7,710,762	111,026,214	134,939,805	8,089,301	126,850,504	147,720,941	8,451,558	139,269,383
2.5 Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.6 Total Benefit Expense after Reinsurance	118,736,976	7,710,762	111,026,214	134,939,805	8,089,301	126,850,504	147,720,941	8,451,558	139,269,383
Administrative Expenses									
3.1 Total Administrative Expenses from Revenue & Expense Schedule	6,910,456	433,588	6,476,867	7,512,129	454,731	7,057,398	8,039,677	475,213	7,564,463
3.2 Less: Compliance/Regulatory	(9,000)	-	(9,000)	(44,800)	-	(44,800)	(2,500)	-	(2,500)
3.3 Less: Lobbying/Political expenses	(18,428)	(1,156)	(17,272)	(20,031)	(1,211)	(18,820)	(21,447)	(1,267)	(20,180)
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-	-
3.5 Less: Other Non-allowed expenses	-	-	-	-	-	-	-	-	-
3.6 Administrative Expense Subject to ASR	6,883,028	432,432	6,450,595	7,447,298	453,520	6,993,778	8,015,730	473,946	7,541,783
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: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022
 Plan Type: LTC

	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	188,480,218	11,119,876	177,360,342	4,311,823	(100,890)	4,412,713	650,161,313	39,220,588	610,940,725
1.2	Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-	-
1.6	Revenue Subject to ASR	188,480,218	11,119,876	177,360,342	4,311,823	(100,890)	4,412,713	650,161,313	39,220,588	610,940,725
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	157,987,510	5,657,152	152,330,357	14,219,049	699,370	13,519,679	557,949,250	25,667,986	532,281,264
2.2	Incurred but not Paid (IBNP) Ending Balance	9,828,612	817,882	9,010,730	(18,155)	103,236	(121,391)	19,519,042	1,333,581	18,185,461
2.3	Settlements/AP	3,452,786	3,087,786	365,000	(892,153)	(892,153)	-	8,507,078	6,723,328	1,783,750
2.5	Total Benefit Expense before Reinsurance	171,268,907	9,562,820	161,706,087	13,308,741	(89,546)	13,398,288	585,975,370	33,724,895	552,250,475
2.6	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.7	Total Benefit Expense after Reinsurance	171,268,907	9,562,820	161,706,087	13,308,741	(89,546)	13,398,288	585,975,370	33,724,895	552,250,475
Administrative Expenses										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	9,460,469	537,640	8,922,829	1,550,000	-	1,550,000	33,472,730	1,901,172	31,571,557
3.2	Less: Compliance/Regulatory	(2,000)	-	(2,000)	-	-	-	(58,300)	-	(58,300)
3.3	Less: Lobbying/Political expenses	(25,094)	(1,426)	(23,668)	-	-	-	(85,000)	(5,060)	(79,940)
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-	-
3.5	Less: Other Non-allowed expenses	-	-	-	-	-	-	-	-	-
3.6	Administrative Expense Subject to ASR	9,433,375	536,214	8,897,161	1,550,000	-	1,550,000	33,329,430	1,896,112	31,433,317
4.0	Actuarially-sound Administrative Expense Maximum							32,064,924	3,636,147	28,428,777
5.0	Administrative Expenses Subject to ASR							32,064,924	1,896,112	28,428,777
6.0	Total Benefit and Administrative Expense subject to ASR							618,040,294	35,621,007	580,679,252
Calculation of Pre-Tax Income and ASR										
7.1	Pre-tax Income							32,121,019	3,599,580	30,261,473
7.2	Pre-tax Income as a Percent of Revenue							4.9%	9.2%	5.0%
7.3	Preliminary Achieved Savings Rebate									

(Continued)

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

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

Health Plan: Florida Community Care
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022
 Plan Type: LTC

CALENDAR YEAR TOTAL (January 1 to September 30)				
MMA Administrative Expense Maximum		MMA		
1.0	Select your Nationwide Member Enrollment	Select One		
1.1	Plan Enrollment			
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$29.13		-
	TANF SMI	\$83.07		-
	SSI Medicaid Only Non-SMI	\$72.62	21.0	1,525
	SSI Medicaid Only SMI	\$103.79	46.0	4,774
	SSI Dual Eligible	\$31.03	309.0	9,588
	Child Welfare	\$70.00		-
	HIV/AIDS Non-Specialty Medicaid Only	\$191.96		-
	HIV/AIDS Specialty Medicaid Only	\$215.59	10.0	2,156
	HIV/AIDS Dual Eligible	\$30.27	8.0	242
	LTC Medicaid Only	\$194.36	7406.0	1,439,430
	LTC Dual Eligible	\$12.63	95644.0	1,207,984
	Maternity Kick Payment	\$453.52		-
	Private Duty Nursing	\$422.76		-
	LTC Eligible Kick Payments	\$5.42		-
1.3	Total MMA Administrative Maximum			2,665,700
LTC Administrative Expense Maximum		LTC		
2.0	Select your Nationwide Member Enrollment	<100,000		
		Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.1	LTC Program	\$152.17	136,515.0	20,773,488
2.2	Total LTC Administrative Maximum			20,773,488

Instructions

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

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

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

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

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

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

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

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

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

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

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

Health Plan: Florida Community Care
 Reporting Period: CY2021
 Paid Through: 3/31/2022
 Plan Type: LTC

		CALENDAR YEAR TOTAL (October 1 -December 31)		
MMA Administrative Expense Maximum		MMA		
1.0	Select your Nationwide Member Enrollment	<500,000		
1.1	Plan Enrollment			
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$28.76		-
	TANF SMI	\$82.02		-
	SSI Medicaid Only Non-SMI	\$71.75	2.0	144
	SSI Medicaid Only SMI	\$102.54	7.0	718
	SSI Dual Eligible	\$26.63	76.0	2,024
	Child Welfare	\$69.11		-
	HIV/AIDS Non-Specialty Medicaid Only	\$189.81		-
	HIV/AIDS Specialty Medicaid Only	\$213.17	2.0	426
	HIV/AIDS Dual Eligible	\$23.58		-
	LTC Medicaid Only	\$191.92	2722.0	522,406
	LTC Dual Eligible	\$12.47	35664.0	444,730
	Maternity Kick Payment			-
	Private Duty Nursing			-
	LTC Eligible Kick Payments			-
1.3	Total MMA Administrative Maximum			970,448
LTC Administrative Expense Maximum		LTC		
2.0	Select your Nationwide Member Enrollment	<100,000		
		Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.1	LTC Program	\$148.10	51,690.0	7,655,289
2.2	Total LTC Administrative Maximum			7,655,289

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

(Continued)

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

MEDICAL LOSS RATIO EXHIBIT

Health Plan: Florida Community Care
 Calendar Year: 12/31/2021
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022
 Plan Type: LTC

	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	140,763,875	8,967,796	131,796,080	152,663,857	9,405,086	143,258,771	163,941,539	9,828,720	154,112,819
1.2 Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5 Revenue Subject to MLR	140,763,875	8,967,796	131,796,080	152,663,857	9,405,086	143,258,771	163,941,539	9,828,720	154,112,819
EXPENSES									
Benefit Expenses									
2.1 Total Benefits Paid through FFS During the Year	116,596,844	7,251,601	109,345,243	130,084,591	6,290,821	123,793,771	139,061,257	5,769,042	133,292,215
2.2 Total Benefits Paid through Subcapitation During the Year	-	-	-	-	-	-	-	-	-
2.3 Incurred but not Paid (IBNP) Ending Balance	1,616,612	43,141	1,573,471	3,173,396	116,663	3,056,733	4,918,577	252,659	4,665,918
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-
2.5 Settlements/AP	523,520	416,020	107,500	1,681,817	1,681,817	-	3,741,108	2,429,858	1,311,250
2.6 Total Benefit Expense before Reinsurance	118,736,976	7,710,762	111,026,214	134,939,805	8,089,301	126,850,504	147,720,941	8,451,558	139,269,383
2.7 Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.8 Total Benefit Expense after Reinsurance	118,736,976	7,710,762	111,026,214	134,939,805	8,089,301	126,850,504	147,720,941	8,451,558	139,269,383
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	46,472	46,472	-	46,472	46,472	-	46,472	46,472	-
4.2 Activities to Prevent Hospital Readmissions	10,562	10,562	-	10,562	10,562	-	10,562	10,562	-
4.3 Improve Patient Safety and Reducing Medical Errors	13,378	13,378	-	13,378	13,378	-	13,378	13,378	-
4.4 Wellness and Health Promotion Activities	-	-	-	-	-	-	-	-	-
4.5 Health Information Technology (HIT) expenses related to Health Improvement	4,374	4,374	-	4,374	4,374	-	4,374	4,374	-
4.6 Total of Defined Expenses incurred for improving Health Care Quality.	74,786	74,786	-	74,786	74,786	-	74,786	74,786	-
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	-	-	-	-	-	-	-	-	-
6.0 Preliminary Medical Loss Ratio: MLR	84%	87%	-	88%	87%	-	90%	87%	-

(Continued)

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

MEDICAL LOSS RATIO EXHIBIT (Continued)

Health Plan: Florida Community Care
 Calendar Year: 12/31/2021
 Reporting Period: Q4 2021
 Paid Through: 3/31/2022
 Plan Type: LTC

	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	188,480,218	11,119,876	177,360,342	4,311,823	(100,890)	4,412,713	650,161,313	39,220,588	610,940,725
1.2 Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5 Revenue Subject to MLR	188,480,218	11,119,876	177,360,342	4,311,823	(100,890)	4,412,713	650,161,313	39,220,588	610,940,725
EXPENSES									
Benefit Expenses									
2.1 Total Benefits Paid through FFS During the Year	157,987,510	5,657,152	152,330,357	14,219,049	699,370	13,519,679	557,949,250	25,667,986	532,281,264
2.2 Total Benefits Paid through Subcapitation During the Year	-	-	-	-	-	-	-	-	-
2.3 Incurred but not Paid (IBNP) Ending Balance	9,828,612	817,882	9,010,730	(18,155)	103,236	(121,391)	19,519,042	1,333,581	18,185,461
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-
2.5 Settlements/AP	3,452,786	3,087,786	365,000	(892,153)	(892,153)	-	8,507,078	6,723,328	1,783,750
2.6 Total Benefit Expense before Reinsurance	171,268,907	9,562,820	161,706,087	13,308,741	(89,546)	13,398,288	585,975,370	33,724,895	552,250,475
2.7 Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.8 Total Benefit Expense after Reinsurance	171,268,907	9,562,820	161,706,087	13,308,741	(89,546)	13,398,288	585,975,370	33,724,895	552,250,475
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	46,472	46,472	-	46,472	46,472	-	232,360	232,360	-
4.2 Activities to Prevent Hospital Readmissions	10,562	10,562	-	10,562	10,562	-	52,810	52,810	-
4.3 Improve Patient Safety and Reducing Medical Errors	13,378	13,378	-	13,378	13,378	-	66,890	66,890	-
4.4 Wellness and Health Promotion Activities	-	-	-	-	-	-	-	-	-
4.5 Health Information Technology (HIT) expenses related to Health Improvement	4,374	4,374	-	4,374	4,374	-	21,870	21,870	-
4.6 Total of Defined Expenses incurred for improving Health Care Quality.	74,786	74,786	-	74,786	74,786	-	373,930	373,930	-
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	-	-	-	-	-	-	-	-	-
6.0 Preliminary Medical Loss Ratio: MLR	91%	87%	-	310%	15%	-	90%	87%	-