



**Auditee: South Florida Community Care Network, LLC**

**Performance Audit**

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

**Annual Achieved Savings Rebate Financial Report**

**For the Year Ended December 31, 2021**



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## PLAN AND PERFORMANCE AUDIT OVERVIEW

South Florida Community Care Network, LLC (the “Company”), is a limited liability company composed of two members; North Broward Hospital District and South Broward Hospital District. The Company is a Provider Service Network under sections 409.912(4)(d) and 409.962(13), Florida Statutes. The Company provides medical services to Medicaid populations under contracts with the State of Florida Agency for Health Care Administration (the “Agency”) and the Centers for Medicaid and Medicare Services.

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

At the request of the Agency, we conducted a performance audit of selected schedules and exhibits of the annual Achieved Savings Rebate (“ASR”) financial report of the Plan for the year ended December 31, 2021.

Carr, Riggs and Ingram, LLC (“CRI”) was engaged under Contract No. MED217 dated October 28, 2021. This report presents the objective, scope, methodology and results of the performance audit. Our work was performed during the period from April 4, 2022 to August 30, 2022, and our results, reported herein, are as of August 30, 2022.

## OBJECTIVE, SCOPE, AND METHODOLOGY

### *Objective*

Management is responsible for the preparation and fair presentation of the annual ASR financial report in compliance with Florida Statute 409.967(3) and the annual ASR financial report instructions; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the annual ASR financial report that is free from significant misstatement, whether due to fraud or error.

The objective of the performance audit is to determine whether the following schedules and exhibits, collectively the “ASR Schedules,” were prepared and presented pursuant to Florida Statute 409.967(3), the Agency’s annual ASR financial report instructions and the Agency’s verbal and written clarifications to the annual ASR financial report instructions.

- MMA Revenue and Expense Schedule – Summary
- MMA Related Party Transaction Schedule – Summary
- ASR Exhibit
- Medical Loss Ratio (“MLR”) Exhibit

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

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

### ***Scope***

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

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

- Tests of any opening balances (accruals, receivables and payables included in the prior year ASR Schedules which may impact prior calendar year adjustments in the 2021 ASR Schedules). We tested the Plan’s supporting documentation for prior calendar year adjustments reported in the ASR Schedules and considered the impact of accruals for revenue and medical benefits reported in the prior year.
- Valuation/measurement of any capitation, kick or other revenue receivables included in the ASR Schedules that were not collected as of March 31, 2022. We agreed significant reported receivables to the Plan’s supporting documentation, but performed no testing of the valuation or collectability of the accruals.
- Valuation/measurement of actuarially-determined incurred but not paid (“IBNP”) liabilities for medical benefits. We relied on the actuary’s estimation of IBNP, reviewed the supporting documentation and reconciled to amounts reported by the Plan by quarter and rate cell.
- Valuation/measurement/completeness of other medical benefits expenses/payable or administrative costs expenses/payable. We obtained supporting documentation of any such amounts reported in the ASR Schedules, but did not perform procedures to test completeness of reported accruals for services and benefits that were not paid on or before March 31, 2022.
- Adjudication of medical benefits claims in accordance with the Plan’s fee schedules or contracts with providers. As documented in the following “Methodology” section, we tested a representative sample of claims included in reported fee for service medical benefit expenses, reviewed supporting documentation to determine the claim was allowable under the SMMC

contract, the amount reported was actually paid, and the claim was properly classified by rate-cell and quarter. We did not evaluate whether the claims were paid in accordance with the Plan's contractual arrangements with respective providers.

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

### ***Methodology***

We performed the following procedures for the performance audit:

#### Planning Procedures

- Communicated with the Agency and Plan management regarding the audit objectives, scope and timing of the performance audit.
- Developed an understanding of the Plan and its environment, including internal control within the context of the audit objective.
- Performed risk assessments related to the preparation of the annual ASR financial report.
- Reviewed the Company's audited statutory-basis financial statements for the year ended December 31, 2021 and the Annual Statement submitted to the Florida Office of Insurance Regulation.

#### Substantive Procedures

- MMA Revenue and Expense Schedule – Summary
  - Performed walk-throughs of transaction processes significant to generating information included in the ASR Schedules
  - Verified the mathematical accuracy
  - Inspected quarterly and annual reconciliations of amounts in the ASR Schedules to the Company's general ledger or other summarized amounts from detailed accounting records

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

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

## RESULTS

Based upon the previously defined objective and the completion of the procedures outlined in the scope and methodology section, the audit objective has been met. The Plan did not prepare the MMA Revenue and Expense Schedule – Summary, the MMA Related Party Transaction Schedule – Summary, the 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.

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

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

		Reported	Adjustment Number		Total	Adjusted
		Annual Amount	1	3	Adjustments	Annual Amount
MEMBER MONTHS		623,634	-	-	-	623,634
REVENUES						
Revenues	1.1 Capitation	\$ 159,313,322	\$ -	\$ -	\$ -	\$ 159,313,322
	1.2.1 Pharmacy Drug High Risk Pool	(2,389)	-	-	-	(2,389)
	1.3 Hepatitis C Kick Payments	-	-	-	-	-
	1.4.1 Maternity Kick Payments	3,508,982	-	-	-	3,508,982
	1.5 ACA § 9010 related payments	-	-	-	-	-
	1.6 Other Revenue	291,404	-	-	-	291,404
	<b>1.7 Total Revenue</b>	<b>\$ 163,111,319</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 163,111,319</b>
BENEFIT EXPENSES						
Hospital Services	2.1 Inpatient FFS	\$ 22,642,952	-	-	-	\$ 22,642,952
	2.2 Ending IBNP for Inpatient Hospital Services	1,005,609	-	-	-	1,005,609
	2.3 Outpatient FFS: ER	5,697,806	-	-	-	5,697,806
	2.4 Outpatient FFS: Other than ER	6,376,419	-	-	-	6,376,419
	2.5 Ending IBNP for Outpatient Hospital Services	(30,708)	-	-	-	(30,708)
	2.6 Subcapitated Hospital Services	-	-	-	-	-
	2.7 Hospital Settlements/AP	-	-	-	-	-
	2.7.1 Transplant Services	444,484	-	-	-	444,484
<b>2.8 Total Hospital Services</b>	<b>36,136,562</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>36,136,562</b>	
Professional Services	3.1 Primary Care FFS	9,484,095	-	-	-	9,484,095
	3.2 Specialty Care FFS	16,448,209	-	-	-	16,448,209
	3.3 Other Professional FFS	166,826	-	-	-	166,826
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-
	3.5 Subcapitated Professional Services	14,023,020	-	206,753	206,753	14,229,773
	3.6 Ending IBNP for Professional Services	(142,512)	-	-	-	(142,512)
	3.7 Professional Settlements/AP	9,958,784	-	-	-	9,958,784
<b>3.8 Total Physician Services</b>	<b>49,938,421</b>	<b>-</b>	<b>206,753</b>	<b>206,753</b>	<b>50,145,174</b>	

(Continued)



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

			<b>Reported</b>	<b>Adjustment Number</b>		<b>Total</b>	<b>Adjusted</b>
			<b>Annual Amount</b>	<b>1</b>	<b>3</b>	<b>Adjustments</b>	<b>Annual Amount</b>
Maternity Services	4.1.1	Maternity Services	\$ 3,369,630	\$ -	\$ -	\$ -	\$ 3,369,630
	4.2.1	Ending IBNP for Maternity Services	22,874	-	-	-	22,874
	4.3.1	Maternity Settlements/AP	-	-	-	-	-
	<b>4.4.1</b>	<b>Total Maternity Services</b>	<b>3,392,504</b>	-	-	-	<b>3,392,504</b>
	5.1	Mental Health & Substance Abuse FFS	3,077,423	-	-	-	3,077,423
Mental Health	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	(1,890)	-	-	-	(1,890)
	5.4	Mental Health Settlements/AP	-	-	-	-	-
	<b>5.5</b>	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>3,075,533</b>	-	-	-	<b>3,075,533</b>
	6.1	Dental FFS	-	-	-	-	-
Dental	6.2	Dental Subcapitation	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-
	<b>6.5</b>	<b>Total Dental Services</b>	-	-	-	-	-
	7.1	Transportation FFS	1,153,331	-	-	-	1,153,331
Transportation	7.2	Transportation Subcapitation	-	-	-	-	-
	7.3	Ending IBNP for Transportation	940	-	-	-	940
	7.4	Transportation Settlements/AP	-	-	-	-	-
	<b>7.5</b>	<b>Total Transportation Services</b>	<b>1,154,271</b>	-	-	-	<b>1,154,271</b>
	8.1	Prescription Drugs FFS	25,784,678	-	-	-	25,784,678
Pharmacy	8.2	Hepatitis C Prescription Drug FFS	85,272	-	-	-	85,272
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	(98,631)	-	-	-	(98,631)
	<b>8.8</b>	<b>Total Prescription Drugs</b>	<b>25,771,319</b>	-	-	-	<b>25,771,319</b>
	9.1	Home Health, Private Duty Nursing, Personal Care	3,381,338	(21,610)	-	(21,610)	3,359,728
Other Services	9.2	Hospice FFS	1,270,558	-	-	-	1,270,558
	9.2.1	Nursing Facility FFS	905,116	-	-	-	905,116
	9.3	DME FFS	1,028,196	-	-	-	1,028,196
	9.4	Other State Plan Services FFS	3,308,298	-	-	-	3,308,298
	9.5	Other Services Subcapitation	1,006,592	-	-	-	1,006,592
	9.6	Ending IBNP for Other Services	35,700	-	-	-	35,700
	9.7	Other Service Settlements/AP	-	-	-	-	-
	<b>9.8</b>	<b>Total Other Services</b>	<b>10,935,799</b>	<b>(21,610)</b>	-	<b>(21,610)</b>	<b>10,914,189</b>

(Continued)

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

		<b>Reported</b>	<b>Adjustment Number</b>		<b>Total</b>	<b>Adjusted</b>
		<b>Annual Amount</b>	<b>1</b>	<b>3</b>	<b>Adjustments</b>	<b>Annual Amount</b>
Expanded Benefits	10.1	\$ 1,424,330	\$ -	\$ -	\$ -	\$ 1,424,330
	10.2	32,682	-	-	-	32,682
	10.3	(6,702)	-	-	-	(6,702)
	10.4	-	-	-	-	-
	<b>10.5</b>	<b>1,450,310</b>	-	-	-	<b>1,450,310</b>
Totals Before and After Reinsurance	11.1	106,048,961	(21,610)	-	(21,610)	106,027,351
	11.2	883,310	-	-	-	883,310
	11.3	15,062,294	-	206,753	206,753	15,269,047
	11.4	9,860,153	-	-	-	9,860,153
	11.5	(763,293)	-	-	-	(763,293)
	11.6.1	-	-	-	-	-
	11.7	131,091,425	(21,610)	206,753	185,143	131,276,568
	11.8	471,231	-	-	-	471,231
	11.9	(31,043)	-	-	-	(31,043)
	11.10	440,188	-	-	-	440,188
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>131,531,613</b>	<b>(21,610)</b>	<b>206,753</b>	<b>185,143</b>
Administrative Expenses, Assessments, Taxes, and Fees						
Administrative Expenses	12.1	13,020,992	-	-	-	13,020,992
	12.2	1,345,064	-	-	-	1,345,064
	12.3	3,591,430	-	-	-	3,591,430
	12.4	637,413	-	-	-	637,413
	12.5	2,207,879	-	-	-	2,207,879
	12.6	262,777	-	-	-	262,777
<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>21,065,556</b>	-	-	-	<b>21,065,556</b>
Government-Mandated Assessments, Taxes, and	13.1	-	-	-	-	-
	13.2	-	-	-	-	-
	13.3	-	-	-	-	-
	13.4	-	-	-	-	-
	13.5	-	-	-	-	-
	13.6	-	-	-	-	-
	<b>13.7</b>	<b>Total</b>	-	-	-	-
	14.0	152,597,169	(21,610)	206,753	185,143	152,782,312
<b>15.0</b>	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>10,514,150</b>	<b>21,610</b>	<b>(206,753)</b>	<b>(185,143)</b>	<b>10,329,007</b>
16.0	-	-	-	-	-	
<b>17.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>10,514,150</b>	<b>21,610</b>	<b>(206,753)</b>	<b>(185,143)</b>	<b>10,329,007</b>

## Adjustments to the Amounts Reported in the Annual Achieved Savings Rebate Exhibit

	Reported Annual Amount	Adjustment Number 3	Total Adjustments	Adjusted Annual Amount
<b>REVENUES</b>				
1.1 Total Revenue from Revenue & Expense Schedules	\$ 163,111,319	\$ -	\$ -	\$ 163,111,319
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	<u>163,111,319</u>	<u>-</u>	<u>-</u>	<u>163,111,319</u>
<b>EXPENSES</b>				
<b>Benefit Expenses</b>				
2.1 Total Benefits Paid through FFS and Subcapitation	120,326,353	206,753	206,753	120,533,106
2.2 Incurred but not Paid (IBNP) Ending Balance	883,310	-	-	883,310
2.3 Settlements/AP	9,860,153	-	-	9,860,153
2.4 Total Benefit Expense before Reinsurance	<u>131,069,816</u>	<u>206,753</u>	<u>206,753</u>	<u>131,276,569</u>
2.5 Net Cost of Reinsurance	440,188	-	-	440,188
2.6 Total Benefit Expense after Reinsurance	<u>131,510,004</u>	<u>206,753</u>	<u>206,753</u>	<u>131,716,757</u>
<b>Administrative Expenses</b>				
3.1 Total Administrative Expenses from Revenue & Expense Schedule	21,065,556	-	-	21,065,556
3.2 Less: Compliance/Regulatory	(262,777)	-	-	(262,777)
3.3 Less: Lobbying/Political expenses	-	-	-	-
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	(369,068)	-	-	(369,068)
3.5 Less: Other Non-allowed expenses	(332,779)	-	-	(332,779)
<b>3.6 Administrative Expense Subject to ASR</b>	<u>20,100,932</u>	<u>-</u>	<u>-</u>	<u>20,100,932</u>
4.0 Actuarially-sound Administrative Expense Maximum	<u>21,754,725</u>	<u>-</u>	<u>-</u>	<u>21,754,725</u>
<b>5.0 Administrative Expenses Subject to ASR</b>	<u>20,100,932</u>	<u>-</u>	<u>-</u>	<u>20,100,932</u>
6.0 Total Benefit and Administrative Expense subject to ASR	<u>151,610,936</u>	<u>206,753</u>	<u>206,753</u>	<u>151,817,689</u>
<b>Calculation of Pre-Tax Income and ASR</b>				
7.1 Pre-tax Income	\$ 11,500,383	\$ (206,753)	\$ (206,753)	\$ 11,293,630
7.2 Pre-tax Income as a Percent of Revenue	7.1%			6.9%
<b>7.3 Preliminary Achieved Savings Rebate</b>				1,569,032

Adjustments to Amounts Reported in the Annual Medical Loss Ratio Exhibit

	Reported Annual Amount	Adjustment Number 3	Total Adjustments	Adjusted Annual Amount
<b>REVENUES</b>				
1.1 Total Revenue from Revenue & Expense Schedules	\$ 163,111,319	\$ -	\$ -	\$ 163,111,319
1.2 Federal Taxes and Assessments, including ACA § 9010	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-
<b>1.5 Revenue Subject to MLR</b>	<b>163,111,319</b>	<b>-</b>	<b>-</b>	<b>163,111,319</b>
<b>EXPENSES</b>				
<b>Benefit Expenses</b>				
2.1 Total Benefits Paid through FFS During the Year	104,267,733	-	-	104,267,733
2.2 Total Benefits Paid through Subcapitation During the Year	13,713,500	206,753	206,753	13,920,253
2.3 Incurred but not Paid (IBNP) Ending Balance	883,310	-	-	883,310
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-
2.5 Settlements/AP	9,860,153	-	-	9,860,153
2.6 Total Benefit Expense before Reinsurance	128,724,696	206,753	206,753	128,931,449
2.7 Net Cost of Reinsurance	440,188	-	-	440,188
<b>2.8 Total Benefit Expense after Reinsurance</b>	<b>129,164,884</b>	<b>206,753</b>	<b>206,753</b>	<b>129,371,637</b>
<b>Florida-Specific Contributions</b>				
3.1 Funds to Graduate Medical Education institutions	-	-	-	-
3.2 Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-
<b>3.3 Total Florida-Specific Contributions</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Improving Health Care Quality Expenses Incurred</b>				
4.1 Improve Health Outcomes	1,497,911	-	-	1,497,911
4.2 Activities to Prevent Hospital Readmissions	520,370	-	-	520,370.06
4.3 Improve Patient Safety and Reducing Medical Errors	174,933	-	-	174,933.34
4.4 Wellness and Health Promotion Activities	94,766	-	-	94,766.32
4.5 Health Information Technology (HIT) expenses related to Health Improvement	916,157	-	-	916,157.50
<b>4.6 Total of Defined Expenses incurred for improving Health Care Quality.</b>	<b>3,204,138</b>	<b>-</b>	<b>-</b>	<b>3,204,138</b>
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	-	-	-	-
<b>6.0 Preliminary Medical Loss Ratio: MLR</b>	<b>81%</b>			<b>81%</b>

## ADJUSTMENT SUMMARY

### Adjustment No. 01: MMA Rev-Exp Summary Line 9.1, 9.8, 11.1, 11.7, 11.11, 14.0, 15.0, & 17.0

The amounts reported for MMA Rev-Exp Summary Line 9.1 had several YTD total columns that did not cross foot correctly which resulted in Line 9.1 and the following corresponding lines 9.8, 11.1, 11.7, 11.11, 14.0, 15.0, & 17.0 to be overstated by \$21,610. Refer to the Adjustments to Amounts Reported in the MMA Revenue and Expense Schedule – Summary for proper presentation.

#### Condition

The amounts reported MMA Rev-Exp Summary Line 9.1, 9.8, 11.1, 11.7, 11.11, 14.0, 15.0, & 17.0 were overstated by \$21,610.

#### Criteria

The MMA Rev-Exp Summary should be completed following ASR instructions.

#### Cause

The MMA Rev-Exp Summary Line 9.1 did not cross foot due to a formula error on one of the Regions tab where the cell was linked to the wrong rate cell for the 3<sup>rd</sup> quarter.

#### Effect

MMA Rev-Exp Summary Line 9.1 needed to be adjusted, along with corresponding totals impacted by this adjustment.

### Adjustment No. 02: MMA Related-Party Summary Line 7.1, 7.2, 7.6, & 9

The amounts reported for MMA Related-Party Summary Lines 7.1 & 7.2 were overstated by \$97,300 and \$68,900, respectively. Refer to the Adjustments to Amounts Reported in the MMA Related-Party Transaction Schedule – Summary.

#### Condition

The amounts reported for MMA Related-Party Summary Line 7.1 & 7.2 were overstated by \$97,300 and \$68,900, respectively.

#### Criteria

The MMA Related-Party Summary should be completed following ASR instructions.

#### Cause

The Plan incorrectly accrued balances for the current year portion of the Shared Savings payment related to two related parties.

### Effect

MMA Related-Party Summary Lines 7.1 & 7.2 need to be adjusted, along with corresponding totals impacted by this adjustment.

Adjustment No. 03: MMA Rev-Exp Summary Line 3.5, 3.8, 11.3, 11.7, 11.11, 14.0, 15.0, 17.0, ASR Exhibit 2.1, 2.4, 2.6, 6.0, 7.1, & MLR Exhibit 2.2, 2.6, & 2.8

The amounts reported for MMA Rev-Exp Summary Lines 3.5, 3.8, 11.3, 11.7, 11.11, 14.0, 15.0, 17.0, ASR Exhibit Lines 2.1, 2.4, 2.6, 6.0, 7.1, and the MLR Exhibit Lines 2.2, 2.6, 2.8 were understated by \$206,753. Refer to the Adjustments to Amounts Reported in the MMA Revenue and Expense Schedule – Summary, Annual Achieved Savings Rebate Exhibit, and the Medical Loss Ratio Exhibit schedule for proper presentation.

### Condition

The amounts reported for MMA Rev-Exp Summary Lines 3.5, 3.8, 11.3, 11.7, 11.11, 14.0, 15.0, 17.0, ASR Exhibit Lines 2.1, 2.4, 2.6, 6.0, 7.1, and the MLR Exhibit Lines 2.2, 2.6, & 2.8 were understated by \$206,753.

### Criteria

The MMA Revenue and Expense Schedule – Summary, Annual Achieved Savings Rebate Exhibit, and the Medical Loss Ratio Exhibit schedule should be completed following ASR instructions.

### Cause

The Plan incorrectly excluded an additional payment made to one of the subcapitation vendors for current contract rates.

### Effect

MMA Rev-Exp Summary Lines 3.5, 3.8, 11.3, 11.7, 11.11, 14.0, 15.0, 17.0, ASR Exhibit Lines 2.1, 2.4, 2.6, 6.0, 7.1, and the MLR Exhibit Lines 2.2, 2.6, 2.8 need to be adjusted, along with corresponding totals impacted by this adjustment.

\*\*\*

### Corrective Action

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

### View of Plan Management

Plan management is in agreement with adjustments identified above.

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

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

CARR, RIGGS & INGRAM, LLC  
Panama City Beach, Florida  
August 30, 2022

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

**Adjustment No. 02**

*(adjusted amounts italicized)*

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 12/31/2021  
 Paid Through: 3/31/2022

Summary					CALENDAR YEAR TOTAL (TO DATE)	
EXPENSES	Vendor Name	Affiliation	Payment Methodology	MM	Amount	
Hospital Services	1.1 North Broward Hospital District	Member/Owner	Fee-for-Service	-	12,096,603	
	1.2 South Broward Hospital District	Member/Owner	Fee-for-Service	-	17,385,444	
	1.3 Vendor #3			-	-	
	1.4 Vendor #4			-	-	
	1.5 Vendor #5			-	-	
	<b>1.6 Total Hospital Services</b>					<b>29,482,047</b>
Professional Services	2.1 North Broward Hospital District	Member/Owner	Fee-for-Service	-	708,074	
	2.2 South Broward Hospital District	Member/Owner	Fee-for-Service	-	1,260,173	
	2.3 Vendor #3			-	-	
	2.4 Vendor #4			-	-	
	2.5 Vendor #5			-	-	
	<b>2.6 Total Professional Services</b>					<b>1,968,247</b>
Mental Health	3.1 Vendor #1			-	-	
	3.2 Vendor #2			-	-	
	3.3 Vendor #3			-	-	
	3.4 Vendor #4			-	-	
	3.5 Vendor #5			-	-	
	<b>3.6 Total Mental Health</b>					-
Dental	4.1 Vendor #1			-	-	
	4.2 Vendor #2			-	-	
	4.3 Vendor #3			-	-	
	4.4 Vendor #4			-	-	
	4.5 Vendor #5			-	-	
	<b>4.6 Total Dental</b>					-
Transportation	5.1 Vendor #1			-	-	
	5.2 Vendor #2			-	-	
	5.3 Vendor #3			-	-	
	5.4 Vendor #4			-	-	
	5.5 Vendor #5			-	-	
	<b>5.6 Total Transportation</b>					-
Pharmacy	6.1 Vendor #1			-	-	
	6.2 Vendor #2			-	-	
	6.3 Vendor #3			-	-	
	6.4 Vendor #4			-	-	
	6.5 Vendor #5			-	-	
	<b>6.6 Total Pharmacy</b>					-
Other Services	7.1 North Broward Hospital District	Member/Owner	Alternative Payment Methodolog	-	2,147,312	
	7.2 South Broward Hospital District	Member/Owner	Alternative Payment Methodolog	-	5,135,815	
	7.3 Vendor #3			-	-	
	7.4 Vendor #4			-	-	
	7.5 Vendor #5			-	-	
	<b>7.6 Total Other Services</b>					<b>7,283,127</b>
Administrative Expense	8.1 South Broward Hospital District	Member/Owner	Other (please explain)	-	361,004	
	8.2 Vendor #2			-	-	
	8.3 Vendor #3			-	-	
	8.4 Vendor #4			-	-	
	8.5 Vendor #5			-	-	
	<b>8.6 Total Administrative Expense</b>					<b>361,004</b>
<b>9 Grand Total</b>					<b>39,094,425</b>	



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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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
<b>MEMBER MONTHS</b>		148,378.1	130,159.4	2,581.0	8,485.0	1,586.9	4,307.9	621.0	69.0	492.0	76.0	-	-
<b>REVENUES</b>													
Revenues	1.1 Capitation	37,711,574	22,054,827	1,183,110	8,243,908	2,115,321	1,010,311	219,001	15,894	1,373,526	1,495,676	-	-
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	915,671	850,005	54,721	7,296	3,648	-	-	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	37,643	16,633	825	13,664	5,610	-	218	-	673	20	-	-
	<b>1.7 Total Revenue</b>	<b>38,664,888</b>	<b>22,921,466</b>	<b>1,238,656</b>	<b>8,264,868</b>	<b>2,124,580</b>	<b>1,010,311</b>	<b>219,219</b>	<b>15,894</b>	<b>1,374,199</b>	<b>1,495,696</b>	-	-
	<b>BENEFIT EXPENSES</b>												
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1 Inpatient FFS	5,110,922	2,579,783	121,854	1,907,476	220,815	32,838	26,652	-	185,570	35,935	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	15,112	8,745	481	3,260	874	389	109	5	564	684	-	-
	2.3 Outpatient FFS: ER	1,130,915	898,539	53,438	100,807	38,381	7,678	4,107	16	26,340	1,609	-	-
	2.4 Outpatient FFS: Other than ER	1,702,378	954,102	45,669	526,359	82,845	21,973	7,644	947	44,944	17,894	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	2,097	1,214	67	452	121	54	15	1	78	95	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1 Transplant Services	2,968	-	-	-	-	2,968	-	-	-	-	-	-
	<b>2.8 Total Hospital Services</b>	<b>7,964,393</b>	<b>4,442,383</b>	<b>221,508</b>	<b>2,538,354</b>	<b>343,037</b>	<b>65,900</b>	<b>38,528</b>	<b>969</b>	<b>257,497</b>	<b>56,218</b>	-	-
Professional Services	3.1 Primary Care FFS	2,148,522	1,756,133	48,719	213,835	81,355	12,845	9,201	-	24,294	2,140	-	-
	3.2 Specialty Care FFS	3,659,885	2,206,115	149,956	825,033	233,187	91,727	31,432	1,417	81,639	39,379	-	-
	3.3 Other Professional FFS	37,252	23,007	1,416	7,956	2,833	330	-	-	1,709	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	3,434,711	3,228,843	53,926	114,219	12,306	-	20,061	-	2,874	2,481	-	-
	3.6 Ending IBNP for Professional Services	1,916	1,108	61	413	111	49	14	1	72	87	-	-
	3.7 Professional Settlements/AP	2,442,360	2,282,794	48,793	81,258	11,789	253	13,992	-	1,627	1,852	-	-
	<b>3.8 Total Physician Services</b>	<b>11,724,645</b>	<b>9,498,002</b>	<b>302,871</b>	<b>1,242,715</b>	<b>341,580</b>	<b>105,204</b>	<b>74,700</b>	<b>1,417</b>	<b>112,215</b>	<b>45,939</b>	-	-

(continued)

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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
Maternity Services	4.1.1 Maternity Services	850,581	791,815	48,573	7,457	2,736	-	-	-	-	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>4.4.1 Total Maternity Services</b>	<b>850,581</b>	<b>791,815</b>	<b>48,573</b>	<b>7,457</b>	<b>2,736</b>	-	-	-	-	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	725,851	432,722	81,795	49,775	118,886	9,588	23,210	483	8,554	838	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	362	209	12	78	21	9	3	0	14	16	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>5.5 Total Mental Health &amp; Substance Abuse Services</b>	<b>726,213</b>	<b>432,931</b>	<b>81,806</b>	<b>49,853</b>	<b>118,907</b>	<b>9,598</b>	<b>23,212</b>	<b>483</b>	<b>8,568</b>	<b>855</b>	-	-
Dental	6.1 Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2 Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3 Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>6.5 Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1 Transportation FFS	242,557	66,681	5,991	80,765	25,062	30,167	9,237	293	10,032	14,328	-	-
	7.2 Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3 Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>7.5 Total Transportation Services</b>	<b>242,557</b>	<b>66,681</b>	<b>5,991</b>	<b>80,765</b>	<b>25,062</b>	<b>30,167</b>	<b>9,237</b>	<b>293</b>	<b>10,032</b>	<b>14,328</b>	-	-
Pharmacy	8.1 Prescription Drugs FFS	6,102,259	2,283,920	164,500	1,775,102	689,685	257	36,435	-	1,079,336	73,025	-	-
	8.2 Hepatitis C Prescription Drug FFS	13,682	-	-	6,721	6,961	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>8.8 Total Prescription Drugs</b>	<b>6,115,941</b>	<b>2,283,920</b>	<b>164,500</b>	<b>1,781,823</b>	<b>696,645</b>	<b>257</b>	<b>36,435</b>	-	<b>1,079,336</b>	<b>73,025</b>	-	-
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	892,018	23,799	-	66,569	16,925	6,958	3,036	-	44,835	729,896	-	-
	9.2 Hospice FFS	263,187	6,278	-	128,604	19,616	108,689	-	-	-	-	-	-
	9.2.1 Nursing Facility FFS	255,078	-	-	228,451	-	26,628	-	-	-	-	-	-
	9.3 DME FFS	245,400	135,510	2,208	78,576	1,186	3,629	1,351	55	3,789	19,096	-	-
	9.4 Other State Plan Services FFS	839,961	479,631	39,393	154,286	20,679	95,652	16,438	442	19,450	13,990	-	-
	9.5 Other Services Subcapitation	239,448	216,368	4,320	14,145	2,648	-	1,020	-	820	127	-	-
	9.6 Ending IBNP for Other Services	1,360	787	43	293	79	35	10	0	51	62	-	-
	9.7 Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
<b>9.8 Total Other Services</b>	<b>2,736,453</b>	<b>862,374</b>	<b>45,964</b>	<b>670,924</b>	<b>61,133</b>	<b>241,590</b>	<b>21,855</b>	<b>497</b>	<b>68,945</b>	<b>763,171</b>	-	-	

(continued)

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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		Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
					Only Non-SMI	Only SMI			Dual Eligible	Medicaid Only			
Expanded Benefits	10.1 Expanded Benefits FFS	357,289	261,982	18,053	46,309	18,510	8,737	139	111	3,450	-	-	
	10.2 Expanded Benefits Subcapitation	7,692	6,879	155	496	95	-	35	-	28	4	-	
	10.3 Ending IBNP for Expanded Benefits	46	27	1	10	3	1	0	0	2	2	-	
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	
	<b>10.5 Total Expanded Benefits</b>	<b>365,028</b>	<b>268,888</b>	<b>18,209</b>	<b>46,815</b>	<b>18,607</b>	<b>8,738</b>	<b>174</b>	<b>111</b>	<b>3,480</b>	<b>6</b>	<b>-</b>	<b>-</b>
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	24,580,706	12,900,019	781,563	6,204,080	1,579,661	460,663	168,881	3,763	1,533,943	948,132	-	
	11.2 Total Services Paid Directly -- IBNP	20,893	12,090	666	4,507	1,209	538	151	7	780	945	-	
	11.3 Total Services Paid through Subcapitation	3,681,852	3,452,091	58,401	128,861	15,049	-	21,116	-	3,723	2,611	-	
	11.4 Total Services Paid by Settlements/AP	2,442,360	2,282,794	48,793	81,258	11,789	253	13,992	-	1,627	1,852	-	
	11.5 TPL & Fraud/Abuse Recoveries	(13,402)	(8,145)	-	(3,775)	(115)	(1,367)	-	-	-	-	-	
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	
	11.7 Subtotal Benefit Expense before Reinsurance	30,712,408	18,638,848	889,423	6,414,932	1,607,594	460,087	204,140	3,770	1,540,074	953,541	-	
	11.8 Reinsurance Premiums	114,200	38,513	776	40,801	7,719	20,318	2,971	341	2,391	370	-	
	11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	
	11.10 Net cost of Reinsurance	114,200	38,513	776	40,801	7,719	20,318	2,971	341	2,391	370	-	
	<b>11.11 Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>30,826,608</b>	<b>18,677,361</b>	<b>890,199</b>	<b>6,455,733</b>	<b>1,615,313</b>	<b>480,405</b>	<b>207,111</b>	<b>4,111</b>	<b>1,542,465</b>	<b>953,911</b>	<b>-</b>	
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		JANUARY - MARCH (Q1)											
		Total	Health Plan	Corporate									
Administrative Expenses	12.1 Salaries & Benefits	3,021,104	3,021,104	-									
	12.2 Administrative Services	166,764	166,764	-									
	12.3 Information Systems	850,810	850,810	-									
	12.4 Marketing Expenses	93,715	93,715	-									
	12.5 General Administration	508,851	508,851	-									
	12.6 Compliance/Regulatory	144,842	144,842	-									
	<b>12.7 Total Administrative Expenses</b>	<b>4,786,086</b>	<b>4,786,086</b>	<b>-</b>									
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1 State Premium tax	-											
	13.2 Department of Insurance Assessments	-											
	13.3 Section 9010 Health Insurance Providers Fee	-											
	13.4 Other 1	-											
	13.5 Other 2	-											
	13.6 Other 3	-											
	<b>13.7 Total</b>	<b>-</b>											
14.0 Grand Total Expenses		35,612,694											
<b>15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>		<b>3,052,194</b>											
16.0 Income Tax Expense		-											
<b>17.0 Net Underwriting Gain (Loss)</b>		<b>3,052,194</b>											

(continued)

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

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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
<b>MEMBER MONTHS</b>		154,406.2	135,634.8	2,869.8	8,712.8	1,599.9	4,323.9	629.0	67.0	494.0	75.0	-	-
<b>REVENUES</b>													
Revenues	1.1 Capitation	39,162,264	22,921,530	1,344,177	8,659,050	2,122,365	1,018,792	221,613	15,414	1,383,326	1,475,996	-	-
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	868,245	820,820	40,129	-	7,296	-	-	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	35,831	15,490	864	210	13,003	5,641	-	-	623	-	-	-
	1.7 <b>Total Revenue</b>	<b>40,066,340</b>	<b>23,757,840</b>	<b>1,385,170</b>	<b>8,659,260</b>	<b>2,142,664</b>	<b>1,024,433</b>	<b>221,613</b>	<b>15,414</b>	<b>1,383,949</b>	<b>1,475,996</b>	-	-
	<b>BENEFIT EXPENSES</b>												
		APRIL - JUNE (Q2)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1 Inpatient FFS	6,065,682	3,173,378	232,352	1,975,867	381,127	33,675	57,033	1,484	170,346	40,420	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	13,566	7,920	463	2,919	757	334	96	4	490	581	-	-
	2.3 Outpatient FFS: ER	1,358,592	1,099,325	61,543	115,753	43,575	4,809	5,589	-	26,845	1,154	-	-
	2.4 Outpatient FFS: Other than ER	1,567,518	842,524	39,359	460,121	105,141	34,352	3,037	832	66,204	15,949	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	18,328	10,700	626	3,944	1,023	452	130	6	662	785	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1 Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8 <b>Total Hospital Services</b>	<b>9,023,686</b>	<b>5,133,847</b>	<b>334,343</b>	<b>2,558,604</b>	<b>531,622</b>	<b>73,622</b>	<b>65,884</b>	<b>2,326</b>	<b>264,548</b>	<b>58,890</b>	-	-
Professional Services	3.1 Primary Care FFS	2,155,359	1,800,167	51,503	186,125	78,652	4,952	12,461	-	20,341	1,158	-	-
	3.2 Specialty Care FFS	4,234,141	2,665,954	191,424	882,520	270,571	75,766	42,378	3,104	67,191	35,233	-	-
	3.3 Other Professional FFS	42,478	26,051	2,243	6,563	4,634	156	119	-	2,713	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	3,550,246	3,336,439	59,311	116,427	12,310	-	20,403	-	2,794	2,560	-	-
	3.6 Ending IBNP for Professional Services	17,027	9,941	581	3,664	950	420	121	6	615	730	-	-
	3.7 Professional Settlements/AP	2,443,021	2,282,995	42,664	88,325	11,577	435	13,692	-	1,468	1,866	-	-
	3.8 <b>Total Physician Services</b>	<b>12,442,273</b>	<b>10,121,547</b>	<b>347,726</b>	<b>1,283,625</b>	<b>378,694</b>	<b>81,728</b>	<b>89,174</b>	<b>3,110</b>	<b>95,122</b>	<b>41,546</b>	-	-

(continued)

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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
Maternity Services	4.1.1 Maternity Services	767,183	726,218	35,457	-	5,508	-	-	-	-	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>4.4.1 Total Maternity Services</b>	<b>767,183</b>	<b>726,218</b>	<b>35,457</b>	<b>-</b>	<b>5,508</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Mental Health	5.1 Mental Health & Substance Abuse FFS	794,993	467,173	81,744	58,781	130,531	11,728	33,632	997	7,999	2,407	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	3,218	1,879	110	692	180	79	23	1	116	138	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>5.5 Total Mental Health &amp; Substance Abuse Services</b>	<b>798,211</b>	<b>469,052</b>	<b>81,854</b>	<b>59,474</b>	<b>130,711</b>	<b>11,808</b>	<b>33,654</b>	<b>998</b>	<b>8,115</b>	<b>2,545</b>	<b>-</b>	<b>-</b>
Dental	6.1 Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2 Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3 Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>6.5 Total Dental Services</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Transportation	7.1 Transportation FFS	281,375	74,049	8,387	86,228	37,903	33,995	12,873	881	6,424	20,635	-	-
	7.2 Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3 Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>7.5 Total Transportation Services</b>	<b>281,375</b>	<b>74,049</b>	<b>8,387</b>	<b>86,228</b>	<b>37,903</b>	<b>33,995</b>	<b>12,873</b>	<b>881</b>	<b>6,424</b>	<b>20,635</b>	<b>-</b>	<b>-</b>
Pharmacy	8.1 Prescription Drugs FFS	6,511,998	2,560,657	233,641	1,885,150	732,524	122	40,968	-	998,385	60,550	-	-
	8.2 Hepatitis C Prescription Drug FFS	6,961	6,961	-	-	-	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>8.8 Total Prescription Drugs</b>	<b>6,518,959</b>	<b>2,567,618</b>	<b>233,641</b>	<b>1,885,150</b>	<b>732,524</b>	<b>122</b>	<b>40,968</b>	<b>-</b>	<b>998,385</b>	<b>60,550</b>	<b>-</b>	<b>-</b>
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	809,791	23,538	-	29,711	11,858	6,792	2,684	-	47,820	687,389	-	-
	9.2 Hospice FFS	361,781	-	-	216,385	14,016	131,381	-	-	-	-	-	-
	9.2.1 Nursing Facility FFS	262,889	-	-	244,621	-	18,268	-	-	-	-	-	-
	9.3 DME FFS	294,555	158,831	5,502	100,570	1,783	1,888	4,058	19	336	21,568	-	-
	9.4 Other State Plan Services FFS	794,373	469,857	27,047	135,387	24,916	87,034	25,361	1,114	13,379	10,277	-	-
	9.5 Other Services Subcapitation	249,691	225,721	4,819	14,519	2,657	-	1,027	-	823	125	-	-
	9.6 Ending IBNP for Other Services	6,947	4,056	237	1,495	388	171	49	2	251	298	-	-
	9.7 Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
<b>9.8 Total Other Services</b>	<b>2,780,027</b>	<b>882,003</b>	<b>37,604</b>	<b>742,687</b>	<b>55,617</b>	<b>245,534</b>	<b>33,179</b>	<b>1,136</b>	<b>62,610</b>	<b>719,657</b>	<b>-</b>	<b>-</b>	

(continued)

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 12/31/2021  
 Paid Through: 3/31/2022

**Summary**

		APRIL - JUNE (Q2)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid		Dual Eligible	Child Welfare	HIV/AIDS		Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
					Only Non-SMI	Only SMI			Dual Eligible	Only			
Expanded Benefits	10.1 Expanded Benefits FFS	339,762	255,557	15,877	42,294	17,271	4,072	470	49	4,172	-	-	
	10.2 Expanded Benefits Subcapitation	8,073	7,229	173	510	95	-	34	-	28	3	-	
	10.3 Ending IBNP for Expanded Benefits	410	239	14	88	23	10	3	0	15	18	-	
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	
	<b>10.5 Total Expanded Benefits</b>	<b>348,245</b>	<b>263,025</b>	<b>16,064</b>	<b>42,892</b>	<b>17,390</b>	<b>4,083</b>	<b>507</b>	<b>49</b>	<b>4,215</b>	<b>21</b>	-	-
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	26,649,432	14,350,241	986,077	6,426,076	1,860,010	448,991	240,662	8,480	1,432,155	896,740	-	
	11.2 Total Services Paid Directly -- IBNP	59,496	34,734	2,032	12,803	3,320	1,466	422	19	2,150	2,550	-	
	11.3 Total Services Paid through Subcapitation	3,808,009	3,569,389	64,303	131,456	15,062	-	21,464	-	3,646	2,689	-	
	11.4 Total Services Paid by Settlements/AP	2,443,021	2,282,995	42,664	88,325	11,577	435	13,692	-	1,468	1,866	-	
	11.5 TPL & Fraud/Abuse Recoveries	(7,984)	(3,353)	-	(222)	(4,311)	(98)	-	-	-	-	-	
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	
	11.7 Subtotal Benefit Expense before Reinsurance	32,951,974	20,234,007	1,095,076	6,658,438	1,885,658	450,793	276,240	8,499	1,439,419	903,844	-	-
	11.8 Reinsurance Premiums	117,085	40,220	864	41,921	7,738	20,235	2,995	346	2,401	365	-	-
	11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.1 Net cost of Reinsurance	117,085	40,220	864	41,921	7,738	20,235	2,995	346	2,401	365	-	-
	<b>11.11 Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>33,069,059</b>	<b>20,274,227</b>	<b>1,095,940</b>	<b>6,700,359</b>	<b>1,893,396</b>	<b>471,028</b>	<b>279,235</b>	<b>8,845</b>	<b>1,441,820</b>	<b>904,209</b>	-	-
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		APRIL - JUNE (Q2)											
		Total	Health Plan	Corporate									
Administrative Expenses	12.1 Salaries & Benefits	3,214,138	3,214,138	-									
	12.2 Administrative Services	217,039	217,039	-									
	12.3 Information Systems	905,523	905,523	-									
	12.4 Marketing Expenses	115,777	115,777	-									
	12.5 General Administration	584,497	584,497	-									
	12.6 Compliance/Regulatory	153,749	153,749	-									
	<b>12.7 Total Administrative Expenses</b>	<b>5,190,723</b>	<b>5,190,723</b>	-									
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1 State Premium tax	-											
	13.2 Department of Insurance Assessments	-											
	13.3 Section 9010 Health Insurance Providers Fee	-											
	13.4 Other 1	-											
	13.5 Other 2	-											
	13.6 Other 3	-											
<b>13.7 Total</b>	<b>-</b>												
14 Grand Total Expenses	38,259,782												
<b>15 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>1,806,558</b>												
16 Income Tax Expense	-												
<b>17 Net Underwriting Gain (Loss)</b>	<b>1,806,558</b>												

(continued)

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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		Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
					Only Non-SMI	Only SMI			Dual	Medicaid Only			
<b>MEMBER MONTHS</b>		158,313.7	139,108.7	3,186.3	8,819.5	1,612.5	4,328.7	623.0	68.0	496.0	71.0	-	-
<b>REVENUES</b>													
Revenues	1.1 Capitation	39,949,860	23,340,487	1,505,012	8,915,666	2,157,701	1,022,583	207,859	15,756	1,386,863	1,397,932	-	-
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	893,730	842,656	32,833	3,648	3,648	-	10,944	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	9,131	3,695	338	3,903	965	20	-	-	210	-	-	-
	1.7 <b>Total Revenue</b>	<b>40,852,721</b>	<b>24,186,838</b>	<b>1,538,184</b>	<b>8,923,217</b>	<b>2,162,315</b>	<b>1,022,603</b>	<b>218,803</b>	<b>15,756</b>	<b>1,387,073</b>	<b>1,397,932</b>	-	-
	<b>BENEFIT EXPENSES</b>		JULY - SEPTEMBER (Q3)										
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid		Dual Eligible	Child Welfare	HIV/AIDS		Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
					Only Non-SMI	Only SMI			Dual	Medicaid Only			
Hospital Services	2.1 Inpatient FFS	5,951,222	3,466,861	138,491	1,779,361	331,528	18,200	69,000	-	122,881	24,900	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	90,114	52,722	3,337	19,454	4,976	2,207	615	28	3,202	3,574	-	-
	2.3 Outpatient FFS: ER	1,561,086	1,291,143	67,919	122,391	44,058	3,470	7,417	-	19,116	5,573	-	-
	2.4 Outpatient FFS: Other than ER	1,494,679	794,154	71,205	424,268	102,468	47,301	4,141	173	39,578	11,390	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	32,017	18,732	1,185	6,912	1,768	784	219	10	1,138	1,270	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1 Transplant Services	271,178	158,996	-	112,182	-	-	-	-	-	-	-	-
	2.8 <b>Total Hospital Services</b>	<b>9,400,296</b>	<b>5,782,608</b>	<b>282,137</b>	<b>2,464,568</b>	<b>484,798</b>	<b>71,962</b>	<b>81,392</b>	<b>210</b>	<b>185,915</b>	<b>46,706</b>	-	-
Professional Services	3.1 Primary Care FFS	2,366,204	1,964,105	56,956	235,071	72,643	5,417	11,252	72	17,750	2,938	-	-
	3.2 Specialty Care FFS	4,263,078	2,790,381	178,001	911,196	209,579	51,464	39,627	253	49,258	33,320	-	-
	3.3 Other Professional FFS	39,232	25,729	1,421	7,724	1,868	73	133	37	2,248	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	3,640,409	3,419,250	66,651	117,283	12,379	-	19,719	-	2,683	2,444	-	-
	3.6 Ending IBNP for Professional Services	49,012	28,675	1,815	10,581	2,706	1,200	335	15	1,742	1,944	-	-
	3.7 Professional Settlements/AP	2,442,797	2,282,368	47,515	85,399	11,349	-	13,165	-	1,272	1,730	-	-
	3.8 <b>Total Physician Services</b>	<b>12,800,732</b>	<b>10,510,507</b>	<b>352,360</b>	<b>1,367,253</b>	<b>310,524</b>	<b>58,155</b>	<b>84,231</b>	<b>376</b>	<b>74,952</b>	<b>42,374</b>	-	-

(continued)

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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	Child Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Maternity Services	4.1.1 Maternity Services	908,704	859,993	27,082	4,589	2,933	146	-	-	13,961	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>4.4.1 Total Maternity Services</b>	<b>908,704</b>	<b>859,993</b>	<b>27,082</b>	<b>4,589</b>	<b>2,933</b>	<b>146</b>	-	-	<b>13,961</b>	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	784,286	471,221	103,945	41,419	118,542	16,079	22,160	966	8,703	1,251	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	9,263	5,419	343	2,000	511	227	63	3	329	367	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>5.5 Total Mental Health &amp; Substance Abuse Services</b>	<b>793,548</b>	<b>476,640</b>	<b>104,288</b>	<b>43,419</b>	<b>119,054</b>	<b>16,306</b>	<b>22,223</b>	<b>969</b>	<b>9,032</b>	<b>1,618</b>	-	-
Dental	6.1 Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2 Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3 Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>6.5 Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1 Transportation FFS	303,034	84,532	7,460	105,067	32,509	36,668	15,356	659	5,718	15,066	-	-
	7.2 Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3 Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>7.5 Total Transportation Services</b>	<b>303,034</b>	<b>84,532</b>	<b>7,460</b>	<b>105,067</b>	<b>32,509</b>	<b>36,668</b>	<b>15,356</b>	<b>659</b>	<b>5,718</b>	<b>15,066</b>	-	-
Pharmacy	8.1 Prescription Drugs FFS	6,452,415	2,735,007	292,523	1,677,419	693,114	9,480	51,755	10	933,330	59,779	-	-
	8.2 Hepatitis C Prescription Drug FFS	38,728	38,493	-	-	-	-	-	-	235	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>8.8 Total Prescription Drugs</b>	<b>6,491,144</b>	<b>2,773,500</b>	<b>292,523</b>	<b>1,677,419</b>	<b>693,114</b>	<b>9,480</b>	<b>51,755</b>	<b>10</b>	<b>933,565</b>	<b>59,779</b>	-	-
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	870,712	73,409	11,056	19,119	12,603	6,762	4,048	-	51,800	691,915	-	-
	9.2 Hospice FFS	331,071	6,920	-	191,261	14,957	105,918	-	-	12,015	-	-	-
	9.2.1 Nursing Facility FFS	191,092	15,321	-	156,797	-	18,975	-	-	-	-	-	-
	9.3 DME FFS	183,078	138,421	6,464	26,582	1,646	1,973	124	12	63	7,793	-	-
	9.4 Other State Plan Services FFS	857,191	547,702	35,766	132,061	27,637	69,574	27,470	1,746	10,473	4,762	-	-
	9.5 Other Services Subcapitation	256,300	231,622	5,336	14,697	2,695	-	830	-	1,002	119	-	-
	9.6 Ending IBNP for Other Services	-	-	-	-	-	-	-	-	-	-	-	-
	9.7 Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>9.8 Total Other Services</b>	<b>2,689,446</b>	<b>1,013,396</b>	<b>58,622</b>	<b>540,517</b>	<b>59,538</b>	<b>203,202</b>	<b>32,472</b>	<b>1,758</b>	<b>75,353</b>	<b>704,589</b>	-	-

(continued)



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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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
Expanded Benefits	10.1 Expanded Benefits FFS	365,240	278,599	18,204	42,846	13,158	5,917	536	225	5,755	-	-	-
	10.2 Expanded Benefits Subcapitation	8,333	7,464	191	516	96	-	33	-	29	4	-	-
	10.3 Ending IBNP for Expanded Benefits	1,180	691	44	255	65	29	8	0	42	47	-	-
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>10.5 Total Expanded Benefits</b>	<b>374,753</b>	<b>286,754</b>	<b>18,439</b>	<b>43,617</b>	<b>13,320</b>	<b>5,946</b>	<b>577</b>	<b>226</b>	<b>5,826</b>	<b>50</b>	-	-
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	27,232,231	15,740,987	1,016,493	5,989,353	1,679,243	397,417	253,018	4,152	1,292,883	858,686	-	-
	11.2 Total Services Paid Directly -- IBNP	181,587	106,239	6,724	39,201	10,027	4,448	1,240	56	6,453	7,201	-	-
	11.3 Total Services Paid through Subcapitation	3,905,042	3,658,336	72,178	132,495	15,170	-	20,582	-	3,714	2,566	-	-
	11.4 Total Services Paid by Settlements/AP	2,442,797	2,282,368	47,515	85,399	11,349	-	13,165	-	1,272	1,730	-	-
	11.5 TPL & Fraud/Abuse Recoveries	(357)	(279)	-	-	-	(78)	-	-	-	-	-	-
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7 Subtotal Benefit Expense before Reinsurance	33,761,300	21,787,651	1,142,911	6,246,448	1,715,789	401,786	288,005	4,208	1,304,321	870,183	-	-
	11.8 Reinsurance Premiums	119,135	41,331	956	42,442	7,831	20,561	2,922	326	2,420	346	-	-
	11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.1 Net cost of Reinsurance	119,135	41,331	956	42,442	7,831	20,561	2,922	326	2,420	346	-	-
	<b>11.11 Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>33,880,435</b>	<b>21,828,982</b>	<b>1,143,867</b>	<b>6,288,890</b>	<b>1,723,620</b>	<b>422,347</b>	<b>290,927</b>	<b>4,534</b>	<b>1,306,741</b>	<b>870,529</b>	-	-
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		JULY - SEPTEMBER (Q3)											
		Total	Health Plan	Corporate									
Administrative Expenses	12.1 Salaries & Benefits	3,213,813	3,213,813	-									
	12.2 Administrative Services	265,863	265,863	-									
	12.3 Information Systems	801,436	801,436	-									
	12.4 Marketing Expenses	127,384	127,384	-									
	12.5 General Administration	565,121	565,121	-									
	12.6 Compliance/Regulatory	144,842	144,842	-									
	<b>12.7 Total Administrative Expenses</b>	<b>5,118,459</b>	<b>5,118,459</b>	-									
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1 State Premium tax	-	-	-									
	13.2 Department of Insurance Assessments	-	-	-									
	13.3 Section 9010 Health Insurance Providers Fee	-	-	-									
	13.4 Other 1	-	-	-									
	13.5 Other 2	-	-	-									
	13.6 Other 3	-	-	-									
	<b>13.7 Total</b>	-	-	-									
14 Grand Total Expenses	38,998,895												
15 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	1,853,826												
16 Income Tax Expense	-												
<b>17 Net Underwriting Gain (Loss)</b>	<b>1,853,826</b>												

(continued)

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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
<b>MEMBER MONTHS</b>		162,535.9	142,927.4	3,534.0	8,855.3	1,635.0	4,318.2	622.0	76.0	503.0	65.0	-	-
<b>REVENUES</b>													
Revenues	1.1 Capitation	42,779,830	25,250,243	1,723,193	8,891,286	2,359,801	974,133	249,102	11,135	1,633,505	1,687,433	-	-
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	812,486	767,762	29,816	3,727	-	-	11,181	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7 <b>Total Revenue</b>	<b>43,592,316</b>	<b>26,018,005</b>	<b>1,753,009</b>	<b>8,895,013</b>	<b>2,359,801</b>	<b>974,133</b>	<b>260,283</b>	<b>11,135</b>	<b>1,633,505</b>	<b>1,687,433</b>	-	-
	<b>BENEFIT EXPENSES</b>												
		OCTOBER - DECEMBER (Q4)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1 Inpatient FFS	5,236,053	2,669,514	199,720	1,726,250	338,167	47,981	141,103	-	113,318	-	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	1,684,506	985,532	62,372	363,648	93,014	41,259	11,500	520	59,858	66,804	-	-
	2.3 Outpatient FFS: ER	1,634,002	1,369,215	79,853	109,040	47,100	4,254	8,117	220	15,152	1,051	-	-
	2.4 Outpatient FFS: Other than ER	1,581,339	996,260	45,647	368,447	82,474	42,842	5,628	342	29,499	10,201	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	109,885	64,289	4,069	23,722	6,068	2,691	750	34	3,905	4,358	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1 Transplant Services	166,215	162,566	-	3,650	-	-	-	-	-	-	-	-
	2.8 <b>Total Hospital Services</b>	<b>10,412,000</b>	<b>6,247,376</b>	<b>391,661</b>	<b>2,594,756</b>	<b>566,823</b>	<b>139,027</b>	<b>167,097</b>	<b>1,115</b>	<b>221,731</b>	<b>82,414</b>	-	-
Professional Services	3.1 Primary Care FFS	2,626,204	2,287,990	55,081	204,724	50,538	3,426	11,042	-	11,762	1,641	-	-
	3.2 Specialty Care FFS	4,029,386	2,689,822	184,418	786,747	212,129	43,594	52,511	322	40,005	19,837	-	-
	3.3 Other Professional FFS	34,392	22,663	2,352	5,097	1,985	-	-	37	2,258	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	3,645,630	3,422,965	70,821	116,126	11,576	-	19,219	-	2,659	2,263	-	-
	3.6 Ending IBNP for Professional Services	184,263	107,804	6,823	39,778	10,174	4,513	1,258	57	6,548	7,308	-	-
	3.7 Professional Settlements/AP	2,442,660	2,279,417	50,242	86,326	10,953	-	12,700	-	1,445	1,576	-	-
	3.8 <b>Total Physician Services</b>	<b>12,962,534</b>	<b>10,810,661</b>	<b>369,737</b>	<b>1,238,799</b>	<b>297,355</b>	<b>51,533</b>	<b>96,731</b>	<b>416</b>	<b>64,677</b>	<b>32,625</b>	-	-

(continued)

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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
Maternity Services	4.1.1 Maternity Services	825,067	773,024	32,619	6,646	-	245	-	-	12,534	-	-	-
	4.2.1 Ending IBNP for Maternity Services	22,874	21,513	1,361	-	-	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>4.4.1 Total Maternity Services</b>	<b>847,941</b>	<b>794,536</b>	<b>33,980</b>	<b>6,646</b>	<b>-</b>	<b>245</b>	<b>-</b>	<b>-</b>	<b>12,534</b>	<b>-</b>	<b>-</b>	<b>-</b>
Mental Health	5.1 Mental Health & Substance Abuse FFS	709,843	414,190	100,572	39,788	107,884	14,514	21,603	1,180	9,710	403	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	34,824	20,374	1,289	7,518	1,923	853	238	11	1,237	1,381	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>5.5 Total Mental Health &amp; Substance Abuse Services</b>	<b>744,667</b>	<b>434,564</b>	<b>101,862</b>	<b>47,306</b>	<b>109,807</b>	<b>15,367</b>	<b>21,841</b>	<b>1,190</b>	<b>10,947</b>	<b>1,784</b>	<b>-</b>	<b>-</b>
Dental	6.1 Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2 Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3 Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>6.5 Total Dental Services</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Transportation	7.1 Transportation FFS	302,625	91,912	6,821	89,582	42,537	29,010	25,299	1,297	6,462	9,705	-	-
	7.2 Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3 Ending IBNP for Transportation	3,198	1,528	171	671	332	342	27	11	109	7	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>7.5 Total Transportation Services</b>	<b>305,823</b>	<b>93,440</b>	<b>6,992</b>	<b>90,253</b>	<b>42,869</b>	<b>29,352</b>	<b>25,326</b>	<b>1,308</b>	<b>6,572</b>	<b>9,712</b>	<b>-</b>	<b>-</b>
Pharmacy	8.1 Prescription Drugs FFS	6,718,006	2,771,536	269,260	1,906,096	648,254	206	58,374	-	1,018,489	45,790	-	-
	8.2 Hepatitis C Prescription Drug FFS	25,901	25,662	-	-	-	-	-	-	239	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>8.8 Total Prescription Drugs</b>	<b>6,743,907</b>	<b>2,797,199</b>	<b>269,260</b>	<b>1,906,096</b>	<b>648,254</b>	<b>206</b>	<b>58,374</b>	<b>-</b>	<b>1,018,727</b>	<b>45,790</b>	<b>-</b>	<b>-</b>
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	773,207	67,394	-	26,518	9,812	95	-	-	58,580	610,808	-	-
	9.2 Hospice FFS	265,435	-	-	148,548	3,078	113,809	-	-	-	-	-	-
	9.2.1 Nursing Facility FFS	144,869	-	-	123,958	-	10,546	-	-	-	10,365	-	-
	9.3 DME FFS	276,061	142,671	10,611	71,629	8,455	1,562	14,905	-	249	25,979	-	-
	9.4 Other State Plan Services FFS	739,022	472,585	28,546	107,702	23,480	68,651	23,763	311	13,571	413	-	-
	9.5 Other Services Subcapitation	261,153	235,934	5,892	14,676	2,719	-	985	-	840	107	-	-
	9.6 Ending IBNP for Other Services	120,520	70,511	4,462	26,018	6,655	2,952	823	37	4,283	4,780	-	-
	9.7 Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	<b>9.8 Total Other Services</b>	<b>2,580,267</b>	<b>989,095</b>	<b>49,511</b>	<b>519,049</b>	<b>54,199</b>	<b>197,616</b>	<b>40,476</b>	<b>348</b>	<b>77,523</b>	<b>652,451</b>	<b>-</b>	<b>-</b>

(continued)

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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
Expanded Benefits	10.1 Expanded Benefits FFS	353,467	264,258	18,753	43,816	14,763	5,898	-	-	5,979	-	-
	10.2 Expanded Benefits Subcapitation	8,584	7,690	212	520	98	-	32	-	30	3	-
	10.3 Ending IBNP for Expanded Benefits	4,437	2,596	164	958	245	109	30	1	158	176	-
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	<b>10.5 Total Expanded Benefits</b>	<b>366,489</b>	<b>274,544</b>	<b>19,129</b>	<b>45,294</b>	<b>15,106</b>	<b>6,006</b>	<b>63</b>	<b>1</b>	<b>6,166</b>	<b>179</b>	-
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	26,441,094	15,221,262	1,034,253	5,768,238	1,590,656	386,633	362,344	3,707	1,337,807	736,193	-
	11.2 Total Services Paid Directly -- IBNP	2,164,507	1,274,146	80,712	462,312	118,411	52,719	14,626	671	76,097	84,814	-
	11.3 Total Services Paid through Subcapitation	3,915,367	3,666,589	76,924	131,322	14,393	-	20,237	-	3,529	2,374	-
	11.4 Total Services Paid by Settlements/AP	2,442,660	2,279,417	50,242	86,326	10,953	-	12,700	-	1,445	1,576	-
	11.5 TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-
	11.7 Subtotal Benefit Expense before Reinsurance	34,963,627	22,441,414	1,242,131	6,448,198	1,734,412	439,352	409,907	4,378	1,418,877	824,957	-
	11.8 Reinsurance Premiums	120,811	42,383	1,058	42,798	7,928	20,649	2,873	360	2,450	312	-
	11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.1 Net cost of Reinsurance	120,811	42,383	1,058	42,798	7,928	20,649	2,873	360	2,450	312	-
	<b>11.11 Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>35,084,438</b>	<b>22,483,797</b>	<b>1,243,189</b>	<b>6,490,996</b>	<b>1,742,340</b>	<b>460,001</b>	<b>412,780</b>	<b>4,738</b>	<b>1,421,327</b>	<b>825,269</b>	-
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		OCTOBER - DECEMBER (Q4)										
		Total	Health Plan	Corporate								
Administrative Expenses	12.1 Salaries & Benefits	3,547,905	3,547,905	-								
	12.2 Administrative Services	705,079	705,079	-								
	12.3 Information Systems	1,194,335	1,194,335	-								
	12.4 Marketing Expenses	298,531	298,531	-								
	12.5 General Administration	549,411	549,411	-								
	12.6 Compliance/Regulatory	234,240	234,240	-								
	<b>12.7 Total Administrative Expenses</b>	<b>6,529,501</b>	<b>6,529,501</b>	-								
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1 State Premium tax	-	-	-								
	13.2 Department of Insurance Assessments	-	-	-								
	13.3 Section 9010 Health Insurance Providers Fee	-	-	-								
	13.4 Other 1	-	-	-								
	13.5 Other 2	-	-	-								
	13.6 Other 3	-	-	-								
	<b>13.7 Total</b>	-	-	-								
14 Grand Total Expenses		41,613,939										
15 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations		1,978,376										
16 Income Tax Expense		-										
17 Net Underwriting Gain (Loss)		1,978,376										

(continued)

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 12/31/2021  
 Paid Through: 3/31/2022

**Summary**

		TOTAL (TO DATE)											LTC Medicaid Only		
		Prior Year Adjustments	Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing			LTC Dual Eligible
<b>MEMBER MONTHS</b>		-	623,634.0	547,830.3	12,171.1	34,872.7	6,434.3	17,278.7	2,494.9	280.0	1,985.0	287.0	-	-	
<b>REVENUES</b>															
Revenues	1.1 Capitation	(290,205)	159,313,322	93,567,087	5,755,493	34,709,910	8,755,189	4,025,819	897,575	58,198	5,777,220	6,057,037	-	-	
	1.2.1 Pharmacy Drug High Risk Pool	(2,389)	(2,389)	-	-	-	-	-	-	-	-	-	-	-	
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-	
	1.4.1 Maternity Kick Payments	18,850	3,508,982	3,281,243	157,499	14,671	14,592	-	22,125	-	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	208,799	291,404	35,818	2,027	17,777	19,579	5,661	218	-	1,506	20	-	-	-
	<b>1.7 Total Revenue</b>	<b>(64,946)</b>	<b>163,111,319</b>	<b>96,884,149</b>	<b>5,915,019</b>	<b>34,742,358</b>	<b>8,789,360</b>	<b>4,031,480</b>	<b>919,918</b>	<b>58,198</b>	<b>5,778,726</b>	<b>6,057,057</b>	<b>-</b>	<b>-</b>	
<b>BENEFIT EXPENSES</b>															
		TOTAL (TO DATE)											LTC Medicaid Only		
		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
Hospital Services	2.1 Inpatient FFS	279,072	22,642,952	11,889,536	692,416	7,388,954	1,271,637	132,694	293,787	1,484	592,116	101,256	-	-	
	2.2 Ending IBNP for Inpatient Hospital Services	(797,689)	1,005,609	1,054,918	66,653	389,280	99,621	44,190	12,320	557	64,114	71,643	-	-	
	2.3 Outpatient FFS: ER	13,211	5,697,806	4,658,223	262,752	447,991	173,113	20,210	25,230	235	87,453	9,387	-	-	
	2.4 Outpatient FFS: Other than ER	30,505	6,376,419	3,587,040	201,880	1,779,196	372,929	146,468	20,450	2,293	180,225	55,434	-	-	
	2.5 Ending IBNP for Outpatient Hospital Services	(193,035)	(30,708)	94,934	5,947	35,030	8,979	3,981	1,114	51	5,783	6,508	-	-	
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	-	
	2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-	
	2.7.1 Transplant Services	4,123	444,484	321,561	-	115,832	-	2,968	-	-	-	-	-	-	-
<b>2.8 Total Hospital Services</b>	<b>(663,813)</b>	<b>36,136,562</b>	<b>21,606,213</b>	<b>1,229,649</b>	<b>10,156,282</b>	<b>1,926,279</b>	<b>350,511</b>	<b>352,901</b>	<b>4,620</b>	<b>929,691</b>	<b>244,228</b>	<b>-</b>	<b>-</b>		
Professional Services	3.1 Primary Care FFS	187,806	9,484,095	7,808,395	212,259	839,755	283,187	26,641	43,957	72	74,146	7,877	-	-	
	3.2 Specialty Care FFS	261,720	16,448,209	10,352,272	703,798	3,405,497	925,466	262,550	165,948	5,096	238,093	127,769	-	-	
	3.3 Other Professional FFS	13,471	166,826	97,450	7,433	27,340	11,319	559	252	73	8,929	-	-	-	
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-	-	
	3.5 Subcapitated Professional Services	(247,976)	14,023,020	13,407,498	250,709	464,056	48,571	-	79,402	-	11,011	9,748	-	-	
	3.6 Ending IBNP for Professional Services	(394,730)	(142,512)	147,528	9,280	54,436	13,942	6,183	1,727	78	8,976	10,068	-	-	
	3.7 Professional Settlements/AP	187,946	9,958,784	9,127,574	189,215	341,309	45,668	687	53,550	-	5,811	7,023	-	-	
<b>3.8 Total Physician Services</b>	<b>8,237</b>	<b>49,938,421</b>	<b>40,940,718</b>	<b>1,372,693</b>	<b>5,132,393</b>	<b>1,328,153</b>	<b>296,620</b>	<b>344,836</b>	<b>5,319</b>	<b>346,966</b>	<b>162,485</b>	<b>-</b>	<b>-</b>		

(continued)

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 12/31/2021  
 Paid Through: 3/31/2022

#### Summary

		Prior Year Adjustments	TOTAL (TO DATE)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Maternity Services	4.1.1 Maternity Services	18,095	3,369,630	3,151,050	143,730	18,691	11,177	392	-	-	26,495	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	22,874	21,513	1,361	-	-	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>4.4.1 Total Maternity Services</b>		<b>18,095</b>	<b>3,392,504</b>	<b>3,172,563</b>	<b>145,091</b>	<b>18,691</b>	<b>11,177</b>	<b>392</b>	-	-	<b>26,495</b>	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	62,450	3,077,423	1,785,305	368,057	189,764	475,844	51,909	100,604	3,626	34,966	4,899	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	(49,557)	(1,890)	27,881	1,754	10,288	2,635	1,168	326	15	1,696	1,903	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>5.5 Total Mental Health &amp; Substance Abuse Services</b>		<b>12,893</b>	<b>3,075,533</b>	<b>1,813,187</b>	<b>369,810</b>	<b>200,052</b>	<b>478,479</b>	<b>53,078</b>	<b>100,930</b>	<b>3,641</b>	<b>36,662</b>	<b>6,802</b>	-
Dental	6.1 Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.2 Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.3 Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>6.5 Total Dental Services</b>		-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1 Transportation FFS	23,740	1,153,331	317,175	28,658	361,643	138,011	129,840	62,764	3,130	28,636	59,734	-	-
	7.2 Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	7.3 Ending IBNP for Transportation	(2,258)	940	1,528	171	671	332	342	27	11	109	7	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>7.5 Total Transportation Services</b>		<b>21,482</b>	<b>1,154,271</b>	<b>318,702</b>	<b>28,829</b>	<b>362,314</b>	<b>138,343</b>	<b>130,182</b>	<b>62,792</b>	<b>3,140</b>	<b>28,745</b>	<b>59,742</b>	-
Pharmacy	8.1 Prescription Drugs FFS	-	25,784,678	10,351,120	959,924	7,243,767	2,763,577	10,066	187,531	10	4,029,540	239,144	-	-
	8.2 Hepatitis C Prescription Drug FFS	-	85,272	71,117	-	6,721	6,961	-	-	-	473	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	(98,631)	(98,631)	-	-	-	-	-	-	-	-	-	-	-
	<b>8.8 Total Prescription Drugs</b>		<b>(98,631)</b>	<b>25,771,319</b>	<b>10,422,236</b>	<b>959,924</b>	<b>7,250,488</b>	<b>2,770,538</b>	<b>10,066</b>	<b>187,531</b>	<b>10</b>	<b>4,030,014</b>	<b>239,144</b>	-
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	14,000	3,381,338	188,140	73,409	133,854	57,714	26,448	12,482	4,048	151,235	2,720,008	-	-
	9.2 Hospice FFS	49,083	1,270,558	13,199	-	684,798	51,667	459,797	-	-	12,015	-	-	-
	9.2.1 Nursing Facility FFS	51,188	905,116	15,321	-	753,826	-	74,416	-	-	-	10,365	-	-
	9.3 DME FFS	29,102	1,028,196	575,433	24,785	277,357	13,069	9,053	20,437	86	4,438	74,436	-	-
	9.4 Other State Plan Services FFS	77,751	3,308,298	1,969,775	130,752	529,437	96,713	320,911	93,032	3,612	56,874	29,442	-	-
	9.5 Other Services Subcapitation	-	1,006,592	909,645	20,366	58,037	10,718	-	3,863	-	3,485	478	-	-
	9.6 Ending IBNP for Other Services	(93,128)	35,700	75,354	4,743	27,806	7,121	3,158	882	40	4,584	5,139	-	-
	9.7 Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>9.8 Total Other Services</b>		<b>127,996</b>	<b>10,935,799</b>	<b>3,746,867</b>	<b>254,055</b>	<b>2,465,114</b>	<b>237,003</b>	<b>893,783</b>	<b>130,695</b>	<b>7,786</b>	<b>232,631</b>	<b>2,839,868</b>	-

(continued)

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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
Expanded Benefits	10.1 Expanded Benefits FFS	8,572	1,424,330	1,060,396	70,887	175,264	63,702	24,624	1,145	385	19,356	-	-	-
	10.2 Expanded Benefits Subcapitation	-	32,682	29,261	731	2,042	385	-	134	-	115	14	-	-
	10.3 Ending IBNP for Expanded Benefits	(12,776)	(6,702)	3,553	223	1,311	336	149	42	2	216	242	-	-
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>10.5 Total Expanded Benefits</b>	<b>(4,204)</b>	<b>1,450,310</b>	<b>1,093,210</b>	<b>71,841</b>	<b>178,617</b>	<b>64,423</b>	<b>24,773</b>	<b>1,320</b>	<b>387</b>	<b>19,687</b>	<b>256</b>	<b>-</b>	<b>-</b>
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	1,123,890	106,048,961	58,212,508	3,880,739	24,379,684	6,716,087	1,699,544	1,027,619	24,150	5,544,989	3,439,752	-	-
	11.2 Total Services Paid Directly -- IBNP	(1,543,173)	883,310	1,427,209	90,133	518,822	132,966	59,171	16,438	753	85,479	95,510	-	-
	11.3 Total Services Paid through Subcapitation	(247,976)	15,062,294	14,346,404	271,807	524,134	59,674	-	83,399	-	14,611	10,239	-	-
	11.4 Total Services Paid by Settlements/AP	89,315	9,860,153	9,127,574	189,215	341,309	45,668	687	53,550	-	5,811	7,023	-	-
	11.5 TPL & Fraud/Abuse Recoveries	(741,550)	(763,293)	(11,777)	-	(3,998)	(4,426)	(1,543)	-	-	-	-	-	-
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.7 Subtotal Benefit Expense before Reinsurance	(1,319,494)	131,091,425	83,101,920	4,431,893	25,759,952	6,949,969	1,757,860	1,181,006	24,903	5,650,891	3,552,524	-	-
	11.8 Reinsurance Premiums	-	471,231	162,447	3,654	167,962	31,216	81,763	11,761	1,373	9,662	1,393	-	-
	11.9 Reinsurance Recoveries	(31,043)	(31,043)	-	-	-	-	-	-	-	-	-	-	-
	11.1 Net cost of Reinsurance	(31,043)	440,188	162,447	3,654	167,962	31,216	81,763	11,761	1,373	9,662	1,393	-	-
	<b>11.11 Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>(1,350,537)</b>	<b>131,531,613</b>	<b>83,264,367</b>	<b>4,435,547</b>	<b>25,927,914</b>	<b>6,981,185</b>	<b>1,839,623</b>	<b>1,192,767</b>	<b>26,276</b>	<b>5,660,553</b>	<b>3,553,917</b>	<b>-</b>	<b>-</b>
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		Prior Calendar Year Adjustments	TOTAL (TO DATE)											
			Total	Health Plan	Corporate									
Administrative Expenses	12.1 Salaries & Benefits	24,032	13,020,992	12,996,960	-									
	12.2 Administrative Services	(9,681)	1,345,064	1,354,745	-									
	12.3 Information Systems	(160,673)	3,591,430	3,752,103	-									
	12.4 Marketing Expenses	2,005	637,413	635,408	-									
	12.5 General Administration	-	2,207,879	2,207,879	-									
	12.6 Compliance/Regulatory	(414,896)	262,777	677,673	-									
	<b>12.7 Total Administrative Expenses</b>	<b>(559,213)</b>	<b>21,065,556</b>	<b>21,624,769</b>	<b>-</b>									
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1 State Premium tax	-	-	-										
	13.2 Department of Insurance Assessments	-	-	-										
	13.3 Section 9010 Health Insurance Providers Fee	-	-	-										
	13.4 Other 1	-	-	-										
	13.5 Other 2	-	-	-										
	13.6 Other 3	-	-	-										
	<b>13.7 Total</b>	<b>-</b>	<b>-</b>	<b>-</b>										
14 Grand Total Expenses		(1,909,750)	152,597,169											
15 Underwriting Gain / (Loss) -- AKA Pre-tax Earnings from Operations		1,844,804	10,514,150											
16 Income Tax Expense		-	-											
17 Net Underwriting Gain (Loss)		1,844,804	10,514,150											

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

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

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 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	TOTAL (TO DATE)	
				MM	Amount	MM	Amount	MM	Amount	MM	Amount	Amount	MM	Amount
Hospital Services	1.1 North Broward Hospital District	Member/Owner	Fee-for-Service		2,625,942		3,011,379		3,389,924		2,994,992	74,366	-	12,096,603
	1.2 South Broward Hospital District	Member/Owner	Fee-for-Service		4,389,698		4,702,141		4,040,895		4,181,265	71,444	-	17,385,444
	1.3 Vendor #3												-	-
	1.4 Vendor #4												-	-
	1.5 Vendor #5												-	-
	<b>1.6 Total Hospital Services</b>					<b>7,015,639</b>		<b>7,713,520</b>		<b>7,430,819</b>		<b>7,176,258</b>	<b>145,810</b>	
Professional Services	2.1 North Broward Hospital District	Member/Owner	Fee-for-Service		153,183		192,716		171,595		189,064	1,515	-	708,074
	2.2 South Broward Hospital District	Member/Owner	Fee-for-Service		320,632		314,507		307,042		316,880	1,112	-	1,260,173
	2.3 Vendor #3												-	-
	2.4 Vendor #4												-	-
	2.5 Vendor #5												-	-
	<b>2.6 Total Professional Services</b>					<b>473,815</b>		<b>507,223</b>		<b>478,637</b>		<b>505,944</b>	<b>2,628</b>	
Mental Health	3.1 Vendor #1												-	-
	3.2 Vendor #2												-	-
	3.3 Vendor #3												-	-
	3.4 Vendor #4												-	-
	3.5 Vendor #5												-	-
	<b>3.6 Total Mental Health</b>					-	-		-		-	-		-
Dental	4.1 Vendor #1												-	-
	4.2 Vendor #2												-	-
	4.3 Vendor #3												-	-
	4.4 Vendor #4												-	-
	4.5 Vendor #5												-	-
	<b>4.6 Total Dental</b>					-	-		-		-	-		-
Transportation	5.1 Vendor #1												-	-
	5.2 Vendor #2												-	-
	5.3 Vendor #3												-	-
	5.4 Vendor #4												-	-
	5.5 Vendor #5												-	-
	<b>5.6 Total Transportation</b>					-	-		-		-	-		-
Pharmacy	6.1 Vendor #1												-	-
	6.2 Vendor #2												-	-
	6.3 Vendor #3												-	-
	6.4 Vendor #4												-	-
	6.5 Vendor #5												-	-
	<b>6.6 Total Pharmacy</b>					-	-		-		-	-		-
Other Services	7.1 North Broward Hospital District	Member/Owner	Alternative Payment Methodology		438,322		438,322		438,322		438,322	491,324	-	2,244,612
	7.2 South Broward Hospital District	Member/Owner	Alternative Payment Methodology		1,117,194		1,117,194		1,117,194		1,117,194	735,939	-	5,204,715
	7.3 Vendor #3												-	-
	7.4 Vendor #4												-	-
	7.5 Vendor #5												-	-
	<b>7.6 Total Other Services</b>					<b>1,555,516</b>		<b>1,555,516</b>		<b>1,555,516</b>		<b>1,227,263</b>		<b>7,449,327</b>
Administrative Expense	8.1 South Broward Hospital District	Member/Owner	Other (please explain)		70,232		71,689		75,852		77,517	65,714	-	361,004
	8.2 Vendor #2												-	-
	8.3 Vendor #3												-	-
	8.4 Vendor #4												-	-
	8.5 Vendor #5												-	-
	<b>8.6 Total Administrative Expense</b>					<b>70,232</b>		<b>71,689</b>		<b>75,852</b>		<b>77,517</b>	<b>65,714</b>	
<b>9 Grand Total</b>					<b>9,115,202</b>		<b>9,847,949</b>		<b>9,540,825</b>		<b>9,315,235</b>	<b>1,441,415</b>		<b>39,260,625</b>

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



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

**ACHIEVED SAVINGS REBATE EXHIBIT**

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 12/31/2021  
 Paid Through: 3/31/2022  
 Plan Type: MMA

		JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	38,664,888	38,664,888		40,066,340	40,066,340		40,852,721	40,852,721	
1.2	Federal Taxes and Assessments-ACA § 9010	-	-		-	-		-	-	
1.3	State Insurance, Premium and other Taxes	-	-		-	-		-	-	
1.4	Regulatory Authority Licenses and Fees	-	-		-	-		-	-	
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-		-	-		-	-	
1.6	Revenue Subject to ASR	38,664,888	38,664,888	-	40,066,340	40,066,340	-	40,852,721	40,852,721	-
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	28,249,155	28,249,155		30,449,457	30,449,457		31,136,916	31,136,916	
2.2	Incurred but not Paid (IBNP) Ending Balance	20,893	20,893		59,496	59,496		181,587	181,587	
2.3	Settlements/AP	2,442,360	2,442,360		2,443,021	2,443,021		2,442,797	2,442,797	
2.4	Total Benefit Expense before Reinsurance	30,712,408	30,712,408	-	32,951,974	32,951,974	-	33,761,300	33,761,300	-
2.5	Net Cost of Reinsurance	114,200	114,200		117,085	117,085		119,135	119,135	
2.6	Total Benefit Expense after Reinsurance	30,826,608	30,826,608	-	33,069,059	33,069,059	-	33,880,435	33,880,435	-
<b>Administrative Expenses</b>										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	4,786,086	4,786,086		5,190,723	5,190,723		5,118,459	5,118,459	
3.2	Less: Compliance/Regulatory	(144,842)	(144,842)		(153,749)	(153,749)		(144,842)	(144,842)	
3.3	Less: Lobbying/Political expenses	-	-		-	-		-	-	
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	(85,274)	(85,274)		(89,895)	(89,895)		(96,770)	(96,770)	
3.5	Less: Other Non-allowed expenses	(20,876)	(20,876)		(26,764)	(26,764)		(30,817)	(30,817)	
3.6	Administrative Expense Subject to ASR	4,535,093	4,535,093	-	4,920,315	4,920,315	-	4,846,030	4,846,030	-
4.0	Actuarially-sound Administrative Expense Maximum									
5.0	Administrative Expenses Subject to ASR									
6.0	Total Benefit and Administrative Expense subject to ASR									
<b>Calculation of Pre-Tax Income and ASR</b>										
7.1	Pre-tax Income									
7.2	Pre-tax Income as a Percent of Revenue									
7.3	Preliminary Achieved Savings Rebate									

(continued)

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

**ACHIEVED SAVINGS REBATE EXHIBIT (continued)**

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 12/31/2021  
 Paid Through: 3/31/2022  
 Plan Type: MMA

		OCTOBER - DECEMBER (Q4)			Prior Year Adjustments			TOTAL (TO DATE)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	43,592,316	43,592,316		(64,946)	(64,946)		163,111,319	163,111,319	-
1.2	Federal Taxes and Assessments-ACA § 9010	-	-		-	-		-	-	-
1.3	State Insurance, Premium and other Taxes	-	-		-	-		-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-		-	-		-	-	-
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-		-	-		-	-	-
1.6	Revenue Subject to ASR	43,592,316	43,592,316	-	(64,946)	(64,946)	-	163,111,319	163,111,319	-
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	30,356,461	30,356,461		134,364	134,364		120,326,353	120,326,353	-
2.2	Incurred but not Paid (IBNP) Ending Balance	2,164,507	2,164,507		(1,543,173)	(1,543,173)		883,310	883,310	-
2.3	Settlements/AP	2,442,660	2,442,660		89,315	89,315		9,860,153	9,860,153	-
2.4	Total Benefit Expense before Reinsurance	34,963,627	34,963,627	-	(1,319,494)	(1,319,494)	-	131,069,816	131,069,816	-
2.5	Net Cost of Reinsurance	120,811	120,811		(31,043)	(31,043)		440,188	440,188	-
2.6	<b>Total Benefit Expense after Reinsurance</b>	<b>35,084,438</b>	<b>35,084,438</b>	-	<b>(1,350,537)</b>	<b>(1,350,537)</b>	-	<b>131,510,004</b>	<b>131,510,004</b>	-
<b>Administrative Expenses</b>										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	6,529,501	6,529,501		(559,213)	(559,213)		21,065,556	21,065,556	-
3.2	Less: Compliance/Regulatory	(234,240)	(234,240)		414,896	414,896		(262,777)	(262,777)	-
3.3	Less: Lobbying/Political expenses	-	-		-	-		-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	(97,129)	(97,129)		-	-		(369,068)	(369,068)	-
3.5	Less: Other Non-allowed expenses	(280,696)	(280,696)		26,374	26,374		(332,779)	(332,779)	-
3.6	<b>Administrative Expense Subject to ASR</b>	<b>5,917,436</b>	<b>5,917,436</b>	-	<b>(117,943)</b>	<b>(117,943)</b>	-	<b>20,100,932</b>	<b>20,100,932</b>	-
4.0	Actuarially-sound Administrative Expense Maximum							21,754,725	21,754,725	-
5.0	<b>Administrative Expenses Subject to ASR</b>							<b>20,100,932</b>	<b>20,100,932</b>	-
6.0	Total Benefit and Administrative Expense subject to ASR							151,610,936	151,610,936	-
<b>Calculation of Pre-Tax Income and ASR</b>										
7.1	Pre-tax Income							11,500,383	11,500,383	-
7.2	Pre-tax Income as a Percent of Revenue							7.1%	7.1%	-
7.3	<b>Preliminary Achieved Savings Rebate</b>								1,672,409	-

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

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

**January 1 through September 30 of the Calendar Year**

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 9/30/2021  
 Paid Through: 3/31/2022  
 Plan Type: MMA

		CALENDAR YEAR TOTAL (January 1 to September 30)		
<b>MMA Administrative Expense Maximum</b>		<b>MMA</b>		
1.0	Select your Nationwide Member Enrollment	<b>&lt;500,000</b>		
1.1	Plan Enrollment	<b>54197.9</b>		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$29.37	404902.9	11,891,998
	TANF SMI	\$83.75	8637.1	723,355
	SSI Medicaid Only Non-SMI	\$73.27	26017.4	1,906,292
	SSI Medicaid Only SMI	\$104.71	4799.3	502,538
	SSI Dual Eligible	\$27.19	12960.4	352,394
	Child Welfare	\$70.57	1872.9	132,173
	HIV/AIDS Non-Specialty Medicaid Only	\$193.82	1482.0	287,241
	HIV/AIDS Specialty Medicaid Only	\$217.68		-
	HIV/AIDS Dual Eligible	\$24.07	204.0	4,910
	LTC Medicaid Only	\$195.97		-
	LTC Dual Eligible	\$12.74		-
	Maternity Kick Payment	\$457.23	734.0	335,607
	Private Duty Nursing	\$426.18	146.0	62,235
	LTC Eligible Kick Payments	\$5.46		-
1.3	<b>Total MMA Administrative Maximum</b>			<b>16,198,743</b>
<b>LTC Administrative Expense Maximum</b>		<b>LTC</b>		
2.0	Select your Nationwide Member Enrollment	<b>Select One</b>		
		Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.1	LTC Program			-
2.2	<b>Total LTC Administrative Maximum</b>			-

**Instructions**

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

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

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

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

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

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

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

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

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

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

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

**October 1 through December 31 of the Calendar Year**

Health Plan: Community Care Plan  
 Reporting Period: 1/1/2021 to 9/30/2021  
 Paid Through: 3/31/2022  
 Plan Type: MMA

CALENDAR YEAR TOTAL (October 1 -December 31)				
MMA Administrative Expense Maximum		MMA		
1.0	Select your Nationwide Member Enrollment	Select One		
1.1	Plan Enrollment	54197.9		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$28.11	142927.4	4,017,690
	TANF SMI	\$78.58	3534.0	277,702
	SSI Medicaid Only Non-SMI	\$85.28	8855.3	755,180
	SSI Medicaid Only SMI	\$110.67	1635.0	180,945
	SSI Dual Eligible	\$27.06	4318.2	116,851
	Child Welfare	\$72.55	622.0	45,126
	HIV/AIDS Non-Specialty Medicaid Only	\$135.64	503.0	68,227
	HIV/AIDS Specialty Medicaid Only			-
	HIV/AIDS Dual Eligible	\$22.97	76.0	1,745
	LTC Medicaid Only			-
	LTC Dual Eligible			-
	Maternity Kick Payment	\$250.52	243.0	60,876
	Private Duty Nursing	\$486.75	65.0	31,639
	LTC Eligible Kick Payments			-
1.3	Total MMA Administrative Maximum			5,555,982
LTC Administrative Expense Maximum		LTC		
2.0	Select your Nationwide Member Enrollment	Select One		
		Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.1	LTC Program			-
2.2	Total LTC Administrative Maximum			-

**Instructions**

Reporting Period: October 1 to December 31 of the Calendar Year  
 Paid Through: For Q4 ASR report, paid through date is December 31.  
 For Annual ASR report, paid through date is March 31 of the following Calendar Year

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

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

**MEDICAL LOSS RATIO EXHIBIT**

Health Plan: Community Care Plan  
 Calendar Year: 2021  
 Reporting Period: 1/1/2021 to 12/31/2021  
 Paid Through: 3/31/2022  
 Plan Type: MMA

	JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)		
	Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
<b>REVENUES</b>									
1.1 Total Revenue from Revenue & Expense Schedules	38,664,888	38,664,888		40,066,340	40,066,340		40,852,721	40,852,721	
1.2 Federal Taxes and Assessments, including ACA § 9010	-			-			-		
1.3 State Insurance, Premium and other Taxes	-			-			-		
1.4 Regulatory Authority Licenses and Fees	-			-			-		
1.5 Revenue Subject to MLR	38,664,888	38,664,888	-	40,066,340	40,066,340	-	40,852,721	40,852,721	-
<b>EXPENSES</b>									
<b>Benefit Expenses</b>									
2.1 Total Benefits Paid through FFS During the Year	24,248,800	24,248,800		26,374,653	26,374,653		26,923,850	26,923,850	
2.2 Total Benefits Paid through Subcapitation During the Year	3,292,755	3,292,755		3,411,287	3,411,287		3,474,581	3,474,581	
2.3 Incurred but not Paid (IBNP) Ending Balance	20,893	20,893		59,496	59,496		181,587	181,587	
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-		-	-		-	-	
2.5 Settlements/AP	2,442,360	2,442,360		2,443,021	2,443,021		2,442,797	2,442,797	
2.6 Total Benefit Expense before Reinsurance	30,004,807	30,004,807	-	32,288,458	32,288,458	-	33,022,815	33,022,815	-
2.7 Net Cost of Reinsurance	114,200	114,200		117,085	117,085		119,135	119,135	
2.8 Total Benefit Expense after Reinsurance	30,119,007	30,119,007	-	32,405,543	32,405,543	-	33,141,950	33,141,950	-
<b>Florida-Specific Contributions</b>									
3.1 Funds to Graduate Medical Education institutions	-			-			-		
3.2 Contributions for the Purpose of Supporting Medicaid and Indigent Care	-			-			-		
3.3 Total Florida-Specific Contributions	-	-		-	-		-	-	
<b>Improving Health Care Quality Expenses Incurred</b>									
4.1 Improve Health Outcomes	419,642	419,642		376,587	376,587		379,303	379,303	
4.2 Activities to Prevent Hospital Readmissions	124,948	124,948		142,646	142,646		136,030	136,030	
4.3 Improve Patient Safety and Reducing Medical Errors	50,401	50,401		34,177	34,177		44,487	44,487	
4.4 Wellness and Health Promotion Activities	27,070	27,070		19,684	19,684		24,455	24,455	
4.5 Health Information Technology (HIT) expenses related to Health Improvement	187,679	187,679		202,237	202,237		225,378	225,378	
4.6 Total of Defined Expenses incurred for improving Health Care Quality.	809,739	809,739		775,333	775,333		809,654	809,654	
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	-			-			-		
6.0 Preliminary Medical Loss Ratio: MLR	80%	80%		83%	83%		83%	83%	

(continued)

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

**MEDICAL LOSS RATIO EXHIBIT (continued)**

Health Plan: Community Care Plan  
 Calendar Year: 2021  
 Reporting Period: 1/1/2021 to 12/31/2021  
 Paid Through: 3/31/2022  
 Plan Type: MMA

		OCTOBER - DECEMBER (Q4)			Prior Year Adjustments			TOTAL (TO DATE)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	43,592,316	43,592,316		(64,946)	(64,946)		163,111,319	163,111,319	-
1.2	Federal Taxes and Assessments, including ACA § 9010	-			-			-	-	-
1.3	State Insurance, Premium and other Taxes	-			-			-	-	-
1.4	Regulatory Authority Licenses and Fees	-			-			-	-	-
1.5	Revenue Subject to MLR	43,592,316	43,592,316	-	(64,946)	(64,946)	-	163,111,319	163,111,319	-
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS During the Year	26,319,207	26,319,207		401,223	401,223		104,267,733	104,267,733	-
2.2	Total Benefits Paid through Subcapitation During the Year	3,534,878	3,534,878		-			13,713,500	13,713,500	-
2.3	Incurred but not Paid (IBNP) Ending Balance	2,164,507	2,164,507		(1,543,173)	(1,543,173)		883,310	883,310	-
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-		-			-	-	-
2.5	Settlements/AP	2,442,660	2,442,660		89,315	89,315		9,860,153	9,860,153	-
2.7	Total Benefit Expense before Reinsurance	34,461,252	34,461,252	-	(1,052,636)	(1,052,636)	-	128,724,696	128,724,696	-
2.8	Net Cost of Reinsurance	120,811	120,811		(31,043)	(31,043)		440,188	440,188	-
2.9	<b>Total Benefit Expense after Reinsurance</b>	<b>34,582,063</b>	<b>34,582,063</b>	-	<b>(1,083,679)</b>	<b>(1,083,679)</b>	-	<b>129,164,884</b>	<b>129,164,884</b>	-
<b>Florida-Specific Contributions</b>										
3.1	Funds to Graduate Medical Education institutions	-			-			-	-	
3.2	Contributions for the Purpose of Supporting Medicaid and Indigent Care	-			-			-	-	
3.3	<b>Total Florida-Specific Contributions</b>	-	-		-	-		-	-	
<b>Improving Health Care Quality Expenses Incurred</b>										
4.1	Improve Health Outcomes	322,378	322,378		-			1,497,911	1,497,911	
4.2	Activities to Prevent Hospital Readmissions	116,745	116,745		-			520,370	520,370	
4.3	Improve Patient Safety and Reducing Medical Errors	45,868	45,868		-			174,933	174,933	
4.4	Wellness and Health Promotion Activities	23,558	23,558		-			94,766	94,766	
4.5	Health Information Technology (HIT) expenses related to Health Improvement	300,863	300,863		-			916,157	916,157	
4.6	<b>Total of Defined Expenses incurred for improving Health Care Quality.</b>	<b>809,412</b>	<b>809,412</b>		-	-		<b>3,204,138</b>	<b>3,204,138</b>	
5	Deductible Fraud and Abuse Detection/Recovery Expenses	-			-			-	-	
6	<b>Preliminary Medical Loss Ratio: MLR</b>	<b>81%</b>	<b>81%</b>		<b>1669%</b>	<b>1669%</b>		<b>81%</b>	<b>81%</b>	