



Auditee: Humana Medical Plan, Inc.

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

Annual Achieved Savings Rebate Financial Report

For the Year Ended December 31, 2021



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PLAN AND PERFORMANCE AUDIT OVERVIEW

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

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

At the request of the Agency, we conducted a performance audit of selected schedules and exhibits of the annual Achieved Savings Rebate (“ASR”) financial report of the Plan for the year ended December 31, 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 29, 2022, and our results, reported herein, are as of August 29, 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
- Achieved Savings Rebate Exhibit
- Medical Loss Ratio Exhibit

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

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

Scope

The performance audit scope included quarterly and year-to-date amounts reported by the Plan for the year ended December 31, 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 Medical Loss Ratio (“MLR”) exhibit, respectively. For any incurred claims we tested a representative sample of claims to determine the claim was allowable under the SMMC contract. We did not evaluate whether the claims were paid in accordance with the Plan’s contractual arrangements with respective providers. IBNP amounts provided by subcapitated providers were reconciled to supporting documentation. IBNP amounts were not tested for valuation/measurement.
- Tests of underlying data related to reported amounts allocated within the company between lines of business, including but not limited to allocations included in medical benefits, administrative expenses, defined expenses improving health care quality, federal income taxes, and net investment income. We obtained an understanding of the allocation methodology used by the Plan, evaluated whether the allocation seemed reasonable and recalculated the allocation methodology.
- Tests of underlying data or transactions related to reported amounts allocated from a parent or other related entity, including but not limited to allocations included in medical benefits, administrative expenses, defined expenses improving health care quality, federal income taxes, and net investment income. We obtained an understanding of the allocation methodology used by the Plan, evaluated whether the allocations comply with administrative service or related party transaction agreements, if any, and agreed amounts to internal documentation. Reported amounts allocated by a parent or other entity include the following amounts.

ASR Schedule and Line No.	Description	Calendar Year Total*
MMA Revenue and Expense Schedule – Summary, Line No. 12.1	Salaries and benefits based on corporate allocations	\$ 166,365,214
MMA Revenue and Expense Schedule – Summary, Line No. 12.3	Information system expenses based on corporate allocations	\$ 13,653,911
MMA Revenue and Expense Schedule – Summary, Line No. 12.4	Marketing expenses based on corporate allocations	\$ 13,352,301
MMA Revenue and Expense Schedule – Summary, Line No. 12.5	General administration expenses based on corporate allocations	\$ 25,827,711
MMA Revenue and Expense Schedule – Summary, Line No. 12.6	Compliance and regulatory expenses based on corporate allocations	\$ 7,556,711
LTC Revenue and Expense Schedule – Summary, Line No. 5.7	Administrative services based on corporate allocations	\$ 8,730,116
LTC Revenue and Expense Schedule – Summary, Line No. 2.16	Case management services based on allocations from centralized corporate operations	\$ 39,188,119

*As Adjusted

(Continued)

ASR Schedule and Line No.	Description	Calendar Year Total*
MMA Revenue and Expense Schedule – Summary, Line No. 16.0	Income tax based on corporate allocations	\$ 31,321,158
LTC Revenue and Expense Schedule – Summary, Line No. 9.0	Income tax based on corporate allocations	\$ 5,592,587
Medical Loss Ratio Exhibit, Line No. 4.1	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 20,661,209
Medical Loss Ratio Exhibit, Line No. 4.2	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 5,415,718
Medical Loss Ratio Exhibit, Line No. 4.3	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 5,102,453
Medical Loss Ratio Exhibit, Line No. 4.4	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 12,190,221
Medical Loss Ratio Exhibit, Line No. 4.5	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 4,355,719

**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 prepared the MMA Related Party Transaction Schedule – Summary, LTC Related Party Transaction Schedule – Summary, and LTC Revenue and Expense Schedule – Summary, for the year ended December 31, 2021 pursuant to Florida Statute 409.967(3) and the annual ASR financial report instructions. The Plan did not prepare the MMA Revenue and Expense Schedule – Summary, Achieved Savings Rebate Exhibit, and Medical Loss Ratio 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 summarize 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	2	Adjustments	Annual Amount
MEMBER MONTHS	7,434,579	-	-	-	7,434,579
REVENUES					
1.1 Capitation	\$ 2,156,472,364	\$ -	\$ -	\$ -	\$ 2,156,472,364
1.2.1 Pharmacy Drug High Risk Pool	7,953,284	-	-	-	7,953,284
1.3 Hepatitis C Kick Payments	-	-	-	-	-
1.4.1 Maternity Kick Payments	50,279,662	-	-	-	50,279,662
1.5 ACA § 9010 related payments	-	-	-	-	-
1.6 Other Revenue	3,863,182	6,996,623	(3,137,391)	3,859,232	7,722,414
1.7 Total Revenue	2,218,568,492	6,996,623	(3,137,391)	3,859,232	2,222,427,724
BENEFIT EXPENSES					
2.1 Inpatient FFS	333,168,968	-	-	-	333,168,968
2.2 Ending IBNP for Inpatient Hospital Services	614,867	-	-	-	614,867
2.3 Outpatient FFS: ER	175,763,274	-	-	-	175,763,274
2.4 Outpatient FFS: Other than ER	45,755,691	-	-	-	45,755,691
2.5 Ending IBNP for Outpatient Hospital Services	(2,742,904)	-	-	-	(2,742,904)
2.6 Subcapitated Hospital Services	-	-	-	-	-
2.7 Hospital Settlements/AP	-	-	-	-	-
2.7.1 Transplant Services	-	-	-	-	-
2.8 Total Hospital Services	552,559,896	-	-	-	552,559,896
3.1 Primary Care FFS	340,000,706	-	-	-	340,000,706
3.2 Specialty Care FFS	18,599,498	-	-	-	18,599,498
3.3 Other Professional FFS	33,982	-	-	-	33,982
3.4 § 1202 PCP Payments to providers	-	-	-	-	-
3.5 Subcapitated Professional Services	42,975,517	-	-	-	42,975,517
3.6 Ending IBNP for Professional Services	7,417,178	-	-	-	7,417,178
3.7 Professional Settlements/AP	59,429,071	-	-	-	59,429,071
3.8 Total Physician Services	468,455,952	-	-	-	468,455,952
4.1.1 Maternity Services	40,777,392	-	-	-	40,777,392
4.2.1 Ending IBNP for Maternity Services	-	-	-	-	-
4.3.1 Maternity Settlements/AP	-	-	-	-	-
4.4.1 Total Maternity Services	40,777,392	-	-	-	40,777,392
5.1 Mental Health & Substance Abuse FFS	204,347	-	-	-	204,347
5.2 MH & SA Subcapitation	132,664,138	-	-	-	132,664,138
5.3 Ending IBNP for MH & SA	-	-	-	-	-
5.4 Mental Health Settlements/AP	-	-	-	-	-
5.5 Total Mental Health & Substance Abuse	132,868,485	-	-	-	132,868,485
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	-	-	-	-	-
7.1 Transportation FFS	9,958,577	-	-	-	9,958,577
7.2 Transportation Subcapitation	35,707,863	-	-	-	35,707,863
7.3 Ending IBNP for Transportation	-	-	-	-	-
7.4 Transportation Settlements/AP	-	-	-	-	-
7.5 Total Transportation Services	45,666,440	-	-	-	45,666,440
8.1 Prescription Drugs FFS	433,405,027	-	-	-	433,405,027
8.2 Hepatitis C Prescription Drug FFS	2,719,256	-	-	-	2,719,256
8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-
8.4 Prescription Drug Rebates	(3,822,265)	-	-	-	(3,822,265)
8.5 Ending accrual for Rebates receivable	-	-	-	-	-
8.6 Prescription Drugs Subcapitation	-	-	-	-	-
8.7 Prescription Drug Settlements/AP	-	-	-	-	-
8.8 Total Prescription Drugs	432,302,017	-	-	-	432,302,017

Continued

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

		<u>Reported</u>			<u>Total</u>	<u>Adjusted</u>	
		<u>Annual Amount</u>	<u>2</u>	<u>8</u>	<u>Adjustments</u>	<u>Annual Amount</u>	
Other Services	9.1	Home Health, Nursing, Personal Care FFS	17,237,852	-	-	-	17,237,852
	9.2	Hospice FFS	-	-	-	-	-
	9.2.1	Nursing Facility FFS	16,906,583	-	-	-	16,906,583
	9.3	DME FFS	11,877,270	-	-	-	11,877,270
	9.4	Other State Plan Services FFS	42,344,066	-	-	-	42,344,066
	9.5	Other Services Subcapitation	43,918,878	-	-	-	43,918,878
	9.6	Ending IBNP for Other Services	-	-	-	-	-
	9.7	Other Service Settlements/AP	12,854,477	-	-	-	12,854,477
	9.8	Total Other Services	145,139,127	-	-	-	145,139,127
Expanded Benefits	10.1	Expanded Benefits FFS	27,265,207	-	-	-	27,265,207
	10.2	Expanded benefits Subcapitation	2,121,599	-	-	-	2,121,599
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-
	10.5	Total Expanded Benefits	29,386,805	-	-	-	29,386,805
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	1,512,195,431	-	-	-	1,512,195,431
	11.2	Total Services Paid Directly -- IBNP	5,289,141	-	-	-	5,289,141
	11.3	Total Services Paid through Subcapitation	257,387,995	-	-	-	257,387,995
	11.4	Total Services Paid by Settlements/AP	72,283,548	-	-	-	72,283,548
	11.5	TPL & Fraud/Abuse Recoveries	(1,143,006)	-	-	-	(1,143,006)
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-
	11.7	Benefit Expense before Reinsurance	1,846,013,109	-	-	-	1,846,013,109
	11.8	Reinsurance Premiums	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-
	11.11	Medical Benefit Expense Net of Reinsurance	1,846,013,109	-	-	-	1,846,013,109
Administrative Expenses, Assessments, Taxes, and Fees							
Administrative Expenses	12.1	Salaries & Benefits	166,326,453	-	-	-	166,326,453
	12.2	Administrative Services	-	-	-	-	-
	12.3	Information Systems	13,653,911	-	-	-	13,653,911
	12.4	Marketing Expenses	13,352,301	-	-	-	13,352,301
	12.5	General Administration	26,171,331	-	-	-	26,171,331
	12.6	Compliance/Regulatory	7,556,711	-	-	-	7,556,711
	12.7	Total Administrative Expenses	227,060,707	-	-	-	227,060,707
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	2,073,073,816	-	-	-	2,073,073,816	
15.0	Underwriting Gain (Loss)	145,494,675	6,996,623	(3,137,391)	3,859,232	149,353,907	
16.0	Income Tax Expense	30,511,835	1,467,269	(657,945)	809,323	31,321,158	
17.0	Net Underwriting Gain (Loss)	\$ 114,982,841	\$ 5,529,354	\$ (2,479,446)	\$ 3,049,909	\$ 118,032,749	
	Tax rate used for tax-effect of adjustments	21%					

Adjustments to Amounts Reported in the Annual Medical Loss Ratio Exhibit

	Reported					Total	Adjusted		
	Annual Amount			1	2	Adjustments	Annual Amount		
	Total	MMA	LTC	MMA	MMA	MMA	Total	MMA	LTC
REVENUES									
1.1 Total Revenue from Revenue & Expense Schedules	\$ 3,405,476,364	\$ 2,218,568,492	\$ 1,186,907,872	\$ 6,996,623	\$ (3,137,391)	\$ 3,859,232	\$ 3,409,335,596	\$ 2,222,427,724	\$ 1,186,907,872
1.2 Federal Taxes and Assessments, including ACA § 9010	(36,104,422)	(30,511,835)	(5,592,587)	(1,467,269)	657,945	(809,323)	(36,913,745)	(31,321,158)	(5,592,587)
1.3 State Insurance, Premium and other Taxes	(2,277,991)	(1,889,254)	(388,737)	-	-	-	(2,277,991)	(1,889,254)	(388,737)
1.4 Regulatory Authority Licenses and Fees	(1,143,447)	(939,663)	(203,784)	-	-	-	(1,143,447)	(939,663)	(203,784)
1.5 Revenue Subject to MLR	3,365,950,504	2,185,227,740	1,180,722,764	5,529,354	(2,479,446)	3,049,909	3,369,000,413	2,188,277,649	1,180,722,764
EXPENSES									
Benefit Expenses									
2.1 Total Benefits Paid through FFS During the Year	2,619,227,230	1,511,052,425	1,108,174,805	-	-	-	2,619,227,230	1,511,052,425	1,108,174,805
2.2 Total Benefits Paid through Subcapitation During the Year	298,025,109	298,025,109	-	-	-	-	298,025,109	298,025,109	-
2.3 Incurred but not Paid (IBNP) Ending Balance	1,953,400	5,289,141	(3,335,741)	-	-	-	1,953,400	5,289,141	(3,335,741)
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-
2.5 Settlements/AP	72,283,548	72,283,548	-	-	-	-	72,283,548	72,283,548	-
2.6 Total Benefit Expense before Reinsurance	2,991,489,287	1,886,650,223	1,104,839,065	-	-	-	2,991,489,287	1,886,650,223	1,104,839,065
2.7 Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.8 Total Benefit Expense after Reinsurance	2,991,489,287	1,886,650,223	1,104,839,065	-	-	-	2,991,489,287	1,886,650,223	1,104,839,065
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	20,662,177	20,662,177	-	-	-	-	20,662,177	20,662,177	-
4.2 Activities to Prevent Hospital Readmissions	5,415,718	5,415,718	-	-	-	-	5,415,718	5,415,718	-
4.3 Improve Patient Safety and Reducing Medical Errors	5,107,915	5,107,915	-	-	-	-	5,107,915	5,107,915	-
4.4 Wellness and Health Promotion Activities	12,190,221	12,190,221	-	-	-	-	12,190,221	12,190,221	-
4.5 Health Information Technology (HIT) expenses related to Health Improvement	4,355,719	4,355,719	-	-	-	-	4,355,719	4,355,719	-
4.6 Total of Defined Expenses incurred for improving Health Care Quality.	47,731,749	47,731,749	-	-	-	-	47,731,749	47,731,749	-
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	(1,143,006)	(1,143,006)	-	-	-	-	(1,143,006)	(1,143,006)	-
6.0 Preliminary Medical Loss Ratio: MLR	90%	88%					90%	88%	

Adjustments to Amounts Reported in the Annual Achieved Savings Rebate Exhibit

	Reported Annual Amount					Total Adjustments	Adjusted Annual Amount		
	Total	MMA	LTC	1 MMA	2 MMA	MMA	Total	MMA	LTC
REVENUES									
1.1 Total Revenue from Revenue & Expense Schedules	\$ 3,405,476,364	\$ 2,218,568,492	\$ 1,186,907,872	\$ 6,996,623	\$ (3,137,391)	\$ 3,859,232	\$ 3,409,335,596	\$ 2,222,427,724	\$ 1,186,907,872
1.2 Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	(2,277,991)	(1,889,254)	(388,737)	-	-	-	(2,277,991)	(1,889,254)	(388,737)
1.4 Regulatory Authority Licenses and Fees	(1,143,447)	(939,663)	(203,784)	-	-	-	(1,143,447)	(939,663)	(203,784)
1.5 Revenue Subject to ASR	3,402,054,926	2,215,739,575	1,186,315,351	6,996,623	(3,137,391)	3,859,232	3,405,914,158	2,219,598,807	1,186,315,351
EXPENSES									
Benefit Expenses									
2.1 Total Benefits Paid through FFS and Subcapitation During the Year	2,876,615,225	1,768,440,420	1,108,174,805	-	-	-	2,876,615,225	1,768,440,420	1,108,174,805
2.2 Incurred but not Paid (IBNP) Ending Balance	1,953,400	5,289,141	(3,335,741)	-	-	-	1,953,400	5,289,141	(3,335,741)
2.3 Settlements/AP	72,283,548	72,283,548	-	-	-	-	72,283,548	72,283,548	-
2.4 Less: Premium Deficiency Reserve and other Reserve Account Contributions	-	-	-	-	-	-	-	-	-
2.5 Total Benefit Expense before Reinsurance	2,950,852,174	1,846,013,109	1,104,839,065	-	-	-	2,950,852,174	1,846,013,109	1,104,839,065
2.6 Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.7 Total Benefit Expense after Reinsurance	2,950,852,174	1,846,013,109	1,104,839,065	-	-	-	2,950,852,174	1,846,013,109	1,104,839,065
Administrative Expenses									
3.1 Total Administrative Expenses from Revenue & Expense Schedule	282,461,448	227,060,707	55,400,741	-	-	-	282,461,448	227,060,707	55,400,741
3.2 Less: Compliance/Regulatory	(10,708,088)	(7,556,711)	(3,151,377)	-	-	-	(10,708,088)	(7,556,711)	(3,151,377)
3.3 Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-	-
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	271,753,360	219,503,996	52,249,364	-	-	-	271,753,360	219,503,996	52,249,364
4.0 Actuarially-sound Administrative Expense Maximum	313,351,063	263,753,157	49,597,906	-	-	-	313,351,063	263,753,157	49,597,906
5.0 Administrative Expenses Subject to ASR	271,753,360	219,503,996	49,597,906	-	-	-	271,753,360	219,503,996	49,597,906
6.0 Total Benefit and Administrative Expense subject to ASR	3,222,605,534	2,065,517,105	1,154,436,970	-	-	-	3,222,605,534	2,065,517,105	1,154,436,970
Calculation of Pre-Tax Income and ASR									
7.1 Pre-tax Income	\$ 179,449,392	\$ 150,222,469	\$ 31,878,381	\$ 6,996,623	\$ (3,137,391)	\$ 3,859,232	\$ 183,308,624	\$ 154,081,701	\$ 31,878,381
7.2 Pre-tax Income as a Percent of Revenue	5.3%	6.8%	2.7%				5.4%	6.9%	2.7%
7.3 Preliminary Achieved Savings Rebate							6,506,458		

ADJUSTMENT SUMMARY

Adjustment No. 01: ASR Rebates in Other Revenue

The amounts reported for MMA Revenue and Expense Schedule – Summary line 1.6, MLR Exhibit line 1.1, and ASR Exhibit line 1.1 were understated by \$6,996,623. Refer to the Adjustments to Amounts Reported in the MMA Revenue and Expense Schedule - Summary for proper presentation.

Condition

The amounts reported for MMA Revenue and Expense Schedule – Summary line 1.6, Other Revenue, were understated by \$6,996,623.

Criteria

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

Cause

The Company recorded estimated ASR Rebate as an offsetting amount to Other Revenue.

Effect

Other Revenue and Income Tax Expense was not properly recorded on the MMA Revenue and Expense Schedule – Summary. This led to the Total Revenue from Revenue & Expense Schedules reported on the MLR Exhibit and ASR Exhibit to be improperly recorded.

Adjustment No. 02: DPP Admin Fee in Other Revenue

The amounts reported for MMA Revenue and Expense Schedule – Summary line 1.6, MLR Exhibit line 1.1, and ASR Exhibit line 1.1 were overstated by \$3,137,391. Refer to the Adjustments to Amounts Reported in the MMA Revenue and Expense Schedule - Summary for proper presentation.

Condition

The amounts reported for MMA Revenue and Expense Schedule – Summary line 1.6, Other Revenue, were overstated by \$3,137,391.

Criteria

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

Cause

The Company recorded the 3% fee for Administration related to the Directed Payment Program in Other Revenue in 2021 rather than 2022.

Effect

Other Revenue and Income Tax Expense was not properly recorded on the MMA Revenue and Expense Schedule – Summary. This led to the Total Revenue from Revenue & Expense Schedules reported on the MLR Exhibit and ASR Exhibit to be improperly recorded.

OTHER MATTERS

ASR Exhibit Line 7.3 – Preliminary Achieved Savings Rebate

ASR Exhibit Line 7.3, Preliminary Achieved Savings Rebate was not populated on the Plan-submitted report.

Corrective Action

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

View of Plan Management

Plan management is in agreement with adjustments identified above.

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

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

CARR, RIGGS & INGRAM, LLC
Panama City Beach, Florida
August 29, 2022

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

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 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			1,740,280	1,398,137	51,525	110,529	41,560	60,280	11,324	677	4,526	231	55,105	6,386
REVENUES														
Revenues	1.1	Capitation	501,288,187	252,340,490	26,917,837	105,897,102	57,906,581	12,909,925	4,420,985	147,118	13,868,181	5,688,808	6,787,329	14,403,831
	1.2.1	Pharmacy Drug High Risk Pool	1,614,652	1,614,652	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	11,880,864	11,040,966	640,296	97,969	53,806	3,633	3,732	-	29,523	-	-	10,939
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	329,893	329,893	-	-	-	-	-	-	-	-	-	-
	1.7	Total Revenue	515,113,596	265,326,000	27,558,133	105,995,071	57,960,387	12,913,558	4,424,717	147,118	13,897,704	5,688,808	6,787,329	14,414,770
	BENEFIT EXPENSES													
			JANUARY - MARCH (Q1)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1	Inpatient FFS	71,396,569	36,932,665	2,013,591	19,467,000	7,673,891	244,778	84,998	7,246	792,091	428,594	485,413	3,266,303
	2.2	Ending IBNP for Inpatient Hospital Services	4,472,455	2,318,966	124,585	1,219,828	477,163	14,847	5,263	48,753	27,043	30,623	30,623	204,933
	2.3	Outpatient FFS: ER	38,136,571	23,717,575	2,381,405	7,049,266	3,409,847	206,489	241,937	6,936	356,643	40,454	169,087	556,931
	2.4	Outpatient FFS: Other than ER	10,837,890	599,722	179,941	5,016,411	1,657,377	1,377,636	2,435	23,602	209,859	6,762	964,874	799,269
	2.5	Ending IBNP for Outpatient Hospital Services	302,654	13,393	5,034	144,181	47,042	35,895	49	582	4,705	268	29,102	22,403
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	125,146,139	63,582,322	4,704,556	32,896,686	13,265,321	1,879,645	334,682	38,819	1,412,052	503,120	1,679,099	4,849,839
Professional Services	3.1	Primary Care FFS	77,742,350	49,142,380	3,426,559	13,883,737	5,383,856	972,866	471,555	20,938	532,862	167,497	2,163,054	1,577,046
	3.2	Specialty Care FFS	4,280,141	2,090,008	206,551	1,037,029	572,868	8,695	14,717	251	79,140	19,905	50,251	200,726
	3.3	Other Professional FFS	4,115	3,413	102	144	246	33	-	-	-	-	-	177
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	10,222,195	8,396,967	327,336	573,127	285,357	298,753	60,135	4,403	37,254	1,639	206,881	30,343
	3.6	Ending IBNP for Professional Services	69,806	44,153	3,064	12,458	4,819	874	423	19	476	152	1,951	1,417
	3.7	Professional Settlements/AP	14,092,051	11,504,808	471,283	772,212	421,068	444,361	65,373	6,511	55,160	1,974	303,847	45,455
	3.8	Total Physician Services	106,410,658	71,181,729	4,434,894	16,278,707	6,668,213	1,725,582	612,204	32,121	704,892	191,167	2,725,984	1,855,164
Maternity Services	4.1.1	Maternity Services	9,276,732	8,422,105	523,967	200,836	81,861	4,615	7,941	11	29,207	-	(39)	6,227
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	9,276,732	8,422,105	523,967	200,836	81,861	4,615	7,941	11	29,207	-	(39)	6,227
Mental Health	5.1	Mental Health & Substance Abuse FFS	31,506	31,113	1,188	2,530	725	503	659	-	(82)	-	744	(5,873)
	5.2	Mental Health & Substance Abuse Subcapitation	30,432,157	10,576,187	6,441,917	2,639,436	7,145,197	991,567	928,925	18,303	345,097	4,057	927,472	413,998
	5.3	Ending IBNP for Mental Health & Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	30,463,663	10,607,301	6,443,105	2,641,965	7,145,921	992,071	929,584	18,303	345,015	4,057	928,216	408,125
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	2,430,687	612,798	115,044	410,895	329,574	163,188	7,637	1,513	28,425	19,928	589,467	152,218
	7.2	Transportation Subcapitation	8,307,449	6,657,874	238,258	529,397	192,165	297,055	53,192	3,316	20,400	987	283,305	31,499
	7.3	Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	10,738,136	7,270,673	353,302	940,293	521,738	460,243	60,829	4,829	48,826	20,915	872,771	183,717
Pharmacy	8.1	Prescription Drugs FFS	99,296,884	33,479,739	7,160,040	26,395,881	20,294,000	124,069	778,809	10,400	5,820,338	-	63,195	5,170,415
	8.2	Hepatitis C Prescription Drug FFS	685,178	175,797	132,564	200,101	176,716	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	(698,670)	(229,086)	(48,443)	(180,357)	(152,238)	(793)	(4,384)	(82)	(46,410)	-	(422)	(36,455)
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	99,283,393	33,426,450	7,244,161	26,415,625	20,318,478	123,276	774,425	10,317	5,773,927	-	62,773	5,133,961

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 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	4,690,120	523,195	10,167	542,651	149,922	183,353	23,121	2,205	5,111	3,250,395			
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-			
	9.2.1	Nursing Facility FFS	3,050,619	3,581	-	848,628	248,964	1,942,272	-	739	6,435	-			
	9.3	DME FFS	2,717,192	967,295	84,759	1,041,883	322,478	67,657	47,128	513	9,809	175,670			
	9.4	Other State Plan Services FFS	9,960,240	6,479,774	509,013	1,609,280	737,879	27,459	115,946	1,285	88,833	57,927	58,369	274,476	
	9.5	Other Services Subcapitation	9,744,346	7,688,769	336,730	660,710	310,101	339,805	53,193	4,311	37,639	1,195	269,817	42,075	
	9.6	Ending IBNP for Other Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	9.7	Other Service Settlements/AP	4,837,108	3,872,843	145,919	303,261	118,938	171,859	24,489	2,085	13,631	564	164,590	18,929	
	9.8	Total Other Services	34,999,624	19,535,457	1,086,588	5,006,413	1,888,282	2,732,404	263,878	11,138	161,458	3,485,750	492,776	335,480	
Expanded Benefits	10.1	Expanded Benefits FFS	6,171,475	2,558,159	290,015	1,332,301	760,730	241,577	16,126	2,114	47,623	-	700,301	222,529	
	10.2	Expanded Benefits Subcapitation	489,034	297,239	23,664	57,313	27,752	40,355	590	305	1,972	16	35,481	4,350	
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-	
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	10.5	Total Expanded Benefits	6,660,510	2,855,397	313,679	1,389,614	788,482	281,932	16,715	2,419	49,595	16	735,781	226,879	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	340,009,600	165,510,235	16,986,463	78,858,216	41,648,696	5,564,397	1,808,626	77,669	7,959,885	4,167,131	5,244,294	12,183,989	
	11.2	Total Services Paid Directly -- IBNP	4,844,915	2,376,512	132,682	1,376,467	529,025	51,616	5,734	1,054	53,934	27,463	61,676	228,752	
	11.3	Total Services Paid through Subcapitation	59,195,181	33,617,036	7,367,906	4,459,983	7,960,571	1,967,535	1,096,036	30,637	442,362	7,894	1,722,954	522,266	
	11.4	Total Services Paid by Settlements/AP	18,929,159	15,377,651	617,202	1,075,473	540,005	616,220	89,861	8,596	68,791	2,538	468,437	64,384	
	11.5	TPL & Fraud/Abuse Recoveries	(382,703)	(176,159)	(23,621)	(82,340)	(51,983)	(7,281)	(1,491)	(111)	(12,849)	(5,177)	(5,095)	(16,595)	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	
	11.7	Subtotal Benefit Expense before Reinsurance	422,596,152	216,705,275	25,080,632	85,687,799	50,626,313	8,192,486	2,998,766	117,846	8,512,123	4,199,848	7,492,267	12,982,796	
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	422,596,152	216,705,275	25,080,632	85,687,799	50,626,313	8,192,486	2,998,766	117,846	8,512,123	4,199,848	7,492,267	12,982,796	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JANUARY - MARCH (Q1)												
			Total	Health Plan	Corporate										
Administrative Expenses	12.1	Salaries & Benefits	36,745,324	(11,794)	36,757,118										
	12.2	Administrative Services	-	-	-										
	12.3	Information Systems	3,142,911	-	3,142,911										
	12.4	Marketing Expenses	1,252,134	-	1,252,134										
	12.5	General Administration	4,786,754	68,281	4,718,473										
	12.6	Compliance/Regulatory	1,223,189	-	1,223,189										
	12.7	Total Administrative Expenses	47,150,313	56,487	47,093,826										
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	469,746,464													
15.0	Underwriting Gain / (Loss) -- AKA Pre-tax Earnings from Operations	45,367,131													
16.0	Income Tax Expense	9,513,987													
17.0	Net Underwriting Gain (Loss)	35,853,145													

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 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			1,823,816	1,472,427	56,141	113,677	42,312	60,272	11,379	666	4,801	198	55,286	6,655
REVENUES														
Revenues	1.1	Capitation	522,820,241	265,281,057	29,463,443	109,933,975	59,206,010	12,900,156	4,453,877	144,837	14,726,885	4,879,845	6,802,156	15,027,999
	1.2.1	Pharmacy Drug High Risk Pool	1,614,652	1,614,652	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	11,841,435	11,067,937	569,836	94,919	53,535	-	-	-	55,209	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	1,641,263	1,641,263	-	-	-	-	-	-	-	-	-	-
	1.7	Total Revenue	537,917,591	279,604,908	30,033,279	110,028,894	59,259,544	12,900,156	4,453,877	144,837	14,782,095	4,879,845	6,802,156	15,027,999
	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	83,161,924	41,953,351	2,411,053	23,329,496	7,848,476	274,274	163,553	1,484	1,381,271	861,850	690,765	4,246,351
	2.2	Ending IBNP for Inpatient Hospital Services	5,203,986	2,627,101	151,690	1,459,721	489,889	17,253	10,522	93	85,251	53,209	43,394	265,861
	2.3	Outpatient FFS: ER	43,565,115	28,042,538	2,789,317	7,363,163	3,671,922	171,048	280,017	3,623	300,169	78,368	138,589	726,360
	2.4	Outpatient FFS: Other than ER	11,293,336	937,018	200,558	4,729,122	1,549,566	1,753,177	2,467	24,410	209,242	33,668	859,132	994,977
	2.5	Ending IBNP for Outpatient Hospital Services	286,805	24,029	4,701	119,646	39,942	45,225	75	551	5,015	1,038	22,367	24,215
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	143,511,165	73,584,038	5,557,319	37,001,148	13,599,796	2,260,978	456,634	30,161	1,980,948	1,028,133	1,754,247	6,257,764
Professional Services	3.1	Primary Care FFS	83,899,536	54,840,776	3,896,361	14,372,505	6,020,568	569,087	460,953	11,190	641,714	169,988	1,230,213	1,686,180
	3.2	Specialty Care FFS	4,621,971	2,301,765	234,928	1,109,584	595,291	11,507	19,893	27	68,678	31,056	25,253	223,988
	3.3	Other Professional FFS	3,482	2,863	201	117	52	52	-	-	167	-	-	31
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	10,582,738	8,729,075	351,495	581,026	285,911	290,840	59,599	4,185	39,146	1,417	207,908	32,136
	3.6	Ending IBNP for Professional Services	246,374	161,237	11,410	42,157	17,577	1,667	1,352	33	1,866	507	3,608	4,960
	3.7	Professional Settlements/AP	14,933,944	12,326,713	517,990	791,770	417,419	409,999	65,252	5,881	58,793	1,971	290,272	47,884
	3.8	Total Physician Services	114,288,044	78,362,429	5,012,385	16,897,158	7,336,819	1,283,152	607,049	21,316	810,363	204,939	1,757,255	1,995,179
Maternity Services	4.1.1	Maternity Services	9,948,436	8,972,177	589,294	222,716	90,036	3,870	6,084	-	44,899	-	-	19,359
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	9,948,436	8,972,177	589,294	222,716	90,036	3,870	6,084	-	44,899	-	-	19,359
	5.1	Mental Health & Substance Abuse FFS	45,797	33,513	1,022	6,537	2,448	311	677	-	-	-	1,016	272
5.2	Mental Health & Substance Abuse Subcapitation	31,463,115	11,041,634	6,914,001	2,675,451	7,202,134	975,944	923,814	18,237	361,501	3,436	915,983	430,980	
5.3	Ending IBNP for Mental Health & Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	
5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
5.5	Total Mental Health & Substance Abuse Services	31,508,912	11,075,147	6,915,024	2,681,988	7,204,582	976,255	924,492	18,237	361,501	3,436	916,999	431,252	
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	-	-	-	-	-	-	-	-	-	-	-	-
	7.1	Transportation FFS	2,691,684	762,689	140,781	459,451	341,817	158,649	7,218	878	33,174	55,782	547,205	184,040
7.2	Transportation Subcapitation	8,775,416	7,066,589	262,900	552,407	198,709	297,475	53,410	3,242	22,064	821	284,317	33,481	
7.3	Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-	
7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
7.5	Total Transportation Services	11,467,101	7,829,278	403,680	1,011,858	540,526	456,124	60,628	4,120	55,238	56,604	831,523	217,521	
Pharmacy	8.1	Prescription Drugs FFS	105,268,479	36,630,740	7,837,545	27,442,215	20,866,194	125,593	741,486	3,801	5,643,561	-	61,760	5,915,585
	8.2	Hepatitis C Prescription Drug FFS	738,053	177,738	85,175	264,953	144,939	-	-	-	25,344	-	-	39,905
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	(949,320)	(323,657)	(68,873)	(239,757)	(199,247)	(1,145)	(5,653)	(28)	(57,084)	-	(535)	(53,341)
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	105,057,212	36,484,820	7,853,846	27,467,411	20,811,886	124,448	735,833	3,773	5,611,821	-	61,225	5,902,149

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 Paid Through: 3/31/2022

Summary

			APRIL - JUNE (Q2)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid		Dual Eligible	Child Welfare	HIV/AIDS Dual	HIV/AIDS	Private Duty		LTC Medicaid
						Only Non-SMI	Only SMI			Eligible	Medicaid Only	Nursing	LTC Dual Eligible	Only
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	4,748,859	722,907	29,097	447,808	174,276	183,117	51,051	2,230	11,930	3,126,443		
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-		
	9.2.1	Nursing Facility FFS	3,997,683	93,593	10,121	1,352,519	187,386	2,261,816	-	-	92,249	-		
	9.3	DME FFS	3,104,604	1,256,153	120,679	1,071,413	378,914	35,610	47,180	1,073	10,656	182,927		
	9.4	Other State Plan Services FFS	9,958,860	6,784,800	500,372	1,526,303	658,958	25,010	96,444	877	80,844	65,921	27,270	192,060
	9.5	Other Services Subcapitation	10,154,317	8,058,396	362,525	672,611	312,112	336,368	53,035	4,137	39,871	1,070	270,493	43,699
	9.6	Ending IBNP for Other Services	-	-	-	-	-	-	-	-	-	-	-	-
	9.7	Other Service Settlements/AP	5,130,140	4,127,688	162,240	314,171	124,514	175,182	24,342	2,115	15,016	525	164,642	19,706
	9.8	Total Other Services	37,094,463	21,043,537	1,185,035	5,384,824	1,836,161	3,017,102	272,052	10,432	250,566	3,376,885	462,406	255,464
Expanded Benefits	10.1	Expanded Benefits FFS	6,798,818	2,834,626	378,126	1,600,253	925,788	179,732	13,268	1,467	52,661	-	597,307	215,590
	10.2	Expanded Benefits Subcapitation	517,678	321,407	25,716	58,933	28,169	40,309	592	295	2,095	13	35,601	4,547
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	10.5	Total Expanded Benefits	7,316,495	3,156,033	403,842	1,659,186	953,957	220,041	13,860	1,762	54,756	13	632,908	220,138
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	372,897,316	186,023,589	19,155,756	85,058,396	43,257,385	5,751,708	1,884,639	51,032	8,539,474	4,606,004	4,177,977	14,391,358
	11.2	Total Services Paid Directly -- IBNP	5,737,164	2,812,368	167,801	1,621,524	547,409	64,146	11,949	677	92,131	54,754	69,369	295,035
	11.3	Total Services Paid through Subcapitation	61,493,264	35,217,101	7,916,637	4,540,428	8,027,035	1,940,936	1,090,450	30,097	464,678	6,757	1,714,302	544,843
	11.4	Total Services Paid by Settlements/AP	20,064,085	16,454,401	680,231	1,105,941	541,934	585,180	89,594	7,996	73,809	2,495	454,914	67,590
	11.5	TPL & Fraud/Abuse Recoveries	(178,517)	(86,914)	(11,970)	(34,775)	(23,505)	(3,039)	(632)	(52)	(6,118)	(2,534)	(2,057)	(6,923)
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	460,013,312	240,420,545	27,908,455	92,291,515	52,350,257	8,338,932	3,076,000	89,750	9,163,974	4,667,477	6,414,505	15,291,903
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	460,013,312	240,420,545	27,908,455	92,291,515	52,350,257	8,338,932	3,076,000	89,750	9,163,974	4,667,477	6,414,505	15,291,903
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			APRIL - JUNE (Q2)											
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	38,553,219	(216,762)	38,769,981									
	12.2	Administrative Services	-	-	-									
	12.3	Information Systems	3,469,377	-	3,469,377									
	12.4	Marketing Expenses	1,010,764	-	1,010,764									
	12.5	General Administration	6,162,655	90,833	6,071,822									
	12.6	Compliance/Regulatory	1,384,121	-	1,384,121									
	12.7	Total Administrative Expenses	50,580,135	(125,929)	50,706,064									
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	510,593,447												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	27,324,144												
16.0	Income Tax Expense	5,730,174												
17.0	Net Underwriting Gain (Loss)	21,593,970												

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 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			1,893,327	1,532,235	61,614	116,166	43,169	60,311	11,335	658	5,006	179	55,751	6,904
REVENUES														
Revenues	1.1	Capitation	544,702,833	277,800,350	32,553,600	113,959,765	60,686,836	12,954,238	4,355,731	142,467	15,423,330	4,389,885	6,856,716	15,579,916
	1.2.1	Pharmacy Drug High Risk Pool	1,614,652	1,614,652	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	13,705,245	12,695,039	763,530	83,740	105,479	-	10,972	-	39,785	-	-	6,699
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	1,627,379	1,627,379	-	-	-	-	-	-	-	-	-	-
	1.7	Total Revenue	561,650,109	293,737,420	33,317,130	114,043,505	60,792,315	12,954,238	4,366,703	142,467	15,463,115	4,389,885	6,856,716	15,586,615
	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	87,884,731	46,474,704	3,303,897	22,308,178	8,996,883	823,911	224,953	3,083	903,237	330,552	752,301	3,763,031
	2.2	Ending IBNP for Inpatient Hospital Services	3,635,562	1,927,329	137,257	927,640	366,212	32,546	9,326	117	36,439	12,797	31,340	154,561
	2.3	Outpatient FFS: ER	48,216,992	32,006,947	3,000,915	7,825,542	3,749,013	197,341	211,614	4,728	382,342	39,213	173,610	625,730
	2.4	Outpatient FFS: Other than ER	14,859,440	1,840,232	595,416	5,559,690	2,284,583	2,069,036	43,607	18,348	288,171	67,744	1,017,243	1,075,371
	2.5	Ending IBNP for Outpatient Hospital Services	(1,841,248)	(218,110)	(57,512)	(727,886)	(254,361)	(275,475)	(3,660)	(2,000)	(30,396)	(6,388)	(135,026)	(130,435)
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	152,755,477	82,031,101	6,979,972	35,893,165	15,142,329	2,847,359	485,839	24,276	1,579,793	443,917	1,839,468	5,488,258
Professional Services	3.1	Primary Care FFS	89,984,011	60,086,781	4,301,440	15,361,037	5,669,775	561,889	528,779	9,164	697,353	112,949	1,079,761	1,575,082
	3.2	Specialty Care FFS	4,901,554	2,553,817	252,485	1,209,570	559,437	7,965	13,518	20	82,402	13,022	26,048	183,271
	3.3	Other Professional FFS	9,760	7,693	233	1,212	595	(80)	-	-	49	-	27	31
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	10,898,713	9,006,550	380,963	586,126	285,823	289,613	60,934	4,170	40,030	1,340	210,473	32,692
	3.6	Ending IBNP for Professional Services	4,553,218	3,042,176	217,291	777,122	285,969	28,411	26,914	459	34,987	5,725	54,684	79,480
	3.7	Professional Settlements/AP	9,425,351	7,886,728	334,727	480,766	228,549	221,132	42,134	3,172	33,033	1,196	164,748	29,168
	3.8	Total Physician Services	119,772,608	82,583,745	5,487,138	18,415,833	7,030,147	1,108,930	672,279	16,986	887,854	134,232	1,535,741	1,899,724
Maternity Services	4.1.1	Maternity Services	11,108,438	10,110,705	696,453	126,661	116,884	1,814	11,830	-	35,712	-	-	8,380
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	11,108,438	10,110,705	696,453	126,661	116,884	1,814	11,830	-	35,712	-	-	8,380
Mental Health	5.1	Mental Health & Substance Abuse FFS	62,782	35,678	5,353	8,359	7,306	556	1,029	-	777	-	1,455	2,269
	5.2	Mental Health & Substance Abuse Subcapitation	32,897,578	11,500,098	7,587,729	2,724,991	7,392,845	998,042	916,948	17,141	382,249	3,120	927,077	447,339
	5.3	Ending IBNP for Mental Health & Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	32,960,360	11,535,776	7,593,082	2,733,350	7,400,151	998,597	917,977	17,141	383,026	3,120	928,532	449,608
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	2,610,200	803,128	155,170	475,849	339,083	145,557	8,322	1,735	39,899	6,662	464,376	170,418
	7.2	Transportation Subcapitation	9,123,744	7,363,931	290,133	567,248	204,407	298,268	52,714	3,200	23,043	766	285,616	34,417
	7.3	Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	11,733,944	8,167,059	445,303	1,043,097	543,489	443,826	61,036	4,935	62,942	7,428	749,992	204,836
Pharmacy	8.1	Prescription Drugs FFS	112,347,361	41,512,728	8,620,047	27,897,531	20,806,363	130,241	806,172	225	5,874,072	210	83,589	6,616,183
	8.2	Hepatitis C Prescription Drug FFS	564,764	203,060	38,115	208,695	76,746	-	-	-	25,476	-	-	12,672
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	(959,052)	(343,205)	(69,934)	(231,298)	(193,920)	(1,059)	(5,323)	(2)	(57,071)	(2)	(699)	(56,540)
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	111,953,072	41,372,583	8,588,228	27,874,929	20,689,189	129,182	800,849	223	5,842,477	208	82,890	6,572,315

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 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	4,031,423	829,546	67,854	491,962	148,559	154,610	36,551	1,127	9,641	2,291,573			
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-			
	9.2.1	Nursing Facility FFS	3,990,595	56,950	4,674	962,637	225,562	2,682,376	-	27,985	30,412	-			
	9.3	DME FFS	2,894,794	1,122,240	132,310	1,108,559	293,792	49,822	33,405	1,115	17,810	135,740			
	9.4	Other State Plan Services FFS	12,053,338	8,815,975	619,584	1,465,792	658,003	19,662	112,798	729	88,340	41,085	35,700	195,670	
	9.5	Other Services Subcapitation	10,154,382	8,057,659	380,599	662,717	306,816	334,784	51,188	4,111	40,020	947	271,968	43,575	
	9.6	Ending IBNP for Other Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	9.7	Other Service Settlements/AP	7,269,967	5,856,484	252,829	425,304	184,035	249,142	31,855	3,051	23,812	702	215,519	27,233	
	9.8	Total Other Services	40,394,500	24,738,855	1,457,849	5,116,970	1,816,768	3,490,396	265,796	38,117	210,034	2,470,047	523,187	266,478	
Expanded Benefits	10.1	Expanded Benefits FFS	7,177,011	3,107,006	460,305	1,606,768	947,575	188,027	18,417	1,547	61,384	-	533,984	251,997	
	10.2	Expanded Benefits Subcapitation	543,592	342,585	28,257	60,164	28,713	40,288	601	291	2,176	12	35,823	4,682	
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-	
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	10.5	Total Expanded Benefits	7,720,603	3,449,591	488,561	1,666,932	976,288	228,315	19,018	1,838	63,560	12	569,808	256,679	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	401,738,142	209,223,984	22,184,316	86,386,745	44,686,239	7,031,669	2,045,671	69,804	8,480,005	3,038,748	4,167,397	14,423,566	
	11.2	Total Services Paid Directly -- IBNP	6,347,532	4,751,395	297,036	976,876	397,819	(214,518)	32,580	(1,424)	41,030	12,134	(49,002)	103,606	
	11.3	Total Services Paid through Subcapitation	63,618,010	36,270,823	8,667,680	4,601,245	8,218,604	1,960,995	1,082,383	28,913	487,518	6,185	1,730,958	562,704	
	11.4	Total Services Paid by Settlements/AP	16,695,318	13,743,212	587,555	906,070	412,584	470,274	73,989	6,224	56,845	1,898	380,266	56,401	
	11.5	TPL & Fraud/Abuse Recoveries	(313,372)	(168,412)	(19,686)	(54,921)	(36,002)	(5,320)	(852)	(56)	(8,707)	(3,334)	(2,999)	(13,083)	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	
	11.7	Subtotal Benefit Expense before Reinsurance	488,085,630	263,821,003	31,716,901	92,816,016	53,679,245	9,243,099	3,233,771	103,460	9,056,691	3,055,630	6,226,620	15,133,194	
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	488,085,630	263,821,003	31,716,901	92,816,016	53,679,245	9,243,099	3,233,771	103,460	9,056,691	3,055,630	6,226,620	15,133,194	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JULY - SEPTEMBER (Q3)												
			Total	Health Plan	Corporate										
Administrative Expenses	12.1	Salaries & Benefits	47,573,328	136,319	47,437,009										
	12.2	Administrative Services	-	-	-										
	12.3	Information Systems	3,708,522	-	3,708,522										
	12.4	Marketing Expenses	1,789,471	-	1,789,471										
	12.5	General Administration	6,388,913	102,634	6,286,279										
	12.6	Compliance/Regulatory	2,365,482	-	2,365,482										
	12.7	Total Administrative Expenses	61,825,716	238,954	61,586,763										
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	549,911,346													
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	11,738,763													
16.0	Income Tax Expense	2,461,748													
17.0	Net Underwriting Gain (Loss)	9,277,015													

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 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			1,978,607	1,606,445	67,340	119,038	44,795	60,477	11,608	661	5,312	183	55,635	7,114
REVENUES														
Revenues	1.1	Capitation	591,717,777	302,669,247	36,820,071	122,054,069	66,485,893	12,609,326	4,654,218	100,372	17,256,638	4,717,172	6,893,522	17,457,250
	1.2.1	Pharmacy Drug High Risk Pool	905,382	905,382	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	12,619,623	11,551,339	785,811	117,952	93,395	7,229	7,169	-	56,729	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	133,507	133,507	-	-	-	-	-	-	-	-	-	-
	1.7	Total Revenue	605,376,290	315,259,475	37,605,881	122,172,021	66,579,287	12,616,555	4,661,387	100,372	17,313,366	4,717,172	6,893,522	17,457,250
	BENEFIT EXPENSES													
			OCTOBER - DECEMBER (Q4)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1	Inpatient FFS	70,339,974	34,839,977	2,521,449	19,047,117	7,266,310	620,439	246,025	15,862	1,067,900	232,276	803,096	3,679,522
	2.2	Ending IBNP for Inpatient Hospital Services	10,293,609	5,107,201	366,958	2,793,435	1,056,980	90,126	35,874	2,262	155,276	33,431	117,697	534,369
	2.3	Outpatient FFS: ER	48,726,842	32,610,997	3,202,046	7,244,518	3,869,791	270,472	249,111	4,389	375,825	40,140	184,630	674,923
	2.4	Outpatient FFS: Other than ER	13,813,090	2,300,286	296,941	5,015,886	1,953,460	1,826,681	741	28,795	296,860	35,924	1,197,189	860,327
	2.5	Ending IBNP for Outpatient Hospital Services	(277,166)	(48,050)	(6,690)	(101,405)	(42,187)	(33,680)	(11)	(482)	(6,448)	(403)	(20,347)	(17,463)
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	142,896,348	74,810,411	6,380,704	33,999,550	14,104,354	2,774,038	531,740	50,825	1,889,412	341,369	2,282,265	5,731,678
Professional Services	3.1	Primary Care FFS	88,157,357	58,823,445	4,339,296	14,624,687	5,822,711	680,149	481,401	8,123	711,440	80,272	1,002,287	1,583,547
	3.2	Specialty Care FFS	4,863,897	2,663,047	243,736	1,085,265	534,401	12,062	31,050	89	63,722	7,192	24,238	199,094
	3.3	Other Professional FFS	16,547	10,075	742	4,176	1,090	(33)	11	282	11	-	30	173
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	11,272,054	9,332,780	409,228	598,153	290,547	286,240	63,060	3,905	42,430	1,201	210,711	33,800
	3.6	Ending IBNP for Professional Services	6,156,927	4,112,090	302,397	1,020,147	404,882	47,368	33,637	560	49,313	5,626	70,070	110,836
	3.7	Professional Settlements/AP	20,977,725	17,394,951	785,561	1,069,011	555,689	90,567	535,196	7,259	80,644	2,501	390,859	65,488
	3.8	Total Physician Services	131,444,507	92,336,388	6,080,959	18,401,440	7,609,319	1,560,982	699,726	19,936	947,830	96,792	1,698,195	1,992,939
Maternity Services	4.1.1	Maternity Services	10,382,866	9,324,027	710,380	164,342	107,822	7,399	14,785	-	42,488	-	-	11,624
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	10,382,866	9,324,027	710,380	164,342	107,822	7,399	14,785	-	42,488	-	-	11,624
Mental Health	5.1	Mental Health & Substance Abuse FFS	79,427	41,266	14,818	7,290	12,410	363	679	-	195	44	717	1,646
	5.2	Mental Health & Substance Abuse Subcapitation	34,464,483	12,006,876	8,233,481	2,757,650	7,706,997	1,006,857	929,994	17,300	403,657	3,170	932,919	465,581
	5.3	Ending IBNP for Mental Health & Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	34,543,909	12,048,143	8,248,300	2,764,940	7,719,407	1,007,220	930,673	17,300	403,851	3,214	933,635	467,226
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	2,417,613	749,064	145,092	423,958	325,989	122,764	8,712	1,350	33,186	8,723	428,525	170,250
	7.2	Transportation Subcapitation	9,501,253	7,689,220	316,879	580,611	213,318	298,387	54,464	3,242	24,447	804	284,752	35,129
	7.3	Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	11,918,866	8,438,284	461,972	1,004,569	539,307	421,151	63,176	4,592	57,634	9,527	713,276	205,379
Pharmacy	8.1	Prescription Drugs FFS	116,132,185	42,023,302	9,311,410	28,893,789	22,103,888	143,744	779,548	3,195	6,005,667	47	96,403	6,771,193
	8.2	Hepatitis C Prescription Drug FFS	731,261	262,890	85,241	194,272	125,432	-	-	-	12,738	-	-	50,688
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	(1,194,669)	(420,236)	(91,261)	(286,042)	(245,261)	(1,462)	(6,851)	(29)	(72,015)	(1)	(926)	(70,586)
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	115,668,777	41,865,956	9,305,389	28,802,019	21,984,059	142,282	772,697	3,166	5,946,391	46	95,477	6,751,295

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 Paid Through: 3/31/2022

Summary

			OCTOBER - DECEMBER (Q4)												
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid		Dual Eligible	Child Welfare	HIV/AIDS Dual		LTC Dual Eligible	LTC Medicaid Only		
						Only Non-SMI	Only SMI			Eligible	Medicaid Only				
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	3,532,306	638,722	53,950	449,685	167,817	137,888	31,354	2,336	10,717	2,039,837			
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-			
	9.2.1	Nursing Facility FFS	3,103,617	18,215	-	525,398	214,220	2,336,573	-	2,913	6,298	-			
	9.3	DME FFS	3,033,126	1,247,961	222,033	1,076,814	292,655	32,404	47,782	739	11,318	101,419			
	9.4	Other State Plan Services FFS	10,401,186	7,445,658	541,209	1,461,825	528,807	28,354	89,353	444	88,945	39,390	42,010	135,191	
	9.5	Other Services Subcapitation	10,341,648	8,218,247	404,329	665,388	311,037	330,045	50,403	4,041	41,678	948	271,252	44,281	
	9.6	Ending IBNP for Other Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	9.7	Other Service Settlements/AP	19,640,608	15,842,369	753,308	1,074,603	530,674	678,896	81,958	8,756	75,858	2,022	522,144	70,019	
	9.8	Total Other Services	50,052,490	33,411,173	1,974,829	5,253,712	2,045,211	3,544,160	300,851	19,227	234,815	2,183,615	835,406	249,492	
Expanded Benefits	10.1	Expanded Benefits FFS	7,046,313	3,117,636	413,947	1,579,641	936,129	167,860	17,928	1,669	84,024	90	467,132	260,259	
	10.2	Expanded Benefits Subcapitation	571,295	365,094	30,984	61,645	29,757	40,066	598	289	2,298	11	35,730	4,822	
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-	
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	10.5	Total Expanded Benefits	7,617,608	3,482,730	444,931	1,641,286	965,885	207,927	18,526	1,959	86,321	101	502,862	265,081	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	381,582,937	195,696,332	22,011,028	81,512,620	44,017,672	6,385,656	1,991,630	69,874	8,739,590	2,585,353	4,245,330	14,327,851	
	11.2	Total Services Paid Directly -- IBNP	16,173,370	9,171,241	662,665	3,712,177	1,419,675	103,815	69,500	2,339	198,141	38,654	167,421	627,742	
	11.3	Total Services Paid through Subcapitation	66,150,733	37,612,217	9,394,901	4,663,448	8,551,655	1,961,596	1,098,519	28,777	514,509	6,135	1,735,363	583,614	
	11.4	Total Services Paid by Settlements/AP	40,618,333	33,237,320	1,538,869	2,143,614	1,086,363	1,214,092	172,524	16,015	156,502	4,522	913,003	135,507	
	11.5	TPL & Fraud/Abuse Recoveries	(268,414)	(129,346)	(18,942)	(51,444)	(34,506)	(4,240)	(712)	(34)	(9,685)	(3,031)	(2,883)	(13,590)	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	
	11.7	Subtotal Benefit Expense before Reinsurance	504,256,959	275,587,765	33,588,522	91,980,415	55,040,858	9,660,919	3,331,461	116,971	9,599,057	2,631,634	7,058,233	15,661,124	
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	504,256,959	275,587,765	33,588,522	91,980,415	55,040,858	9,660,919	3,331,461	116,971	9,599,057	2,631,634	7,058,233	15,661,124	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			OCTOBER - DECEMBER (Q4)												
			Total	Health Plan	Corporate										
Administrative Expenses	12.1	Salaries & Benefits	43,454,582	53,476	43,401,106										
	12.2	Administrative Services	-	-	-										
	12.3	Information Systems	3,333,101	-	3,333,101										
	12.4	Marketing Expenses	9,299,933	-	9,299,933										
	12.5	General Administration	8,833,009	81,872	8,751,136										
	12.6	Compliance/Regulatory	2,583,919	-	2,583,919										
	12.7	Total Administrative Expenses	67,504,543	135,348	67,369,195										
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-										
	13.2	Department of Insurance Assessments	-	-	-										
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-										
	13.4	Other 1	-	-	-										
	13.5	Other 2	-	-	-										
	13.6	Other 3	-	-	-										
13.7	Total	-	-	-											
14.0	Grand Total Expenses	571,761,502													
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	33,614,788													
16.0	Income Tax Expense	7,049,391													
17.0	Net Underwriting Gain (Loss)	26,565,397													

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 Paid Through: 3/31/2022

Summary

			TOTAL (TO DATE)												
			Prior Year Adjustments	Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
MEMBER MONTHS			(1,449)	7,434,579	6,009,245	236,619	459,410	171,836	241,340	45,646	2,661	19,644	791	221,777	27,059
REVENUES															
Revenues	1.1	Capitation	(4,056,675)	2,156,472,364	1,098,091,144	125,754,951	451,844,910	244,285,320	51,373,645	17,884,811	534,795	61,275,034	19,675,710	27,339,723	62,468,996
	1.2.1	Pharmacy Drug High Risk Pool	2,203,946	7,953,284	5,749,337	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	232,495	50,279,662	46,355,281	2,759,472	394,580	306,215	10,862	21,873	-	181,246	-	-	17,638
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	131,141	3,863,182	3,732,041	-	-	-	-	-	-	-	-	-	-
	1.7	Total Revenue	(1,489,093)	2,218,568,492	1,153,927,804	128,514,423	452,239,490	244,591,534	51,384,507	17,906,684	534,795	61,456,280	19,675,710	27,339,723	62,486,634
	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	20,385,770	333,168,968	160,200,697	10,249,989	84,151,790	31,785,561	1,963,403	719,528	27,675	4,144,499	1,853,272	2,731,576	14,955,208
	2.2	Ending IBNP for Inpatient Hospital Services	(22,990,745)	614,867	11,980,597	780,490	6,400,623	2,390,244	154,773	60,985	2,924	325,719	126,480	223,055	1,159,723
	2.3	Outpatient FFS: ER	(2,882,246)	175,763,274	116,378,057	11,373,683	29,482,490	14,700,573	845,350	982,679	19,676	1,414,979	198,174	665,915	2,583,944
	2.4	Outpatient FFS: Other than ER	(5,048,064)	45,755,691	5,677,258	1,272,856	20,321,109	7,444,986	7,026,530	49,250	95,154	1,004,132	144,097	4,038,438	3,729,945
	2.5	Ending IBNP for Outpatient Hospital Services	(1,213,949)	(2,742,904)	(228,737)	(54,467)	(565,463)	(209,564)	(228,035)	(3,547)	(1,348)	(27,124)	(5,484)	(103,905)	(101,280)
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	(11,749,234)	552,559,896	294,007,871	23,622,551	139,790,549	56,111,800	9,762,020	1,808,895	144,081	6,862,205	2,316,539	7,555,079	22,327,539
	Professional Services	3.1	Primary Care FFS	217,452	340,000,706	222,893,383	15,963,655	58,241,966	22,896,910	2,783,991	1,942,688	49,416	2,583,369	530,706	5,475,316
3.2		Specialty Care FFS	(68,065)	18,599,498	9,608,637	937,699	4,441,447	2,261,997	40,229	79,178	388	293,941	71,176	125,791	807,079
3.3		Other Professional FFS	78	33,982	24,045	1,277	5,649	1,983	(28)	11	-	497	-	57	412
3.4		§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-	-
3.5		Subcapitated Professional Services	(184)	42,975,517	35,465,371	1,469,022	2,338,431	1,147,638	1,165,446	243,728	16,662	158,860	5,598	835,973	128,972
3.6		Ending IBNP for Professional Services	(3,609,146)	7,417,178	7,359,657	534,162	1,851,885	713,247	78,320	62,326	1,070	86,642	12,009	130,313	196,693
3.7		Professional Settlements/AP	-	59,429,071	49,113,200	2,109,561	3,113,760	1,622,724	1,610,687	263,326	22,824	227,629	7,641	1,149,725	187,994
3.8		Total Physician Services	(3,459,865)	468,455,952	324,464,292	21,015,376	69,993,138	28,644,499	5,678,646	2,591,257	90,359	3,350,940	627,131	7,717,175	7,743,005
Maternity Services	4.1.1	Maternity Services	60,920	40,777,392	36,829,013	2,520,094	714,555	396,603	17,698	40,641	11	152,307	-	(39)	45,590
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-	
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	4.4.1	Total Maternity Services	60,920	40,777,392	36,829,013	2,520,094	714,555	396,603	17,698	40,641	11	152,307	-	(39)	45,590
	5.1	Mental Health & Substance Abuse FFS	(15,165)	204,347	141,571	22,382	24,716	22,889	1,732	3,044	-	889	44	3,932	(1,686)
Mental Health	5.2	Mental Health & Substance Abuse Subcapitation	3,406,806	132,664,138	45,124,795	29,177,129	10,797,527	29,447,173	3,972,410	3,699,681	70,982	1,492,504	13,783	3,703,450	1,757,897
	5.3	Ending IBNP for Mental Health & Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	5.5	Total Mental Health & Substance Abuse Services	3,391,641	132,868,485	45,266,366	29,199,511	10,822,243	29,470,062	3,974,143	3,702,725	70,982	1,493,392	13,828	3,707,382	1,756,211
	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental	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	(191,608)	9,958,577	2,927,679	556,087	1,770,154	1,336,463	590,158	31,889	5,476	134,684	91,095	2,029,572
7.2		Transportation Subcapitation	-	35,707,863	28,777,615	1,108,170	2,229,663	808,598	1,191,186	213,780	13,000	89,955	3,378	1,137,990	134,527
7.3		Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-	
7.4		Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
7.5		Total Transportation Services	(191,608)	45,666,440	31,705,294	1,664,258	3,999,817	2,145,061	1,781,344	245,669	18,476	224,640	94,474	3,167,562	811,453
Pharmacy															

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 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	235,144	17,237,852	2,714,370	161,068	1,932,105	640,575	658,968	142,078	7,897	37,399	10,708,247		
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-			
	9.2.1	Nursing Facility FFS	2,764,068	16,906,583	172,339	14,795	3,689,181	876,132	9,223,037	-	31,636	135,394	-		
	9.3	DME FFS	127,555	11,877,270	4,593,649	559,780	4,298,669	1,287,839	185,492	175,496	3,440	49,593	595,756		
	9.4	Other State Plan Services FFS	(29,557)	42,344,066	29,526,206	2,170,179	6,063,199	2,583,647	100,485	414,541	3,334	346,962	204,322	163,349	797,397
	9.5	Other Services Subcapitation	3,524,185	43,918,878	32,023,072	1,484,183	2,661,426	1,240,066	1,341,002	207,819	16,600	159,207	4,159	1,083,530	173,630
	9.6	Ending IBNP for Other Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	9.7	Other Service Settlements/AP	(24,023,346)	12,854,477	29,699,385	1,314,296	2,117,339	958,162	1,275,078	162,643	16,007	128,317	3,812	1,066,896	135,888
	9.8	Total Other Services	(17,401,950)	145,139,127	98,729,022	5,704,302	20,761,921	7,586,422	12,784,062	1,102,576	78,914	856,872	11,516,298	2,313,775	1,106,914
Expanded Benefits	10.1	Expanded Benefits FFS	71,590	27,265,207	11,617,427	1,542,392	6,118,963	3,570,222	777,197	65,738	6,797	245,691	90	2,298,724	950,375
	10.2	Expanded Benefits Subcapitation	-	2,121,599	1,326,325	108,621	238,055	114,391	161,018	2,380	1,180	8,541	52	142,635	18,401
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	10.5	Total Expanded Benefits	71,590	29,386,805	12,943,752	1,651,013	6,357,018	3,684,613	938,214	68,119	7,977	254,232	142	2,441,359	968,777
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	15,967,435	1,512,195,431	756,454,140	80,337,563	331,815,977	173,609,991	24,733,430	7,730,565	268,379	33,718,954	14,397,236	17,834,997	55,326,764
	11.2	Total Services Paid Directly -- IBNP	(27,813,840)	5,289,141	19,111,516	1,260,184	7,687,045	2,893,927	5,058	119,763	2,646	385,237	133,005	249,464	1,255,136
	11.3	Total Services Paid through Subcapitation	6,930,807	257,387,995	142,717,178	33,347,125	18,265,104	32,757,866	7,831,062	4,367,388	118,424	1,909,067	26,971	6,903,577	2,213,427
	11.4	Total Services Paid by Settlements/AP	(24,023,346)	72,283,548	78,812,584	3,423,857	5,231,099	2,580,886	2,885,765	425,969	38,831	355,946	11,453	2,216,621	323,882
	11.5	TPL & Fraud/Abuse Recoveries	-	(1,143,006)	(560,830)	(74,219)	(223,479)	(145,996)	(19,880)	(3,687)	(253)	(37,358)	(14,076)	(13,035)	(50,192)
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	(28,938,943)	1,846,013,109	996,534,587	118,294,509	362,775,745	211,696,674	35,435,435	12,639,997	428,027	36,331,846	14,554,589	27,191,624	59,069,017
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	(28,938,943)	1,846,013,109	996,534,587	118,294,509	362,775,745	211,696,674	35,435,435	12,639,997	428,027	36,331,846	14,554,589	27,191,624	59,069,017
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			Prior Calendar Year Adjustments	Total			Health Plan		Corporate						
			-	166,326,453	(38,761)	166,365,214									
Administrative Expenses	12.1	Salaries & Benefits	-	166,326,453	(38,761)	166,365,214									
	12.2	Administrative Services	-	-	-										
	12.3	Information Systems	-	13,653,911	-	13,653,911									
	12.4	Marketing Expenses	-	13,352,301	-	13,352,301									
	12.5	General Administration	-	26,171,331	343,620	25,827,711									
	12.6	Compliance/Regulatory	-	7,556,711	-	7,556,711									
	12.7	Total Administrative Expenses	-	227,060,707	304,860	226,755,848									
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	(28,938,943)	2,073,073,816												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	27,449,850	145,494,675												
16.0	Income Tax Expense	5,756,536	30,511,835												
17.0	Net Underwriting Gain (Loss)	21,693,314	114,982,841												

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 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 CAC CARE	100% Owned	Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	2.2 CAC-FLORIDA MED CENTERS LLC	100% Owned	Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	2.3 CONTINUOCARE MDHC LLC	100% Owned	Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	2.4 CONTINUOCARE MEDICAL MANAGEMENT	100% Owned	Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	2.5 CONTINUOCARE MSO INC.	100% Owned	Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	2.6 MCCI-SALUBRIS	49% Owned	Subcapitation	54,440.0	173,477	56,969.0	177,532	59,048.0	181,616	58,855.0	191,543	-	229,312.0	724,168
	2.7 MCCI-STAFF	49% Owned	Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	2.8 MCCI-PC ASSOCIATES	49% Owned	Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	2.9 MCCI GROUP HOLDINGS LLC	49% Owned	Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	2.10 Total Professional Services				173,477		177,532		181,616		191,543	-		724,168
Mental Health	3.1 Vendor #1												-	-
	3.2 Vendor #2												-	-
	3.3 Vendor #3												-	-
	3.4 Vendor #4												-	-
	3.5 Vendor #5												-	-
	3.6 Total Mental Health													-
Dental	4.1 Vendor #1												-	-
	4.2 Vendor #2												-	-
	4.3 Vendor #3												-	-
	4.4 Vendor #4												-	-
	4.5 Vendor #5												-	-
	4.6 Total Dental													-
Transportation	5.1 Vendor #1												-	-
	5.2 Vendor #2												-	-
	5.3 Vendor #3												-	-
	5.4 Vendor #4												-	-
	5.5 Vendor #5												-	-
	5.6 Total Transportation													-
Pharmacy	6.1 Humana Pharmacy, Inc. (RightSource/PrescribeIT - Part B Rx)	100% Owned	Fee-for-Service	800,252.0	1,669,565	829,266.0	1,627,811	681,025.0	1,718,344	615,098.0	1,634,304	-	2,925,641.0	6,650,024
	6.2 Vendor #2												-	-
	6.3 Vendor #3												-	-
	6.4 Vendor #4												-	-
	6.5 Vendor #5												-	-
	6.6 Total Pharmacy				1,669,565		1,627,811		1,718,344		1,634,304	-		6,650,024
Other Services	7.1 Vendor #1												-	-
	7.2 Vendor #2												-	-
	7.3 Vendor #3												-	-
	7.4 Vendor #4												-	-
	7.5 Vendor #5												-	-
	7.6 Total Other Services													-
Administrative Expense	8.1 Humana Inc.	100% Owned	Other (please explain)		47,054,302		50,663,509		61,535,075		67,312,655	-	-	226,565,540
	8.2 Managed Care Indemnity, Inc.	100% Owned	Other (please explain)		39,524		42,556		51,687		56,540	-	-	190,307
	8.3 Vendor #3												-	-
	8.4 Vendor #4												-	-
	8.5 Vendor #5												-	-
	8.6 Total Administrative Expense				47,093,826		50,706,064		61,586,763		67,369,195	-		226,755,848
9 Grand Total				48,936,868		52,511,407		63,486,723		69,195,042	-		234,130,040	

Notes

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

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

LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 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		83,777	31,225	52,552	-	85,343	31,895	53,448	-
REVENUES									
Revenues	1.1 Capitation	280,103,065				283,983,771			
	1.2 NH Rate Reconciliation	-				-			
	1.2.1 Community High Risk Pool	1,988,655				2,260,854			
	1.2.2 Patient Responsibility Reconciliation	-				-			
	1.3 Other Revenue	(198,974)				(291,622)			
1.4 Total Revenue	281,892,746				285,953,003				
		JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)			
EXPENSES		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	732,368	705,132	27,236		786,876	744,199	42,677	
	2.2 Nursing Facility Days (Crossover)	586	396	190		851	627	224	
	2.3 Nursing Facility FFS (Medicaid)	153,871,173	147,574,311	6,296,862		162,440,420	153,214,048	9,226,372	
	2.4 Nursing Facility FFS (Crossover)	41,076	24,589	16,487		33,152	13,576	19,576	
	2.5 Hospice Days	73,197	64,966	8,231		74,916	65,284	9,632	
	2.6 Hospice FFS	14,138,868	12,538,808	1,600,060		14,473,903	12,488,368	1,985,535	
	2.7 Ending IBNP for NF & Hospice Services	1,482,097	1,421,419	60,678		1,621,252	1,529,147	92,104	
	2.8 NF & Hospice Subcapitated Services	-	-	-		-	-	-	
	2.9 NF & Hospice Settlements/AP	-	-	-		-	-	-	
	2.10 Total Nursing Facility and Hospice	169,533,214	161,559,127	7,974,086		178,568,727	167,245,140	11,323,588	
Long Term Care Services	2.11 Assisted Living FFS	10,818,322	757,422	10,060,899		11,207,580	1,209,066	9,998,514	
	2.12 Home Health FFS	59,132,736	1,917,976	57,214,760		61,184,652	2,184,310	59,000,342	
	2.13 Medical Equipment/Supplies FFS	3,618,811	399,311	3,219,500		3,608,148	400,211	3,207,937	
	2.14 Therapy Services FFS	1,164,846	1,002,130	162,716		1,024,158	816,059	208,098	
	2.15 Transportation Services FFS	626,490	19,174	607,316		722,746	25,246	697,499	
	2.16 Case Management (Plan Provided) FFS	9,275,846	3,486,277	5,789,569		9,532,630	3,582,788	5,949,842	
	2.17 Case Management (non-Plan Provided) FFS	260,100	4,350	255,750		128,550	3,900	124,650	
	2.18 Home & Community Based Services (HCBS) FFS	3,042,565	73,106	2,969,459		3,054,087	85,810	2,968,277	
	2.19 Subcapitated LTC Services (excluding NF)	-	-	-		-	-	-	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	66,894	4,504	62,390		151,346	15,147	136,199	
	2.21 LTC Services Settlements/AP (excluding NF)	-	-	-		-	-	-	
2.22 Grand Total LTC Services	257,539,823	169,223,377	88,316,446		269,182,623	175,567,677	93,614,946		
Expanded Benefits	3.1 Expanded Benefits FFS	437,467	167,597	269,869		516,106	251,520	264,586	
	3.2 Expanded Benefits Subcapitation	-	-	-		-	-	-	
	3.3 Ending IBNP for Expanded Benefits	-	-	-		-	-	-	
	3.4 Expanded Benefits Services Settlements	-	-	-		-	-	-	
	3.5 Total Expanded Benefits	437,467	167,597	269,869		516,106	251,520	264,586	

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 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	256,428,298	167,965,051	88,463,247		267,926,132	174,274,903	93,651,229	
	4.2	Total Services Paid Directly -- IBNP	1,548,991	1,425,923	123,068		1,772,597	1,544,294	228,303	
	4.3	Total Services Paid through Subcapitation	-	-	-		-	-	-	
	4.4	Total Services Paid by Settlements/AP	-	-	-		-	-	-	
	4.5	TPL & Fraud/Abuse Recoveries	398,534	230,210	168,324		(68,272)	(40,166)	(28,105)	
	4.6.1	Premium Deficiency Reserve	-	-	-		-	-	-	
	4.7	Subtotal Benefit Expense before Reinsurance	258,375,823	169,621,184	88,754,639		269,630,458	175,779,031	93,851,427	
	4.8	Reinsurance Premiums	-	-	-		-	-	-	
	4.9	Reinsurance Recoveries	-	-	-		-	-	-	
	4.10	Net Cost of Reinsurance	-	-	-		-	-	-	
	4.11	Grand Total Service Benefit Expense Net of Reinsurance	258,375,823	169,621,184	88,754,639		269,630,458	175,779,031	93,851,427	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)				
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	
Administrative Expenses	5.1	Salaries & Benefits	7,424,592	2,767,262	4,657,331		7,921,908	2,960,632	4,961,275	
	5.2	Administrative Services	-	-	-		-	-	-	
	5.3	Information Systems	1,555,131	579,622	975,509		1,717,641	641,111	1,076,529	
	5.4	Marketing Expenses	615,622	229,452	386,170		498,284	185,899	312,385	
	5.5	General Administration	2,060,445	767,960	1,292,485		2,599,871	971,642	1,628,228	
	5.6	Compliance/Regulatory	524,750	195,583	329,168		616,954	230,297	386,658	
	5.7	Total Administrative Expenses	12,180,540	4,539,878	7,640,662		13,354,657	4,989,582	8,365,076	
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	270,556,363				282,985,115				
8.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	11,336,383				2,967,889				
9.0	Income Tax Expense	2,377,364				622,399				
10.0	Net Underwriting Gain (Loss)	8,959,018				2,345,490				

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 Paid Through: 3/31/2022
 Summary

		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	Prior Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
MEMBER MONTHS		87,234	32,755	54,479	-	88,033	33,561	54,472	-	(197)	344,190	129,436	214,951	-
REVENUES														
Revenues	1.1 Capitation	289,206,259				318,830,204				999,046	1,173,122,344			
	1.2 NH Rate Reconciliation	-				-				-	-			
	1.2.1 Community High Risk Pool	2,317,791				3,024,547				0	9,591,847			
	1.2.2 Patient Responsibility Reconciliation	-				-				5,377,160	5,377,160			
	1.3 Other Revenue	(471,763)				(917,363)				696,243	(1,183,479)			
1.4 Total Revenue	291,052,287				320,937,388					7,072,448	1,186,907,872			
		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)			
EXPENSES		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	Prior Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	809,999	752,322	57,677		975,457	901,806	73,651		10,318	3,315,018	3,103,459	201,241	
	2.2 Nursing Facility Days (Crossover)	2,235	2,025	210		1,184	1,092	92		-	4,856	4,140	716	
	2.3 Nursing Facility FFS (Medicaid)	166,036,184	153,861,734	12,174,450		187,525,061	172,281,367	15,243,694		8,570,802	678,443,640	626,931,460	42,941,378	
	2.4 Nursing Facility FFS (Crossover)	134,723	124,524	10,199		67,727	61,807	5,920		(65,909)	210,768	224,496	52,181	
	2.5 Hospice Days	77,016	65,040	11,976		56,333	47,299	9,034		6,057	287,519	242,589	38,873	
	2.6 Hospice FFS	14,666,740	12,226,605	2,440,136		14,950,588	12,460,077	2,490,512		527,133	58,757,233	49,713,858	8,516,242	
	2.7 Ending IBNP for NF & Hospice Services	1,851,312	1,715,646	135,666		2,854,779	2,622,567	232,212		(10,853,462)	(3,044,021)	7,288,780	520,660	
	2.8 NF & Hospice Subcapitated Services	-	-	-		-	-	-		-	-	-	-	
	2.9 NF & Hospice Settlements/AP	-	-	-		-	-	-		-	-	-	-	
	2.10 Total Nursing Facility and Hospice	182,688,960	167,928,510	14,760,450		205,398,155	187,425,818	17,972,338		(1,821,436)	734,367,620	684,158,594	52,030,462	
Long Term Care Services	2.11 Assisted Living FFS	11,581,826	1,625,472	9,956,353		11,781,895	1,867,105	9,914,791		1,346,728	46,736,350	5,459,065	39,930,557	
	2.12 Home Health FFS	62,764,609	2,224,478	60,540,131		64,618,806	2,421,936	62,196,870		1,347,934	249,048,737	8,748,700	238,952,103	
	2.13 Medical Equipment/Supplies FFS	3,588,453	343,520	3,244,933		3,161,488	335,555	2,825,932		354,030	14,330,930	1,478,597	12,498,303	
	2.14 Therapy Services FFS	1,005,100	779,442	225,658		861,207	709,869	151,338		196,481	4,251,791	3,307,500	747,810	
	2.15 Transportation Services FFS	790,306	30,187	760,119		918,488	33,732	884,755		(42,593)	3,015,436	108,339	2,949,690	
	2.16 Case Management (Plan Provided) FFS	9,950,735	3,739,930	6,210,805		10,428,908	3,919,649	6,509,259		-	39,188,119	14,728,644	24,459,476	
	2.17 Case Management (non-Plan Provided) FFS	72,300	4,200	68,100		28,650	1,650	27,000		600	490,200	14,100	475,500	
	2.18 Home & Community Based Services (HCBS) FFS	2,996,539	97,059	2,899,480		2,940,578	96,952	2,843,626		(176,630)	11,857,138	352,927	11,680,841	
	2.19 Subcapitated LTC Services (excluding NF)	-	-	-		-	-	-		-	-	-	-	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	1,070,411	140,801	929,610		1,857,561	266,887	1,590,674		(3,437,931)	(291,719)	427,339	2,718,873	
	2.21 LTC Services Settlements/AP (excluding NF)	-	-	-		-	-	-		-	-	-	-	
2.22 Grand Total LTC Services	276,509,240	176,913,600	99,595,640		301,995,735	197,079,152	104,916,582		(2,232,818)	1,102,994,602	718,783,806	386,443,614		
Expanded Benefits	3.1 Expanded Benefits FFS	527,878	251,728	276,150		470,690	241,143	229,547		18,967	1,971,107	911,988	1,040,152	
	3.2 Expanded Benefits Subcapitation	-	-	-		-	-	-		-	-	-	-	
	3.3 Ending IBNP for Expanded Benefits	-	-	-		-	-	-		-	-	-	-	
	3.4 Expanded Benefits Services Settlements	-	-	-		-	-	-		-	-	-	-	
	3.5 Total Expanded Benefits	527,878	251,728	276,150		470,690	241,143	229,547		18,967	1,971,107	911,988	1,040,152	

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 Paid Through: 3/31/2022

Summary

		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)				
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	Prior Calendar Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT	
Totals Before and After Reinsurance	4.1	Total Services Paid Directly FFS	274,115,394	175,308,880	98,806,514		297,754,085	194,430,841	103,323,243		12,077,542	1,108,301,450	711,979,675	384,244,233	
	4.2	Total Services Paid Directly -- IBNP	2,921,723	1,856,447	1,065,276		4,712,340	2,889,454	1,822,886		(14,291,393)	(3,335,741)	7,716,119	3,239,533	
	4.3	Total Services Paid through Subcapitation	-	-	-		-	-	-		-	-	-	-	
	4.4	Total Services Paid by Settlements/AP	-	-	-		-	-	-		-	-	-	-	
	4.5	TPL & Fraud/Abuse Recoveries	(34,125)	(18,649)	(15,476)		33,979	19,477	14,502		(456,761)	(126,645)	190,872	139,245	
	4.6.1	Premium Deficiency Reserve	-	-	-		-	-	-		-	-	-	-	
	4.7	Subtotal Benefit Expense before Reinsurance	277,002,992	177,146,678	99,856,314		302,500,404	197,339,773	105,160,632		(2,670,612)	1,104,839,065	719,886,666	387,623,011	
	4.8	Reinsurance Premiums	-	-	-		-	-	-		-	-	-	-	
	4.9	Reinsurance Recoveries	-	-	-		-	-	-		-	-	-	-	
	4.10	Net Cost of Reinsurance	-	-	-		-	-	-		-	-	-	-	
	4.11	Grand Total Service Benefit Expense Net of Reinsurance	277,002,992	177,146,678	99,856,314		302,500,404	197,339,773	105,160,632		(2,670,612)	1,104,839,065	719,886,666	387,623,011	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)				
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	Prior Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT	
Administrative Expenses	5.1	Salaries & Benefits	8,355,393	3,137,319	5,218,074		6,196,821	2,362,427	3,834,394		-	29,898,714	11,227,640	18,671,074	
	5.2	Administrative Services	-	-	-		-	-	-		-	-	-	-	
	5.3	Information Systems	1,550,486	582,099	968,387		1,405,078	536,660	868,418		-	6,228,335	2,339,492	3,888,843	
	5.4	Marketing Expenses	763,080	286,496	476,584		4,184,782	1,595,762	2,589,020		-	6,061,768	2,297,608	3,764,160	
	5.5	General Administration	2,307,212	866,322	1,440,890		3,093,020	1,179,158	1,913,861		-	10,060,547	3,785,083	6,275,465	
	5.6	Compliance/Regulatory	967,704	363,328	604,376		1,041,969	397,669	644,300		-	3,151,377	1,186,876	1,964,501	
	5.7	Total Administrative Expenses	13,943,875	5,235,564	8,708,311		15,921,669	6,071,675	9,849,994		-	55,400,741	20,836,699	34,564,042	
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	290,946,867				318,422,073				(2,670,612)	1,160,239,806				
8.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	105,420				2,515,315				9,743,061	26,668,066				
9.0	Income Tax Expense	22,108				527,489				2,043,227	5,592,587				
10.0	Net Underwriting Gain (Loss)	83,312				1,987,826				7,699,834	21,075,479				

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 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	Humana Inc.			9,275,846		9,532,630		9,950,735		10,428,908		-	39,188,119	
	1.2	Vendor #2											-	-	
	1.3	Vendor #3											-	-	
	1.4	Vendor #4											-	-	
	1.5	Vendor #5											-	-	
	1.6	Total LTC Nursing Facility & Hospice				9,275,846		9,532,630		9,950,735		10,428,908	-		39,188,119
Long Term Care Services	2.1	Humana Pharmacy, Inc. (RightSource/PrescriberIT - Part B Rx)	100% Owned	Fee-for-Service		208,279		208,470		219,734		212,329		-	848,812
	2.2	Vendor #2												-	-
	2.3	Vendor #3												-	-
	2.4	Vendor #4												-	-
	2.5	Vendor #5												-	-
	2.6	Total Long Term Services				208,279		208,470		219,734		212,329	-		848,812
Administrative Expenses	3.1	Humana Inc.	100% Owned	Other (please explain)		2,477,573		2,871,549		2,055,275		1,285,502		-	8,689,900
	3.2	Managed Care Indemnity, Inc.	100% Owned	Other (please explain)		9,872		10,419		10,085		9,840		-	40,216
	3.3	Vendor #3												-	-
	3.4	Vendor #4												-	-
	3.5	Vendor #5												-	-
	3.6	Total Administrative Expenses				2,487,446		2,881,968		2,065,360		1,295,342	-		8,730,116
4	Grand Total				11,971,570		12,623,068		12,235,830		11,936,578	-		48,767,047	

Notes

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

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

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

ACHIEVED SAVINGS REBATE EXHIBIT

Health Plan: Humana Medical Plan, Inc.

Reporting Period: CY2021

Paid Through: 3/31/2022

Plan Type: Comprehensive

		JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
REVENUES										
1.1	Total Revenue from Revenue & Expense Schedules	797,006,341	515,113,596	281,892,746	823,870,594	537,917,591	285,953,003	852,702,395	561,650,109	291,052,287
1.2	Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	(59,772)	(41,629)	(18,143)	(64,945)	(45,162)	(19,783)	(62,267)	(45,656)	(16,611)
1.4	Regulatory Authority Licenses and Fees	(280,699)	(226,561)	(54,138)	(203,530)	(168,734)	(34,796)	(287,074)	(239,668)	(47,405)
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-	-
1.6	Revenue Subject to ASR	796,665,871	514,845,406	281,820,465	823,602,119	537,703,694	285,898,425	852,353,055	561,364,785	290,988,270
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	655,648,910	398,822,078	256,826,832	702,069,923	434,212,063	267,857,860	739,124,048	465,042,779	274,081,269
2.2	Incurred but not Paid (IBNP) Ending Balance	6,393,906	4,844,915	1,548,991	7,509,762	5,737,164	1,772,597	9,269,256	6,347,532	2,921,723
2.3	Settlements/AP	18,929,159	18,929,159	-	20,064,085	20,064,085	-	16,695,318	16,695,318	-
2.4	Total Benefit Expense before Reinsurance	680,971,975	422,596,152	258,375,823	729,643,769	460,013,312	269,630,458	765,088,622	488,085,630	277,002,992
2.5	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.6	Total Benefit Expense after Reinsurance	680,971,975	422,596,152	258,375,823	729,643,769	460,013,312	269,630,458	765,088,622	488,085,630	277,002,992
Administrative Expenses										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	59,330,853	47,150,313	12,180,540	63,934,792	50,580,135	13,354,657	75,769,591	61,825,716	13,943,875
3.2	Less: Compliance/Regulatory	(1,747,939)	(1,223,189)	(524,750)	(2,001,075)	(1,384,121)	(616,954)	(3,333,186)	(2,365,482)	(967,704)
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-	-
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	57,582,914	45,927,124	11,655,790	61,933,717	49,196,015	12,737,703	72,436,405	59,460,234	12,976,171
4.0	Actuarially-sound Administrative Expense Maximum									
5.0	Administrative Expenses Subject to ASR									
6.0	Total Benefit and Administrative Expense subject to ASR									
Calculation of Pre-Tax Income and ASR										
7.1	Pre-tax Income									
7.2	Pre-tax Income as a Percent of Revenue									
7.3	Preliminary Achieved Savings Rebate									

(Continued)

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

ACHIEVED SAVINGS REBATE EXHIBIT (continued)

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 Paid Through: 3/31/2022
 Plan Type: Comprehensive

		OCTOBER - DECEMBER (Q4)			Prior Year Adjustments			TOTAL (TO DATE)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
REVENUES										
1.1	Total Revenue from Revenue & Expense Schedules	926,313,678	605,376,290	320,937,388	5,583,355	(1,489,093)	7,072,448	3,405,476,364	2,218,568,492	1,186,907,872
1.2	Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	(2,091,008)	(1,756,807)	(334,200)	-	-	-	(2,277,991)	(1,889,254)	(388,737)
1.4	Regulatory Authority Licenses and Fees	(372,145)	(304,699)	(67,446)	-	-	-	(1,143,447)	(939,663)	(203,784)
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-	-
1.6	Revenue Subject to ASR	923,850,525	603,314,783	320,535,742	5,583,355	(1,489,093)	7,072,448	3,402,054,926	2,215,739,575	1,186,315,351
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	745,253,321	447,465,257	297,788,064	34,519,023	22,898,242	11,620,780	2,876,615,225	1,768,440,420	1,108,174,805
2.2	Incurred but not Paid (IBNP) Ending Balance	20,885,710	16,173,370	4,712,340	(42,105,232)	(27,813,840)	(14,291,393)	1,953,400	5,289,141	(3,335,741)
2.3	Settlements/AP	40,618,333	40,618,333	-	(24,023,346)	(24,023,346)	-	72,283,548	72,283,548	-
2.4	Total Benefit Expense before Reinsurance	806,757,363	504,256,959	302,500,404	(31,609,555)	(28,938,943)	(2,670,612)	2,950,852,174	1,846,013,109	1,104,839,065
2.5	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.6	Total Benefit Expense after Reinsurance	806,757,363	504,256,959	302,500,404	(31,609,555)	(28,938,943)	(2,670,612)	2,950,852,174	1,846,013,109	1,104,839,065
Administrative Expenses										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	83,426,212	67,504,543	15,921,669	-	-	-	282,461,448	227,060,707	55,400,741
3.2	Less: Compliance/Regulatory	(3,625,888)	(2,583,919)	(1,041,969)	-	-	-	(10,708,088)	(7,556,711)	(3,151,377)
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-	-
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	79,800,324	64,920,624	14,879,700	-	-	-	271,753,360	219,503,996	52,249,364
4.0	Actuarially-sound Administrative Expense Maximum							313,351,063	263,753,157	49,597,906
5.0	Administrative Expenses Subject to ASR							271,753,360	219,503,996	49,597,906
6.0	Total Benefit and Administrative Expense subject to ASR							3,222,605,534	2,065,517,105	1,154,436,970
Calculation of Pre-Tax Income and ASR										
7.1	Pre-tax Income							179,449,392	150,222,469	31,878,381
7.2	Pre-tax Income as a Percent of Revenue							5.3%	6.8%	2.7%
7.3	Preliminary Achieved Savings Rebate									

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 Paid Through: 3/31/2022
 Plan Type: Comprehensive

CALENDAR YEAR TOTAL (January 1 to September 30)				
MMA Administrative Expense Maximum		MMA		
1.0	Select your Nationwide Member Enrollment	>500,000		
1.1	Plan Enrollment	5,457,422		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$28.15	4402799.7	123,938,812
	TANF SMI	\$80.26	169279.9	13,586,407
	SSI Medicaid Only Non-SMI	\$70.21	340371.8	23,897,503
	SSI Medicaid Only SMI	\$100.35	127041.4	12,748,602
	SSI Dual Eligible	\$26.06	180863.0	4,713,289
	Child Welfare	\$67.63	34038.1	2,301,996
	HIV/AIDS Non-Specialty Medicaid Only	\$185.74	14332.7	2,662,156
	HIV/AIDS Specialty Medicaid Only	\$208.61	0.0	-
	HIV/AIDS Dual Eligible	\$23.07	2000.6	46,153
	LTC Medicaid Only	\$187.81	19944.8	3,745,842
	LTC Dual Eligible	\$12.21	166141.8	2,028,592
	Maternity Kick Payment	\$438.18	10349.0	4,534,725
	Private Duty Nursing	\$408.42	608.0	248,319
	LTC Eligible Kick Payments	\$5.24	4900.0	25,676
1.3	Total MMA Administrative Maximum			194,478,072
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	\$144.68	256,354.0	37,089,297
2.2	Total LTC Administrative Maximum			37,089,297

Instructions

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

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

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

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

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

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

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

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

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

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: CY2021
 Paid Through: 3/31/2022
 Plan Type: Comprehensive

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	1,978,607	
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months Administrative Max (Amounts)
	TANF Non -SMI	\$26.89	1606445.3 43,197,314
	TANF SMI	\$75.16	67339.5 5,061,238
	SSI Medicaid Only Non-SMI	\$81.57	119038.3 9,709,954
	SSI Medicaid Only SMI	\$105.86	44794.5 4,741,950
	SSI Dual Eligible	\$25.89	60476.7 1,565,741
	Child Welfare	\$69.40	11608.2 805,607
	HIV/AIDS Non-Specialty Medicaid Only	\$129.75	-
	HIV/AIDS Specialty Medicaid Only	\$146.34	5311.7 777,319
	HIV/AIDS Dual Eligible	\$21.97	660.8 14,519
	LTC Medicaid Only	\$184.45	7113.7 1,312,116
	LTC Dual Eligible	\$20.67	55634.9 1,149,974
	Maternity Kick Payment	\$239.62	3563.0 853,766
	Private Duty Nursing	\$467.69	183.0 85,587
	LTC Eligible Kick Payments		-
1.3	Total MMA Administrative Maximum		69,275,085
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	\$142.09	88,033.0 12,508,609
2.2	Total LTC Administrative Maximum		12,508,609

Instructions

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

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

MEDICAL LOSS RATIO EXHIBIT

Health Plan: Humana Medical Plan, Inc.
 Calendar Year: 2021
 Reporting Period: CY2021
 Paid Through: 3/31/2022
 Plan Type: Comprehensive

		JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
REVENUES										
1.1	Total Revenue from Revenue & Expense Schedules	797,006,341	515,113,596	281,892,746	823,870,594	537,917,591	285,953,003	852,702,395	561,650,109	291,052,287
1.2	Federal Taxes and Assessments, including ACA § 9010	(11,891,351)	(9,513,987)	(2,377,364)	(6,352,573)	(5,730,174)	(622,399)	(2,483,855)	(2,461,748)	(22,108)
1.3	State Insurance, Premium and other Taxes	(59,772)	(41,629)	(18,143)	(64,945)	(45,162)	(19,783)	(62,267)	(45,656)	(16,611)
1.4	Regulatory Authority Licenses and Fees	(280,699)	(226,561)	(54,138)	(203,530)	(168,734)	(34,796)	(287,074)	(239,668)	(47,405)
1.5	Revenue Subject to MLR	784,774,520	505,331,419	279,443,101	817,249,547	531,973,521	285,276,026	849,869,200	558,903,037	290,966,163
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS During the Year	596,453,729	339,626,897	256,826,832	640,576,659	372,718,799	267,857,860	675,506,039	401,424,770	274,081,269
2.2	Total Benefits Paid through Subcapitation During the Year	68,444,678	68,444,678	-	71,782,201	71,782,201	-	69,415,672	69,415,672	-
2.3	Incurred but not Paid (IBNP) Ending Balance	6,393,906	4,844,915	1,548,991	7,509,762	5,737,164	1,772,597	9,269,256	6,347,532	2,921,723
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-
2.5	Settlements/AP	18,929,159	18,929,159	-	20,064,085	20,064,085	-	16,695,318	16,695,318	-
2.6	Total Benefit Expense before Reinsurance	690,221,472	431,845,649	258,375,823	739,932,706	470,302,248	269,630,458	770,886,285	493,883,293	277,002,992
2.7	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.8	Total Benefit Expense after Reinsurance	690,221,472	431,845,649	258,375,823	739,932,706	470,302,248	269,630,458	770,886,285	493,883,293	277,002,992
Florida-Specific Contributions										
3.1	Funds to Graduate Medical Education institutions	-	-	-	-	-	-	-	-	-
3.2	Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-	-	-	-	-	-
3.3	Total Florida-Specific Contributions	-	-	-	-	-	-	-	-	-
Improving Health Care Quality Expenses Incurred										
4.1	Improve Health Outcomes	4,787,594	4,787,594	-	4,856,996	4,856,996	-	5,260,229	5,260,229	-
4.2	Activities to Prevent Hospital Readmissions	1,252,310	1,252,310	-	1,267,989	1,267,989	-	1,395,752	1,395,752	-
4.3	Improve Patient Safety and Reducing Medical Errors	1,159,157	1,159,157	-	1,190,559	1,190,559	-	1,310,965	1,310,965	-
4.4	Wellness and Health Promotion Activities	2,236,160	2,236,160	-	2,923,577	2,923,577	-	3,113,179	3,113,179	-
4.5	Health Information Technology (HIT) expenses related to Health Improvement	860,598	860,598	-	912,729	912,729	-	1,393,610	1,393,610	-
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	10,295,819	10,295,819	-	11,151,851	11,151,851	-	12,473,735	12,473,735	-
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	(382,703)	(382,703)	-	(178,517)	(178,517)	-	(313,372)	(313,372)	-
6.0	Preliminary Medical Loss Ratio: MLR	89%	87%	-	92%	90%	-	92%	91%	-

(Continued)

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

MEDICAL LOSS RATIO EXHIBIT (Continued)

Health Plan: Humana Medical Plan, Inc.
 Calendar Year: 2021
 Reporting Period: CY2021
 Paid Through: 3/31/2022
 Plan Type: Comprehensive

		OCTOBER - DECEMBER (Q4)			Prior Year Adjustments			TOTAL (TO DATE)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
REVENUES										
1.1	Total Revenue from Revenue & Expense Schedules	926,313,678	605,376,290	320,937,388	5,583,355	(1,489,093)	7,072,448	3,405,476,364	2,218,568,492	1,186,907,872
1.2	Federal Taxes and Assessments, including ACA § 9010	(7,576,880)	(7,049,391)	(527,489)	(7,799,763)	(5,756,536)	(2,043,227)	(36,104,422)	(30,511,835)	(5,592,587)
1.3	State Insurance, Premium and other Taxes	(2,091,008)	(1,756,807)	(334,200)	-	-	-	(2,277,991)	(1,889,254)	(388,737)
1.4	Regulatory Authority Licenses and Fees	(372,145)	(304,699)	(67,446)	-	-	-	(1,143,447)	(939,663)	(203,784)
1.5	Revenue Subject to MLR	916,273,645	596,265,392	320,008,253	(2,216,407)	(7,245,629)	5,029,221	3,365,950,504	2,185,227,740	1,180,722,764
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS During the Year	679,102,588	381,314,524	297,788,064	27,588,216	15,967,435	11,620,780	2,619,227,230	1,511,052,425	1,108,174,805
2.2	Total Benefits Paid through Subcapitation During the Year	69,586,644	69,586,644	-	18,795,914	18,795,914	-	298,025,109	298,025,109	-
2.3	Incurred but not Paid (IBNP) Ending Balance	20,885,710	16,173,370	4,712,340	(42,105,232)	(27,813,840)	(14,291,393)	1,953,400	5,289,141	(3,335,741)
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-
2.5	Settlements/AP	40,618,333	40,618,333	-	(24,023,346)	(24,023,346)	-	72,283,548	72,283,548	-
2.6	Total Benefit Expense before Reinsurance	810,193,273	507,692,869	302,500,404	(19,744,449)	(17,073,837)	(2,670,612)	2,991,489,287	1,886,650,223	1,104,839,065
2.7	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.8	Total Benefit Expense after Reinsurance	810,193,273	507,692,869	302,500,404	(19,744,449)	(17,073,837)	(2,670,612)	2,991,489,287	1,886,650,223	1,104,839,065
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	5,757,358	5,757,358	-	-	-	-	20,662,177	20,662,177	-
4.2	Activities to Prevent Hospital Readmissions	1,499,666	1,499,666	-	-	-	-	5,415,718	5,415,718	-
4.3	Improve Patient Safety and Reducing Medical Errors	1,447,235	1,447,235	-	-	-	-	5,107,915	5,107,915	-
4.4	Wellness and Health Promotion Activities	3,917,304	3,917,304	-	-	-	-	12,190,221	12,190,221	-
4.5	Health Information Technology (HIT) expenses related to Health Improvement	1,188,782	1,188,782	-	-	-	-	4,355,719	4,355,719	-
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	13,810,344	13,810,344	-	-	-	-	47,731,749	47,731,749	-
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	(268,414)	(268,414)	-	-	-	-	(1,143,006)	(1,143,006)	-
6.0	Preliminary Medical Loss Ratio: MLR	90%	87%	-	891%	236%	-	90%	88%	-