



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

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

**Annual Achieved Savings Rebate Financial Report
For the Year Ended December 31, 2021**



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PLAN AND PERFORMANCE AUDIT OVERVIEW

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

The Company operates a Managed Medical Assistance – Specialty (“MMA”) plan (the “Plan”) under the Agency’s Statewide Medicaid Managed Care (“SMMC”) Contract.

At the request of the Agency, we conducted a performance audit of selected schedules and exhibits of the annual Achieved Savings Rebate (“ASR”) financial report of the Plan for the year ended December 31, 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 September 1, 2022, and our results, reported herein, are as of September 1, 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
- ASR Exhibit
- Medical Loss Ratio (“MLR”) Exhibit

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

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

Scope

The performance audit scope included quarterly and year-to-date amounts reported by the Plan for the year ended December 31, 2021, considering revenue and medical benefits “paid dates” through March 31, 2022. The performance audit scope did not include any schedules included in the annual ASR financial report not listed above. The performance audit scope was limited to determining whether the Plan’s revenue, medical benefits and administrative costs were summarized and classified in the ASR Schedules, and whether amounts reported were allowable and supportable, in compliance with Florida Statute 409.967(3), the Agency’s annual ASR financial report instructions and the Agency’s verbal and written clarifications to the annual ASR financial report instructions.

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

- Tests of any opening balances (accruals, receivables and payables included in the prior year ASR Schedules which may impact prior calendar year adjustments in the 2021 ASR Schedules). We tested the Plan’s supporting documentation for prior calendar year adjustments reported in the ASR Schedules and considered the impact of accruals for revenue and medical benefits reported in the prior year.
- Valuation/measurement of any capitation, kick or other revenue receivables included in the ASR Schedules that were not collected as of March 31, 2022. We agreed significant reported receivables to the Plan’s supporting documentation, but performed no testing of the valuation or collectability of the accruals.
- Valuation/measurement of actuarially-determined incurred but not paid (“IBNP”) liabilities for medical benefits. We relied on the actuary’s estimation of IBNP, reviewed the supporting documentation and reconciled to amounts reported by the Plan by quarter and rate cell.
- Valuation/measurement/completeness of other medical benefits expenses/payable or administrative costs expenses/payable. We obtained supporting documentation of any such amounts reported in the ASR Schedules, but did not perform procedures to test completeness of reported accruals for services and benefits that were not paid on or before March 31, 2022.

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

ASR Schedule and Line No.	Description	Calendar Year Total
MMA Revenue and Expense Schedule – Summary, Line no. 12.2 and 12.3	Administrative expenses invoiced directly from the parent	\$4,772,868
MMA Revenue & Expense Schedule – Summary, Line No. 16.0	Expenses related to income taxes based on allocations from centralized corporate operations	\$1,529,418

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 Revenue and Expense Schedule – Summary
 - Performed walk-throughs of transaction processes significant to generating information included in the ASR Schedules
 - Verified the mathematical accuracy
 - Inspected quarterly and annual reconciliations of amounts in the ASR Schedules to the Company's general ledger or other summarized amounts from detailed accounting records
 - Inspected the reconciliation of the Company's audited statutory-basis financial statements to the Company's general ledger
 - Inspected a reconciliation of the Plan's reported capitation and kick revenue received to monthly capitation reports and cash receipts
 - For a representative sample from the population of claims included in reported fee for service medical benefit expenses, reviewed supporting documentation to determine the claim was allowable under the SMMC contract, the amount reported was actually paid, and the claim was properly classified by rate-cell and quarter
 - Based on the population being tested and the desired results, the methodology of compliance sampling outlined in *AICPA Audit and Accounting Guide-GAS-Chapter 11* was followed for sample selections. The results of our tests were not projected to the total population for any applicable adjustments identified in the report.
 - Inspected a reconciliation of the Plan's reported sub-capitation payments of medical benefits expense to detailed accounting records
 - For the largest significant vendor per each applicable ASR row included in reported subcapitated expenses, recalculated subcapitation payments in accordance with applicable contracts or agreements, vouched actual payment of reported amounts and determined amounts were properly classified by rate-cell and quarter

- Inspected reconciliations of amounts reported for other medical benefit expenses, including §1202 PCP payments to providers, settlements, prescription rebates, third-party liability and fraud and abuse recoveries, premium deficiency reserves, and reinsurance amounts to detailed accounting records
 - For significant amounts included in the above other medical benefit expenses, vouched actual payment of reported amounts and determined amounts were allowable and properly classified by rate-cell and quarter
 - For a representative sample from the population of direct administrative expenses, obtained documentation supporting the reported amount and determined amount was allowable and properly classified by quarter
 - o Based on the population being tested and the desired results, a non-statistical methodology based on the theory underlying monetary-unit sampling was used for sample selections. The results of our tests were not projected to the total population for any applicable adjustments identified in the report.
 - Evaluated reported revenues and expenses for proper classification and exclusion of disallowed amounts
- MMA Related Party Transaction Schedule – Summary
 - Verified the mathematical accuracy
 - Evaluated the completeness and accuracy of disclosed related-party transactions through review of the audited statutory-basis financial statements, Annual Statement and general ledger
- Achieved Savings Rebate Exhibit
 - Verified the mathematical accuracy
 - Traced amounts reported on the ASR Exhibit to the MMA Revenue and Expense Schedule – Summary or underlying accounting records
 - Evaluated the proper inclusion/exclusion and classification of certain administrative expenses in accordance with ASR Exhibit instructions
 - Recalculated the Actuarially Sound Administrative Maximum reported on line 4.0 based on data included in the ASR – Actuarially-Sound Administrative Maximum Calculation exhibit, agreed member months to underlying data, and verified Administrative Maximum (PMPM) with the Agency
 - Recalculated Preliminary Achieved Savings Rebate reported on line 7.3
- Medical Loss Ratio Exhibit
 - Verified the mathematical accuracy
 - Traced amounts reported on the MLR Exhibit to the MMA Revenue and Expense Schedule – Summary or underlying accounting records

- Reviewed supporting documentation and vouched payment of reported Florida-Specific Contributions, if any
- For a representative sample from the population of direct costs (excludes amounts allocated by parent/related entity) reported as Defined Expenses Incurred for Improving Health Care Quality, vouched payment and evaluated proper inclusion and classification of amounts
 - o Based on the population being tested and the desired results, a non-statistical methodology based on the theory underlying monetary-unit sampling was used for sample selections. The results of our tests were not projected to the total population for any applicable adjustments identified in the report.
- Evaluated the reporting and classification of amounts associated with Deductible Fraud and Abuse Detection/Recovery Expenses, if any
- Obtained amounts and support provided from the Plan by subcapitated providers for lines 2.2 and 2.4 and reconciled to reported amount
- For any incurred claims, tested a representative sample from the population of claims to determine the claim was allowable under the SMMC contract
 - o Based on the population being tested and the desired results, a non-statistical methodology based on the theory underlying monetary-unit sampling was used for sample selections. The results of our tests were not projected to the total population for any applicable adjustments identified in the report.

RESULTS

Based upon the previously defined objective and the completion of the procedures outlined in the scope and methodology section, the audit objective has been met. The Plan prepared the MMA Revenue and Expense Schedule – Summary, MMA Related Party Transaction Schedule – Summary, Achieved Savings Rebate Exhibit and the Medical Loss Ratio Exhibit for the year ended December 31, 2021 pursuant to Florida Statute 409.967(3) and the annual ASR financial report instructions.

OTHER MATTERS

Preliminary Achieved Savings Rebate Calculation

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

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

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

CARR, RIGGS & INGRAM, LLC
Panama City Beach, Florida
September 1, 2022

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

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022

Summary

			JANUARY - MARCH (Q1)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
MEMBER MONTHS			-	-	-	-	-	-	-	-	-	-	-	-
REVENUES														
Revenues	1.1	Capitation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	Total Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	BENEFIT EXPENSES													
Hospital Services	2.1	Inpatient FFS	-	-	-	-	-	-	-	-	-	-	-	-
	2.2	Ending IBNP for Inpatient Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.3	Outpatient FFS; ER	-	-	-	-	-	-	-	-	-	-	-	-
	2.4	Outpatient FFS; Other than ER	-	-	-	-	-	-	-	-	-	-	-	-
	2.5	Ending IBNP for Outpatient Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
2.8	Total Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	
Professional Services	3.1	Primary Care FFS	-	-	-	-	-	-	-	-	-	-	-	-
	3.2	Specialty Care FFS	-	-	-	-	-	-	-	-	-	-	-	-
	3.3	Other Professional FFS	-	-	-	-	-	-	-	-	-	-	-	-
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-
	3.6	Ending IBNP for Professional Services	-	-	-	-	-	-	-	-	-	-	-	-
	3.7	Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
3.8	Total Physician Services	-	-	-	-	-	-	-	-	-	-	-	-	
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	-	-	-	-	-	-	-	-	-	-	-	-
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	-	-	-	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-	-	-	-
	7.2	Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3	Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacy	8.1	Prescription Drugs FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-

Notes

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022

Summary

			JANUARY - MARCH (Q1)										
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	-	-	-	-	-	-	-	-	-	-	-
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-	-
	9.2.1	Nursing Facility FFS	-	-	-	-	-	-	-	-	-	-	-
	9.3	DME FFS	-	-	-	-	-	-	-	-	-	-	-
	9.4	Other State Plan Services FFS	-	-	-	-	-	-	-	-	-	-	-
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	9.6	Ending IBNP for Other Services	-	-	-	-	-	-	-	-	-	-	-
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	-	-	-	-	-	-	-	-	-	-	-
Expanded Benefits	10.1	Expanded Benefits FFS	-	-	-	-	-	-	-	-	-	-	-
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	10.5	Total Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	-	-	-	-	-	-	-	-	-	-	-
	11.2	Total Services Paid Directly -- IBNP	-	-	-	-	-	-	-	-	-	-	-
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	11.4	Total Services Paid by Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	-	-	-	-	-	-	-	-	-	-	-
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	-	-	-	-	-	-	-	-	-	-	-
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JANUARY - MARCH (Q1)										
			Total	Health Plan	Corporate								
Administrative Expenses	12.1	Salaries & Benefits	-	-	-								
	12.2	Administrative Services	-	-	-								
	12.3	Information Systems	-	-	-								
	12.4	Marketing Expenses	-	-	-								
	12.5	General Administration	-	-	-								
	12.6	Compliance/Regulatory	-	-	-								
	12.7	Total Administrative Expenses	-	-	-								
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	-	-	-									
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	-	-	-									
16.0	Income Tax Expense	-	-	-									
17.0	Net Underwriting Gain (Loss)	\$ -	-	-									

Notes

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022

Summary		APRIL - JUNE (Q2)										
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible
MEMBER MONTHS		-	-	-	-	-	-	-	-	-	-	-
REVENUES												
Revenues	1.1 Capitation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	-	-	-	-	-	-	-	-	-	-	-
	1.7 Total Revenue	-	-	-	-	-	-	-	-	-	-	-
BENEFIT EXPENSES												
Hospital Services	2.1 Inpatient FFS	-	-	-	-	-	-	-	-	-	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	-	-	-	-	-	-	-	-	-	-	-
	2.3 Outpatient FFS: ER	-	-	-	-	-	-	-	-	-	-	-
	2.4 Outpatient FFS: Other than ER	-	-	-	-	-	-	-	-	-	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	-	-	-	-	-	-	-	-	-	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	2.7.1 Transplant Services	-	-	-	-	-	-	-	-	-	-	-
	2.8 Total Hospital Services	-	-	-	-	-	-	-	-	-	-	-
Professional Services	3.1 Primary Care FFS	-	-	-	-	-	-	-	-	-	-	-
	3.2 Specialty Care FFS	-	-	-	-	-	-	-	-	-	-	-
	3.3 Other Professional FFS	-	-	-	-	-	-	-	-	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-
	3.6 Ending IBNP for Professional Services	-	-	-	-	-	-	-	-	-	-	-
	3.7 Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	3.8 Total Physician Services	-	-	-	-	-	-	-	-	-	-	-
Maternity Services	4.1.1 Maternity Services	-	-	-	-	-	-	-	-	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	-	-	-	-	-	-	-	-	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	-	-	-	-	-	-	-	-	-	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	-	-	-	-	-	-	-	-	-	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	5.5 Total Mental Health & Substance Abuse Services	-	-	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-	-	-
	7.2 Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	7.3 Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	7.5 Total Transportation Services	-	-	-	-	-	-	-	-	-	-	-
Pharmacy	8.1 Prescription Drugs FFS	-	-	-	-	-	-	-	-	-	-	-
	8.2 Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	8.8 Total Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-

Notes

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022

Summary

		APRIL - JUNE (Q2)									
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	LTC Dual Eligible
Other Services	9.1	-	-	-	-	-	-	-	-	-	-
	9.2	-	-	-	-	-	-	-	-	-	-
	9.2.1	-	-	-	-	-	-	-	-	-	-
	9.3	-	-	-	-	-	-	-	-	-	-
	9.4	-	-	-	-	-	-	-	-	-	-
	9.5	-	-	-	-	-	-	-	-	-	-
	9.6	-	-	-	-	-	-	-	-	-	-
	9.7	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	-	-	-	-	-	-	-	-	-
Expanded Benefits	10.1	-	-	-	-	-	-	-	-	-	-
	10.2	-	-	-	-	-	-	-	-	-	-
	10.3	-	-	-	-	-	-	-	-	-	-
	10.4	-	-	-	-	-	-	-	-	-	-
	10.5	Total Expanded Benefits	-	-	-	-	-	-	-	-	-
Totals Before and After Reinsurance	11.1	-	-	-	-	-	-	-	-	-	-
	11.2	-	-	-	-	-	-	-	-	-	-
	11.3	-	-	-	-	-	-	-	-	-	-
	11.4	-	-	-	-	-	-	-	-	-	-
	11.5	-	-	-	-	-	-	-	-	-	-
	11.6.1	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	-	-	-	-	-	-	-	-	-
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	-	-	-	-	-	-	-	-	-
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		APRIL - JUNE (Q2)									
		Total	Health Plan	Corporate							
Administrative Expenses	12.1	-	-	-							
	12.2	-	-	-							
	12.3	-	-	-							
	12.4	-	-	-							
	12.5	-	-	-							
	12.6	-	-	-							
	12.7	Total Administrative Expenses	-	-	-						
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	-	-	-							
	13.2	-	-	-							
	13.3	-	-	-							
	13.4	-	-	-							
	13.5	-	-	-							
	13.6	-	-	-							
	13.7	Total	-	-	-						
14.0	Grand Total Expenses	-	-	-							
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	-	-	-							
16.0	Income Tax Expense	-	-	-							
17.0	Net Underwriting Gain (Loss)	\$ -	-	-							

Notes

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022

Summary

		JULY - SEPTEMBER (Q3)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
MEMBER MONTHS		24,955	132	15,141	41	7,276	2,208	27	16	114	-	-	-
REVENUES													
Revenues	1.1 Capitation	\$ 16,211,267	\$ 27,023	\$ 6,769,277	\$ 41,997	\$ 8,235,139	\$ 691,934	\$ 13,995	\$ 3,828	\$ 428,074	\$ -	\$ -	\$ -
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	260,899	-	230,624	-	26,416	-	-	-	3,859	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	47,912	116	13,304	202	33,284	-	24	-	982	-	-	-
	1.7 Total Revenue	16,520,078	27,139	7,013,205	42,199	8,294,839	691,934	14,019	3,828	432,915	-	-	-
	BENEFIT EXPENSES												
		JULY - SEPTEMBER (Q3)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1 Inpatient FFS	1,847,643	7,519	672,317	-	1,130,402	5,014	-	-	32,391	-	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	789,786	3,214	287,386	-	483,197	2,143	-	-	13,846	-	-	-
	2.3 Outpatient FFS: ER	510,254	2,311	299,800	267	194,220	6,842	502	3	6,309	-	-	-
	2.4 Outpatient FFS: Other than ER	840,791	2,375	421,780	80	372,090	30,872	2,159	156	11,279	-	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	95,076	330	50,779	24	39,853	2,654	187	11	1,238	-	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1 Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8 Total Hospital Services	4,083,550	15,749	1,732,062	371	2,219,762	47,525	2,848	170	65,063	-	-	-
Professional Services	3.1 Primary Care FFS	1,115,423	3,106	525,468	301	551,259	22,854	1,221	64	11,150	-	-	-
	3.2 Specialty Care FFS	29,113	-	20,071	5	8,225	711	64	-	37	-	-	-
	3.3 Other Professional FFS	31,415	79	22,314	-	8,864	133	-	-	25	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	58,355	312	35,245	90	16,667	5,598	61	40	342	-	-	-
	3.6 Ending IBNP for Professional Services	82,754	224	39,961	22	39,996	1,668	90	4	789	-	-	-
	3.7 Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	3.8 Total Physician Services	1,317,060	3,721	643,059	418	625,011	30,964	1,436	108	12,343	-	-	-
Maternity Services	4.1.1 Maternity Services	79,404	-	71,639	-	6,564	-	-	-	1,201	-	-	-
	4.2.1 Ending IBNP for Maternity Services	5,588	-	5,041	-	462	-	-	-	85	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	84,992	-	76,680	-	7,026	-	-	-	1,286	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	1,849,462	-	553,524	-	1,128,321	147,332	9,366	182	10,737	-	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	130,142	-	38,950	-	79,397	10,367	659	13	756	-	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 Total Mental Health & Substance Abuse Services	1,979,604	-	592,474	-	1,207,718	157,699	10,025	195	11,493	-	-	-
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	125,096	-	44,747	-	70,955	8,336	190	270	598	-	-	-
	7.2 Transportation Subcapitation	449,946	769	88,163	1,346	238,784	116,144	157	842	3,741	-	-	-
	7.3 Ending IBNP for Transportation	8,803	-	3,149	-	4,993	587	13	19	42	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5 Total Transportation Services	583,845	769	136,059	1,346	314,732	125,067	360	1,131	4,381	-	-	-
Pharmacy	8.1 Prescription Drugs FFS	2,899,509	1,090	928,405	2,739	1,820,857	8,346	3,446	(3)	134,629	-	-	-
	8.2 Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	(1,230)	-	(394)	(1)	(773)	(4)	(1)	-	(57)	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 Total Prescription Drugs	2,898,279	1,090	928,011	2,738	1,820,084	8,342	3,445	(3)	134,572	-	-	-

Notes

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(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022

Summary

		JULY - SEPTEMBER (Q3)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid		Dual Eligible	Child Welfare	HIV/AIDS Dual		Private Duty Nursing	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	22,063	-	507	-	11,266	10,290	-	-	-	-	-	
	9.2 Hospice FFS	117,194	-	6,322	-	89,564	21,308	-	-	-	-	-	
	9.2.1 Nursing Facility FFS	100,275	-	-	-	46,321	53,954	-	-	-	-	-	
	9.3 DME FFS	17,647	-	3,087	-	12,987	1,573	-	-	-	-	-	
	9.4 Other State Plan Services FFS	381,880	1,283	212,373	290	143,585	17,569	393	666	5,721	-	-	
	9.5 Other Services Subcapitation	72,943	389	44,056	112	20,834	6,997	77	50	428	-	-	
	9.6 Ending IBNP for Other Services	44,972	90	15,643	20	21,374	7,367	28	47	403	-	-	
	9.7 Other Service Settlements/AP	42,239	245	28,082	76	13,573	-	50	-	213	-	-	
	9.8 Total Other Services	799,213	2,007	310,070	498	359,504	119,058	548	763	6,765	-	-	
Expanded Benefits	10.1 Expanded Benefits FFS	277,315	952	154,495	212	113,378	5,316	88	228	2,646	-	-	
	10.2 Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	10.3 Ending IBNP for Expanded Benefits	19,515	67	10,872	15	7,979	374	6	16	186	-	-	
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	
	10.5 Total Expanded Benefits	296,830	1,019	165,367	227	121,357	5,690	94	244	2,832	-	-	
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	10,243,251	18,714	3,936,455	3,893	5,708,085	340,446	17,428	1,565	216,665	-	-	
	11.2 Total Services Paid Directly -- IBNP	1,176,636	3,925	451,782	81	677,250	25,161	984	110	17,343	-	-	
	11.3 Total Services Paid through Subcapitation	581,244	1,470	167,465	1,547	276,285	128,739	295	932	4,511	-	-	
	11.4 Total Services Paid by Settlements/AP	42,239	245	28,082	76	13,573	-	50	-	213	-	-	
	11.5 TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	
	11.7 Subtotal Benefit Expense before Reinsurance	12,043,370	24,354	4,583,784	5,597	6,675,193	494,346	18,757	2,607	238,732	-	-	
	11.8 Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	
	11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	
	11.10 Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	
	11.11 Grand Total Medical Benefit Expense Net of Reinsurance	12,043,370	24,354	4,583,784	5,597	6,675,193	494,346	18,757	2,607	238,732	-	-	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		JULY - SEPTEMBER (Q3)											
		Total	Health Plan	Corporate									
Administrative Expenses	12.1 Salaries & Benefits	468,071	468,071	-									
	12.2 Administrative Services	1,017,688	76,846	940,842									
	12.3 Information Systems	293,706	58,495	235,211									
	12.4 Marketing Expenses	63	63	-									
	12.5 General Administration	79,142	79,142	-									
	12.6 Compliance/Regulatory	207,404	207,404	-									
	12.7 Total Administrative Expenses	2,066,074	890,021	1,176,053									
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	14,109,444												
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	2,410,634												
16.0 Income Tax Expense	109,304												
17.0 Net Underwriting Gain (Loss)	\$ 2,301,330												

Notes

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(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022

Summary

		OCTOBER - DECEMBER (Q4)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
MEMBER MONTHS		79,139	392.0	48,706.0	118.0	22,585.0	6,868.0	66.0	38.0	366.0	-	-	-
REVENUES													
Revenues	1.1 Capitation	\$ 54,065,399	\$ 83,024	\$ 22,550,394	\$ 131,205	\$ 27,428,505	\$ 2,310,611	\$ 34,004	\$ 7,385	\$ 1,520,271	\$ -	\$ -	\$ -
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	631,412	10,737	571,384	-	42,180	-	3,485	-	3,626	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	137,812	259	32,220	584	101,799	-	44	-	2,906	-	-	-
	1.7 Total Revenue	54,834,623	94,020	23,153,998	131,789	27,572,484	2,310,611	37,533	7,385	1,526,803	-	-	-
	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	5,090,315	36,152	1,888,683	3,217	3,060,083	36,511	1,919	1,484	62,266	-	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	2,617,025	18,586	971,007	1,654	1,573,245	18,771	987	763	32,012	-	-	-
	2.3 Outpatient FFS: ER	1,506,549	7,944	923,848	849	547,335	12,621	1,018	166	12,768	-	-	-
	2.4 Outpatient FFS: Other than ER	2,664,017	10,252	1,396,993	1,736	1,171,829	54,780	1,185	9	27,233	-	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	850,816	3,712	473,464	527	350,718	13,750	449	36	8,160	-	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1 Transplant Services	7,861	-	-	-	7,301	560	-	-	-	-	-	-
	2.8 Total Hospital Services	12,736,583	76,646	5,653,995	7,983	6,710,511	136,993	5,558	2,458	142,439	-	-	-
Professional Services	3.1 Primary Care FFS	3,321,469	19,432	1,520,037	2,810	1,690,295	52,563	1,598	202	34,532	-	-	-
	3.2 Specialty Care FFS	68,528	16	37,275	-	30,348	733	-	-	156	-	-	-
	3.3 Other Professional FFS	84,559	-	64,822	179	18,523	217	643	-	175	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	185,719	907	114,301	262	52,268	16,723	160	90	1,008	-	-	-
	3.6 Ending IBNP for Professional Services	708,827	3,967	330,924	610	354,799	10,917	457	41	7,112	-	-	-
	3.7 Professional Settlements/AP	835	8	826	-	-	-	1	-	-	-	-	-
	3.8 Total Physician Services	4,369,937	24,330	2,068,185	3,861	2,146,233	81,153	2,859	333	42,983	-	-	-
Maternity Services	4.1.1 Maternity Services	138,593	3,546	118,809	-	12,706	546	1,785	-	1,201	-	-	-
	4.2.1 Ending IBNP for Maternity Services	28,273	723	24,238	-	2,592	111	364	-	245	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	166,866	4,269	143,047	-	15,298	657	2,149	-	1,446	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	4,909,607	265	1,502,472	-	3,004,488	330,212	5,755	19,901	46,514	-	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	1,001,420	54	306,461	-	612,830	67,354	1,174	4,059	9,488	-	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 Total Mental Health & Substance Abuse Services	5,911,027	319	1,808,933	-	3,617,318	397,566	6,929	23,960	56,002	-	-	-
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	386,789	570	117,270	-	232,005	33,664	190	482	2,608	-	-
7.2 Transportation Subcapitation		1,363,154	2,073	257,543	3,507	671,271	415,236	349	2,297	10,878	-	-	-
7.3 Ending IBNP for Transportation		78,907	116	23,924	-	47,330	6,868	39	98	532	-	-	-
7.4 Transportation Settlements/AP		-	-	-	-	-	-	-	-	-	-	-	-
7.5 Total Transportation Services		1,828,850	2,759	398,737	3,507	950,606	455,768	578	2,877	14,018	-	-	-
Pharmacy	8.1 Prescription Drugs FFS	9,768,453	7,316	3,201,006	6,735	6,020,846	26,995	6,510	(9)	499,054	-	-	-
	8.2 Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	(8,633)	(6)	(2,829)	(6)	(5,321)	(24)	(6)	-	(441)	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 Total Prescription Drugs	9,759,820	7,310	3,198,177	6,729	6,015,525	26,971	6,504	(9)	498,613	-	-	-

Notes

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022

Summary

		OCTOBER - DECEMBER (Q4)										
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	59,288	-	10,158	-	22,708	26,254	-	-	168	-	-
	9.2 Hospice FFS	275,696	-	7,515	-	208,145	60,036	-	-	-	-	-
	9.2.1 Nursing Facility FFS	343,419	-	1,826	-	191,269	150,324	-	-	-	-	-
	9.3 DME FFS	61,634	-	12,410	-	46,651	2,573	-	-	-	-	-
	9.4 Other State Plan Services FFS	1,301,294	4,381	667,289	742	557,420	54,970	507	1,253	14,732	-	-
	9.5 Other Services Subcapitation	232,148	1,133	142,877	327	65,334	20,904	201	112	1,260	-	-
	9.6 Ending IBNP for Other Services	416,444	894	142,640	151	209,349	60,010	104	256	3,040	-	-
	9.7 Other Service Settlements/AP	52,654	287	35,660	85	16,310	-	48	-	264	-	-
	9.8 Total Other Services	2,742,577	6,695	1,020,375	1,305	1,317,186	375,071	860	1,621	19,464	-	-
Expanded Benefits	10.1 Expanded Benefits FFS	828,460	2,493	460,415	1,270	340,681	17,132	265	93	6,111	-	-
	10.2 Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	10.3 Ending IBNP for Expanded Benefits	169,011	509	93,927	259	69,501	3,495	54	19	1,247	-	-
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	10.5 Total Expanded Benefits	997,471	3,002	554,342	1,529	410,182	20,627	319	112	7,358	-	-
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	30,807,899	92,359	11,927,998	17,532	17,157,313	860,669	21,369	23,582	707,077	-	-
	11.2 Total Services Paid Directly -- IBNP	5,870,722	28,562	2,366,584	3,201	3,220,364	181,276	3,627	5,272	61,836	-	-
	11.3 Total Services Paid through Subcapitation	1,781,020	4,112	514,720	4,097	788,873	452,863	710	2,499	13,146	-	-
	11.4 Total Services Paid by Settlements	53,487	294	36,485	85	16,310	-	49	-	264	-	-
	11.5 TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-
	11.7 Subtotal Benefit Expense before Reinsurance	38,513,128	125,327	14,845,787	24,915	21,182,860	1,494,808	25,755	31,353	782,323	-	-
	11.8 Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-
	11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.10 Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-
	11.11 Grand Total Medical Benefit Expense Net of Reinsurance	38,513,128	125,327	14,845,787	24,915	21,182,860	1,494,808	25,755	31,353	782,323	-	-
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		OCTOBER - DECEMBER (Q4)										
		Total	Health Plan	Corporate								
Administrative Expenses	12.1 Salaries & Benefits	1,262,393	1,262,393	-								
	12.2 Administrative Services	3,100,492	223,041	2,877,451								
	12.3 Information Systems	912,476	193,113	719,363								
	12.4 Marketing Expenses	1,515	1,515	-								
	12.5 General Administration	397,378	397,378	-								
	12.6 Compliance/Regulatory	668,338	668,338	-								
	12.7 Total Administrative Expenses	6,342,592	2,745,778	3,596,814								
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	44,855,720											
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	9,978,903											
16.0 Income Tax Expense	1,420,114											
17.0 Net Underwriting Gain (Loss)	\$ 8,558,789											

Notes

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022

Summary

			TOTAL (TO DATE)											
			Prior Calendar Year Adjustments			SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI			HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
			Total	TANF Non-SMI	TANF SMI	Only Non-SMI	Only SMI	Dual Eligible	Child Welfare	Eligible	Medicaid Only	Nursing	Eligible	Only
MEMBER MONTHS			-	104,094	524	63,847	159	29,861	9,076	93	54	480	-	-
REVENUES														
Revenues	1.1	Capitation	\$ -	\$ 70,276,666	\$ 110,047	\$ 29,319,671	\$ 173,202	\$ 35,663,644	\$ 3,002,545	\$ 47,999	\$ 11,213	\$ 1,948,345	\$ -	\$ -
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	892,311	10,737	802,008	-	68,596	-	3,485	-	7,485	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	185,724	375	45,524	786	135,083	-	68	-	3,888	-	-
	1.7	Total Revenue	-	71,354,701	121,159	30,167,203	173,988	35,867,323	3,002,545	51,552	11,213	1,959,718	-	-
	BENEFIT EXPENSES													
			Prior Calendar Year Adjustments			SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI			HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
			Total	TANF Non-SMI	TANF SMI	Only Non-SMI	Only SMI	Dual Eligible	Child Welfare	Eligible	Medicaid Only	Nursing	Eligible	Only
Hospital Services	2.1	Inpatient FFS	-	6,937,958	43,671	2,561,000	3,217	4,190,485	41,525	1,919	1,484	94,657	-	-
	2.2	Ending IBNP for Inpatient Hospital Services	-	3,406,811	21,800	1,258,393	1,654	2,056,442	20,914	987	763	45,858	-	-
	2.3	Outpatient FFS: ER	-	2,016,803	10,255	1,223,648	1,116	741,555	19,463	1,520	169	19,077	-	-
	2.4	Outpatient FFS: Other than ER	-	3,504,808	12,627	1,818,773	1,816	1,543,919	85,652	3,344	165	38,512	-	-
	2.5	Ending IBNP for Outpatient Hospital Services	-	945,892	4,042	524,243	551	390,571	16,404	636	47	9,398	-	-
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	7,861	-	-	-	7,301	560	-	-	-	-	-
	2.8	Total Hospital Services	-	16,820,133	92,395	7,386,057	8,354	8,930,273	184,518	8,406	2,628	207,502	-	-
Professional Services	3.1	Primary Care FFS	-	4,436,892	22,538	2,045,505	3,111	2,241,554	75,417	2,819	266	45,682	-	-
	3.2	Specialty Care FFS	-	97,641	16	57,346	5	38,573	1,444	64	-	193	-	-
	3.3	Other Professional FFS	-	115,974	79	87,136	179	27,387	350	643	-	200	-	-
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	-	244,074	1,219	149,546	352	68,935	22,321	221	130	1,350	-	-
	3.6	Ending IBNP for Professional Services	-	791,581	4,191	370,885	632	394,795	12,585	547	45	7,901	-	-
	3.7	Professional Settlements/AP	-	835	8	826	-	-	-	1	-	-	-	-
	3.8	Total Physician Services	-	5,686,997	28,051	2,711,244	4,279	2,771,244	112,117	4,295	441	55,326	-	-
Maternity Services	4.1.1	Maternity Services	-	217,997	3,546	190,448	-	19,270	546	1,785	-	2,402	-	-
	4.2.1	Ending IBNP for Maternity Services	-	33,861	723	29,279	-	3,054	111	364	-	330	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	-	251,858	4,269	219,727	-	22,324	657	2,149	441	2,732	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	-	6,759,069	265	2,055,996	-	4,132,809	477,544	15,121	20,083	57,251	-	-
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	-	1,131,562	54	345,411	-	692,227	77,721	1,833	4,072	10,244	-	-
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	-	7,890,631	319	2,401,407	-	4,825,036	555,265	16,954	24,155	67,495	-	-
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	-	511,885	570	162,017	-	302,960	42,000	380	752	3,206	-
7.2		Transportation Subcapitation	-	1,813,100	2,842	345,706	4,853	910,055	531,380	506	3,139	14,619	-	-
7.3		Ending IBNP for Transportation	-	87,710	116	27,073	-	52,323	7,455	52	117	574	-	-
7.4		Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
7.5		Total Transportation Services	-	2,412,695	3,528	534,796	4,853	1,265,338	580,835	938	4,008	18,399	-	-
Pharmacy	8.1	Prescription Drugs FFS	-	12,667,962	8,406	4,129,411	9,474	7,841,703	35,341	9,956	(12)	633,683	-	-
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	(9,863)	(6)	(3,223)	(7)	(6,094)	(28)	(7)	-	(498)	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	-	12,658,099	8,400	4,126,188	9,467	7,835,609	35,313	9,949	(12)	633,185	-	-

Notes

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022

Summary

		TOTAL (TO DATE)												
		Prior Calendar Year Adjustments			SSI Medicaid		SSI Medicaid		HIV/AIDS Dual		HIV/AIDS	Private Duty	LTC Dual	LTC Medicaid
			Total	TANF Non-SMI	TANF SMI	Only Non-SMI	Only SMI	Dual Eligible	Child Welfare	Eligible	Medicaid Only	Nursing	Eligible	Only
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	-	81,351	-	10,665	-	33,974	36,544	-	-	168	-	-	
	9.2 Hospice FFS	-	392,890	-	13,837	-	297,709	81,344	-	-	-	-	-	
	9.2.1 Nursing Facility FFS	-	443,694	-	1,826	-	237,590	204,278	-	-	-	-	-	
	9.3 DME FFS	-	79,281	-	15,497	-	59,638	4,146	-	-	-	-	-	
	9.4 Other State Plan Services FFS	-	1,683,174	5,664	879,662	1,032	701,005	72,539	900	1,919	20,453	-	-	
	9.5 Other Services Subcapitation	-	305,091	1,522	186,933	439	86,168	27,901	278	162	1,688	-	-	
	9.6 Ending IBNP for Other Services	-	461,416	984	158,283	171	230,723	67,377	132	303	3,443	-	-	
	9.7 Other Service Settlements/AP	-	94,893	532	63,742	161	29,883	-	98	-	477	-	-	
	9.8 Total Other Services	-	3,541,790	8,702	1,330,445	1,803	1,676,690	494,129	1,408	2,384	26,229	-	-	
Expanded Benefits	10.1 Expanded Benefits FFS	-	1,105,775	3,445	614,910	1,482	454,059	22,448	353	321	8,757	-	-	
	10.2 Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	10.3 Ending IBNP for Expanded Benefits	-	188,526	576	104,799	274	77,480	3,869	60	35	1,433	-	-	
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	10.5 Total Expanded Benefits	-	1,294,301	4,021	719,709	1,756	531,539	26,317	413	356	10,190	-	-	
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	-	41,051,150	111,073	15,864,453	21,425	22,865,398	1,201,115	38,797	25,147	923,742	-	-	
	11.2 Total Services Paid Directly -- IBNP	-	7,047,358	32,487	2,818,366	3,282	3,897,614	206,437	4,611	5,382	79,179	-	-	
	11.3 Total Services Paid through Subcapitation	-	2,362,264	5,582	682,185	5,644	1,065,158	581,602	1,005	3,431	17,657	-	-	
	11.4 Total Services Paid by Settlements/AP	-	95,726	539	64,567	161	29,883	-	99	-	477	-	-	
	11.5 TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	
	11.7 Subtotal Benefit Expense before Reinsurance	-	50,556,498	149,681	19,429,571	30,512	27,858,053	1,989,154	44,512	33,960	1,021,055	-	-	
	11.8 Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	
	11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10 Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	
	11.11 Grand Total Medical Benefit Expense Net of Reinsurance	-	50,556,498	149,681	19,429,571	30,512	27,858,053	1,989,154	44,512	33,960	1,021,055	-	-	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		TOTAL (TO DATE)												
		Prior Calendar Year Adjustments	Total	Health Plan	Corporate									
Administrative Expenses	12.1 Salaries & Benefits	-	1,730,464	1,730,464	-									
	12.2 Administrative Services	-	4,118,181	299,887	3,818,294									
	12.3 Information Systems	-	1,206,182	251,608	954,574									
	12.4 Marketing Expenses	-	1,578	1,578	-									
	12.5 General Administration	-	476,520	476,520	-									
	12.6 Compliance/Regulatory	-	875,743	875,743	-									
	12.7 Total Administrative Expenses	-	8,408,668	3,635,800	4,772,868									
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	-	58,965,166												
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	-	12,389,535												
16.0 Income Tax Expense	-	1,529,418												
17.0 Net Underwriting Gain (Loss)	\$ -	\$ 10,860,117												

Notes

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

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

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

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022
 Summary

EXPENSES	Vendor Name	Affiliation	Payment Methodology	JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		PRIOR YEAR ADJUSTMENTS	CALENDAR YEAR TOTAL (TO DATE)	
				MM	Amount	MM	Amount	MM	Amount	MM	Amount		Amount	MM
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 Molina Medical Group			-	-	-	-	-	-	-	-	-	-	-
	2.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	2.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	2.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	2.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	2.6 Total Professional Services													
Mental Health	3.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	3.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	3.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	3.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	3.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	3.6 Total Mental Health													
Dental	4.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	4.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	4.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	4.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	4.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	4.6 Total Dental													
Transportation	5.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	5.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	5.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	5.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	5.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	5.6 Total Transportation													
Pharmacy	6.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	6.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	6.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	6.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	6.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	6.6 Total Pharmacy													
Other Services	7.1 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 Molina Healthcare, Inc. (MHI)	Direct Parent	Other (please explain)	-	-	-	-	24,955	1,176,053	79,139	3,596,814	-	104,094	4,772,867
	8.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	8.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	8.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	8.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	8.6 Total Administrative Expense							1,176,053	3,596,814				4,772,867	
9 Grand Total							1,176,053	3,596,814				4,772,867		

Notes

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

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

ACHIEVED SAVINGS REBATE EXHIBIT

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022
 Plan Type: SMI Specialty Plan

	JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)		
	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care
REVENUES									
1.1	Total Revenue from Revenue & Expense Schedules	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,520,078	\$ 16,520,078	\$ -
1.2	Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-
1.6	Revenue Subject to ASR	-	-	-	-	-	16,520,078	16,520,078	-
EXPENSES									
Benefit Expenses									
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	-	-	-	-	-	10,824,495	10,824,495	-
2.2	Incurred but not Paid (IBNP) Ending Balance	-	-	-	-	-	1,176,636	1,176,636	-
2.3	Settlements/AP	-	-	-	-	-	42,239	42,239	-
2.4	Less: Premium Deficiency Reserve and other Reserve Account Contributions	-	-	-	-	-	-	-	-
2.5	Total Benefit Expense before Reinsurance	-	-	-	-	-	12,043,370	12,043,370	-
2.6	Net Cost of Reinsurance	-	-	-	-	-	-	-	-
2.7	Total Benefit Expense after Reinsurance	-	-	-	-	-	12,043,370	12,043,370	-
Administrative Expenses									
3.1	Administrative Expenses from Revenue & Expense Schedule	-	-	-	-	-	2,066,074	2,066,074	-
3.2	Less: Compliance/Regulatory	-	-	-	-	-	(207,404)	(207,404)	-
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-
3.5	Less: Reserve Account Contributions	-	-	-	-	-	-	-	-
3.6	Administrative Expense Subject to ASR	-	-	-	-	-	1,858,670	1,858,670	-
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								

Notes

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

(Continued)

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

ACHIEVED SAVINGS REBATE EXHIBIT (Continued)

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022
 Plan Type: MMA, LTC, Comprehensive

	OCTOBER - DECEMBER (Q4)			PRIOR YEAR ADJUSTMENTS			CALENDER YEAR TOTAL (TO DATE)		
	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care
REVENUES									
1.1	Total Revenue from Revenue & Expense Schedules	\$ 54,834,623	\$ 54,834,623	\$ -	\$ -	\$ -	\$ 71,354,701	\$ 71,354,701	\$ -
1.2	Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-
1.6	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-
1.8	Revenue Subject to ASR	54,834,623	54,834,623	-	-	-	71,354,701	71,354,701	-
EXPENSES									
Benefit Expenses									
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	32,588,919	32,588,919	-	-	-	43,413,414	43,413,414	-
2.2	Incurred but not Paid (IBNP) Ending Balance	5,870,722	5,870,722	-	-	-	7,047,358	7,047,358	-
2.3	Settlements/AP	53,487	53,487	-	-	-	95,726	95,726	-
2.4	Less: Premium Deficiency Reserve and other Reserve Account Contributions	-	-	-	-	-	-	-	-
2.5	Total Benefit Expense before Reinsurance	38,513,128	38,513,128	-	-	-	50,556,498	50,556,498	-
2.6	Net Cost of Reinsurance	-	-	-	-	-	-	-	-
2.7	Total Benefit Expense after Reinsurance	38,513,128	38,513,128	-	-	-	50,556,498	50,556,498	-
Administrative Expenses									
3.1	Administrative Expenses from Revenue & Expense Schedule	6,342,592	6,342,592	-	-	-	8,408,666	8,408,666	-
3.2	Less: Compliance/Regulatory	(668,338)	(668,338)	-	-	-	(875,742)	(875,742)	-
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-
3.5	Less: Reserve Account Contributions	-	-	-	-	-	-	-	-
3.6	Administrative Expense Subject to ASR	5,674,254	5,674,254	-	-	-	7,532,924	7,532,924	-
4.0	Actuarially-sound Administrative Expense Maximum	-	-	-	-	-	8,344,020	8,344,020	-
5.0	Administrative Expenses Subject to ASR	-	-	-	-	-	7,532,924	7,532,924	-
6.0	Total Benefit and Administrative Expense subject to ASR	-	-	-	-	-	\$ 58,089,422	\$ 58,089,422	\$ -
Calculation of Pre-Tax Income and ASR									
7.1	Pre-tax Income	-	-	-	-	-	13,265,279	13,265,279	-
7.2	Pre-tax Income as a Percent of Revenue	-	-	-	-	-	18.6%	18.6%	0.0%
7.3	Preliminary Achieved Savings Rebate	-	-	-	-	-	-	-	-

Notes

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

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

ACHIEVED SAVINGS REBATE - ACTUARIALLY-SOUND ADMINISTRATIVE MAXIMUM CALCULATION

January 2021 through September 2021

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 1/1/2021-9/30/2021
 Paid Through: 3/31/2022
 Plan Type: SMI Specialty Plan

		CALENDER YEAR TOTAL (January 1, 2021 to Sep 30,2021)		
MMA Administrative Expense Maximum		MMA		
1.0	Select your Nationwide Member Enrollment	>500,000		
1.1	Plan Enrollment	4,839,513		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$ 28.15	132	\$ 3,716
	TANF SMI	80.26	15,141	1,215,217
	SSI Medicaid Only Non-SMI	70.21	41	2,879
	SSI Medicaid Only SMI	100.35	7,276	730,147
	SSI Dual Eligible	26.06	2,208	57,540
	Child Welfare	67.63	27	1,826
	HIV/AIDS Non-Specialty Medicaid Only	185.74	-	-
	HIV/AIDS Specialty Medicaid Only	208.61	114	23,782
	HIV/AIDS Dual Eligible	23.07	16	369
	LTC Medicaid Only	187.81	-	-
	LTC Dual Eligible	12.21	-	-
	Maternity Kick Payment	438.18	-	-
	Private Duty Nursing	408.42	-	-
	LTC Eligible Kick Payments	-	-	-
1.3	Total MMA Administrative Maximum			\$ 2,035,475
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	\$ -	-	-
2.2	Total LTC Administrative Maximum			\$ -

Instructions

Reporting Period 1/1/2020-9/30/2020
 Paid Through 3/31/2021
 Line 1.0 Please select your nationwide member size for all lines as of 12/31 of the calendar year
 Line 1.1 Report national health plan enrollment across all lines as of 12/31 of the calendar year
 Line 1.2 Enter member months for the reporting period from January 01, 2020 to September 30, 2020 for the different rate groups for MMA Program
 Line 2.0 Please select your nationwide member size for all lines as of 12/31 of the calendar year
 Line 2.1 Enter the applicable member months for the reporting period from January 01, 2020 to September 30, 2020 for LTC Program
 Maternity Kick Payment For member months, please report number of kick payments occurred from January 01, 2020 to September 30, 2020
 Note 1: For column C, this is the Admin max PMPM provided by Milliman for calendar year January 2020 through September 2020 rate period

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

ACHIEVED SAVINGS REBATE - ACTUARIALLY-SOUND ADMINISTRATIVE MAXIMUM CALCULATION

October 1, 2021 through December 31, 2021

Health Plan: Molina Healthcare of Florida, Inc.
 Reporting Period: 10/1/2021-12/31/2021
 Paid Through: 3/31/2022
 Plan Type: SMI Specialty Plan

		CALENDER YEAR TOTAL (October 1, 2021 -December 31, 2021)		
MMA Administrative Expense Maximum		MMA		
1.0	Select your Nationwide Member Enrollment	>500,000		
1.1	Plan Enrollment	5,243,653		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$ 26.89	392	\$ 10,541
	TANF SMI	75.16	48,706	3,660,743
	SSI Medicaid Only Non-SMI	81.57	118	9,625
	SSI Medicaid Only SMI	105.86	22,585	2,390,848
	SSI Dual Eligible	25.89	6,868	177,813
	Child Welfare	69.40	66	4,580
	HIV/AIDS Non-Specialty Medicaid Only	129.75	-	-
	HIV/AIDS Specialty Medicaid Only	146.34	366	53,560
	HIV/AIDS Dual Eligible	21.97	38	835
	LTC Medicaid Only	184.45	-	-
	LTC Dual Eligible	20.67	-	-
	Maternity Kick Payment	239.62	-	-
	Private Duty Nursing	467.69	-	-
	LTC Eligible Kick Payments	-	-	-
1.3	Total MMA Administrative Maximum			\$ 6,308,545
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	-	-	-
2.2	Total LTC Administrative Maximum			\$ -

Instructions

Reporting Period 10/1/2020-12/31/2020
 Paid Through 3/31/2020
 Line 1.0 Please select your nationwide member size for all lines as of 12/31 of the calendar year
 Line 1.1 Report national health plan enrollment across all lines as of 12/31 of the calendar year
 Line 1.2 Enter member months for the reporting period from October 01, 2021 to December 31, 2021 for the different rate groups for MMA Program
 Line 2.0 Please select your nationwide member size for all lines as of 12/31 of the calendar year
 Line 2.1 Enter the applicable member months for the reporting period from October 01, 2021 to December 31, 2021 for LTC Program
 Maternity Kick Payment For member months, please report number of kick payments occurred from October 01, 2021 to December 31, 2021
 LTC Eligible Kick Payments For member months, please report number of kick payments occurred from October 01, 2021 to December 31, 2021
 Note 1: For column C, Admin max PMPM, please input the PMPM based on the Milliman report-statewide Medicaid managed care administrative cost maximum.

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

MEDICAL LOSS RATIO EXHIBIT

Health Plan: Molina Healthcare of Florida, Inc.
 Calendar Year: 12/31/2021
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022
 Plan Type: SMI Specialty Plan

	JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)		
	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care
REVENUES									
1.1	Total Revenue from Revenue & Expense Schedules	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,520,078	\$ 16,520,078	\$ -
1.2	Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	(109,304)	(109,304)	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-
1.5	Revenue Subject to MLR	-	-	-	-	-	16,410,774	16,410,774	-
EXPENSES									
Benefit Expenses									
2.1	Total Benefits Paid through FFS During the Year	-	-	-	-	-	10,243,251	10,243,251	-
2.2	Total Benefits Paid through Subcapitation During the Year	-	-	-	-	-	509,325	509,325	-
2.3	Incurred but not Paid (IBNP) Ending Balance	-	-	-	-	-	1,176,636	1,176,636	-
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	421	421	-
2.5	Settlements/AP	-	-	-	-	-	42,239	42,239	-
2.6	Less: Premium Deficiency Reserve and other Reserve Account Contributions	-	-	-	-	-	-	-	-
2.7	Total Benefit Expense before Reinsurance	-	-	-	-	-	11,971,872	11,971,872	-
2.8	Net Cost of Reinsurance	-	-	-	-	-	-	-	-
2.9	Total Benefit Expense after Reinsurance	-	-	-	-	-	11,971,872	11,971,872	-
Florida-Specific Contributions (MLR Only)									
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 (MLR Only)									
4.1	Improve Health Outcomes	-	-	-	-	-	231,901	231,901	-
4.2	Activities to Prevent Hospital Readmissions	-	-	-	-	-	95,372	95,372	-
4.3	Improve Patient Safety and Reducing Medical Errors	-	-	-	-	-	9,163	9,163	-
4.4	Wellness and Health Promotion Activities	-	-	-	-	-	35,400	35,400	-
4.5	Health Information Technology (HIT) expenses related to Health Improvement	-	-	-	-	-	37,899	37,899	-
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 409,735	\$ 409,735	-
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses (MLR only)	-	-	-	-	-	7,497	7,497	-
6.0	Preliminary Medical Loss Ratio: MLR						75.49%	75.49%	

Notes

(Continued)

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

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

MEDICAL LOSS RATIO EXHIBIT (Continued)

Health Plan: Molina Healthcare of Florida, Inc.
 Calendar Year: 12/31/2021
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022
 Plan Type: MMA, LTC , Comprehensive

	OCTOBER - DECEMBER (Q4)			CALENDER YEAR TOTAL (TO DATE)			
	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	
REVENUES							
1.1	Total Revenue from Revenue & Expense Schedules	\$ 54,834,623	\$ 54,834,623	\$ -	\$ 71,354,701	\$ 71,354,701	\$ -
1.2	Federal Taxes and Assessments, including ACA § 9010	(1,420,114)	(1,420,114)	-	(1,529,418)	(1,529,418)	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-
1.5	Revenue Subject to MLR	53,414,509	53,414,509	-	69,825,283	69,825,283	-
EXPENSES							
Benefit Expenses							
2.1	Total Benefits Paid through FFS During the Year	30,807,899	30,807,899	-	41,051,150	41,051,150	-
2.2	Total Benefits Paid through Subcapitation During the Year	1,543,597	1,543,597	-	2,052,922	2,052,922	-
2.3	Incurred but not Paid (IBNP) Ending Balance	5,870,722	5,870,722	-	7,047,358	7,047,358	-
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	3,719	3,719	-	4,140	4,140	-
2.5	Settlements/AP	53,487	53,487	-	95,726	95,726	-
2.6	Less: Premium Deficiency Reserve and other Reserve Account Contributions	-	-	-	-	-	-
2.7	Total Benefit Expense before Reinsurance	38,279,424	38,279,424	-	50,251,296	50,251,296	-
2.8	Net Cost of Reinsurance	-	-	-	-	-	-
2.9	Total Benefit Expense after Reinsurance	38,279,424	38,279,424	-	50,251,296	50,251,296	-
Florida-Specific Contributions (MLR Only)							
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 (MLR Only)							
4.1	Improve Health Outcomes	718,344	718,344	-	950,245	950,245	-
4.2	Activities to Prevent Hospital Readmissions	291,679	291,679	-	387,051	387,051	-
4.3	Improve Patient Safety and Reducing Medical Errors	28,022	28,022	-	37,185	37,185	-
4.4	Wellness and Health Promotion Activities	108,265	108,265	-	143,665	143,665	-
4.5	Health Information Technology (HIT) expenses related to Health Improvement	115,907	115,907	-	153,806	153,806	-
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	\$ 1,262,217	\$ 1,262,217	-	\$ 1,671,952	\$ 1,671,952	-
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses (MLR only)	22,927	22,927	-	30,424	30,424	-
6.0	Preliminary Medical Loss Ratio: MLR	74.07%	74.07%	-	74.41%	74.41%	-

Notes

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