



Auditee: Molina Healthcare of Florida, 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



TAB: Report

Plan and Performance Audit Overview 1

Objective, Scope and Methodology 1

Results 6

TAB: Exhibits

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

PLAN AND PERFORMANCE AUDIT OVERVIEW

Molina Healthcare of Florida, Inc. (the “Company”) was incorporated under the laws of the state of Florida on May 9, 2007. The Company is a wholly owned subsidiary of Molina Healthcare, Inc. The Company is a health maintenance organization (“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 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 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
- LTC Revenue and Expense Schedule – Summary
- LTC Related Party Transaction Schedule – Summary
- ASR Exhibit
- Medical Loss Ratio (“MLR”) Exhibit

We conducted the performance audit in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States. 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	\$28,700,838
LTC Revenue and Expense Schedule – Summary, Line No. 5.2 & 5.3	Administrative expenses invoiced directly from the parent.	\$5,076,668
MMA Revenue & Expense Schedule – Summary, Line No. 16.0	Expenses related to income taxes based on allocations from centralized corporate operations	\$3,804,168
LTC Revenue & Expense Schedule – Summary, Line No. 9.0	Expenses related to income taxes based on allocations from centralized corporate operations	\$207,393

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
 - 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 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
 - 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, LTC Revenue and Expense Schedule – Summary, LTC 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 an MMA Specialty 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			332,150	276,999	8,767	17,636	8,538	11,975	1,072	82	647	108	5,329	997
REVENUES														
Revenues	1.1	Capitation	\$ 99,504,885	\$ 53,819,635	\$ 4,406,166	\$ 18,873,712	\$ 11,943,489	\$ 2,499,576	\$ 369,842	\$ 17,319	\$ 2,033,526	\$ 2,809,088	\$ 460,021	\$ 2,272,511
	1.2.1	Pharmacy Drug High Risk Pool	473,314	-	-	-	37,336	-	-	-	-	435,978	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	2,379,104	2,230,830	134,183	14,091	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	202,127	-	-	-	-	-	-	-	-	28,598	173,529	-
	1.7	Total Revenue	102,559,430	56,050,465	4,540,349	18,887,803	11,980,825	2,499,576	369,842	17,319	2,033,526	3,273,664	633,550	2,272,511
	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	11,029,192	6,051,209	454,799	2,809,843	1,040,898	78,689	38,780	-	67,083	122,173	24,926	340,792
	2.2	Ending IBNP for Inpatient Hospital Services	673,295	369,406	27,764	171,532	63,543	4,804	2,367	-	4,095	7,458	1,522	20,804
	2.3	Outpatient FFS: ER	2,124,354	1,708,691	111,850	144,386	117,457	7,057	7,622	51	10,180	2,136	851	14,073
	2.4	Outpatient FFS: Other than ER	7,210,875	3,877,582	300,900	1,621,494	1,004,845	45,646	7,432	187	28,168	29,129	109,635	185,857
	2.5	Ending IBNP for Outpatient Hospital Services	37,836	22,641	1,673	7,157	4,549	214	61	1	155	127	448	810
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	613,320	-	-	438,491	174,829	-	-	-	-	-	-	-
	2.8	Total Hospital Services	21,688,872	12,029,529	896,986	5,192,903	2,406,121	136,410	56,262	239	109,681	161,023	137,382	562,336
Professional Services	3.1	Primary Care FFS	12,154,381	8,277,108	472,149	1,958,564	875,298	145,353	49,905	442	48,328	31,674	65,884	229,676
	3.2	Specialty Care FFS	231,280	172,942	8,662	14,744	14,624	7,336	2,962	-	161	363	6,227	3,259
	3.3	Other Professional FFS	199,872	183,166	5,669	7,289	1,450	467	815	-	946	-	27	43
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	5,722,328	4,975,937	147,380	299,605	134,761	87,239	15,484	674	10,623	1,639	32,524	16,462
	3.6	Ending IBNP for Professional Services	51,009	34,990	1,972	8,027	3,613	621	218	2	200	130	292	944
	3.7	Professional Settlements/AP	1,268,248	127,833	4,074	1,128,016	5,942	1,408	123	10	77	12	634	119
	3.8	Total Physician Services	19,627,118	13,771,976	639,906	3,416,245	1,035,688	242,424	69,507	1,128	60,335	33,818	105,588	250,503
Maternity Services	4.1.1	Maternity Services	1,871,204	1,746,473	104,916	14,233	3,725	1,857	-	-	-	-	-	
	4.2.1	Ending IBNP for Maternity Services	7,584	7,078	425	58	15	8	-	-	-	-	-	
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	
	4.4.1	Total Maternity Services	1,878,788	1,753,551	105,341	14,291	3,740	1,865	-	-	-	-	-	
Mental Health	5.1	Mental Health & Substance Abuse FFS	1,051,440	131,422	1,029	14,890	1,731	370,419	86,192	-	138,861	1,302	172,595	132,999
	5.2	Mental Health & Substance Abuse Subcapitation	4,968,390	1,662,127	1,190,765	659,019	1,406,874	27,756	2,337	388	3,513	-	13,044	2,567
	5.3	Ending IBNP for Mental Health & Substance Abuse	(222)	(28)	-	(3)	-	(79)	(18)	-	(29)	-	(37)	(28)
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	6,019,608	1,793,521	1,191,794	673,906	1,408,605	398,096	88,511	388	142,345	1,302	185,602	135,538
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	308,932	103,216	16,463	53,254	43,491	27,460	734	493	3,618	5,675	38,495	16,033
	7.2	Transportation Subcapitation	651,169	79,748	2,524	197,588	95,657	176,129	309	1,206	7,249	1,210	78,379	11,170
	7.3	Ending IBNP for Transportation	1,252	418	67	216	176	111	3	2	15	23	156	65
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	961,353	183,382	19,054	251,058	139,324	203,700	1,046	1,701	10,882	6,908	117,030	27,268
Pharmacy	8.1	Prescription Drugs FFS	20,059,681	7,046,488	850,052	4,422,351	4,771,707	204,540	83,561	8,057	850,796	675,039	4,220	1,142,870
	8.2	Hepatitis C Prescription Drug FFS	195,630	72,346	24,549	75,486	23,249	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	(35,736)	(12,553)	(1,514)	(7,878)	(8,501)	(364)	(149)	(14)	(1,516)	(1,203)	(8)	(2,036)
	8.5	Ending accrual for Rebates receivable	(64,331)	(22,598)	(2,726)	(14,182)	(15,303)	(656)	(268)	(26)	(2,728)	(2,165)	(14)	(3,665)
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	20,155,244	7,083,683	870,361	4,475,777	4,771,152	203,520	83,144	8,017	846,552	671,671	4,198	1,137,169

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		Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only	
						Only Non-SMI	Only SMI								
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	2,976,938	99,788	-	327,724	19,108	9,800	-	-	139	2,520,379	-	-	
	9.2	Hospice FFS	615,513	16,222	11,075	271,701	138,327	159,082	-	-	3,399	15,707	-	-	
	9.2.1	Nursing Facility FFS	298,897	-	-	67,890	11,210	219,797	-	-	-	-	-	-	
	9.3	DME FFS	281,200	100,076	10,840	111,304	28,482	11,229	1,979	13	-	-	17,277	-	-
	9.4	Other State Plan Services FFS	3,213,556	1,610,377	120,222	564,095	255,464	176,419	3,139	2,420	17,274	1,294	341,850	121,002	
	9.5	Other Services Subcapitation	2,450,701	2,191,555	58,106	101,961	41,923	33,678	7,829	226	3,631	709	9,259	1,824	
	9.6	Ending IBNP for Other Services	29,936	7,403	576	5,442	1,834	2,336	21	10	84	10,354	1,386	490	
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	9.8	Total Other Services	9,866,741	4,025,421	200,819	1,450,117	496,348	612,341	12,968	2,669	24,527	2,565,720	352,495	123,316	
Expanded Benefits	10.1	Expanded Benefits FFS	2,473,551	1,361,254	134,343	377,864	314,198	129,256	993	1,004	26,637	281	74,200	53,521	
	10.2	Expanded Benefits Subcapitation	3	3	-	-	-	-	-	-	-	-	-		
	10.3	Ending IBNP for Expanded Benefits	10,024	5,517	544	1,531	1,273	524	4	4	108	1	301	217	
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	10.5	Total Expanded Benefits	2,483,578	1,366,774	134,887	379,395	315,471	129,780	997	1,008	26,745	282	74,501	53,738	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	66,809,751	32,523,209	2,623,279	13,273,544	8,816,290	1,593,386	283,698	12,626	1,191,346	3,419,060	838,890	2,234,423	
	11.2	Total Services Paid Directly -- IBNP	810,714	447,426	33,021	193,960	75,004	8,538	2,655	19	4,628	18,093	4,067	23,303	
	11.3	Total Services Paid through Subcapitation	13,792,591	8,909,370	1,398,775	1,258,173	1,679,215	324,802	25,959	2,494	25,016	3,557	133,207	32,023	
	11.4	Total Services Paid by Settlements/AP	1,268,248	127,833	4,074	1,128,016	5,942	1,408	123	10	77	12	634	119	
	11.5	TPL & Fraud/Abuse Recoveries	(9,485)	(2,919)	(809)	(1,487)	(91)	(3,415)	-	-	-	-	(679)	(85)	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	
	11.7	Subtotal Benefit Expense before Reinsurance	82,671,819	42,004,919	4,058,340	15,852,206	10,576,360	1,924,719	312,435	15,149	1,221,067	3,440,722	976,119	2,289,783	
	11.8	Reinsurance Premiums	206,766	94,155	2,980	68,868	33,341	149	364	1	2,527	422	66	3,893	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	206,766	94,155	2,980	68,868	33,341	149	364	1	2,527	422	66	3,893	
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	82,878,585	42,099,074	4,061,320	15,921,074	10,609,701	1,924,868	312,799	15,150	1,223,594	3,441,144	976,185	2,293,676	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JANUARY - MARCH (Q1)												
			Total	Health Plan	Corporate										
Administrative Expenses	12.1	Salaries & Benefits	2,259,998	2,259,998	-										
	12.2	Administrative Services	8,688,230	2,432,753	6,255,477										
	12.3	Information Systems	1,759,715	195,846	1,563,869										
	12.4	Marketing Expenses	-	-	-										
	12.5	General Administration	656,628	656,628	-										
	12.6	Compliance/Regulatory	(131,802)	(131,802)	-										
	12.7	Total Administrative Expenses	13,232,769	5,413,423	7,819,346										
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			96,111,354												
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations			6,448,076												
16.0 Income Tax Expense			549,218												
17.0 Net Underwriting Gain (Loss)			\$ 5,898,858												

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	LTC Medicaid Only
MEMBER MONTHS		345,505	289,601.0	9,303.0	17,799.0	8,489.0	11,854.0	1,017.0	85.0	677.0	96	5,544.0	1,040.0
REVENUES													
Revenues	1.1 Capitation	\$ 101,842,984	\$ 55,885,190	\$ 4,656,413	\$ 19,134,404	\$ 11,885,842	\$ 2,467,613	\$ 358,234	\$ 17,807	\$ 2,126,528	\$ 2,496,053	\$ 447,359	\$ 2,367,541
	1.2.1 Pharmacy Drug High Risk Pool	780,433	109,452	-	-	311,459	-	-	-	-	332,124	-	27,398
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	2,438,809	2,297,015	121,762	6,383	6,383	-	-	-	7,266	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	620,266	334,519	10,746	20,560	9,806	-	-	1,175	-	782	25,522	215,955
	1.7 Total Revenue	105,682,492	58,626,176	4,788,921	19,161,347	12,213,490	2,467,613	359,409	17,807	2,134,576	2,853,699	663,314	2,396,140
BENEFIT EXPENSES													
Hospital Services	2.1 Inpatient FFS	14,547,493	9,420,646	370,180	2,714,791	1,332,178	70,729	34,606	-	41,798	170,775	53,055	338,735
	2.2 Ending IBNP for Inpatient Hospital Services	1,379,261	893,180	35,097	257,392	126,305	6,706	3,281	-	3,963	16,191	5,030	32,116
	2.3 Outpatient FFS: ER	2,547,332	2,089,053	144,958	146,375	120,041	12,054	6,872	-	9,722	2,778	712	14,767
	2.4 Outpatient FFS: Other than ER	8,025,314	4,414,184	359,088	1,666,072	1,111,142	67,725	18,369	87	52,144	18,724	97,300	220,479
	2.5 Ending IBNP for Outpatient Hospital Services	43,778	26,928	2,087	7,505	5,098	330	105	-	256	89	406	974
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1 Transplant Services	35,731	-	-	32,191	-	3,540	-	-	-	-	-	-
	2.8 Total Hospital Services	26,578,909	16,843,991	911,410	4,824,326	2,694,764	161,084	63,233	87	107,883	208,557	156,503	607,071
Professional Services	3.1 Primary Care FFS	13,029,372	8,944,276	503,370	2,131,215	941,724	126,005	26,849	376	50,116	52,597	24,456	228,388
	3.2 Specialty Care FFS	253,493	186,070	18,530	19,184	16,563	2,462	235	-	2,992	59	5,018	2,380
	3.3 Other Professional FFS	192,269	178,191	4,650	5,808	1,626	285	456	-	1,146	-	-	107
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	6,058,018	5,290,095	158,542	303,534	137,644	87,300	15,782	666	11,228	1,420	34,182	17,625
	3.6 Ending IBNP for Professional Services	55,797	38,544	2,180	8,928	3,975	533	114	2	225	218	122	956
	3.7 Professional Settlements/AP	1,105,299	100,572	3,327	995,956	3,403	1,144	74	9	79	6	607	122
	3.8 Total Physician Services	20,694,248	14,737,748	690,599	3,464,625	1,104,935	217,729	43,510	1,053	65,786	54,300	64,385	249,578
Maternity Services	4.1.1 Maternity Services	1,976,486	1,863,553	93,668	5,903	4,910	2,441	-	-	6,011	-	-	-
	4.2.1 Ending IBNP for Maternity Services	8,183	7,716	388	24	20	10	-	-	25	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	1,984,669	1,871,269	94,056	5,927	4,930	2,451	-	-	6,036	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	1,143,381	140,419	1,123	14,373	1,379	394,253	84,526	49	107,262	1,057	220,267	178,673
	5.2 Mental Health & Substance Abuse Subcapitation	5,140,571	1,760,217	1,272,724	660,235	1,397,590	27,329	2,329	379	3,634	-	13,434	2,700
	5.3 Ending IBNP for Mental Health & Substance Abuse	(82)	(10)	-	(1)	-	(28)	(6)	-	(8)	-	(16)	(13)
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 Total Mental Health & Substance Abuse Services	6,283,870	1,900,626	1,273,847	674,607	1,398,969	421,554	86,849	428	110,888	1,057	233,685	181,360
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	331,734	123,812	23,656	55,891	41,283	22,680	380	204	3,178	3,814	37,520
7.2 Transportation Subcapitation		641,450	63,303	2,034	190,320	90,771	186,739	222	1,339	7,239	1,027	87,336	11,120
7.3 Ending IBNP for Transportation		1,374	513	98	231	171	94	2	1	13	16	155	80
7.4 Transportation Settlements/AP		-	-	-	-	-	-	-	-	-	-	-	-
7.5 Total Transportation Services		974,558	187,628	25,788	246,442	132,225	209,513	604	1,544	10,430	4,857	125,011	30,516
Pharmacy	8.1 Prescription Drugs FFS	21,153,344	7,843,778	892,006	4,631,935	4,898,850	179,497	106,423	7,690	938,590	525,514	3,137	1,125,924
	8.2 Hepatitis C Prescription Drug FFS	290,203	95,595	-	82,530	112,078	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	(33,346)	(12,365)	(1,406)	(7,302)	(7,722)	(283)	(168)	(12)	(1,480)	(828)	(5)	(1,775)
	8.5 Ending accrual for Rebates receivable	(60,028)	(22,259)	(2,531)	(13,144)	(13,902)	(509)	(302)	(22)	(2,664)	(1,491)	(9)	(3,195)
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 Total Prescription Drugs	21,350,173	7,904,749	888,069	4,694,019	4,989,304	178,705	105,953	7,656	934,446	523,195	3,123	1,120,954

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)												
						SSI Medicaid		SSI Medicaid		HIV/AIDS Dual		HIV/AIDS		LTC Medicaid	
			Total	TANF Non-SMI	TANF SMI	Only Non-SMI	Only SMI	Dual Eligible	Child Welfare	Eligible	Medicaid Only	LTC Dual Eligible	Only		
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	2,049,720	120,788	144	118,310	23,211	108	-	-	1,787,159	-	-		
	9.2	Hospice FFS	664,335	7,314	25,868	348,783	99,704	180,849	-	-	1,817	-	-		
	9.2.1	Nursing Facility FFS	472,688	-	-	76,541	78,373	317,774	-	-	-	-	-		
	9.3	DME FFS	521,982	184,128	6,071	203,316	69,516	11,205	3,703	1,140	2,638	40,265	-		
	9.4	Other State Plan Services FFS	3,255,862	1,604,983	111,070	593,573	268,279	173,127	1,346	2,346	18,497	2,555	343,327	136,759	
	9.5	Other Services Subcapitation	2,536,273	2,272,755	61,624	102,795	41,810	33,432	7,625	235	3,792	636	9,660	1,909	
	9.6	Ending IBNP for Other Services	28,839	7,939	593	5,551	2,232	2,828	21	14	88	7,585	1,422	566	
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	9.8	Total Other Services	9,529,699	4,197,907	205,370	1,448,869	583,125	719,323	12,695	3,735	25,015	1,840,017	354,409	139,234	
Expanded Benefits	10.1	Expanded Benefits FFS	2,438,959	1,386,630	129,543	378,546	316,789	97,784	1,239	505	24,024	212	47,422	56,265	
	10.2	Expanded benefits Subcapitation	3	3	-	-	-	-	-	-	-	-	-	-	
	10.3	Ending IBNP for Expanded Benefits	10,098	5,742	536	1,567	1,312	405	5	2	99	1	196	233	
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	10.5	Total Expanded Benefits	2,449,060	1,392,375	130,079	380,113	318,101	98,189	1,244	507	24,123	213	47,618	56,498	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	72,836,317	38,568,796	2,679,985	13,204,890	9,416,020	1,661,725	284,535	12,363	1,253,975	2,605,004	832,199	2,316,825	
	11.2	Total Services Paid Directly -- IBNP	1,527,249	980,551	40,979	281,198	139,113	10,879	3,521	19	4,661	24,100	7,316	34,912	
	11.3	Total Services Paid through Subcapitation	14,376,318	9,386,373	1,494,924	1,256,886	1,667,815	334,801	25,958	2,620	25,893	3,082	144,611	33,355	
	11.4	Total Services Paid by Settlements	1,105,299	100,572	3,327	995,956	3,403	1,144	74	9	79	6	607	122	
	11.5	TPL & Fraud/Abuse Recoveries	(4,042)	(1,469)	(2,236)	(928)	-	654	-	-	-	-	(63)	-	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	
	11.7	Subtotal Benefit Expense before Reinsurance	89,841,141	49,034,823	4,216,979	15,738,002	11,226,351	2,009,203	314,088	15,011	1,284,608	2,632,192	984,670	2,385,214	
	11.8	Reinsurance Premiums	212,032	98,569	3,166	69,509	33,151	143	346	1	2,644	375	67	4,061	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	212,032	98,569	3,166	69,509	33,151	143	346	1	2,644	375	67	4,061	
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	90,053,173	49,133,392	4,220,145	15,807,511	11,259,502	2,009,346	314,434	15,012	1,287,252	2,632,567	984,737	2,389,275	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			APRIL - JUNE (Q2)												
			Total	Health Plan	Corporate										
Administrative Expenses	12.1	Salaries & Benefits	2,144,598	2,144,598	-										
	12.2	Administrative Services	6,534,053	767,346	5,766,707										
	12.3	Information Systems	1,816,650	374,973	1,441,677										
	12.4	Marketing Expenses	-	-	-										
	12.5	General Administration	558,907	558,907	-										
	12.6	Compliance/Regulatory	24,627	24,627	-										
	12.7	Total Administrative Expenses	11,078,835	3,870,451	7,208,384										
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	101,132,008													
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	4,550,484													
16.0	Income Tax Expense	829,876													
17.0	Net Underwriting Gain (Loss)	\$ 3,720,608													

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			356,257	299,191	10,065	17,806	8,421	11,954	1,015	88	713	90	5,817	1,097
REVENUES														
Revenues	1.1	Capitation	\$ 104,312,867	\$ 58,013,445	\$ 5,060,754	\$ 19,009,924	\$ 11,843,567	\$ 2,486,954	\$ 351,995	\$ 18,666	\$ 2,238,063	\$ 2,298,382	\$ 487,624	\$ 2,503,493
	1.2.1	Pharmacy Drug High Risk Pool	1,169,819	355,181	-	1,077	326,467	-	-	-	-	342,384	-	144,710
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	2,662,788	2,518,590	124,609	3,191	10,016	-	3,191	-	3,191	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	651,438	373,575	12,567	22,233	10,515	-	1,267	-	890	23,514	205,507	1,370
	1.7	Total Revenue	108,796,912	61,260,791	5,197,930	19,036,425	12,190,565	2,486,954	356,453	18,666	2,242,144	2,664,280	693,131	2,649,573
	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	13,644,370	8,284,731	481,164	2,801,591	1,490,638	25,858	-	-	65,695	69,469	14,809	410,415
	2.2	Ending IBNP for Inpatient Hospital Services	1,291,950	784,460	45,560	265,276	141,145	2,448	-	-	6,220	6,578	1,402	38,861
	2.3	Outpatient FFS: ER	2,865,475	2,398,600	145,796	171,450	116,007	6,818	3,426	(111)	11,341	1,031	576	10,541
	2.4	Outpatient FFS: Other than ER	8,697,770	4,982,183	374,105	1,752,679	1,083,074	96,852	10,287	185	52,952	22,759	71,429	251,265
	2.5	Ending IBNP for Outpatient Hospital Services	71,401	45,575	3,210	11,881	7,404	640	85	-	397	147	445	1,617
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	247,548	-	-	246,064	-	1,484	-	-	-	-	-	-
	2.8	Total Hospital Services	26,818,514	16,495,549	1,049,835	5,248,941	2,838,268	134,100	13,798	74	136,605	99,984	88,661	712,699
Professional Services	3.1	Primary Care FFS	14,232,548	10,034,222	566,405	2,174,572	992,043	93,166	25,127	671	57,020	28,137	27,365	233,820
	3.2	Specialty Care FFS	284,516	207,547	11,979	34,887	9,493	2,053	135	5	6,679	-	5,158	6,580
	3.3	Other Professional FFS	185,307	172,242	5,231	5,077	1,343	397	189	-	677	-	-	151
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	5,920,307	5,183,261	162,880	287,330	130,285	79,571	15,944	587	11,352	1,298	29,911	17,888
	3.6	Ending IBNP for Professional Services	90,784	64,304	3,604	13,674	6,193	590	157	4	398	174	201	1,485
	3.7	Professional Settlements/AP	826,737	133,980	4,677	690,928	(5,300)	1,400	114	10	87	10	697	134
	3.8	Total Physician Services	21,540,199	15,795,556	754,776	3,206,468	1,134,057	177,177	41,666	1,277	76,213	29,619	63,332	260,058
Maternity Services	4.1.1	Maternity Services	2,435,774	2,302,140	115,383	2,506	7,387	-	2,188	-	6,170	-	-	-
	4.2.1	Ending IBNP for Maternity Services	15,040	14,215	712	15	46	-	14	-	38	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	2,450,814	2,316,355	116,095	2,521	7,433	-	2,202	-	6,208	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	1,349,564	129,475	677	15,611	5,196	538,730	71,930	27	96,755	289	280,165	210,709
	5.2	Mental Health & Substance Abuse Subcapitation	5,212,666	1,795,854	1,339,151	642,844	1,354,957	56,880	2,203	385	3,909	15	13,739	2,729
	5.3	Ending IBNP for Mental Health & Substance Abuse	1,383	133	1	16	5	552	74	-	99	-	287	216
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	6,563,613	1,925,462	1,339,829	658,471	1,360,158	596,162	74,207	412	100,763	304	294,191	213,654
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	319,857	128,076	19,997	49,723	46,170	21,356	-	96	4,536	190	34,225	15,488
	7.2	Transportation Subcapitation	1,003,176	177,689	5,978	313,956	148,480	216,181	603	1,591	12,572	1,587	105,197	19,342
	7.3	Ending IBNP for Transportation	1,975	791	123	307	285	132	-	1	28	1	211	96
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	1,325,008	306,556	26,098	363,986	194,935	237,669	603	1,688	17,136	1,778	139,633	34,926
Pharmacy	8.1	Prescription Drugs FFS	21,413,911	8,447,750	937,185	4,384,783	4,918,299	204,285	77,591	2,731	975,505	526,061	43	939,678
	8.2	Hepatitis C Prescription Drug FFS	311,660	64,022	69,746	96,522	81,370	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	(35,962)	(14,187)	(1,574)	(7,364)	(8,260)	(343)	(130)	(5)	(1,638)	(883)	-	(1,578)
	8.5	Ending accrual for Rebates receivable	(63,506)	(25,053)	(2,779)	(13,004)	(14,586)	(606)	(230)	(8)	(2,893)	(1,560)	-	(2,787)
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	21,626,103	8,472,532	1,002,578	4,460,937	4,976,823	203,336	77,231	2,718	970,974	523,618	43	935,313

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		Dual Eligible	Child Welfare	HIV/AIDS Dual		Private Duty	LTC Dual	LTC Medicaid
						Only Non-SMI	Only SMI			Eligible	Medicaid Only			
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	1,646,124	107,701	99	3,797	11,517	-	-	-	1,523,010	-	-	
	9.2	Hospice FFS	766,466	23,750	920	375,521	139,779	226,496	-	-	-	-	-	
	9.2.1	Nursing Facility FFS	390,621	-	-	44,996	85,767	259,858	-	-	-	-	-	
	9.3	DME FFS	404,049	186,957	14,364	92,110	66,371	13,332	5,700	300	126	24,789	-	
	9.4	Other State Plan Services FFS	3,656,931	1,888,950	145,581	610,764	305,646	185,530	4,659	2,415	18,738	931	346,696	147,021
	9.5	Other Services Subcapitation	2,569,320	2,308,319	66,131	93,721	36,879	33,684	7,669	238	4,032	631	13,934	4,082
	9.6	Ending IBNP for Other Services	42,385	13,630	994	6,960	3,761	4,231	64	17	116	9,563	2,141	908
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	9,475,896	4,529,307	228,089	1,227,869	649,720	723,131	18,092	2,970	23,012	1,558,924	362,771	152,011
Expanded Benefits	10.1	Expanded Benefits FFS	2,573,319	1,460,318	143,305	380,182	310,457	90,312	1,463	482	25,628	136	75,136	85,900
	10.2	Expanded Benefits Subcapitation	3	3	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	15,890	9,017	885	2,348	1,917	558	9	3	158	1	464	530
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	10.5	Total Expanded Benefits	2,589,212	1,469,338	144,190	382,530	312,374	90,870	1,472	485	25,786	137	75,600	86,430
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	75,326,340	40,779,423	3,027,582	13,222,469	9,647,710	1,765,578	202,335	6,788	1,317,290	2,194,359	855,603	2,307,203
	11.2	Total Services Paid Directly -- IBNP	1,530,808	932,125	55,090	300,477	160,755	9,151	402	25	7,455	16,464	5,151	43,713
	11.3	Total Services Paid Through Subcapitation	14,705,473	9,465,126	1,574,140	1,337,851	1,670,601	386,317	26,420	2,801	31,864	3,531	162,781	44,041
	11.4	Total Services Paid by Settlements/AP	826,737	133,980	4,677	690,928	(5,300)	1,400	114	10	87	10	697	134
	11.5	TPL & Fraud/Abuse Recoveries	(2,968)	(2,710)	-	(95)	-	-	-	-	(27)	-	(136)	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	92,386,390	51,307,944	4,661,489	15,551,630	11,473,766	2,162,446	229,271	9,624	1,356,669	2,214,364	1,024,096	2,395,091
	11.8	Reinsurance Premiums	214,878	101,275	3,407	69,408	32,825	143	344	1	2,779	351	69	4,276
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	214,878	101,275	3,407	69,408	32,825	143	344	1	2,779	351	69	4,276
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	92,601,268	51,409,219	4,664,896	15,621,038	11,506,591	2,162,589	229,615	9,625	1,359,448	2,214,715	1,024,165	2,399,367
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JULY - SEPTEMBER (Q3)											
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	2,495,317	2,495,317	-									
	12.2	Administrative Services	7,163,182	1,080,820	6,082,362									
	12.3	Information Systems	1,902,223	381,632	1,520,591									
	12.4	Marketing Expenses	187,138	187,138	-									
	12.5	General Administration	581,110	581,110	-									
	12.6	Compliance/Regulatory	439,379	439,379	-									
	12.7	Total Administrative Expenses	12,768,349	5,165,396	7,602,953									
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	105,369,617												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	3,427,295												
16.0	Income Tax Expense	1,557,667												
17.0	Net Underwriting Gain (Loss)	\$ 1,869,628												

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	LTC Medicaid Only
MEMBER MONTHS		368,014	309,092.0	10,852.0	17,843.0	8,460.0	12,326.0	1,035.0	93.0	765.0	83	6,325.0	1,140.0
REVENUES													
Revenues	1.1 Capitation	\$ 110,199,643	\$ 60,874,885	\$ 5,478,363	\$ 20,272,460	\$ 12,563,481	\$ 2,328,212	\$ 388,143	\$ 13,347	\$ 2,522,970	\$ 1,944,061	\$ 768,922	\$ 3,044,799
	1.2.1 Pharmacy Drug High Risk Pool	195,600	-	-	-	133,774	-	-	-	-	61,826	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	2,552,532	2,400,206	108,660	21,833	10,790	-	-	-	11,043	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	191,050	169,073	5,936	9,760	4,628	-	566	-	418	45	-	624
	1.7 Total Revenue	113,138,825	63,444,164	5,592,959	20,304,053	12,712,673	2,328,212	388,709	13,347	2,534,431	2,005,932	768,922	3,045,423
	BENEFIT EXPENSES												
Hospital Services	2.1 Inpatient FFS	8,672,244	4,427,168	335,397	2,292,204	1,002,074	41,402	50,784	2,034	119,210	48,913	10,306	342,752
	2.2 Ending IBNP for Inpatient Hospital Services	2,022,807	1,034,640	78,232	534,658	233,734	9,657	11,845	475	27,806	11,409	2,404	79,947
	2.3 Outpatient FFS: ER	3,073,597	2,576,718	163,171	161,438	126,113	7,516	6,745	-	14,857	1,958	989	14,092
	2.4 Outpatient FFS: Other than ER	8,929,345	5,486,033	384,725	1,496,696	1,107,007	105,672	9,934	431	94,185	19,949	20,457	204,256
	2.5 Ending IBNP for Outpatient Hospital Services	271,762	182,550	12,405	37,542	27,919	2,563	378	10	2,469	496	486	4,944
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1 Transplant Services	227,868	-	-	105,373	121,011	1,484	-	-	-	-	-	-
	2.8 Total Hospital Services	23,197,623	13,705,109	973,930	4,627,911	2,617,858	168,294	79,686	2,950	258,527	82,725	34,642	645,991
Professional Services	3.1 Primary Care FFS	13,398,448	9,614,163	543,306	1,889,355	882,811	111,885	27,476	398	72,385	17,328	17,229	222,112
	3.2 Specialty Care FFS	307,347	239,454	13,655	28,101	10,174	2,079	103	-	642	-	4,047	9,092
	3.3 Other Professional FFS	142,370	128,148	6,580	3,617	1,222	1,441	251	-	820	-	15	276
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	5,286,088	4,653,475	151,395	248,890	113,814	57,003	13,884	430	10,162	851	19,425	16,759
	3.6 Ending IBNP for Professional Services	313,538	225,999	12,759	43,495	20,246	2,613	630	9	1,672	392	482	5,241
	3.7 Professional Settlements/AP	1,343,733	135,256	5,088	1,199,396	2,919	577	35	4	45	2	343	68
	3.8 Total Physician Services	20,791,524	14,996,495	732,783	3,412,854	1,031,186	175,598	42,379	841	85,726	18,573	41,541	253,548
Maternity Services	4.1.1 Maternity Services	2,064,664	1,934,141	89,954	19,348	8,273	-	-	-	12,948	-	-	-
	4.2.1 Ending IBNP for Maternity Services	46,746	43,791	2,037	438	187	-	-	-	293	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	2,111,410	1,977,932	91,991	19,786	8,460	-	-	-	13,241	-	-	-
	5.1 Mental Health & Substance Abuse FFS	1,174,842	122,976	323	14,793	833	466,315	45,624	20,498	86,593	394	205,095	211,398
5.2 Mental Health & Substance Abuse Subcapitation	5,355,133	1,834,674	1,447,540	634,410	1,351,815	62,131	2,375	400	4,183	21	14,811	2,773	
5.3 Ending IBNP for Mental Health & Substance Abuse	20,169	2,111	6	254	14	8,005	783	352	1,487	7	3,521	3,629	
5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
5.5 Total Mental Health & Substance Abuse Services	6,550,144	1,959,761	1,447,869	649,457	1,352,662	536,451	48,782	21,250	92,263	422	223,427	217,800	
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	326,772	127,774	22,307	47,289	47,751	20,911	734	331	5,004	136	34,335	20,200
	7.2 Transportation Subcapitation	1,656,021	304,120	10,677	525,348	249,086	333,559	1,018	2,517	22,524	2,444	171,163	33,565
	7.3 Ending IBNP for Transportation	7,397	2,893	505	1,071	1,081	473	17	7	113	3	777	457
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5 Total Transportation Services	1,990,190	434,787	33,489	573,708	297,918	354,943	1,769	2,855	27,641	2,583	206,275	54,222
Pharmacy	8.1 Prescription Drugs FFS	22,196,118	8,593,827	1,147,513	4,431,479	5,138,342	298,693	76,585	8,219	944,346	531,723	156	1,025,235
	8.2 Hepatitis C Prescription Drug FFS	124,144	84,671	12,274	12,274	14,925	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	(102,699)	(39,763)	(5,309)	(20,504)	(23,775)	(1,382)	(354)	(38)	(4,369)	(2,460)	(1)	(4,744)
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 Total Prescription Drugs	22,217,563	8,638,735	1,154,478	4,423,249	5,129,492	297,311	76,231	8,181	939,977	529,263	155	1,020,491

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		Dual Eligible	Child Welfare	HIV/AIDS Dual		Private Duty Nursing	LTC Medicaid	
						Only Non-SMI	Only SMI			Eligible	Medicaid Only		LTC Dual Eligible	Only
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	1,590,405	119,415	-	23,085	13,555	45	-	-	1,434,305	-	-	
	9.2	Hospice FFS	620,975	26,470	-	279,659	102,750	212,096	-	-	-	-	-	
	9.2.1	Nursing Facility FFS	359,386	-	-	17,431	33,112	308,843	-	-	-	-	-	
	9.3	DME FFS	397,245	194,418	18,533	96,591	50,461	3,332	2,452	-	1,143	30,315	-	
	9.4	Other State Plan Services FFS	4,299,681	2,266,815	189,209	673,373	387,865	177,851	3,028	2,483	45,328	992	385,624	167,113
	9.5	Other Services Subcapitation	2,609,118	2,364,690	71,597	77,765	28,060	33,195	7,823	255	4,342	570	15,772	5,049
	9.6	Ending IBNP for Other Services	164,549	59,028	4,704	24,682	13,307	15,898	124	56	1,052	33,183	8,731	3,784
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	10,041,359	5,030,836	284,043	1,192,586	629,110	751,260	13,427	2,794	51,865	1,499,365	410,127	175,946
	Expanded Benefits	10.1	Expanded Benefits FFS	2,498,850	1,368,347	135,808	330,145	289,164	102,479	1,283	514	25,656	125	148,320
10.2		Expanded benefits Subcapitation	3	3	-	-	-	-	-	-	-	-	-	-
10.3		Ending IBNP for Expanded Benefits	56,577	30,981	3,075	7,475	6,547	2,320	29	12	581	3	3,358	2,196
10.4		Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
10.5		Total Expanded Benefits	2,555,430	1,399,331	138,883	337,620	295,711	104,799	1,312	526	26,237	128	151,678	99,205
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	70,301,602	37,270,775	3,057,445	11,901,747	9,313,670	1,860,662	224,643	34,870	1,418,748	2,083,678	826,573	2,308,791
	11.2	Total Services Paid Directly -- IBNP	2,903,543	1,579,992	113,721	649,615	303,036	41,529	13,806	921	35,473	45,493	19,759	100,198
	11.3	Total Services Paid through Subcapitation	14,906,360	9,156,962	1,681,209	1,486,413	1,742,775	485,887	25,100	3,602	41,210	3,886	221,171	58,145
	11.4	Total Services Paid by Settlements	1,343,733	135,256	5,088	1,199,396	2,919	577	35	4	45	2	343	68
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	89,455,238	48,142,985	4,857,463	15,237,171	11,362,400	2,388,655	263,584	39,397	1,495,476	2,133,059	1,067,846	2,467,202
	11.8	Reinsurance Premiums	219,149	104,762	3,678	69,466	32,936	143	351	1	2,978	323	73	4,438
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	219,149	104,762	3,678	69,466	32,936	143	351	1	2,978	323	73	4,438
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	89,674,387	48,247,747	4,861,141	15,306,637	11,395,336	2,388,798	263,935	39,398	1,498,454	2,133,382	1,067,919	2,471,640
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			OCTOBER - DECEMBER (Q4)											
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	2,317,011	2,317,011	-									
	12.2	Administrative Services	6,205,072	1,348,948	4,856,124									
	12.3	Information Systems	1,618,019	403,988	1,214,031									
	12.4	Marketing Expenses	83,915	83,915	-									
	12.5	General Administration	736,195	736,195	-									
	12.6	Compliance/Regulatory	(85,265)	(85,265)	-									
	12.7	Total Administrative Expenses	10,874,947	4,804,792	6,070,155									
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	100,549,334												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	12,589,491												
16.0	Income Tax Expense	867,407												
17.0	Net Underwriting Gain (Loss)	\$ 11,722,084												

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												
		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		(150)	1,401,776	1,174,883	38,987	71,084	33,908	48,109	4,139	348	2,802	377	23,015	4,274
REVENUES														
Revenues	1.1 Capitation	\$ (2,778,650)	\$ 413,081,729	\$ 228,593,155	\$ 19,601,696	\$ 77,290,500	\$ 48,236,379	\$ 9,782,355	\$ 1,468,214	\$ 67,139	\$ 8,921,087	\$ 9,547,584	\$ 2,163,926	\$ 10,188,344
	1.2.1 Pharmacy Drug High Risk Pool	1,194,593	3,813,759	464,633	-	1,077	809,036	-	-	-	-	1,172,312	-	172,108
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	(19,817)	10,013,416	9,446,641	489,214	45,498	27,189	-	3,191	-	21,500	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	(148,021)	1,516,860	877,167	29,249	52,553	24,949	-	-	-	2,090	77,679	594,991	3,195
	1.7 Total Revenue	(1,751,895)	428,425,764	239,381,596	20,120,159	77,389,628	49,097,553	9,782,355	1,474,413	67,139	8,944,677	10,797,575	2,758,917	10,363,647
	BENEFIT EXPENSES													
		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	
Hospital Services	2.1 Inpatient FFS	3,137,485	51,030,784	28,183,754	1,641,540	10,618,429	4,865,788	216,678	124,170	2,034	293,786	411,330	103,096	1,432,694
	2.2 Ending IBNP for Inpatient Hospital Services	5,428,814	10,796,127	3,079,686	186,653	1,228,858	564,727	23,615	17,493	475	42,084	41,636	10,358	171,728
	2.3 Outpatient FFS: ER	(113,143)	10,497,615	8,773,062	565,775	623,649	479,618	33,445	24,665	(60)	46,100	7,903	3,128	53,473
	2.4 Outpatient FFS: Other than ER	(1,031,387)	31,831,917	18,759,982	1,418,818	6,536,941	4,306,068	315,895	46,022	890	227,449	90,561	298,821	861,857
	2.5 Ending IBNP for Outpatient Hospital Services	257,274	682,051	277,694	19,375	64,085	44,970	3,747	629	11	3,277	859	1,785	8,345
	2.6 Subcapitalized Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1 Transplant Services	4,265	1,128,732	-	-	822,119	295,840	6,508	-	-	-	-	-	-
	2.8 Total Hospital Services	7,683,308	105,967,226	59,074,178	3,832,161	19,894,081	10,557,011	599,888	212,979	3,350	612,696	552,289	417,188	2,528,097
	Professional Services	3.1 Primary Care FFS	62,497	52,877,246	36,869,769	2,085,230	8,153,706	3,691,876	476,409	129,357	1,887	227,849	129,736	134,934
3.2 Specialty Care FFS		31,851	1,108,487	806,013	52,826	96,916	50,854	13,930	3,435	5	10,474	422	20,450	21,311
3.3 Other Professional FFS		4,447	724,265	661,747	22,130	21,791	5,641	2,590	1,711	-	3,589	-	42	577
3.4 § 1202 PCP Payments to providers		-	-	-	-	-	-	-	-	-	-	-	-	-
3.5 Subcapitalized Professional Services		(578,511)	22,408,230	20,102,768	620,197	1,139,359	516,504	311,113	61,094	2,357	43,365	5,208	116,042	68,734
3.6 Ending IBNP for Professional Services		(29,529)	481,599	363,837	20,515	74,124	34,027	4,357	1,119	17	2,495	914	1,097	8,626
3.7 Professional Settlements/AP		(1,334,951)	3,209,066	497,641	17,166	4,014,296	6,964	4,529	346	33	288	30	2,281	443
3.8 Total Physician Services		(1,844,195)	80,808,894	59,301,775	2,818,064	13,500,192	4,305,866	812,928	197,062	4,299	288,060	136,310	274,846	1,013,687
Maternity Services	4.1.1 Maternity Services	(26,330)	8,321,798	7,846,307	403,921	41,990	24,295	4,298	2,188	-	25,129	-	-	-
	4.2.1 Ending IBNP for Maternity Services	3,101	80,654	72,800	3,562	535	268	18	14	-	356	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	(23,229)	8,402,452	7,919,107	407,483	42,525	24,563	4,316	2,202	-	25,485	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	16,716	4,735,943	524,292	3,152	59,667	9,139	1,769,717	288,272	20,574	429,471	3,042	878,122	733,779
	5.2 Mental Health & Substance Abuse Subcapitation	-	20,676,760	7,052,872	5,250,180	2,596,508	5,511,236	174,096	9,244	1,552	15,239	36	55,028	10,769
	5.3 Ending IBNP for Mental Health & Substance Abuse	(538)	20,710	2,206	7	266	19	8,450	833	352	1,549	7	3,755	3,804
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 Total Mental Health & Substance Abuse Services	16,178	25,433,413	7,579,370	5,253,339	2,656,441	5,520,394	1,952,263	298,349	22,478	446,259	3,085	936,905	748,352
Dental	6.1 Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.2 Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.3 Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.5 Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1 Transportation FFS	3,108	1,290,403	482,878	82,423	206,157	178,695	92,407	1,848	1,124	16,336	9,815	144,575	71,037
	7.2 Transportation Subcapitation	(3,118,702)	833,114	624,860	21,213	1,227,212	583,994	912,608	2,152	6,653	49,584	6,268	442,075	75,197
	7.3 Ending IBNP for Transportation	(1,906)	10,092	4,615	793	1,825	1,713	810	-	11	169	43	1,299	698
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	7.5 Total Transportation Services	(3,117,500)	2,133,609	1,112,353	104,429	1,435,194	764,402	1,005,825	4,022	7,788	66,089	16,126	587,949	146,932
Pharmacy	8.1 Prescription Drugs FFS	(4,130)	84,818,924	31,931,843	3,826,756	17,870,548	19,727,198	887,015	344,160	26,697	3,709,237	2,258,337	7,556	4,233,707
	8.2 Hepatitis C Prescription Drug FFS	-	921,637	316,634	106,569	266,812	231,622	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	(127,658)	(232,702)	(39,105)	(4,494)	(22,544)	(24,483)	(990)	(447)	(31)	(4,634)	(2,914)	(13)	(5,389)
	8.5 Ending accrual for Rebates receivable	103,678	(186,886)	(109,673)	(13,345)	(60,834)	(67,566)	(3,153)	(1,154)	(94)	(12,654)	(7,676)	(24)	(14,391)
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 Total Prescription Drugs	(28,110)	85,320,973	32,099,699	3,915,486	18,053,982	19,866,771	882,872	342,559	26,572	3,691,949	2,247,747	7,519	4,213,927

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

		Prior Calendar Year Adjustments	TOTAL (TO DATE)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
			Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	27,648	8,290,835	447,692	243	472,916	67,391	9,953	-	-	139
	9.2 Hospice FFS	(20,253)	2,647,036	73,756	37,863	1,275,664	480,560	778,523	-	-	3,399	17,524		
	9.2.1 Nursing Facility FFS	99,438	1,621,030	-	-	206,858	208,462	1,106,272	-	-	-	-		
	9.3 DME FFS	(102,240)	1,502,236	665,579	49,808	503,321	214,830	39,098	13,834	1,453	3,907	112,646		
	9.4 Other State Plan Services FFS	(407,410)	14,018,620	7,371,125	566,082	2,441,805	1,217,254	712,927	12,172	9,664	99,837	5,772	1,417,497	571,895
	9.5 Other Services Subcapitation	-	10,165,412	9,137,319	257,458	376,242	148,672	133,989	30,946	954	15,797	2,546	48,625	12,864
	9.6 Ending IBNP for Other Services	71,408	337,117	88,000	6,867	42,635	21,134	25,293	230	97	1,340	60,685	13,680	5,748
	9.7 Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	9.8 Total Other Services	(331,409)	38,582,286	17,783,471	918,321	5,319,441	2,358,303	2,806,055	57,182	12,168	124,419	7,464,026	1,479,802	590,507
Expanded Benefits	10.1 Expanded Benefits FFS	(64,298)	9,920,381	5,576,549	542,999	1,466,737	1,230,608	419,831	4,978	2,505	101,945	754	345,078	292,695
	10.2 Expanded benefits Subcapitation	-	12	12	-	-	-	-	-	-	-	-	-	-
	10.3 Ending IBNP for Expanded Benefits	13,732	106,321	51,257	5,040	12,921	11,049	3,807	47	21	946	6	4,319	3,176
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	10.5 Total Expanded Benefits	(50,566)	10,026,714	5,627,818	548,039	1,479,658	1,241,657	423,638	5,025	2,526	102,891	760	349,397	295,871
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	1,594,283	286,868,293	149,142,203	11,388,291	51,602,650	37,193,690	6,881,351	995,211	66,647	5,181,359	10,302,101	3,353,265	9,167,242
	11.2 Total Services Paid Directly -- IBNP	5,742,356	12,514,670	3,940,094	242,811	1,425,250	677,908	70,097	20,384	984	52,217	104,150	36,293	202,126
	11.3 Total Services Paid through Subcapitation	(3,697,213)	54,083,529	36,917,831	6,149,048	5,339,323	6,760,406	1,531,807	103,437	11,517	123,983	14,056	661,770	167,564
	11.4 Total Services Paid by Settlements/AP	(1,334,951)	3,209,066	497,641	17,166	4,014,296	6,964	4,529	346	33	288	30	2,281	443
	11.5 TPL & Fraud/Abuse Recoveries	(65,900)	(82,395)	(7,098)	(3,045)	(2,510)	(91)	(2,761)	-	-	(27)	-	(878)	(85)
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.7 Subtotal Benefit Expense before Reinsurance	2,238,576	356,593,163	190,490,671	17,794,271	62,379,009	44,638,877	8,485,023	1,119,378	79,181	5,357,820	10,420,337	4,052,731	9,537,290
	11.8 Reinsurance Premiums	(3,624)	849,201	398,761	13,231	277,251	132,253	578	1,405	4	10,928	1,471	275	16,668
	11.9 Reinsurance Recoveries	(1,557,254)	(1,557,254)	-	-	-	-	-	-	-	-	-	-	-
	11.10 Net cost of Reinsurance	(1,560,878)	(708,053)	398,761	13,231	277,251	132,253	578	1,405	4	10,928	1,471	275	16,668
	11.11 Grand Total Medical Benefit Expense Net of Reinsurance	677,699	355,885,110	190,889,432	17,807,502	62,656,260	44,771,130	8,485,601	1,120,783	79,185	5,368,748	10,421,808	4,053,006	9,553,958
			TOTAL (TO DATE)											
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			Prior Calendar Year Adjustments	Total	Health Plan	Corporate								
Administrative Expenses	12.1 Salaries & Benefits	-	9,216,924	9,216,924	-									
	12.2 Administrative Services	-	28,590,537	5,629,867	22,960,670									
	12.3 Information Systems	-	7,096,607	1,356,439	5,740,168									
	12.4 Marketing Expenses	-	271,053	271,053	-									
	12.5 General Administration	-	2,532,840	2,532,840	-									
	12.6 Compliance/Regulatory	-	246,939	246,939	-									
	12.7 Total Administrative Expenses	-	47,954,900	19,254,062	28,700,838									
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	677,699	403,840,010											
	15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(2,429,594)	24,585,754											
	16.0 Income Tax Expense	-	3,804,168											
	17.0 Net Underwriting Gain (Loss)	\$ (2,429,594)	\$ 20,781,586											

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)	332,150	7,819,346	345,505	7,208,384	356,257	7,602,953	368,014	6,070,155		1,401,926	28,700,838
	8.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	8.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	8.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	8.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	8.6 Total Administrative Expense				7,819,346		7,208,384		7,602,953		6,070,155			28,700,838
9 Grand Total				7,819,346		7,208,384		7,602,953		6,070,155			28,700,838	

Notes

There may be small footing difference in the schedules above, as the amounts presented agree to the ASR rounded submission amounts
 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: Molina Healthcare of Florida, Inc.
 Reporting Period: 12/31/2021
 Paid Through: 3/31/2022

Summary

		JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT
MEMBER MONTHS		9,463	1,471	7,992	-	9,974	1,684	8,290	-
REVENUES									
Revenues	1.1 Capitation	\$ 27,066,765				\$ 28,470,305			
	1.2 NH Rate Reconciliation	-				-			
	1.2.1 Community High Risk Pool	84,606				89,105			
	1.2.2 Patient Responsibility Reconciliation	(71,082)				(80,722)			
	1.3 Other Revenue	-				-			
1.4 Total Revenue	27,080,289				28,478,688				
		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)	49,561	46,225	3,336	-	54,231	50,316	3,915	-
	2.2 Nursing Facility Days (Crossover)	90	55	35	-	435	386	49	-
	2.3 Nursing Facility FFS (Medicaid)	10,914,074	10,150,117	763,957	-	11,973,395	11,055,599	917,796	-
	2.4 Nursing Facility FFS (Crossover)	2,292	1,057	1,235	-	93,937	82,562	11,375	-
	2.5 Hospice Days	6,795	5,491	1,304	-	6,873	4,886	1,987	-
	2.6 Hospice FFS	1,241,272	1,070,917	170,355	-	1,151,805	955,929	195,876	-
	2.7 Ending IBNP for NF & Hospice Services	20,166	18,614	1,552	-	30,214	27,643	2,571	-
	2.8 NF & Hospice Subcapitated Services	-	-	-	-	-	-	-	-
	2.9 NF & Hospice Settlements/AP	-	-	-	-	-	-	-	-
	2.10 Total Nursing Facility and Hospice	12,177,804	11,240,705	937,099	-	13,249,351	12,121,733	1,127,618	-
Long Term Care Services	2.11 Assisted Living FFS	-	-	-	-	-	-	-	-
	2.12 Home Health FFS	9,649,827	83,550	9,566,277	-	10,575,182	79,532	10,495,650	-
	2.13 Medical Equipment/Supplies FFS	667,747	29,189	638,558	-	705,492	24,946	680,546	-
	2.14 Therapy Services FFS	5,013	573	4,440	-	4,215	1,073	3,142	-
	2.15 Transportation Services FFS	205	-	205	-	1,579	254	1,325	-
	2.16 Case Management (Plan Provided) FFS	941,872	146,947	794,925	-	980,845	164,812	816,033	-
	2.17 Case Management (non-Plan Provided) FFS	288	288	-	-	-	-	-	-
	2.18 Home & Community Based Services (HCBS) FFS	331,245	9,166	322,079	-	371,211	9,252	361,959	-
	2.19 Subcapitated LTC Services (excluding NF)	1,698,226	40,198	1,658,028	-	1,894,317	57,853	1,836,464	-
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	2,649	31	2,618	-	2,500	25	2,475	-
	2.21 LTC Services Settlements/AP (excluding NF)	-	-	-	-	-	-	-	-
2.22 Grand Total LTC Services	25,474,876	11,550,647	13,924,229	-	27,784,692	12,459,480	15,325,212	-	
Expanded Benefits	3.1 Expanded Benefits FFS	19,126	-	19,126	-	18,043	-	18,043	-
	3.2 Expanded Benefits Subcapitation	-	-	-	-	-	-	-	-
	3.3 Ending IBNP for Expanded Benefits	5	-	5	-	4	-	4	-
	3.4 Expanded Benefits Services Settlements	-	-	-	-	-	-	-	-
	3.5 Total Expanded Benefits	19,131	-	19,131	-	18,047	-	18,047	-

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

LONG TERM CARE -- 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)				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	23,772,962	11,491,804	12,281,158	-	25,875,704	12,373,958	13,501,746	-
	4.2	Total Services Paid Directly -- IBNP	22,819	18,645	4,174	-	32,719	27,668	5,051	-
	4.3	Total Services Paid through Subcapitation	1,698,226	40,198	1,658,028	-	1,894,317	57,853	1,836,464	-
	4.4	Total Services Paid by Settlements/AP	-	-	-	-	-	-	-	-
	4.5	TPL & Fraud/Abuse Recoveries	86	-	86	-	-	-	-	-
	4.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-
	4.7	Subtotal Benefit Expense before Reinsurance	25,494,093	11,550,647	13,943,446	-	27,802,740	12,459,479	15,343,261	-
	4.8	Reinsurance Premiums	38,078	5,919	32,159	-	40,202	6,788	33,414	-
	4.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-
	4.10	Net Cost of Reinsurance	38,078	5,919	32,159	-	40,202	6,788	33,414	-
	4.11	Grand Total Service Benefit Expense Net of Reinsurance	25,532,171	11,556,566	13,975,605	-	27,842,942	12,466,267	15,376,675	-
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	325,153	55,691	269,462	-	424,439	79,938	344,501	-
	5.2	Administrative Services	939,775	160,961	778,814	-	1,036,616	195,235	841,381	-
	5.3	Information Systems	226,714	38,831	187,883	-	225,202	42,414	182,788	-
	5.4	Marketing Expenses	-	-	-	-	-	-	-	-
	5.5	General Administration	145,180	24,866	120,314	-	154,761	115,985	38,776	-
	5.6	Compliance/Regulatory	73,833	12,646	61,187	-	3,457	2,806	651	-
	5.7	Total Administrative Expenses	1,710,655	292,995	1,417,660	-	1,844,475	436,378	1,408,097	-
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	27,242,826				29,687,417				
8.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(162,537)				(1,208,729)				
9.0	Income Tax Expense	558,773				(23,000)				
10.0	Net Underwriting Gain (Loss)	\$ (721,310)				\$ (1,185,729)				

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

LONG TERM CARE -- 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)				OCTOBER - DECEMBER (Q4)				Prior Calendar Year Adjustments	TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT		Total	Non-HCBS	HCBS	MED-P / SIXT
MEMBER MONTHS		10,590	1,920	8,670	-	11,917	2,201	9,716	-	(7)	41,937	7,276	34,668	-
REVENUES														
Revenues	1.1 Capitation	\$ 30,265,475				\$ 35,603,172				(17,475)	\$ 121,388,242			
	1.2 NH Rate Reconciliation	38,221				18,597				-	56,818			
	1.2.1 Community High Risk Pool	95,427				217,500				302,983	789,621			
	1.2.2 Patient Responsibility Reconciliation	(19,305)				309,701				(74,141)	64,451			
	1.3 Other Revenue	-				-				-	-			
1.4 Total Revenue	30,379,818				36,148,970				211,367	122,299,132				
		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)				Prior Calendar Year Adjustments	TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT		Total	Non-HCBS	HCBS	MED-P / SIXT
EXPENSES														
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	56,300	51,779	4,521	-	59,333	54,537	4,796	-	1,482	220,907	202,857	16,568	-
	2.2 Nursing Facility Days (Crossover)	22	22	-	-	19	19	-	-	(18)	548	482	84	-
	2.3 Nursing Facility FFS (Medicaid)	12,443,917	11,387,899	1,056,018	-	14,277,155	13,084,107	1,193,048	-	389,919	49,998,460	45,677,722	3,930,819	-
	2.4 Nursing Facility FFS (Crossover)	164	164	-	-	2,228	2,228	-	-	(11,884)	86,737	86,011	12,610	-
	2.5 Hospice Days	6,258	4,839	1,419	-	5,767	4,050	1,717	-	147	25,840	19,266	6,427	-
	2.6 Hospice FFS	1,256,196	992,863	263,333	-	1,157,311	824,543	332,768	-	22,896	4,829,480	3,844,252	962,332	-
	2.7 Ending IBNP for NF & Hospice Services	66,828	60,392	6,436	-	291,839	262,993	28,846	-	43,834	452,881	369,642	39,405	-
	2.8 NF & Hospice Subcapitated Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.9 NF & Hospice Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.10 Total Nursing Facility and Hospice	13,767,105	12,441,318	1,325,787	-	15,728,533	14,173,871	1,554,662	-	444,765	55,367,558	49,977,627	4,945,166	-
Long Term Care Services	2.11 Assisted Living FFS	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.12 Home Health FFS	11,464,810	118,971	11,345,839	-	14,240,007	128,521	14,111,486	-	172,419	46,102,245	410,574	45,519,252	-
	2.13 Medical Equipment/Supplies FFS	742,830	31,706	711,124	-	847,610	38,463	809,147	-	31,089	2,994,768	124,304	2,839,375	-
	2.14 Therapy Services FFS	2,924	1,360	1,564	-	3,162	584	2,578	-	1,561	16,875	3,590	11,724	-
	2.15 Transportation Services FFS	1,273	231	1,042	-	1,712	411	1,301	-	129	4,898	896	3,873	-
	2.16 Case Management (Plan Provided) FFS	980,845	176,831	804,014	-	935,376	173,677	761,699	-	-	3,838,938	662,267	3,176,671	-
	2.17 Case Management (non-Plan Provided) FFS	-	-	-	-	-	-	-	-	-	288	288	-	-
	2.18 Home & Community Based Services (HCBS) FFS	375,552	3,501	372,051	-	452,823	3,943	448,880	-	85	1,530,916	25,862	1,504,969	-
	2.19 Subcapitated LTC Services (excluding NF)	1,685,586	(4,683)	1,690,269	-	1,881,550	16,300	1,865,250	-	(240,470)	6,919,209	109,668	7,050,011	-
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	14,413	178	14,235	-	318,612	3,524	315,088	-	2,721	340,895	3,758	334,416	-
2.21 LTC Services Settlements/AP (excluding NF)	-	-	-	-	-	-	-	-	-	-	-	-	-	
2.22 Grand Total LTC Services	29,035,338	12,769,413	16,265,925	-	34,409,385	14,539,294	19,870,091	-	412,299	117,116,590	51,318,834	65,385,457	-	
Expanded Benefits	3.1 Expanded Benefits FFS	19,820	-	19,820	-	22,999	579	22,420	-	(3)	79,985	579	79,409	-
	3.2 Expanded Benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	3.3 Ending IBNP for Expanded Benefits	23	-	23	-	472	12	460	-	2	506	12	492	-
	3.4 Expanded Benefits Services Settlements	-	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Total Expanded Benefits	19,843	-	19,843	-	23,471	591	22,880	-	(1)	80,491	591	79,901	-

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

LONG TERM CARE -- 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)				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	27,288,330	12,713,525	14,574,805	-	31,940,384	14,257,056	17,683,328	-	606,211	109,483,591	50,836,343	58,041,037	-
	4.2 Total Services Paid Directly -- IBNP	81,263	60,570	20,693	-	610,922	266,528	344,394	-	46,557	794,280	373,411	374,312	-
	4.3 Total Services Paid through Subcapitation	1,685,586	(4,683)	1,690,269	-	1,881,550	16,300	1,865,250	-	(240,470)	6,919,209	109,668	7,050,011	-
	4.4 Total Services Paid by Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.5 TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	2,440	2,526	-	86	-
	4.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.7 Subtotal Benefit Expense before Reinsurance	29,055,179	12,769,412	16,285,767	-	34,432,856	14,539,884	19,892,972	-	414,738	117,199,606	51,319,422	65,465,446	-
	4.8 Reinsurance Premiums	42,696	7,741	34,955	-	51,674	9,544	42,130	-	-	172,650	29,992	142,658	-
	4.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.10 Net Cost of Reinsurance	42,696	7,741	34,955	-	51,674	9,544	42,130	-	-	172,650	29,992	142,658	-
	4.11 Grand Total Service Benefit Expense Net of Reinsurance	29,097,875	12,777,153	16,320,722	-	34,484,530	14,549,428	19,935,102	-	414,738	117,372,256	51,349,414	65,608,104	-
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 Calendar Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
Administrative Expenses	5.1 Salaries & Benefits	404,009	82,065	321,944	-	710,269	147,481	562,788	-	-	1,863,870	365,175	1,498,695	-
	5.2 Administrative Services	1,028,097	208,834	819,263	-	1,112,569	231,016	881,553	-	-	4,117,057	796,046	3,321,011	-
	5.3 Information Systems	250,756	50,935	199,821	-	256,939	53,351	203,588	-	-	959,611	185,531	774,080	-
	5.4 Marketing Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 General Administration	106,815	21,697	85,118	-	134,630	27,955	106,675	-	-	541,386	190,503	350,883	-
	5.6 Compliance/Regulatory	51,938	10,550	41,388	-	(16,652)	(3,458)	(13,194)	-	-	112,576	22,544	90,032	-
	5.7 Total Administrative Expenses	1,841,615	374,081	1,467,534	-	2,197,755	456,345	1,741,410	-	-	7,594,500	1,559,799	6,034,701	-
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	30,939,490				36,682,285				414,738	124,966,756				
8.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(559,672)				(533,315)				(203,371)	(2,667,624)				
9.0 Income Tax Expense	298				(328,678)				-	207,393				
10.0 Net Underwriting Gain (Loss)	\$ (559,970)				\$ (204,637)				\$ (203,371)	\$ (2,875,017)				

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

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

Health Plan: Molina Healthcare of Florida, Inc.

Reporting Period: 12/31/2021

Paid Through: 3/31/2022

Summary

				JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		Prior Year Adjustments	CALENDAR YEAR TOTAL (TO DATE)	
EXPENSES	Vendor Name	Affiliation	Payment Methodology	MM	Amount	MM	Amount	MM	Amount	MM	Amount		MM	Amount
LTC Nursing Facility (NF) & Hospice Services	1.1 Vendor #1				-		-		-		-	-		-
	1.2 Vendor #2				-		-		-		-	-		-
	1.3 Vendor #3				-		-		-		-	-		-
	1.4 Vendor #4				-		-		-		-	-		-
	1.5 Vendor #5				-		-		-		-	-		-
	1.6 Total LTC Nursing Facility & Hospice					-		-		-		-	-	
Long Term Care Services	2.1 Vendor #1				-		-		-		-	-		-
	2.2 Vendor #2				-		-		-		-	-		-
	2.3 Vendor #3				-		-		-		-	-		-
	2.4 Vendor #4				-		-		-		-	-		-
	2.5 Vendor #5				-		-		-		-	-		-
	2.6 Total Long Term Services					-		-		-		-	-	
Administrative Expenses	3.1 Molina Healthcare, Inc. (MHI)	Direct Parent	Other (please explain)	9,463	906,856	9,974	900,810	10,590	1,003,025	11,917	1,027,759	-	41,944	3,838,450
	3.2 Vendor #2				-		-		-		-	-		-
	3.3 Vendor #3				-		-		-		-	-		-
	3.4 Vendor #4				-		-		-		-	-		-
	3.5 Vendor #5				-		-		-		-	-		-
	3.6 Total Administrative Expenses					906,856		900,810		1,003,025		1,027,759	-	
4 Grand Total					906,856		900,810		1,003,025		1,027,759	-		3,838,450

Notes

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

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

	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	\$ 129,639,719	\$ 102,559,430	\$ 27,080,289	\$ 134,161,180	\$ 105,682,492	\$ 28,478,688	\$ 139,176,730	\$ 108,796,912	\$ 30,379,818
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	129,639,719	102,559,430	27,080,289	134,161,180	105,682,492	28,478,688	139,176,730	108,796,912	30,379,818
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	106,064,131	80,592,857	25,471,274	114,978,614	87,208,593	27,770,021	119,002,761	90,028,845	28,973,916
2.2	Incurred but not Paid (IBNP) Ending Balance	833,533	810,714	22,819	1,559,968	1,527,249	32,719	1,612,071	1,530,808	81,263
2.3	Settlements/AP	1,268,334	1,268,248	86	1,105,299	1,105,299	-	826,737	826,737	-
2.4	Less: Premium Deficiency Reserve and other Reserve Account Contributions	-	-	-	-	-	-	-	-	-
2.5	Total Benefit Expense before Reinsurance	108,165,998	82,671,819	25,494,179	117,643,881	89,841,141	27,802,740	121,441,569	92,386,390	29,055,179
2.6	Net Cost of Reinsurance	244,844	206,766	38,078	252,234	212,032	40,202	257,574	214,878	42,696
2.7	Total Benefit Expense after Reinsurance	108,410,842	82,878,585	25,532,257	117,896,115	90,053,173	27,842,942	121,699,143	92,601,268	29,097,875
Administrative Expenses										
3.1	Administrative Expenses from Revenue & Expense Schedule	14,943,424	13,232,769	1,710,655	12,923,310	11,078,835	1,844,475	14,609,964	12,768,349	1,841,615
3.2	Less: Compliance/Regulatory	57,969	131,802	(73,833)	(28,084)	(24,627)	(3,457)	(491,317)	(439,379)	(51,938)
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	15,001,393	13,364,571	1,636,822	12,895,226	11,054,208	1,841,018	14,118,647	12,328,970	1,789,677
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

(Continued)

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

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

ACHIEVED SAVINGS REBATE EXHIBIT (Continued)

Health Plan: Molina Healthcare of Florida, Inc.

Reporting Period: 12/31/2021

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	\$ 149,287,795	\$ 113,138,825	\$ 36,148,970	\$ (1,540,528)	\$ (1,751,895)	\$ 211,367	\$ 550,724,896	\$ 428,425,764	\$ 122,299,132
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	149,287,795	113,138,825	36,148,970	(1,540,528)	(1,751,895)	211,367	550,724,896	428,425,764	122,299,132
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	119,029,896	85,207,962	33,821,934	(1,800,649)	(2,168,830)	368,181	457,274,753	340,869,427	116,405,326
2.2	Incurred but not Paid (IBNP) Ending Balance	3,514,465	2,903,543	610,922	5,788,913	5,742,356	46,557	13,308,950	12,514,670	794,280
2.3	Settlements/AP	1,343,733	1,343,733	-	(1,334,951)	(1,334,951)	-	3,209,152	3,209,066	86
2.4	Less: Premium Deficiency Reserve and other Reserve Account Contributions	-	-	-	-	-	-	-	-	-
2.5	Total Benefit Expense before Reinsurance	123,888,094	89,455,238	34,432,856	2,653,313	2,238,575	414,738	473,792,855	356,593,163	117,199,692
2.6	Net Cost of Reinsurance	270,823	219,149	51,674	(1,560,878)	(1,560,878)	-	(535,403)	(708,053)	172,650
2.7	Total Benefit Expense after Reinsurance	124,158,917	89,674,387	34,484,530	1,092,435	677,697	414,738	473,257,452	355,885,110	117,372,342
Administrative Expenses										
3.1	Administrative Expenses from Revenue & Expense Schedule	13,072,702	10,874,947	2,197,755	-	-	-	55,549,400	47,954,900	7,594,500
3.2	Less: Compliance/Regulatory	101,917	85,265	16,652	-	-	-	(359,515)	(246,939)	(112,576)
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	(1,644,486)	(1,644,486)	-	-	-	-	(1,644,486)	(1,644,486)	-
3.5	Less: Reserve Account Contributions	-	-	-	-	-	-	-	-	-
3.6	Administrative Expense Subject to ASR	11,530,133	9,315,726	2,214,407	-	-	-	53,545,399	46,063,475	7,481,924
4.0	Actuarially-sound Administrative Expense Maximum							54,014,686	47,711,239	6,303,447
5.0	Administrative Expenses Subject to ASR							53,545,399	46,063,475	6,303,447
6.0	Total Benefit and Administrative Expense subject to ASR							\$ 526,802,851	\$ 401,948,585	\$ 123,675,789
Calculation of Pre-Tax Income and ASR										
7.1	Pre-tax Income							23,922,045	26,477,179	(1,376,657)
7.2	Pre-tax Income as a Percent of Revenue							4.3%	6.2%	-1.1%
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: 1/1/2020-9/30/2021
 Paid Through: 3/31/2022
 Plan Type:

		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	4,839,512		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$ 28.15	865,791	\$ 24,372,017
	TANF SMI	80.26	28,135	2,258,115
	SSI Medicaid Only Non-SMI	70.21	53,241	3,738,051
	SSI Medicaid Only SMI	100.35	25,448	2,553,707
	SSI Dual Eligible	26.06	35,783	932,505
	Child Welfare	67.63	3,104	209,924
	HIV/AIDS Non-Specialty Medicaid Only	185.74	2,037	378,352
	HIV/AIDS Specialty Medicaid Only	208.61	-	-
	HIV/AIDS Dual Eligible	23.07	255	5,883
	LTC Medicaid Only	187.81	3,134	588,597
	LTC Dual Eligible	12.21	16,690	203,785
	Maternity Kick Payment	438.18	-	-
	Private Duty Nursing	408.42	294	120,075
	LTC Eligible Kick Payments	-	-	-
1.3	Total MMA Administrative Maximum			\$ 35,361,010
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	\$ 150.97	30,027	4,533,176
2.2	Total LTC Administrative Maximum			\$ 4,533,176

Instructions

Reporting Period 1/1/2021-9/30/2021
 Paid Through 3/31/2022
 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, 2021 to September 30, 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 January 01, 2021 to September 30, 2021 for LTC Program
 Maternity Kick Payment For member months, please report number of kick payments occurred from January 01, 2021 to September 30, 2021
 Note 1: For column C, this is the Admin max PMPM provided by Milliman for calendar year January 2021 through September 2021 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:

		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	309,092	\$ 8,311,484
	TANF SMI	75.16	10,852	815,636
	SSI Medicaid Only Non-SMI	81.57	17,843	1,455,454
	SSI Medicaid Only SMI	105.86	8,460	895,576
	SSI Dual Eligible	25.89	12,326	319,120
	Child Welfare	69.40	1,035	71,829
	HIV/AIDS Non-Specialty Medicaid Only	129.75	765	99,259
	HIV/AIDS Specialty Medicaid Only	146.34	-	-
	HIV/AIDS Dual Eligible	21.97	93	2,043
	LTC Medicaid Only	184.45	1,140	210,273
	LTC Dual Eligible	20.67	6,325	130,738
	Maternity Kick Payment	239.62	-	-
	Private Duty Nursing	467.69	83	38,818
	LTC Eligible Kick Payments	-	-	-
1.3	Total MMA Administrative Maximum			\$ 12,350,229
LTC Administrative Expense Maximum		LTC		
2.0	Select your Nationwide Member Enrollment	<100,000		
		Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.1	LTC Program	\$148.55	11,917	1,770,270
2.2	Total LTC Administrative Maximum			\$ 1,770,270

Instructions

Reporting Period: 10/1/2021-12/31/2021
 Paid Through: 3/31/2022
 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: MMA, LTC , Comprehensive

	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	\$ 129,639,719	\$ 102,559,430	\$ 27,080,289	\$ 134,161,180	\$ 105,682,492	\$ 28,478,688	\$ 139,176,730	\$ 108,796,912	\$ 30,379,818
1.2	Federal Taxes and Assessments, including ACA § 9010	(1,107,991)	(549,218)	(558,773)	(806,876)	(829,876)	23,000	(1,557,965)	(1,557,667)	(298)
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5	Revenue Subject to MLR	128,531,728	102,010,212	26,521,516	133,354,304	104,852,616	28,501,688	137,618,765	107,239,245	30,379,520
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS During the Year	90,573,314	66,800,266	23,773,048	98,707,979	72,832,275	25,875,704	102,611,702	75,323,372	27,288,330
2.2	Total Benefits Paid through Subcapitation During the Year	13,477,106	11,778,880	1,698,226	14,168,107	12,273,791	1,894,316	14,070,671	12,385,085	1,685,586
2.3	Incurred but not Paid (IBNP) Ending Balance	833,533	810,714	22,819	1,559,968	1,527,249	32,719	1,612,071	1,530,808	81,263
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	31,848	31,848	-	45,132	45,132	-	81,384	81,384	-
2.5	Settlements/AP	1,268,248	1,268,248	-	1,105,299	1,105,299	-	826,737	826,737	-
2.6	Less: Premium Deficiency Reserve and other Reserve Account Contributions	-	-	-	-	-	-	-	-	-
2.7	Total Benefit Expense before Reinsurance	106,184,049	80,689,956	25,494,093	115,586,485	87,783,746	27,802,739	119,202,565	90,147,386	29,055,179
2.8	Net Cost of Reinsurance	244,844	206,766	38,078	252,234	212,032	40,202	257,573	214,878	42,695
2.9	Total Benefit Expense after Reinsurance	106,428,893	80,896,722	25,532,171	115,838,719	87,995,778	27,842,941	119,460,138	90,362,264	29,097,874
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	1,506,847	1,506,847	-	1,291,162	1,291,162	-	1,509,756	1,509,756	-
4.2	Activities to Prevent Hospital Readmissions	593,815	593,815	-	504,915	504,915	-	592,052	592,052	-
4.3	Improve Patient Safety and Reducing Medical Errors	59,497	59,497	-	51,134	51,134	-	60,863	60,863	-
4.4	Wellness and Health Promotion Activities	220,412	220,412	-	187,414	187,414	-	219,757	219,757	-
4.5	Health Information Technology (HIT) expenses related to Health Improvement	240,736	240,736	-	204,428	204,428	-	242,992	242,992	-
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	\$ 2,621,307	\$ 2,621,307	-	\$ 2,239,053	\$ 2,239,053	-	\$ 2,625,420	\$ 2,625,420	-
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses (MLR only)	46,675	46,675	-	39,688	39,688	-	46,537	46,537	-
6.0	Preliminary Medical Loss Ratio: MLR	85%	82%	-	89%	86%	-	89%	87%	-

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)			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	\$ 149,287,795	\$ 113,138,825	\$ 36,148,970	\$ (1,540,528)	\$ (1,751,895)	\$ 211,367	\$ 550,724,896	\$ 428,425,764	\$ 122,299,132
1.2	Federal Taxes and Assessments, including ACA § 9010	(538,729)	(867,407)	328,678	-	-	-	(4,011,561)	(3,804,168)	(207,393)
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5	Revenue Subject to MLR	148,749,066	112,271,418	36,477,648	(1,540,528)	(1,751,895)	211,367	546,713,335	424,621,596	122,091,739
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS During the Year	102,241,986	70,301,602	31,940,384	2,137,034	1,528,383	608,651	396,272,015	286,785,898	109,486,117
2.2	Total Benefits Paid through Subcapitation During the Year	14,075,354	12,193,804	1,881,550	(3,937,683)	(3,697,213)	(240,470)	51,853,555	44,934,347	6,919,208
2.3	Incurred but not Paid (IBNP) Ending Balance	3,514,465	2,903,543	610,922	5,788,913	5,742,356	46,557	13,308,950	12,514,670	794,280
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	196,306	196,306	-	-	-	-	354,670	354,670	-
2.5	Settlements/AP	1,343,733	1,343,733	-	(1,334,951)	(1,334,951)	-	3,209,066	3,209,066	-
2.6	Less: Premium Deficiency Reserve and other Reserve Account Contributions	-	-	-	-	-	-	-	-	-
2.7	Total Benefit Expense before Reinsurance	121,371,844	86,938,988	34,432,856	2,653,313	2,238,575	414,738	464,998,256	347,798,651	117,199,605
2.8	Net Cost of Reinsurance	270,824	219,150	51,674	(1,560,878)	(1,560,878)	-	(535,403)	(708,052)	172,649
2.9	Total Benefit Expense after Reinsurance	121,642,668	87,158,138	34,484,530	1,092,435	677,697	414,738	464,462,853	347,090,599	117,372,254
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	1,145,942	1,145,942	-	-	-	-	5,453,707	5,453,707	-
4.2	Activities to Prevent Hospital Readmissions	443,249	443,249	-	-	-	-	2,134,031	2,134,031	-
4.3	Improve Patient Safety and Reducing Medical Errors	45,845	45,845	-	-	-	-	217,339	217,339	-
4.4	Wellness and Health Promotion Activities	164,525	164,525	-	-	-	-	792,108	792,108	-
4.5	Health Information Technology (HIT) expenses related to Health Improvement	182,334	182,334	-	-	-	-	870,490	870,490	-
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	\$ 1,981,895	\$ 1,981,895	\$ -	\$ -	\$ -	\$ -	\$ 9,467,675	\$ 9,467,675	\$ -
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses (MLR only)	34,841	34,841	-	-	-	-	167,741	167,741	-
6.0	Preliminary Medical Loss Ratio: MLR	83%	79%	-	-71%	-39%	-	87%	84%	-

Notes

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