



**Auditee: Florida Community Care, LLC**

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

**Annual Achieved Savings Rebate Financial Report  
For the Year Ended December 31, 2023**



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## PLAN AND PERFORMANCE AUDIT OVERVIEW

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

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

At the request of the Agency, we conducted a performance audit of selected schedules and exhibits of the annual Achieved Savings Rebate (“ASR”) financial report of the Plan for the year ended December 31, 2023.

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 19, 2024 to August 28, 2024, and our results, reported herein, are as of August 28, 2024.

## OBJECTIVE, SCOPE, AND METHODOLOGY

### *Objective*

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

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

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

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

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

### **Scope**

The performance audit scope included quarterly and year-to-date amounts reported by the Plan for the year ended December 31, 2023, considering revenue and medical benefits "paid dates" through March 31, 2024. 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 2023 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, 2024. 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, 2024.

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

ASR Schedule and Line No.	Description	Calendar Year Total*
MMA Revenue and Expense Schedule – Summary, Line No. 12.1	Salaries and benefits	\$ 18,289
MMA Revenue and Expense Schedule – Summary, Line No. 12.3	Information system expenses	\$ 1,817,442
MMA Revenue and Expense Schedule – Summary, Line No. 12.5	General administration expenses	\$ 392,422
MMA Revenue and Expense Schedule – Summary, Line No. 11.4	MSO fees	\$ 20,336,295
MMA Revenue and Expense Schedule – Summary, Line No. 10.1	ILS home delivered meals	\$ 1,176,624
LTC Revenue and Expense Schedule – Summary, Line No. 5.1	Salaries and benefits	\$ 333,413
LTC Revenue and Expense Schedule – Summary, Line No. 5.3	Information system expenses	\$ 33,124,082

\*As Adjusted

(Continued)

LTC Revenue and Expense Schedule – Summary, Line No. 5.5	General administration expenses	\$ 7,152,069
LTC Revenue and Expense Schedule – Summary, Line No. 2.17	Care management fees	\$ 35,911,095
LTC Revenue and Expense Schedule – Summary, Line No. 3.1	ILS home delivered meals	\$ 5,568,504
LTC Revenue and Expense Schedule – Summary, Line No. 2.12	Home Health FFS	\$ 11,792
Medical Loss Ratio Exhibit, Line No. 4.1	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 180,933
Medical Loss Ratio Exhibit, Line No. 4.2	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 180,933
Medical Loss Ratio Exhibit, Line No. 4.3	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 180,933
Medical Loss Ratio Exhibit, Line No. 4.4	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 180,933
Medical Loss Ratio Exhibit, Line No. 4.5	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 174,350

*\*As Adjusted*

- Testing or applying any audit procedures to the Annual Financial Statement section of the MLR exhibit.

### ***Methodology***

We performed the following procedures for the performance audit, as applicable:

#### 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, 2023 and the Annual Statement submitted to the Florida Office of Insurance Regulation

#### Substantive Procedures

- MMA and LTC Revenue and Expense Schedules – Summary
  - Verified the mathematical accuracy
  - Performed walk-throughs of transaction processes significant to generating information included in the ASR Schedules

- 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 reconciliations of amounts reported for other medical benefit expenses, including §1202 PCP payments to providers, settlements, prescription rebates, third-party liability and fraud and abuse recoveries, premium deficiency reserves, and reinsurance amounts to detailed accounting records
  - For significant amounts included in the above other medical benefit expenses, vouched actual payment of reported amounts and determined amounts were allowable and properly classified by rate-cell and quarter
  - For a representative sample from the population of direct administrative expenses, obtained documentation supporting the reported amount and determined amount was allowable and properly classified by quarter
    - o Based on the population being tested and the desired results, a non-statistical methodology based on the theory underlying monetary-unit sampling was used for sample selections. The results of our test were not projected to the total population for any applicable adjustments identified in the report.
  - Evaluated reported revenues and expenses for proper classification and exclusion of disallowed amounts
- MMA and LTC Related Party Transaction Schedules – Summary
    - Verified the mathematical accuracy
    - Evaluated the completeness and accuracy of disclosed related-party transactions through review of the audited statutory-basis financial statements, Annual Statement and general ledger
  - Achieved Savings Rebate Exhibit
    - Verified the mathematical accuracy
    - Traced amounts reported on the ASR Exhibit to the MMA and LTC Revenue and Expense Schedule – Summary or underlying accounting records

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

## RESULTS

Based upon the previously defined objective and the completion of the procedures outlined in the scope and methodology sections, the audit objective has been met. The Plan did not prepare the MMA Revenue and Expense Schedule –Summary, MMA Related Party Transaction Schedule – Summary, LTC Revenue and Expense Schedule – Summary, Achieved Savings Rebate Exhibit and Medical Loss Ratio Exhibit for the year ended December 31, 2023 pursuant to Florida Statute 409.967(3) and the annual ASR financial report instructions. The Plan prepared the LTC Related Party Transaction Schedule – Summary in accordance with those instructions.

The following tables summarize adjustments to amounts reported in the ASR Schedules.



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

		<b>Reported</b>			<b>Total</b>	<b>Adjusted</b>
		<b>Annual Amount</b>	<b>1</b>	<b>2</b>	<b>Adjustments</b>	<b>Annual Amount</b>
<b>MEMBER MONTHS</b>		<b>195,590</b>	-	-	-	<b>195,590</b>
<b>REVENUES</b>						
Revenues	1.1 Capitation	\$ 61,406,940	\$ -	\$ -	\$ -	\$ 61,406,940
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-
	1.4.1 Maternity Kick Payments	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-
	1.6 Other Revenue	-	-	-	-	-
	<b>1.7 Total Revenue</b>	<b>61,406,940</b>	-	-	-	<b>61,406,940</b>
<b>BENEFIT EXPENSES</b>						
Hospital Services	2.1 Inpatient FFS	10,426,678	(828,291)	-	(828,291)	9,598,387
	2.2 Ending IBNP for Inpatient Hospital Services	110,943	-	-	-	110,943
	2.3 Outpatient FFS: ER	1,174,873	-	-	-	1,174,873
	2.4 Outpatient FFS: Other than ER	891,032	-	-	-	891,032
	2.5 Ending IBNP for Outpatient Hospital Services	25,340	-	-	-	25,340
	2.6 Subcapitated Hospital Services	-	-	-	-	-
	2.7 Hospital Settlements/AP	5,088,038	828,291	-	828,291	5,916,329
	2.7.1 Transplant Services	-	-	-	-	-
	<b>2.8 Total Hospital Services</b>	<b>17,716,904</b>	-	-	-	<b>17,716,904</b>
	Professional Services	3.1 Primary Care FFS	2,697,199	-	60,454	60,454
3.2 Specialty Care FFS		853,428	-	-	-	853,428
3.3 Other Professional FFS		235	-	-	-	235
3.4 § 1202 PCP Payments to providers		-	-	-	-	-
3.5 Subcapitated Professional Services		-	-	-	-	-
3.6 Ending IBNP for Professional Services		84,078	-	-	-	84,078
3.7 Professional Settlements/AP		3,026,018	-	(60,454)	(60,454)	2,965,564
<b>3.8 Total Physician Services</b>		<b>6,660,958</b>	-	-	-	<b>6,660,958</b>
Maternity Services	4.1.1 Maternity Services	-	-	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	-	-	-	-
Mental Health	4.3.1 Maternity Settlements/AP	-	-	-	-	-
	<b>4.4.1 Total Maternity Services</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	5.1 Mental Health & Substance Abuse FFS	422,876	-	-	-	422,876
	5.2 MH & SA Subcapitation	-	-	-	-	-
	5.3 Ending IBNP for MH & SA	11,598	-	-	-	11,598
Dental	5.4 Mental Health Settlements/AP	375,855	-	-	-	375,855
	<b>5.5 Total Mental Health &amp; Substance Abuse</b>	<b>810,329</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>810,329</b>
Transportation	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>
Pharmacy	7.1 Transportation FFS	2,885,092	-	-	-	2,885,092
	7.2 Transportation Subcapitation	-	-	-	-	-
	7.3 Ending IBNP for Transportation	47,853	-	-	-	47,853
	7.4 Transportation Settlements/AP	2,347,489	-	-	-	2,347,489
	<b>7.5 Total Transportation Services</b>	<b>5,280,434</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,280,434</b>
Pharmacy	8.1 Prescription Drugs FFS	9,003,104	-	-	-	9,003,104
	8.2 Hepatitis C Prescription Drug FFS	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-
	8.4 Prescription Drug Rebates	-	-	-	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	4,041,853	-	-	-	4,041,853
	<b>8.8 Total Prescription Drugs</b>	<b>13,044,957</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13,044,957</b>

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

		<b>Reported Annual Amount</b>	<b>1</b>	<b>2</b>	<b>Total Adjustments</b>	<b>Adjusted Annual Amount</b>
Other Services	9.1	-	-	-	-	-
	9.2	20,025	-	-	-	20,025
	9.2.1	31,840	-	-	-	31,840
	9.3	-	-	-	-	-
	9.4	2,673,944	-	-	-	2,673,944
	9.5	-	-	-	-	-
	9.6	35,312	-	-	-	35,312
	9.7	3,212,508	-	-	-	3,212,508
	<b>9.8</b>	<b>5,973,629</b>	-	-	-	<b>5,973,629</b>
	10.1	1,838,201	-	-	-	1,838,201
	10.2	-	-	-	-	-
10.3	-	-	-	-	-	
10.4	1,476,697	-	-	-	1,476,697	
<b>10.5</b>	<b>3,314,898</b>	-	-	-	<b>3,314,898</b>	
11.1	32,918,527	(828,291)	60,454	(767,837)	32,150,690	
11.2	315,124	-	-	-	315,124	
11.3	-	-	-	-	-	
11.4	19,568,458	828,291	(60,454)	767,837	20,336,295	
11.5	-	-	-	-	-	
11.6.1	-	-	-	-	-	
<b>11.7</b>	<b>52,802,109</b>	-	-	-	<b>52,802,109</b>	
11.8	-	-	-	-	-	
11.9	-	-	-	-	-	
11.10	-	-	-	-	-	
<b>11.11</b>	<b>52,802,109</b>	-	-	-	<b>52,802,109</b>	
<b>Administrative Expenses, Assessments, Taxes, and Fees</b>						
Administrative Expenses	12.1	263,516	-	-	-	263,516
	12.2	42,120	-	-	-	42,120
	12.3	1,822,747	-	-	-	1,822,747
	12.4	51,143	-	-	-	51,143
	12.5	771,234	-	-	-	771,234
	12.6	2,629	-	-	-	2,629
	<b>12.7</b>	<b>2,953,389</b>	-	-	-	<b>2,953,389</b>
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	-	-	-	-	-
	13.2	-	-	-	-	-
	13.3	-	-	-	-	-
	13.4	-	-	-	-	-
	13.5	-	-	-	-	-
	13.6	-	-	-	-	-
	<b>13.7</b>	-	-	-	-	-
<b>14.0</b>	<b>55,755,498</b>	-	-	-	<b>55,755,498</b>	
<b>15.0</b>	<b>5,651,442</b>	-	-	-	<b>5,651,442</b>	
16.0	-	-	-	-	-	
<b>17.0</b>	<b>\$ 5,651,442</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,651,442</b>	

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

		<b>Reported</b>			<b>Total</b>	<b>Adjusted</b>	
		<b>Annual Amount</b>	<b>3</b>	<b>4</b>	<b>Adjustments</b>	<b>Annual Amount</b>	
<b>MEMBER MONTHS</b>		290,995				290,995	
<b>REVENUES</b>							
Revenues	1.1	Capitation	\$ 1,113,169,090	\$ (3,793,376)	\$ 3,728,934	\$ (64,442)	\$ 1,113,104,648
	1.2	NH Rate Reconciliation	1,353,810	-	-	-	1,353,810
	1.2.1	Community High Risk Pool	1,022,081	-	-	-	1,022,081
	1.2.2	Patient Responsibility Reconciliation	(6,535,622)	-	-	-	(6,535,622)
	1.3	Other Revenue	-	-	-	-	-
	<b>1.4</b>	<b>Total Revenue</b>	<b>1,109,009,359</b>	<b>(3,793,376)</b>	<b>3,728,934</b>	<b>(64,442)</b>	<b>1,108,944,917</b>
<b>EXPENSES</b>							
LTC Nursing Facility (NF) & Hospice Services	2.1	Nursing Facility Days (Medicaid)	2,623,921	-	-	-	2,623,921
	2.2	Nursing Facility Days (Crossover)	235,985	-	-	-	235,985
	2.3	Nursing Facility FFS (Medicaid)	585,355,505	-	-	-	585,355,505
	2.4	Nursing Facility FFS (Crossover)	241,041	-	-	-	241,041
	2.5	Hospice Days	253,289	-	-	-	253,289
	2.6	Hospice FFS	53,130,556	-	-	-	53,130,556
	2.7	Ending IBNP for NF & Hospice Services	(1,132,464)	-	-	-	(1,132,464)
	2.8	NF & Hospice Subcapitated Services	-	-	-	-	-
	2.9	NF & Hospice Settlements/AP	-	-	-	-	-
	<b>2.10</b>	<b>Total Nursing Facility and Hospice</b>	<b>637,594,638</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>637,594,638</b>
Long Term Care Services	2.11	Assisted Living FFS	145,038,154	-	-	-	145,038,154
	2.12	Home Health FFS	153,347,132	-	-	-	153,347,132
	2.13	Medical Equipment/Supplies FFS	4,371,431	-	-	-	4,371,431
	2.14	Therapy Services FFS	7,867,790	-	-	-	7,867,790
	2.15	Transportation Services FFS	8,339,156	-	-	-	8,339,156
	2.16	Case Management (Plan Provided) FFS	-	-	-	-	-
	2.17	Case Management (non-Plan Provided) FFS	35,911,095	-	-	-	35,911,095
	2.18	Home & Community Based Services (HCBS) FFS	9,505,162	-	-	-	9,505,162
	2.19	Subcapitated LTC Services (excluding NF)	-	-	-	-	-
	2.20	Ending IBNP for Long Term Care Services (excluding NF)	185,424	-	-	-	185,424
	2.21	LTC Services Settlements/AP (excluding NF)	6,136,314	-	-	-	6,136,314
<b>2.22</b>	<b>Grand Total LTC Services</b>	<b>1,008,296,296</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,008,296,296</b>	
Expanded Benefits	3.1	Expanded Benefits FFS	7,404,605	-	-	-	7,404,605
	3.2	Expanded Benefits Subcapitation	-	-	-	-	-
	3.3	Ending IBNP for Expanded Benefits	-	-	-	-	-
	3.4	Expanded Benefits Services Settlements	-	-	-	-	-
	<b>3.5</b>	<b>Total Expanded Benefits</b>	<b>7,404,605</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,404,605</b>
Totals Before and After Reinsurance	4.1	Total Services Paid Directly FFS	1,010,511,627	-	-	-	1,010,511,627
	4.2	Total Services Paid Directly -- IBNP	(947,040)	-	-	-	(947,040)
	4.3	Total Services Paid through Subcapitation	-	-	-	-	-
	4.4	Total Services Paid by Settlements/AP	6,136,314	-	-	-	6,136,314
	4.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-
	4.6.1	Premium Deficiency Reserve	-	-	-	-	-
	<b>4.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>1,015,700,901</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,015,700,901</b>
	4.8	Reinsurance Premiums	-	-	-	-	-
	4.9	Reinsurance Recoveries	-	-	-	-	-
	4.10	Net Cost of Reinsurance	-	-	-	-	-
	<b>4.11</b>	<b>Grand Total Service Benefit Expense Net of Reinsurance</b>	<b>1,015,700,901</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,015,700,901</b>

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

		<b>Reported</b>			<b>Total</b>	<b>Adjusted</b>	
		<b>Annual Amount</b>	<b>3</b>	<b>4</b>	<b>Adjustments</b>	<b>Annual Amount</b>	
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>							
Administrative Expenses	5.1	Salaries & Benefits	4,788,008	-	-	-	4,788,008
	5.2	Administrative Services	765,308	-	-	-	765,308
	5.3	Information Systems	33,118,777	-	-	-	33,118,777
	5.4	Marketing Expenses	929,251	-	-	-	929,251
	5.5	General Administration	14,013,100	-	-	-	14,013,100
	5.6	Compliance/Regulatory	47,761	-	-	-	47,761
	<b>5.7</b>	<b>Total Administrative Expenses</b>	<b>53,662,205</b>	-	-	-	<b>53,662,205</b>
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	6.1	State Premium Tax	-	-	-	-	-
	6.2	Department of Insurance Assessments	-	-	-	-	-
	6.3	Other 1	-	-	-	-	-
	6.4	Other 2	-	-	-	-	-
	6.5	Other 3	-	-	-	-	-
	<b>6.6</b>	<b>Total</b>	-	-	-	-	-
<b>7.0</b>	<b>Grand Total Expenses</b>	<b>1,069,363,106</b>	-	-	-	<b>1,069,363,106</b>	
<b>8.0</b>	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>39,646,253</b>	<b>(3,793,376)</b>	<b>3,728,934</b>	<b>(64,442)</b>	<b>39,581,811</b>	
9.0	Income Tax Expense	-	-	-	-	-	
<b>10.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>\$ 39,646,253</b>	<b>\$ (3,793,376)</b>	<b>\$ 3,728,934</b>	<b>\$ (64,442)</b>	<b>\$ 39,581,811</b>	

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

	Reported			Adjustment			
	Total	MMA	LTC	1 MMA	2 MMA	3 LTC	4 LTC
<b>REVENUES</b>							
1.1 Total Revenue from Revenue & Expense Schedules	\$ 1,170,416,299	\$ 61,406,940	\$ 1,109,009,359	\$ -	\$ -	\$ (3,793,376)	\$ 3,728,934
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	1,170,416,299	61,406,940	1,109,009,359	-	-	(3,793,376)	3,728,934
<b>EXPENSES</b>							
<b>Benefit Expenses</b>							
2.1 Total Benefits Paid through FFS and Subcapitation During the Year	1,043,430,154	32,918,527	1,010,511,627	(828,291)	60,454	-	-
2.2 Incurred but not Paid (IBNP) Ending Balance	(631,915)	315,124	(947,039)	-	-	-	-
2.3 Settlements/AP	25,704,772	19,568,458	6,136,314	828,291	(60,454)	-	-
2.4 Total Benefit Expense before Reinsurance	1,068,503,011	52,802,109	1,015,700,902	-	-	-	-
2.5 Net Cost of Reinsurance	-	-	-	-	-	-	-
<b>2.6 Total Benefit Expense after Reinsurance</b>	<b>1,068,503,011</b>	<b>52,802,109</b>	<b>1,015,700,902</b>	-	-	-	-
<b>Administrative Expenses</b>							
3.1 Total Administrative Expenses from Revenue & Expense Schedule	56,615,595	2,953,389	53,662,206	-	-	-	-
3.2 Less: Compliance/Regulatory	(425,389)	-	(425,389)	-	-	-	-
3.3 Less: Lobbying/Political expenses	(120,000)	-	(120,000)	-	-	-	-
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-
3.5 Less: Other Non-allowed expenses	(1,612,940)	-	(1,612,940)	-	-	-	-
<b>3.6 Administrative Expense Subject to ASR</b>	<b>54,457,266</b>	<b>2,953,389</b>	<b>51,503,877</b>	-	-	-	-
4.0 Actuarially-sound Administrative Expense Maximum	54,650,022	6,986,047	47,663,973	-	-	-	-
<b>5.0 Administrative Expenses Subject to ASR</b>	<b>54,457,266</b>	<b>2,953,389</b>	<b>47,663,973</b>	-	-	-	-
6.0 Total Benefit and Administrative Expense subject to ASR	<b>1,122,960,277</b>	<b>55,755,498</b>	<b>1,063,364,875</b>	-	-	-	-
<b>Calculation of Pre-Tax Income and ASR</b>							
7.1 Pre-tax Income	\$ 47,456,022	\$ 5,651,442	\$ 45,644,484	\$ -	\$ -	\$ -	\$ -
7.2 Pre-tax Income as a Percent of Revenue	4.1%	9.2%	4.1%	-	-	-	-
7.3 Preliminary Achieved Savings Rebate	-	-	-	-	-	-	-

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

	Total Adjustments			Adjusted Annual Amount		
	Total	MMA	LTC	Total	MMA	LTC
<b>REVENUES</b>						
1.1 Total Revenue from Revenue & Expense Schedules	\$ (64,442)	\$ -	\$ (64,442)	\$ 1,170,351,857	\$ 61,406,940	\$ 1,108,944,917
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	(64,442)	-	(64,442)	1,170,351,857	61,406,940	1,108,944,917
<b>EXPENSES</b>						
<b>Benefit Expenses</b>						
2.1 Total Benefits Paid through FFS and Subcapitation During the Year	(767,837)	(767,837)	-	1,042,662,317	32,150,690	1,010,511,627
2.2 Incurred but not Paid (IBNP) Ending Balance	-	-	-	(631,915)	315,124	(947,039)
2.3 Settlements/AP	767,837	767,837	-	26,472,609	20,336,295	6,136,314
2.4 Total Benefit Expense before Reinsurance	-	-	-	1,068,503,011	52,802,109	1,015,700,902
2.5 Net Cost of Reinsurance	-	-	-	-	-	-
2.6 Total Benefit Expense after Reinsurance	-	-	-	1,068,503,011	52,802,109	1,015,700,902
<b>Administrative Expenses</b>						
3.1 Total Administrative Expenses from Revenue & Expense Schedule	-	-	-	56,615,595	2,953,389	53,662,206
3.2 Less: Compliance/Regulatory	-	-	-	(425,389)	-	(425,389)
3.3 Less: Lobbying/Political expenses	-	-	-	(120,000)	-	(120,000)
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-
3.5 Less: Other Non-allowed expenses	-	-	-	(1,612,940)	-	(1,612,940)
3.6 Administrative Expense Subject to ASR	-	-	-	54,457,266	2,953,389	51,503,877
4.0 Actuarially-sound Administrative Expense Maximum	-	-	-	54,650,020	6,986,047	47,663,973
5.0 Administrative Expenses Subject to ASR	-	-	-	54,457,266	2,953,389	47,663,973
6.0 Total Benefit and Administrative Expense subject to ASR	-	-	-	1,122,960,277	55,755,498	1,063,364,875
<b>Calculation of Pre-Tax Income and ASR</b>						
7.1 Pre-tax Income	\$ (64,442)	\$ -	\$ (64,442)	\$ 47,391,580	\$ 5,651,442	\$ 45,580,042
7.2 Pre-tax Income as a Percent of Revenue				4.0%	9.2%	4.1%
7.3 Preliminary Achieved Savings Rebate				-		

**Adjustments to Amounts Reported in the Annual Medical Loss Ratio Exhibit**

	Reported			Adjustments			
	Total	MMA	LTC	1 MMA	2 MMA	3 LTC	4 LTC
<b>REVENUES</b>							
1.1 Total Revenue from Revenue & Expense Schedules	\$ 1,170,416,299	\$ 61,406,940	\$ 1,109,009,359	\$ -	\$ -	\$ (3,793,376)	\$ 3,728,934
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	1,170,416,299	61,406,940	1,109,009,359	-	-	(3,793,376)	3,728,934
<b>EXPENSES</b>							
<b>Benefit Expenses</b>							
2.1 Total Benefits Paid through FFS During the Year	1,043,430,154	32,918,527	1,010,511,627	(829,291)	60,454	-	-
2.2 Total Benefits Paid through Subcapitation During the Year	-	-	-	-	-	-	-
2.3 Incurred but not Paid (IBNP) Ending Balance	(631,915)	315,124	(947,039)	-	-	-	-
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-
2.5 Settlements/AP	25,704,772	19,568,458	6,136,314	829,291	(60,454)	-	-
2.6 Total Benefit Expense before Reinsurance	1,068,503,011	52,802,109	1,015,700,902	-	-	-	-
2.7 Net Cost of Reinsurance	-	-	-	-	-	-	-
<b>2.8 Total Benefit Expense after Reinsurance</b>	<b>1,068,503,011</b>	<b>52,802,109</b>	<b>1,015,700,902</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>Improving Health Care Quality Expenses Incurred</b>							
4.1 Improve Health Outcomes	180,932	90,466	90,466	-	-	-	-
4.2 Activities to Prevent Hospital Readmissions	180,932	90,466	90,466	-	-	-	-
4.3 Improve Patient Safety and Reducing Medical Errors	180,932	90,466	90,466	-	-	-	-
4.4 Wellness and Health Promotion Activities	180,932	90,466	90,466	-	-	-	-
4.5 Health Information Technology (HIT) expenses related to Health Improvement	704,224	524,628	179,596	-	-	-	-
<b>4.6 Total of Defined Expenses incurred for improving Health Care Quality</b>	<b>1,427,952</b>	<b>886,492</b>	<b>541,460</b>	-	-	-	-
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	220,064	110,032	110,032	-	-	-	-
<b>6.0 Preliminary Medical Loss Ratio: MLR</b>	<b>91%</b>	<b>88%</b>	<b>92%</b>				

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

	Total Adjustments			Adjusted Annual Amount		
	Total	MMA	LTC	Total	MMA	LTC
<b>REVENUES</b>						
1.1 Total Revenue from Revenue & Expense Schedules	\$ (64,442)	\$ -	\$ (64,442)	\$ 1,170,351,857	\$ 61,406,940	\$ 1,108,944,917
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	(64,442)	-	(64,442)	1,170,351,857	61,406,940	1,108,944,917
<b>EXPENSES</b>						
<b>Benefit Expenses</b>						
2.1 Total Benefits Paid through FFS During the Year	(768,837)	(768,837)	-	1,042,661,317	32,149,690	1,010,511,627
2.2 Total Benefits Paid through Subcapitation During the Year	-	-	-	-	-	-
2.3 Incurred but not Paid (IBNP) Ending Balance	-	-	-	(631,915)	315,124	(947,039)
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-
2.5 Settlements/AP	768,837	768,837	-	26,473,609	20,337,295	6,136,314
2.6 Total Benefit Expense before Reinsurance	-	-	-	1,068,503,011	52,802,109	1,015,700,902
2.7 Net Cost of Reinsurance	-	-	-	-	-	-
2.8 Total Benefit Expense after Reinsurance	-	-	-	1,068,503,011	52,802,109	1,015,700,902
<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	-	-	-	180,932	90,466	90,466
4.2 Activities to Prevent Hospital Readmissions	-	-	-	180,932	90,466	90,466
4.3 Improve Patient Safety and Reducing Medical Errors	-	-	-	180,932	90,466	90,466
4.4 Wellness and Health Promotion Activities	-	-	-	180,932	90,466	90,466
4.5 Health Information Technology (HIT) expenses related to Health Improvement	-	-	-	704,224	524,628	179,596
4.6 Total of Defined Expenses incurred for improving Health Care Quality	-	-	-	1,427,952	886,492	541,460
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	-	-	-	220,064	110,032	110,032
6.0 Preliminary Medical Loss Ratio: MLR				91%	88%	92%



**ADJUSTED MANAGED MEDICAL ASSISTANCE RELATED PARTY TRANSACTION SCHEDULE - SUMMARY**  
**Adjustments No. 01 and No. 02**  
*(adjusted amounts italicized)*

Health Plan: Florida Community Care  
Reporting Period: 12/31/2023  
Paid Through: 3/31/2024

Summary				CALENDAR YEAR TOTAL (TO DATE)		
				MM	Amount	
<b>EXPENSES</b>		<b>Vendor Name</b>	<b>Affiliation</b>	<b>Payment Methodology</b>		
Hospital Services	1.1	ILSMO	Related party	Alternative Payment Methodology	-	5,916,329
	1.2	Vendor #2			-	-
	1.3	Vendor #3			-	-
	1.4	Vendor #4			-	-
	1.5	Vendor #5			-	-
	<b>1.6</b>	<b>Total Hospital Services</b>				
Professional Services	2.1	ILSMO	Related party	Alternative Payment Methodology	-	2,965,564
	2.2	Vendor #2			-	-
	2.3	Vendor #3			-	-
	2.4	Vendor #4			-	-
	2.5	Vendor #5			-	-
	<b>2.6</b>	<b>Total Professional Services</b>				
Mental Health	3.1	ILSMO	Related party	Alternative Payment Methodology	-	375,855
	3.2	Vendor #2			-	-
	3.3	Vendor #3			-	-
	3.4	Vendor #4			-	-
	3.5	Vendor #5			-	-
	<b>3.6</b>	<b>Total Mental Health</b>				
Dental	4.1	ILSMO			-	-
	4.2	Vendor #2			-	-
	4.3	Vendor #3			-	-
	4.4	Vendor #4			-	-
	4.5	Vendor #5			-	-
	<b>4.6</b>	<b>Total Dental</b>				
Transportation	5.1	ILSMO	Related party	Alternative Payment Methodology	-	2,347,489
	5.2	Vendor #2			-	-
	5.3	Vendor #3			-	-
	5.4	Vendor #4			-	-
	5.5	Vendor #5			-	-
	<b>5.6</b>	<b>Total Transportation</b>				
Pharmacy	6.1	ILSMO	Related party	Alternative Payment Methodology	-	4,041,853
	6.2	Vendor #2			-	-
	6.3	Vendor #3			-	-
	6.4	Vendor #4			-	-
	6.5	Vendor #5			-	-
	<b>6.6</b>	<b>Total Pharmacy</b>				
Other Services	7.1	ILSMO	Related party- other	Alternative Payment Methodology	-	3,212,508
	7.2	ILSMO	Related party- expanded benefits	Alternative Payment Methodology	-	1,476,697
	7.3	ILSHOME DELIVERED MEALS	Related party - expanded benefits	Fee-for-Service	-	1,176,624
	7.4	Vendor #4			-	-
	7.5	Vendor #5			-	-
	<b>7.6</b>	<b>Total Other Services</b>				
Administrative Expense	8.1	ILSTPA	Related party	Subcapitation	-	1,817,442
	8.2	ILS Indirect Admin	Related party	Subcapitation	-	410,711
	8.3	Vendor #3			-	-
	8.4	Vendor #4			-	-
	8.5	Vendor #5			-	-
	<b>8.6</b>	<b>Total Administrative Expense</b>				
<b>9</b>	<b>Grand Total</b>					<b>23,741,072</b>

## ADJUSTMENT SUMMARY

### Adjustment No. 01 and 02: Prior Year Adjustments Omitted from Inpatient FFS and Primary Care FFS

Prior year adjustments were omitted from MMA Revenue and Expense Schedule - Summary, line 2.1, Inpatient FFS, and from line 3.1, Primary Care FFS. These adjustments also result in offsetting impacts to line 2.7, Hospital Settlements/AP, and line 3.7, Professional Settlements, as well as to MMA Related Party Transaction Schedule – Summary Lines 1.1 and 2.1. due to the MSO agreement between the Company and its parent, Independent Living Systems (“ILS”). The changes to lines 2.7 and 3.7 also impact the related party schedule as a result of the MSO agreement.

#### Condition:

On the MMA Revenue and Expenses Schedule – Summary, Line 2.1, Inpatient FFS is overstated by \$828,291 and Line 2.7, Hospital Settlements/AP is understated by the same amount. Line 3.1, Primary Care FFS is understated by \$60,454 and line 3.7, Professional Settlements/AP is overstated by the same amount. This results in a change in those lines, but there is no net change to total medical benefit expenses. Also, on the MMA Related Party Transaction Schedule – Summary, Line 1.1 is understated by \$828,291, and Line 2.1 is understated by \$60,454.

#### Criteria:

The MMA Revenue and Expense Schedule – Summary and the MMA Related Party Transaction Schedule – Summary should be completed following ASR instructions. The prior year adjustments to Inpatient FFS and Primary Care FFS were omitted in error.

#### Cause:

ASR preparation error.

#### Effect:

The MMA Revenue and Expense Schedule – Summary needed to be adjusted at lines 2.1, 2.7, 3.1, and 3.7 and the MMA Related-Party Summary needed to be adjusted.

#### Corrective Action

CRI recommends that the adjustment noted above be reflected in the resubmitted ASR to properly report the prior year adjustments amount.

#### View of Plan Management

Plan management is in agreement with adjustments identified above.

### Adjustment No. 03: Reflagging Adjustment Incorrectly Reported on the ASR

#### Condition:

On the LTC Revenue and Expense Schedule – Summary, Line 1.1, Revenue is overstated by \$3,793,976, as a result of incorrectly netting the prior year adjustment amount of reflagging in the current year. This is offset by correction of the prior year adjustment to line 1.1 shown below in adjustment no. 04. FCC management informed us that the difference was noted upon recalculation of the 2023 reflagging adjustment. This adjustment affects only the fourth quarter of 2023.

#### Criteria:

The MMA Revenue and Expense Schedule – Summary and LTC Revenue and Expense Schedule - Summary was completed following ASR instructions; however, there was an error the amount of revenue reported on the ASR.

#### Cause:

The amount of the 2023 reflagging adjustment included in the revenue reported on the ASR was incorrectly calculated.

#### Effect:

The LTC Revenue and Expense Schedule – Summary needed to be adjusted at line 1.1.

#### Corrective Action:

Based on information provided by FCC, CRI recommends that the adjustment noted above be reflected in the resubmitted ASR to properly report the prior year adjustments amount.

#### View of Plan Management

Plan management is in agreement with adjustments identified above.

### Adjustment No. 04: Prior Year Reflagging Adjustment Incorrectly Reported on the ASR

#### Condition:

On the LTC Revenue and Expense Schedule – Summary, Line 1.1, Revenue is understated by \$3,728,934, primarily as a result of incorrectly netting the prior year adjustment amount of reflagging in the current year. This is offset by correction of the current year revenue on line 1.1 shown above in adjustment no. 03. FCC management informed us that the difference was noted upon recalculation of the 2023 reflagging adjustment.

Criteria:

The MMA Revenue and Expense Schedule – Summary and LTC Revenue and Expense Schedule - Summary should be completed following ASR instructions. Reversal of the prior year reflagging accrual was omitted from the calculation of the prior year adjustment.

Cause:

ASR preparation error.

Effect:

The LTC Revenue and Expense Schedule – Summary needed to be adjusted at line 1.1.

Corrective Action:

CRI recommends that the adjustment noted above be reflected in the resubmitted ASR to properly report the prior year adjustments amount.

View of Plan Management

Plan management is in agreement with adjustments identified above.

OTHER MATTERS

Claim Lag Schedules

The LTC claim lag schedule incorrectly included pharmacy claims. The Company has updated that schedule to remove those claims and will refile with AHCA along with the updated ASR.

The MMA claim lag schedule incorrectly stated the amount of claims. The Company has updated that schedule to correctly state claims and will refile with AHCA along with the updated ASR.

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 28, 2024

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

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

Health Plan: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

**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>			49,462.3	-	-	5.0	27.0	78.0	-	3.0	2.0	-	45,610.2	3,737.1
<b>REVENUES</b>														
Revenues	1.1	Capitation	14,987,826	-	-	4,023	38,234	6,982	-	413	-	-	6,006,084	8,932,089
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	<b>Total Revenue</b>	<b>14,987,826</b>	-	-	<b>4,023</b>	<b>38,234</b>	<b>6,982</b>	-	<b>413</b>	-	-	<b>6,006,084</b>	<b>8,932,089</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	3,003,175	-	-	-	-	117	-	-	-	-	624,148	2,378,910
	2.2	Ending IBNP for Inpatient Hospital Services	2,532	-	-	-	-	-	-	199	-	-	1,067	1,266
	2.3	Outpatient FFS: ER	303,938	-	-	-	-	-	-	-	-	-	66,263	237,675
	2.4	Outpatient FFS: Other than ER	182,679	-	-	-	-	65	-	-	-	-	72,128	110,485
	2.5	Ending IBNP for Outpatient Hospital Services	438	-	-	-	-	-	-	47	-	-	172	219
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	1,228,646	-	-	-	-	131	-	(220)	-	-	331,331	897,404
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
2.8	<b>Total Hospital Services</b>	<b>4,721,407</b>	-	-	-	-	<b>313</b>	-	<b>26</b>	-	-	<b>1,095,109</b>	<b>3,625,959</b>	
Professional Services	3.1	Primary Care FFS	1,191,247	-	-	-	-	520	-	-	-	-	830,566	360,162
	3.2	Specialty Care FFS	249,066	-	-	-	-	10	-	-	-	-	161,831	87,224
	3.3	Other Professional FFS	83	-	-	-	-	-	-	-	-	-	83	-
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-
	3.6	Ending IBNP for Professional Services	947	-	-	-	-	-	-	242	-	-	232	474
	3.7	Professional Settlements/AP	713,920	-	-	-	-	1,626	-	(221)	-	-	520,944	191,571
3.8	<b>Total Physician Services</b>	<b>2,155,263</b>	-	-	-	-	<b>2,156</b>	-	<b>21</b>	-	-	<b>1,513,656</b>	<b>639,430</b>	
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	121,298	-	-	-	-	-	-	-	-	-	73,533	47,765
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	88	-	-	-	-	-	-	22	-	-	21	45
	5.4	Mental Health Settlements/AP	70,394	-	-	-	-	-	-	(11)	-	-	45,593	24,812
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>191,780</b>	-	-	-	-	-	-	<b>11</b>	-	-	<b>119,147</b>	<b>72,623</b>
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	738,328	-	-	-	-	1,322	-	183	-	-	654,151	82,672
	7.2	Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3	Ending IBNP for Transportation	688	-	-	-	-	0	-	305	-	-	38	344
	7.4	Transportation Settlements/AP	389,578	-	-	-	-	2,040	-	(220)	-	-	354,920	32,838
	7.5	<b>Total Transportation Services</b>	<b>1,128,593</b>	-	-	-	-	<b>3,362</b>	-	<b>268</b>	-	-	<b>1,009,109</b>	<b>115,854</b>
Pharmacy	8.1	Prescription Drugs FFS	2,112,886	-	-	-	-	5	-	-	-	-	38,829	2,074,053
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	850,845	-	-	-	-	12	-	-	-	-	23,717	827,116
	8.8	<b>Total Prescription Drugs</b>	<b>2,963,731</b>	-	-	-	-	<b>17</b>	-	-	-	-	<b>62,545</b>	<b>2,901,169</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: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

**Summary**

			JANUARY - MARCH (Q1)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	-	-	-	-	-	-	-	-	-	-	-	
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-	-	
	9.2.1	Nursing Facility FFS	-	-	-	-	-	-	-	-	-	-	-	
	9.3	DME FFS	-	-	-	-	-	-	-	-	-	-	-	
	9.4	Other State Plan Services FFS	820,656	-	-	-	-	2	-	-	-	628,549	192,105	
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	9.6	Ending IBNP for Other Services	765	-	-	-	-	-	280	-	-	103	383	
	9.7	Other Service Settlements/AP	401,168	-	-	-	-	(1)	(251)	-	-	323,137	78,283	
	<b>9.8</b>	<b>Total Other Services</b>	<b>1,222,589</b>	-	-	-	-	<b>1</b>	<b>29</b>	-	-	<b>951,788</b>	<b>270,771</b>	
Expanded Benefits	10.1	Expanded Benefits FFS	319,135	-	-	-	-	-	-	-	264,423	54,712		
	10.2	Expanded Benefits Subcapitation	-	-	-	-	-	-	-	-	-	-		
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-		
	10.4	Expanded Benefits Settlements/AP	174,441	-	-	-	-	-	-	-	149,454	24,987		
	<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>493,576</b>	-	-	-	-	-	-	-	<b>413,877</b>	<b>79,699</b>		
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	9,042,490	-	-	-	2,041	-	183	-	3,414,505	5,625,761		
	11.2	Total Services Paid Directly -- IBNP	5,458	-	-	-	0	-	1,094	-	1,633	2,730		
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-		
	11.4	Total Services Paid by Settlements/AP	3,828,993	-	-	-	3,808	-	(922)	-	1,749,095	2,077,012		
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-		
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-		
	11.7	Subtotal Benefit Expense before Reinsurance	12,876,941	-	-	-	5,849	-	356	-	5,165,232	7,705,504		
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-		
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-		
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-		
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>12,876,941</b>	-	-	-	<b>5,849</b>	-	<b>356</b>	-	<b>5,165,232</b>	<b>7,705,504</b>		
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			JANUARY - MARCH (Q1)											
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	63,733	63,733	-									
	12.2	Administrative Services	10,187	10,187	-									
	12.3	Information Systems	440,842	440,842	-									
	12.4	Marketing Expenses	12,369	12,369	-									
	12.5	General Administration	186,528	91,239	95,289									
	12.6	Compliance/Regulatory	636	636	-									
	<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>714,295</b>	<b>619,006</b>	<b>95,289</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</b>	<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>									
14.0	Grand Total Expenses	13,591,235												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	1,396,590												
16.0	Income Tax Expense	-												
17.0	Net Underwriting Gain (Loss)	1,396,590												

(Continued)

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

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

Health Plan: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

			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>			50,626.3	-	-	15.0	34.0	92.4	-	1.0	3.0	-	46,635.2	3,845.7	
<b>REVENUES</b>															
Revenues	1.1	Capitation	15,247,124	-	-	9,612	45,027	8,380	-	-	10,391	-	6,148,104	9,025,610	
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-	
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-	
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-	
	1.7	<b>Total Revenue</b>	<b>15,247,124</b>	-	-	<b>9,612</b>	<b>45,027</b>	<b>8,380</b>	-	-	<b>10,391</b>	-	<b>6,148,104</b>	<b>9,025,610</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	2,380,736	-	-	-	-	-	-	-	-	-	585,917	1,794,819	
	2.2	Ending IBNP for Inpatient Hospital Services	15,170	-	-	-	-	1,783	-	5,802	-	-	7,585	-	
	2.3	Outpatient FFS: ER	312,542	-	-	-	-	149	-	-	-	-	50,732	261,662	
	2.4	Outpatient FFS: Other than ER	210,803	-	-	-	-	5	-	-	-	-	50,678	160,119	
	2.5	Ending IBNP for Outpatient Hospital Services	3,438	-	-	-	-	334	-	1,384	-	-	1,718	1	
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	
	2.7	Hospital Settlements/AP	1,650,534	-	-	-	-	(447)	-	(7,186)	-	-	616,046	1,042,121	
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-	
	2.8	<b>Total Hospital Services</b>	<b>4,573,223</b>	-	-	-	-	<b>1,825</b>	-	-	-	-	-	<b>1,312,676</b>	<b>3,258,722</b>
Professional Services	3.1	Primary Care FFS	526,175	-	-	-	-	86	-	-	-	-	165,099	360,991	
	3.2	Specialty Care FFS	212,514	-	-	-	-	62	-	-	-	-	136,603	75,848	
	3.3	Other Professional FFS	47	-	-	-	-	-	-	-	-	-	47	-	
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-	
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-	
	3.6	Ending IBNP for Professional Services	4,703	-	-	-	-	939	-	1,413	-	-	2,352	-	
	3.7	Professional Settlements/AP	478,533	-	-	-	-	(197)	-	(1,413)	-	-	272,693	207,450	
	3.8	<b>Total Physician Services</b>	<b>1,221,971</b>	-	-	-	-	<b>890</b>	-	-	-	-	-	<b>576,793</b>	<b>644,289</b>
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-	
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-	
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	4.4.1	<b>Total Maternity Services</b>	-	-	-	-	-	-	-	-	-	-	-	-	
Mental Health	5.1	Mental Health & Substance Abuse FFS	87,998	-	-	-	-	-	-	-	-	-	46,209	41,789	
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	5.3	Ending IBNP for Mental Health & Substance Abuse	573	-	-	-	-	150	-	136	-	-	286	-	
	5.4	Mental Health Settlements/AP	65,724	-	-	-	-	35	-	(136)	-	-	43,621	22,204	
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>154,294</b>	-	-	-	-	<b>185</b>	-	-	-	-	<b>90,117</b>	<b>63,993</b>	
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-	
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-	
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	6.5	<b>Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	-	
	Transportation	7.1	Transportation FFS	723,598	-	-	-	-	914	-	-	-	-	645,254	77,430
7.2		Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
7.3		Ending IBNP for Transportation	4,672	-	-	-	-	2,084	-	252	-	-	2,336	-	
7.4		Transportation Settlements/AP	652,524	-	-	-	-	(480)	-	(252)	-	-	615,023	38,233	
7.5		<b>Total Transportation Services</b>	<b>1,380,794</b>	-	-	-	-	<b>2,518</b>	-	-	-	-	<b>1,262,613</b>	<b>115,663</b>	
Pharmacy	8.1	Prescription Drugs FFS	2,288,426	-	-	-	-	7	-	-	-	-	37,607	2,250,812	
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-	
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-	
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-	
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	8.7	Prescription Drug Settlements/AP	1,161,491	-	-	-	-	(5)	-	-	-	-	42,649	1,118,848	
	8.8	<b>Total Prescription Drugs</b>	<b>3,449,916</b>	-	-	-	-	<b>1</b>	-	-	-	-	-	<b>80,255</b>	<b>3,369,660</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: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

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
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	-	-	-	-	-	-	-	-	-	-	-
	9.2	Hospice FFS	-	-	-	-	-	-	-	-	-	-	
	9.2.1	Nursing Facility FFS	-	-	-	-	-	-	-	-	-	-	
	9.3	DME FFS	-	-	-	-	-	-	-	-	-	-	
	9.4	Other State Plan Services FFS	775,038	-	-	-	776	-	-	-	626,670	147,592	
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	
	9.6	Ending IBNP for Other Services	5,011	-	-	-	-	2,037	-	468	-	2,505	
	9.7	Other Service Settlements/AP	625,307	-	-	-	-	(1,025)	-	(468)	-	543,759	83,042
	<b>9.8</b>	<b>Total Other Services</b>	<b>1,405,356</b>	-	-	-	-	<b>1,788</b>	-	-	-	<b>1,172,934</b>	<b>230,634</b>
Expanded Benefits	10.1	Expanded Benefits FFS	499,631	-	-	-	-	-	-	-	421,003	78,628	
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	
	10.4	Expanded Benefits Settlements/AP	411,764	-	-	-	-	-	-	-	370,978	40,786	
	<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>911,395</b>	-	-	-	-	-	-	-	<b>791,982</b>	<b>119,413</b>	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	8,017,507	-	-	-	2,000	-	-	-	2,765,818	5,249,689	
	11.2	Total Services Paid Directly -- IBNP	33,566	-	-	-	7,328	-	9,455	-	16,783	1	
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	
	11.4	Total Services Paid by Settlements/AP	5,045,877	-	-	-	(2,120)	-	(9,455)	-	2,504,769	2,552,684	
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	
	<b>11.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>13,096,950</b>	-	-	-	<b>7,207</b>	-	-	-	<b>5,287,369</b>	<b>7,802,374</b>	
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>13,096,950</b>	-	-	-	<b>7,207</b>	-	-	-	<b>5,287,369</b>	<b>7,802,374</b>	
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		APRIL - JUNE (Q2)											
		Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	64,836	64,836	-								
	12.2	Administrative Services	10,363	10,363	-								
	12.3	Information Systems	448,469	448,469	-								
	12.4	Marketing Expenses	12,583	12,583	-								
	12.5	General Administration	189,755	92,851	96,904								
	12.6	Compliance/Regulatory	647	647	-								
	<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>726,652</b>	<b>629,748</b>	<b>96,904</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</b>	<b>Total</b>	-	-	-									
14.0	Grand Total Expenses	13,823,602											
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	1,423,521											
16.0	Income Tax Expense	-											
17.0	Net Underwriting Gain (Loss)	1,423,521											

(Continued)



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

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

Health Plan: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

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
<b>MEMBER MONTHS</b>			49,733.2	1.0	-	13.0	15.9	119.8	-	120.8	2.0	-	46,880.0	2,580.8
<b>REVENUES</b>														
Revenues	1.1	Capitation	15,183,862	-	-	10,873	21,129	8,765	-	-	10,731	-	6,196,727	8,935,636
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	<b>Total Revenue</b>	<b>15,183,862</b>	-	-	<b>10,873</b>	<b>21,129</b>	<b>8,765</b>	-	-	<b>10,731</b>	-	<b>6,196,727</b>	<b>8,935,636</b>
	<b>BENEFIT EXPENSES</b>													
			JULY - SEPTEMBER (Q3)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1	Inpatient FFS	2,685,426	-	-	-	-	77	-	-	-	-	630,454	2,054,894
	2.2	Ending IBNP for Inpatient Hospital Services	166,391	-	-	-	-	26,465	-	33,850	-	-	19,072	87,005
	2.3	Outpatient FFS: ER	308,316	-	-	-	-	111	-	86	-	-	61,194	246,926
	2.4	Outpatient FFS: Other than ER	250,066	-	-	-	-	88	-	-	-	-	56,167	193,811
	2.5	Ending IBNP for Outpatient Hospital Services	36,069	-	-	-	-	5,872	-	7,394	-	-	4,805	17,997
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	1,368,242	-	-	-	-	(29,072)	-	(41,330)	-	-	514,107	924,537
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	<b>Total Hospital Services</b>	<b>4,814,510</b>	-	-	-	-	<b>3,541</b>	-	-	-	-	<b>1,285,798</b>	<b>3,525,170</b>
Professional Services	3.1	Primary Care FFS	523,709	-	-	-	-	247	-	-	-	-	175,057	348,406
	3.2	Specialty Care FFS	196,572	-	-	-	-	106	-	-	-	-	121,500	74,965
	3.3	Other Professional FFS	-	-	-	-	-	-	-	-	-	-	-	-
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-
	3.6	Ending IBNP for Professional Services	43,943	-	-	-	-	5,430	-	9,452	-	-	11,434	17,627
	3.7	Professional Settlements/AP	357,237	-	-	-	-	(5,008)	-	(9,452)	-	-	209,843	161,855
	3.8	<b>Total Physician Services</b>	<b>1,121,461</b>	-	-	-	-	<b>774</b>	-	-	-	-	<b>517,835</b>	<b>602,852</b>
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	94,624	-	-	-	-	-	-	-	-	-	52,012	42,612
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	6,884	-	-	-	-	545	-	1,248	-	-	2,667	2,424
	5.4	Mental Health Settlements/AP	56,960	-	-	-	-	(470)	-	(1,248)	-	-	37,442	21,237
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>158,469</b>	-	-	-	-	<b>75</b>	-	-	-	-	<b>92,122</b>	<b>66,272</b>
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	753,002	-	-	-	-	1,203	-	-	-	-	668,124	83,675
	7.2	Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	7.3	Ending IBNP for Transportation	42,778	-	-	-	-	1,084	-	9,524	-	-	28,870	3,300
	7.4	Transportation Settlements/AP	530,981	-	-	-	-	(1,947)	-	(9,524)	-	-	509,918	32,534
	7.5	<b>Total Transportation Services</b>	<b>1,326,760</b>	-	-	-	-	<b>340</b>	-	-	-	-	<b>1,206,912</b>	<b>119,508</b>
Pharmacy	8.1	Prescription Drugs FFS	2,267,888	-	-	-	-	24	-	(9)	-	-	23,720	2,244,154
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	856,054	-	-	-	-	(22)	-	9	-	-	17,277	838,789
	8.8	<b>Total Prescription Drugs</b>	<b>3,123,942</b>	-	-	-	-	<b>2</b>	-	-	-	-	<b>40,997</b>	<b>3,082,943</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: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

**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
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	-	-	-	-	-	-	-	-	-	-	-
	9.2	Hospice FFS	12,186	-	-	-	-	12,186	-	-	-	-	-
	9.2.1	Nursing Facility FFS	13,115	-	-	-	-	13,115	-	-	-	-	-
	9.3	DME FFS	-	-	-	-	-	-	-	-	-	-	-
	9.4	Other State Plan Services FFS	852,717	-	-	-	-	2,039	-	-	-	702,467	148,211
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	9.6	Ending IBNP for Other Services	48,426	-	-	-	-	6,466	9,541	-	-	27,403	5,016
	9.7	Other Service Settlements/AP	487,618	-	-	-	-	(31,000)	(9,541)	-	-	470,431	57,728
	<b>9.8</b>	<b>Total Other Services</b>	<b>1,414,061</b>	-	-	-	-	<b>2,806</b>	-	-	-	<b>1,200,301</b>	<b>210,955</b>
Expanded Benefits	10.1	Expanded Benefits FFS	723,969	-	-	35,996	22,519	-	-	-	-	592,581	72,874
	10.2	Expanded Benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-
	10.4	Expanded Benefits Settlements/AP	395,254	-	-	(26,645)	(4,348)	-	-	-	-	392,641	33,606
	<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>1,119,224</b>	-	-	<b>9,351</b>	<b>18,171</b>	-	-	-	-	<b>985,222</b>	<b>106,480</b>
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	8,681,590	-	-	35,996	22,519	29,196	76	-	-	3,083,276	5,510,527
	11.2	Total Services Paid Directly -- IBNP	344,491	-	-	-	-	45,862	71,010	-	-	94,251	133,368
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	11.4	Total Services Paid by Settlements/AP	4,052,346	-	-	(26,645)	(4,348)	(67,521)	(71,086)	-	-	2,151,658	2,070,287
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-
	<b>11.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>13,078,427</b>	-	-	<b>9,351</b>	<b>18,171</b>	<b>7,538</b>	-	-	-	<b>5,329,186</b>	<b>7,714,182</b>
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>13,078,427</b>	-	-	<b>9,351</b>	<b>18,171</b>	<b>7,538</b>	-	-	-	<b>5,329,186</b>	<b>7,714,182</b>
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			JULY - SEPTEMBER (Q3)										
			Total	Health Plan	Corporate								
Administrative Expenses	12.1	Salaries & Benefits	64,567	64,567	-								
	12.2	Administrative Services	10,320	10,320	-								
	12.3	Information Systems	446,608	446,608	-								
	12.4	Marketing Expenses	12,531	12,531	-								
	12.5	General Administration	188,967	92,480	96,487								
	12.6	Compliance/Regulatory	644	644	-								
	<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>723,637</b>	<b>627,150</b>	<b>96,487</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</b>	<b>Total</b>	-	-	-								
<b>14.0</b>	<b>Grand Total Expenses</b>	<b>13,802,064</b>											
<b>15.0</b>	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>1,381,798</b>											
<b>16.0</b>	<b>Income Tax Expense</b>	-											
<b>17.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>1,381,798</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: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

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>			46,257.6	-	-	-	6.0	33.0	-	-	2.0	-	42,550.3	3,666.3
<b>REVENUES</b>														
Revenues	1.1	Capitation	16,551,246	-	-	-	3,857	6,704	-	-	4,564	-	7,423,757	9,112,364
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	<b>Total Revenue</b>	<b>16,551,246</b>	-	-	-	<b>3,857</b>	<b>6,704</b>	-	-	<b>4,564</b>	-	<b>7,423,757</b>	<b>9,112,364</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	2,357,341	-	-	-	-	10	-	-	-	-	412,226	1,945,104
	2.2	Ending IBNP for Inpatient Hospital Services	150,777	-	-	-	-	150,777	-	-	-	-	-	-
	2.3	Outpatient FFS: ER	250,077	-	-	-	-	-	-	-	-	-	42,463	207,614
	2.4	Outpatient FFS: Other than ER	247,485	-	-	-	-	-	-	-	-	-	57,077	190,408
	2.5	Ending IBNP for Outpatient Hospital Services	32,134	-	-	-	-	32,134	-	-	-	-	-	-
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	1,751,489	-	-	-	-	(180,103)	-	-	-	-	900,843	1,030,749
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	<b>Total Hospital Services</b>	<b>4,789,303</b>	-	-	-	-	<b>2,819</b>	-	-	-	-	<b>1,412,609</b>	<b>3,373,875</b>
Professional Services	3.1	Primary Care FFS	456,067	-	-	-	-	127	-	-	-	-	121,907	334,033
	3.2	Specialty Care FFS	177,765	-	-	-	-	83	-	-	-	-	128,734	48,948
	3.3	Other Professional FFS	106	-	-	-	-	-	-	-	-	-	106	-
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-
	3.6	Ending IBNP for Professional Services	41,338	-	-	-	-	41,338	-	-	-	-	-	-
	3.7	Professional Settlements/AP	557,987	-	-	-	-	(40,720)	-	-	-	-	417,537	181,170
	3.8	<b>Total Physician Services</b>	<b>1,233,262</b>	-	-	-	-	<b>827</b>	-	-	-	-	<b>668,284</b>	<b>564,151</b>
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity 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>
Mental Health	5.1	Mental Health & Substance Abuse FFS	109,322	-	-	-	-	-	-	-	-	-	57,372	51,950
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	6,671	-	-	-	-	6,671	-	-	-	-	-	-
	5.4	Mental Health Settlements/AP	118,104	-	-	-	-	(6,502)	-	-	-	-	93,249	31,357
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>234,097</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>169</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>150,621</b>	<b>83,307</b>
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>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	676,841	-	-	-	-	88	-	-	-	-	604,039
7.2		Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
7.3		Ending IBNP for Transportation	44,374	-	-	-	-	44,374	-	-	-	-	-	-
7.4		Transportation Settlements/AP	1,043,461	-	-	-	-	(43,603)	-	-	-	-	1,048,737	38,327
7.5		<b>Total Transportation Services</b>	<b>1,764,675</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>858</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,652,776</b>	<b>111,041</b>
Pharmacy	8.1	Prescription Drugs FFS	2,333,904	-	-	-	-	-	-	-	-	-	22,082	2,311,822
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	1,173,464	-	-	-	-	-	-	-	-	-	37,224	1,136,240
	8.8	<b>Total Prescription Drugs</b>	<b>3,507,368</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>59,306</b>	<b>3,448,063</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: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

Summary

			OCTOBER - DECEMBER (Q4)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	LTC Dual Eligible	LTC Medicaid Only	
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	-	-	-	-	-	-	-	-	-	-	-	-
	9.2	Hospice FFS	7,839	-	-	-	-	7,839	-	-	-	-	-	-
	9.2.1	Nursing Facility FFS	18,726	-	-	-	-	18,726	-	-	-	-	-	-
	9.3	DME FFS	-	-	-	-	-	-	-	-	-	-	-	-
	9.4	Other State Plan Services FFS	785,604	-	-	-	-	-	-	-	-	666,172	119,432	-
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	9.6	Ending IBNP for Other Services	49,420	-	-	-	-	49,420	-	-	-	-	-	-
	9.7	Other Service Settlements/AP	1,126,471	-	-	-	-	(74,893)	-	-	-	1,143,912	57,452	-
<b>9.8</b>	<b>Total Other Services</b>	<b>1,988,060</b>	-	-	-	-	<b>1,092</b>	-	-	-	<b>1,810,084</b>	<b>176,884</b>	-	
Expanded Benefits	10.1	Expanded Benefits FFS	282,682	-	-	-	-	-	-	-	-	225,838	56,844	-
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-
	10.4	Expanded Benefits Settlements/AP	434,624	-	-	-	-	-	-	-	-	404,914	29,710	-
	<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>717,305</b>	-	-	-	-	-	-	-	-	<b>630,752</b>	<b>86,554</b>	-
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	7,703,758	-	-	-	-	26,873	-	-	-	2,338,016	5,338,870	-
	11.2	Total Services Paid Directly -- IBNP	324,714	-	-	-	-	324,714	-	-	-	-	-	-
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	11.4	Total Services Paid by Settlements/AP	6,205,599	-	-	-	-	(345,822)	-	-	-	4,046,416	2,505,005	-
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	<b>11.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>14,234,071</b>	-	-	-	-	<b>5,765</b>	-	-	-	<b>6,384,431</b>	<b>7,843,875</b>	-
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>14,234,071</b>	-	-	-	-	<b>5,765</b>	-	-	-	<b>6,384,431</b>	<b>7,843,875</b>	-
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			OCTOBER - DECEMBER (Q4)											
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	70,381	70,381	-									
	12.2	Administrative Services	11,250	11,250	-									
	12.3	Information Systems	486,828	486,828	-									
	12.4	Marketing Expenses	13,659	13,659	-									
	12.5	General Administration	205,985	102,247	103,738									
	12.6	Compliance/Regulatory	702	702	-									
	<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>788,805</b>	<b>685,067</b>	<b>103,738</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</b>	<b>Total</b>	-	-	-									
14.0 Grand Total Expenses			15,022,876											
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations			1,528,370											
16.0 Income Tax Expense			-											
<b>17.0 Net Underwriting Gain (Loss)</b>			<b>1,528,370</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: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

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	
<b>MEMBER MONTHS</b>		(488.9)	195,590.4	1.0	-	33.0	82.9	323.2	-	124.8	9.0	-	181,675.6	13,829.9	
<b>REVENUES</b>															
Revenues	1.1	Capitation	(563,117)	61,406,940	-	-	24,508	108,247	30,831	-	413	25,686	-	25,774,672	36,005,700
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.7	<b>Total Revenue</b>	<b>(563,117)</b>	<b>61,406,940</b>	<b>-</b>	<b>-</b>	<b>24,508</b>	<b>108,247</b>	<b>30,831</b>	<b>-</b>	<b>413</b>	<b>25,686</b>	<b>-</b>	<b>25,774,672</b>	<b>36,005,700</b>
	<b>BENEFIT EXPENSES</b>														
		Prior Calendar Year Adjustments	Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only	
Hospital Services	2.1	Inpatient FFS	-	10,426,678	-	-	-	205	-	-	-	-	2,252,746	8,173,727	
	2.2	Ending IBNP for Inpatient Hospital Services	(223,927)	110,943	-	-	-	179,025	-	39,851	-	-	27,724	88,271	
	2.3	Outpatient FFS: ER	-	1,174,873	-	-	-	260	-	86	-	-	220,652	953,876	
	2.4	Outpatient FFS: Other than ER	-	891,032	-	-	-	159	-	-	-	-	236,049	654,824	
	2.5	Ending IBNP for Outpatient Hospital Services	(46,739)	25,340	-	-	-	38,340	-	8,825	-	-	6,696	18,217	
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	
	2.7	Hospital Settlements/AP	(910,874)	5,088,038	-	-	-	(209,491)	-	(48,736)	-	-	-	2,362,327	3,894,812
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	<b>Total Hospital Services</b>	<b>(1,181,540)</b>	<b>17,716,903</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>8,498</b>	<b>-</b>	<b>26</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,106,193</b>	<b>13,783,727</b>
Professional Services	3.1	Primary Care FFS	-	2,697,199	-	-	-	979	-	-	-	-	1,292,629	1,403,591	
	3.2	Specialty Care FFS	17,512	853,428	-	-	-	261	-	-	-	-	548,669	286,986	
	3.3	Other Professional FFS	-	235	-	-	-	-	-	-	-	-	235	-	
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-	
	3.5	Subcapitated Professional Services	-	-	-	-	-	-	-	-	-	-	-	-	
	3.6	Ending IBNP for Professional Services	(6,853)	84,078	-	-	-	47,707	-	11,107	-	-	-	14,017	18,100
	3.7	Professional Settlements/AP	918,340	3,026,018	-	-	-	(44,299)	-	(11,086)	-	-	-	1,421,018	742,045
	3.8	<b>Total Physician Services</b>	<b>929,000</b>	<b>6,660,958</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4,647</b>	<b>-</b>	<b>21</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,276,568</b>	<b>2,450,722</b>
Maternity Services	4.1.1	Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-	
	4.2.1	Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-	
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	4.4.1	<b>Total Maternity 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>	
Mental Health	5.1	Mental Health & Substance Abuse FFS	9,634	422,876	-	-	-	-	-	-	-	-	229,127	184,115	
	5.2	Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	5.3	Ending IBNP for Mental Health & Substance Abuse	(2,618)	11,598	-	-	-	7,366	-	1,406	-	-	2,975	2,469	
	5.4	Mental Health Settlements/AP	64,673	375,855	-	-	-	(6,937)	-	(1,396)	-	-	219,905	99,610	
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>71,689</b>	<b>810,329</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>429</b>	<b>-</b>	<b>11</b>	<b>-</b>	<b>-</b>	<b>452,006</b>	<b>286,194</b>	
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-	
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-	
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	6.5	<b>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	(6,677)	2,885,092	-	-	-	3,528	-	183	-	-	2,571,567	316,491	
	7.2	Transportation Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	7.3	Ending IBNP for Transportation	(44,659)	47,853	-	-	-	47,543	-	10,081	-	-	31,245	3,644	
	7.4	Transportation Settlements/AP	(269,054)	2,347,489	-	-	-	(43,991)	-	(9,996)	-	-	2,528,597	141,932	
	7.5	<b>Total Transportation Services</b>	<b>(320,390)</b>	<b>5,280,433</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,079</b>	<b>-</b>	<b>268</b>	<b>-</b>	<b>-</b>	<b>5,131,410</b>	<b>462,067</b>	
Pharmacy	8.1	Prescription Drugs FFS	-	9,003,104	-	-	-	35	-	(9)	-	-	122,237	8,880,841	
	8.2	Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-	
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-	
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-	
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	8.7	Prescription Drug Settlements/AP	-	4,041,853	-	-	-	(16)	-	9	-	-	120,866	3,920,993	
	8.8	<b>Total Prescription Drugs</b>	<b>-</b>	<b>13,044,958</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>20</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>243,103</b>	<b>12,801,835</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: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

Summary			TOTAL (TO DATE)												
			Prior Calendar Year Adjustments	Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	-	-	-	-	-	-	-	-	-	-	-	-	
	9.2	Hospice FFS	-	20,025	-	-	-	20,025	-	-	-	-	-	-	
	9.2.1	Nursing Facility FFS	-	31,840	-	-	-	31,840	-	-	-	-	-	-	
	9.3	DME FFS	-	-	-	-	-	-	-	-	-	-	-	-	
	9.4	Other State Plan Services FFS	(560,070)	2,673,944	-	-	-	2,817	-	-	-	-	2,623,857	607,340	
	9.5	Other Services Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	9.6	Ending IBNP for Other Services	(68,310)	35,312	-	-	-	57,924	-	10,289	-	-	30,011	5,398	
	9.7	Other Service Settlements/AP	-	571,944	-	-	-	(106,919)	-	(10,260)	-	-	2,481,238	276,506	
	<b>9.8</b>	<b>Total Other Services</b>	<b>(56,437)</b>	<b>5,973,629</b>	-	-	-	<b>5,686</b>	-	<b>29</b>	-	-	<b>5,135,107</b>	<b>889,244</b>	
Expanded Benefits	10.1	Expanded Benefits FFS	12,784	1,838,201	-	-	35,996	22,519	-	-	-	-	1,503,846	263,057	
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	10.3	Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-	
	10.4	Expanded Benefits Settlements/AP	60,614	1,476,697	-	-	(26,645)	(4,348)	-	-	-	-	1,317,987	129,089	
	<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>73,398</b>	<b>3,314,898</b>	-	-	<b>9,351</b>	<b>18,171</b>	-	-	-	-	<b>2,821,833</b>	<b>392,146</b>	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	(526,817)	32,918,527	-	-	35,996	22,519	60,109	-	259	-	11,601,614	21,724,848	
	11.2	Total Services Paid Directly -- IBNP	(393,106)	315,124	-	-	-	-	377,904	-	81,560	-	112,667	136,099	
	11.3	Total Services Paid through Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	11.4	Total Services Paid by Settlements/AP	435,643	19,568,458	-	-	(26,645)	(4,348)	(411,654)	-	(81,463)	-	10,451,937	9,204,988	
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	
	<b>11.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>(484,280)</b>	<b>52,802,109</b>	-	-	<b>9,351</b>	<b>18,171</b>	<b>26,359</b>	-	<b>356</b>	-	<b>22,166,218</b>	<b>31,065,934</b>	
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>(484,280)</b>	<b>52,802,109</b>	-	-	<b>9,351</b>	<b>18,171</b>	<b>26,359</b>	-	<b>356</b>	-	<b>22,166,218</b>	<b>31,065,934</b>	
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			TOTAL (TO DATE)												
			Prior Calendar Year Adjustments	Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	-	263,516	263,516	-									
	12.2	Administrative Services	-	42,120	42,120	-									
	12.3	Information Systems	-	1,822,747	1,822,747	-									
	12.4	Marketing Expenses	-	51,143	51,143	-									
	12.5	General Administration	-	771,234	378,816	392,418									
	12.6	Compliance/Regulatory	-	2,629	2,629	-									
	<b>12.7</b>	<b>Total Administrative Expenses</b>	-	<b>2,953,389</b>	<b>2,560,971</b>	<b>392,418</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</b>	<b>Total</b>	-	-	-	-										
14.0	Grand Total Expenses	(484,280)	55,755,498												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(78,837)	5,651,442												
16.0	Income Tax Expense	-	-												
<b>17.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>(78,837)</b>	<b>5,651,442</b>												

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

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

Health Plan: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024  
 Summary

				JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		PRIOR YEAR ADJUSTMENTS	TOTAL (TO DATE)	
EXPENSES	Vendor Name	Affiliation	Payment Methodology	MM	Amount	MM	Amount	MM	Amount	MM	Amount	Amount	MM	Amount
Hospital Services	1.1 ILS MSO	Related party	Alternative Payment Methodology		1,228,646		1,650,534		1,368,242		1,751,489	(910,874)	-	5,088,038
	1.2 Vendor #2			-	-	-	-	-	-					
	1.3 Vendor #3			-	-	-	-	-	-					
	1.4 Vendor #4			-	-	-	-	-	-					
	1.5 Vendor #5			-	-	-	-	-	-					
	1.6 Total Hospital Services				1,228,646	1,650,534	1,368,242	1,751,489	(910,874)	5,088,038				
Professional Services	2.1 ILS MSO	Related party	Alternative Payment Methodology		713,920		478,533		357,237		557,987	918,340	-	3,026,018
	2.2 Vendor #2			-	-	-	-	-	-					
	2.3 Vendor #3			-	-	-	-	-	-					
	2.4 Vendor #4			-	-	-	-	-	-					
	2.5 Vendor #5			-	-	-	-	-	-					
	2.6 Total Professional Services				713,920	478,533	357,237	557,987	918,340	3,026,018				
Mental Health	3.1 ILS MSO	Related party	Alternative Payment Methodology		70,394		65,724		56,960		118,104	64,673	-	375,855
	3.2 Vendor #2			-	-	-	-	-	-					
	3.3 Vendor #3			-	-	-	-	-	-					
	3.4 Vendor #4			-	-	-	-	-	-					
	3.5 Vendor #5			-	-	-	-	-	-					
	3.6 Total Mental Health				70,394	65,724	56,960	118,104	64,673	375,855				
Dental	4.1 ILS MSO				-		-		-		-	-	-	-
	4.2 Vendor #2			-	-	-	-	-	-					
	4.3 Vendor #3			-	-	-	-	-	-					
	4.4 Vendor #4			-	-	-	-	-	-					
	4.5 Vendor #5			-	-	-	-	-	-					
	4.6 Total Dental				-	-	-	-	-	-				
Transportation	5.1 ILS MSO	Related party	Alternative Payment Methodology		389,578		652,524		530,981		1,043,461	(269,054)	-	2,347,489
	5.2 Vendor #2			-	-	-	-	-	-					
	5.3 Vendor #3			-	-	-	-	-	-					
	5.4 Vendor #4			-	-	-	-	-	-					
	5.5 Vendor #5			-	-	-	-	-	-					
	5.6 Total Transportation				389,578	652,524	530,981	1,043,461	(269,054)	2,347,489				
Pharmacy	6.1 ILS MSO	Related party	Alternative Payment Methodology		850,845		1,161,491		856,054		1,173,464	-	-	4,041,853
	6.2 Vendor #2			-	-	-	-	-	-					
	6.3 Vendor #3			-	-	-	-	-	-					
	6.4 Vendor #4			-	-	-	-	-	-					
	6.5 Vendor #5			-	-	-	-	-	-					
	6.6 Total Pharmacy				850,845	1,161,491	856,054	1,173,464	-	4,041,853				
Other Services	7.1 ILS MSO	Related party - other	Alternative Payment Methodology	401,168	625,307	487,618	1,126,471	571,944	-	3,212,508				
	7.2 ILS MSO	Related party - expanded benefits	Alternative Payment Methodology	174,441	411,764	395,254	434,624	60,614	-	1,476,697				
	7.3 ILS HOME DELIVERED MEALS	Related party - expanded benefits	Fee-for-Service	427,892	736,124	12,608	-	-	-	1,176,624				
	7.4 Vendor #4	-	-	-	-	-	-							
	7.5 Vendor #5	-	-	-	-	-	-							
	7.6 Total Other Services		575,610	1,464,963	1,618,996	1,573,703	632,558	5,865,829						
Administrative Expense	8.1 ILS TPA	Related party	Subcapitation	441,326	448,801	446,870	480,445	-	-	1,817,442				
	8.2 ILS Indirect Admin	Related party	Subcapitation	99,732	101,421	100,985	108,573	-	-	410,711				
	8.3 Vendor #3	-	-	-	-	-	-							
	8.4 Vendor #4	-	-	-	-	-	-							
	8.5 Vendor #5	-	-	-	-	-	-							
	8.6 Total Administrative Expense		541,058	550,222	547,855	589,018	-	2,228,153						
9 Grand Total		4,370,051	6,023,991	5,336,325	6,807,225	435,643	22,973,235							

**Notes**

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

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

**LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY**

Health Plan: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

**Summary**

		JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT
<b>MEMBER MONTHS</b>		70,095.0	26,781.0	43,314.0	-	72,342.0	28,131.0	44,211.0	-
<b>REVENUES</b>									
Revenues	1.1 Capitation	264,922,803				274,145,125			
	1.2 NH Rate Reconciliation	-				-			
	1.2.1 Community High Risk Pool	319,769				340,974			
	1.2.2 Patient Responsibility Reconciliation	(1,734,064)				(1,769,469)			
	1.3 Other Revenue	-				-			
<b>1.4 Total Revenue</b>	<b>263,508,508</b>				<b>272,716,630</b>				
		JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)			
<b>EXPENSES</b>		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	610,405	587,875	22,530		651,070	616,941	34,129	
	2.2 Nursing Facility Days (Crossover)	67,926	50,947	16,979		59,569	42,927	16,642	
	2.3 Nursing Facility FFS (Medicaid)	132,308,977	127,231,970	5,077,007		141,616,365	133,894,580	7,721,785	
	2.4 Nursing Facility FFS (Crossover)	71,401	58,666	12,735		91,873	84,915	6,958	
	2.5 Hospice Days	58,569	55,078	3,491		61,740	56,281	5,459	
	2.6 Hospice FFS	12,056,991	10,931,789	1,125,202		12,836,626	11,252,783	1,583,844	
	2.7 Ending IBNP for NF & Hospice Services	764,878	735,268	29,610		1,735,072	1,639,336	95,737	
	2.8 NF & Hospice Subcapitated Services	-	-	-		-	-	-	
	2.9 NF & Hospice Settlements/AP	-	-	-		-	-	-	
	<b>2.10 Total Nursing Facility and Hospice</b>	<b>145,202,246</b>	<b>138,957,693</b>	<b>6,244,554</b>		<b>156,279,937</b>	<b>146,871,614</b>	<b>9,408,323</b>	
Long Term Care Services	2.11 Assisted Living FFS	35,223,048	2,371,345	32,851,703		35,806,908	3,354,593	32,452,315	
	2.12 Home Health FFS	33,824,985	550,487	33,274,498		36,611,861	795,973	35,815,889	
	2.13 Medical Equipment/Supplies FFS	907,317	65,978	841,339		1,065,647	78,229	987,418	
	2.14 Therapy Services FFS	1,921,616	1,804,619	116,997		1,922,677	1,754,094	168,584	
	2.15 Transportation Services FFS	2,081,605	749,123	1,332,483		2,130,753	764,980	1,365,773	
	2.16 Case Management (Plan Provided) FFS	-	-	-		-	-	-	
	2.17 Case Management (non-Plan Provided) FFS	8,555,896	2,439,842	6,116,054		8,805,545	2,562,832	6,242,713	
	2.18 Home & Community Based Services (HCBS) FFS	2,298,190	79,037	2,219,153		2,336,251	97,271	2,238,980	
	2.19 Subcapitated LTC Services (excluding NF)	-	-	-		-	-	-	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	82	76	6		381	325	57	
	2.21 LTC Services Settlements/AP (excluding NF)	565,046	30,820	534,226		555,352	39,560	515,792	
<b>2.22 Grand Total LTC Services</b>	<b>230,580,031</b>	<b>147,049,018</b>	<b>83,531,013</b>		<b>245,515,313</b>	<b>156,319,469</b>	<b>89,195,843</b>		
Expanded Benefits	3.1 Expanded Benefits FFS	1,969,341	456,157	1,513,184		1,976,171	547,066	1,429,105	
	3.2 Expanded Benefits Subcapitation	-	-	-		-	-	-	
	3.3 Ending IBNP for Expanded Benefits	-	-	-		-	-	-	
	3.4 Expanded Benefits Services Settlements	-	-	-		-	-	-	
	<b>3.5 Total Expanded Benefits</b>	<b>1,969,341</b>	<b>456,157</b>	<b>1,513,184</b>		<b>1,976,171</b>	<b>547,066</b>	<b>1,429,105</b>	

(Continued)



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

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

Health Plan: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

#### Summary

		JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)				
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	
Totals Before and After Reinsurance	4.1	Total Services Paid Directly FFS	231,219,366	146,739,011	84,480,355		245,200,678	155,187,315	90,013,363	
	4.2	Total Services Paid Directly -- IBNP	764,960	735,344	29,616		1,735,454	1,639,660	95,793	
	4.3	Total Services Paid through Subcapitation	-	-	-		-	-	-	
	4.4	Total Services Paid by Settlements/AP	565,046	30,820	534,226		555,352	39,560	515,792	
	4.5	TPL & Fraud/Abuse Recoveries	-	-	-		-	-	-	
	4.6.1	Premium Deficiency Reserve	-	-	-		-	-	-	
	<b>4.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>232,549,372</b>	<b>147,505,175</b>	<b>85,044,196</b>		<b>247,491,483</b>	<b>156,866,535</b>	<b>90,624,948</b>	
	4.8	Reinsurance Premiums	-	-	-		-	-	-	
	4.9	Reinsurance Recoveries	-	-	-		-	-	-	
	4.10	Net Cost of Reinsurance	-	-	-		-	-	-	
	<b>4.11</b>	<b>Grand Total Service Benefit Expense Net of Reinsurance</b>	<b>232,549,372</b>	<b>147,505,175</b>	<b>85,044,196</b>		<b>247,491,483</b>	<b>156,866,535</b>	<b>90,624,948</b>	
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)				
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	
Administrative Expenses	5.1	Salaries & Benefits	1,130,471	459,585	670,886		1,169,688	483,664	686,023	
	5.2	Administrative Services	180,693	73,459	107,234		186,961	77,308	109,653	
	5.3	Information Systems	7,819,500	3,178,961	4,640,539		8,090,759	3,345,517	4,745,242	
	5.4	Marketing Expenses	219,400	89,196	130,205		227,012	93,869	133,143	
	5.5	General Administration	3,154,683	1,345,071	1,809,612		3,423,333	1,415,543	2,007,790	
	5.6	Compliance/Regulatory	11,277	4,584	6,692		11,668	4,825	6,843	
	<b>5.7</b>	<b>Total Administrative Expenses</b>	<b>12,516,024</b>	<b>5,150,856</b>	<b>7,365,168</b>		<b>13,109,420</b>	<b>5,420,726</b>	<b>7,688,694</b>	
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	6.1	State Premium Tax	-				-			
	6.2	Department of Insurance Assessments	-				-			
	6.3	Other 1	-				-			
	6.4	Other 2	-				-			
	6.5	Other 3	-				-			
	<b>6.6</b>	<b>Total</b>	<b>-</b>				<b>-</b>			
7.0	Grand Total Expenses	245,065,396				260,600,904				
<b>8.0</b>	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>18,443,112</b>				<b>12,115,726</b>				
9.0	Income Tax Expense	-				-				
<b>10.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>18,443,112</b>				<b>12,115,726</b>				

(Continued)

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

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

Health Plan: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

**Summary**

		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)				Prior Year Adjustments	TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT		Total	Non-HCBS	HCBS	MED-P / SIXT
<b>MEMBER MONTHS</b>		73,873.0	28,805.0	45,068.0	-	74,968.0	29,441.0	45,527.0	-	(283.0)	290,995.0	113,158.0	178,120.0	-
<b>REVENUES</b>														
Revenues	1.1 Capitation	278,078,840				299,154,885				(3,132,563)	1,113,169,090			
	1.2 NH Rate Reconciliation	-				-				1,353,810	1,353,810			
	1.2.1 Community High Risk Pool	361,337				-				-	1,022,081			
	1.2.2 Patient Responsibility Reconciliation	(1,761,943)				(1,777,203)				507,058	(6,535,622)			
	1.3 Other Revenue	-				-				-	-			
	<b>1.4 Total Revenue</b>	<b>276,678,234</b>				<b>297,377,682</b>				<b>(1,271,695)</b>	<b>1,109,009,359</b>			
		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)				Prior Year Adjustments	TOTAL (TO DATE)			
<b>EXPENSES</b>		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT		Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	667,979	623,070	44,909		673,915	624,622	49,293		20,552	2,623,921	2,452,508	150,861	
	2.2 Nursing Facility Days (Crossover)	51,146	34,489	16,657		48,638	32,205	16,433		8,706	235,985	160,568	66,711	
	2.3 Nursing Facility FFS (Medicaid)	147,619,388	137,573,285	10,046,104		155,768,143	144,045,704	11,722,438		8,042,632	585,355,505	542,745,539	34,567,334	
	2.4 Nursing Facility FFS (Crossover)	44,547	40,289	4,258		65,687	42,515	23,172		(32,467)	241,041	226,385	47,123	
	2.5 Hospice Days	66,054	58,559	7,495		65,742	58,351	7,391		1,184	253,289	228,269	23,836	
	2.6 Hospice FFS	13,748,451	11,814,474	1,933,977		14,340,219	12,379,141	1,961,078		148,269	53,130,556	46,378,187	6,604,100	
	2.7 Ending IBNP for NF & Hospice Services	3,107,944	2,895,044	212,900		6,919,654	6,333,101	586,553		(13,660,012)	(1,132,464)	11,602,748	924,799	
	2.8 NF & Hospice Subcapitated Services	-	-	-		-	-	-		-	-	-	-	
	2.9 NF & Hospice Settlements/AP	-	-	-		-	-	-		-	-	-	-	
	<b>2.10 Total Nursing Facility and Hospice</b>	<b>164,520,329</b>	<b>152,323,091</b>	<b>12,197,238</b>		<b>177,093,703</b>	<b>162,800,462</b>	<b>14,293,241</b>		<b>(5,501,577)</b>	<b>637,594,638</b>	<b>600,952,859</b>	<b>42,143,357</b>	
Long Term Care Services	2.11 Assisted Living FFS	36,494,433	4,055,603	32,438,830		36,516,941	4,740,444	31,776,497		996,823	145,038,154	14,521,986	129,519,345	
	2.12 Home Health FFS	39,565,665	1,067,376	38,498,289		42,104,517	1,252,578	40,851,938		1,240,104	153,347,132	3,666,414	148,440,614	
	2.13 Medical Equipment/Supplies FFS	1,151,636	90,699	1,060,937		1,227,283	99,748	1,127,535		19,547	4,371,431	334,653	4,017,230	
	2.14 Therapy Services FFS	2,022,583	1,795,472	227,111		1,915,367	1,713,459	201,908		85,547	7,867,790	7,067,643	714,600	
	2.15 Transportation Services FFS	2,093,265	757,924	1,335,340		2,028,495	720,986	1,307,508		5,039	8,339,156	2,993,013	5,341,105	
	2.16 Case Management (Plan Provided) FFS	-	-	-		-	-	-		-	-	-	-	
	2.17 Case Management (non-Plan Provided) FFS	8,987,728	2,624,145	6,363,583		9,561,926	2,876,680	6,685,246		-	35,911,095	10,503,499	25,407,596	
	2.18 Home & Community Based Services (HCBS) FFS	2,404,223	103,038	2,301,184		2,446,897	108,269	2,338,628		19,601	9,505,162	387,615	9,097,945	
	2.19 Subcapitated LTC Services (excluding NF)	-	-	-		-	-	-		-	-	-	-	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	1,490	650	841		1,308,496	100,540	1,207,956		(1,125,026)	185,424	101,591	1,208,860	
	2.21 LTC Services Settlements/AP (excluding NF)	506,429	27,840	478,589		4,472,974	28,110	4,444,864		36,513	6,136,314	126,330	5,973,471	
<b>2.22 Grand Total LTC Services</b>	<b>257,747,782</b>	<b>162,845,839</b>	<b>94,901,943</b>		<b>278,676,600</b>	<b>174,441,277</b>	<b>104,235,323</b>		<b>(4,223,429)</b>	<b>1,008,296,296</b>	<b>640,655,603</b>	<b>371,864,122</b>		
Expanded Benefits	3.1 Expanded Benefits FFS	1,871,637	522,667	1,348,970		1,758,414	436,622	1,321,792		(170,958)	7,404,605	1,962,513	5,613,051	
	3.2 Expanded Benefits Subcapitation	-	-	-		-	-	-		-	-	-	-	
	3.3 Ending IBNP for Expanded Benefits	-	-	-		-	-	-		-	-	-	-	
	3.4 Expanded Benefits Services Settlements	-	-	-		-	-	-		-	-	-	-	
	<b>3.5 Total Expanded Benefits</b>	<b>1,871,637</b>	<b>522,667</b>	<b>1,348,970</b>		<b>1,758,414</b>	<b>436,622</b>	<b>1,321,792</b>		<b>(170,958)</b>	<b>7,404,605</b>	<b>1,962,513</b>	<b>5,613,051</b>	

(Continued)

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

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

Health Plan: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

**Summary**

		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)				Prior Calendar Year Adjustments	TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT		Total	Non-HCBS	HCBS	MED-P / SIXT
Totals Before and After Reinsurance	4.1	Total Services Paid Directly FFS	256,003,557	160,444,973	95,558,584		267,733,889	168,416,148	99,317,741	10,354,137	1,010,511,627	630,787,447	369,370,043	
	4.2	Total Services Paid Directly -- IBNP	3,109,434	2,895,694	213,741		8,228,150	6,433,641	1,794,509	(14,785,037)	(947,039)	11,704,339	2,133,659	
	4.3	Total Services Paid through Subcapitation	-	-	-		-	-	-	-	-	-	-	
	4.4	Total Services Paid by Settlements/AP	506,429	27,840	478,589		4,472,974	28,110	4,444,864	36,513	6,136,314	126,330	5,973,471	
	4.5	TPL & Fraud/Abuse Recoveries	-	-	-		-	-	-	-	-	-	-	
	4.6.1	Premium Deficiency Reserve	-	-	-		-	-	-	-	-	-	-	
	4.7	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>259,619,420</b>	<b>163,368,506</b>	<b>96,250,914</b>		<b>280,435,014</b>	<b>174,877,899</b>	<b>105,557,115</b>	<b>(4,394,387)</b>	<b>1,015,700,902</b>	<b>642,618,116</b>	<b>377,477,173</b>	
	4.8	Reinsurance Premiums	-	-	-		-	-	-	-	-	-	-	
	4.9	Reinsurance Recoveries	-	-	-		-	-	-	-	-	-	-	
	4.10	Net Cost of Reinsurance	-	-	-		-	-	-	-	-	-	-	
	4.11	<b>Grand Total Service Benefit Expense Net of Reinsurance</b>	<b>259,619,420</b>	<b>163,368,506</b>	<b>96,250,914</b>		<b>280,435,014</b>	<b>174,877,899</b>	<b>105,557,115</b>	<b>(4,394,387)</b>	<b>1,015,700,902</b>	<b>642,618,116</b>	<b>377,477,173</b>	
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)				Prior Year Adjustments	TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT		Total	Non-HCBS	HCBS	MED-P / SIXT
Administrative Expenses	5.1	Salaries & Benefits	1,186,415	490,643	695,772		1,301,434	538,448	762,986	-	4,788,008	1,972,340	2,815,668	
	5.2	Administrative Services	189,635	78,424	111,211		208,019	86,065	121,955	-	765,308	315,256	450,052	
	5.3	Information Systems	8,206,463	3,393,791	4,812,671		9,002,056	3,724,458	5,277,597	-	33,118,777	13,642,728	19,476,049	
	5.4	Marketing Expenses	230,258	95,223	135,035		252,581	104,501	148,079	-	929,251	382,789	546,461	
	5.5	General Administration	3,427,623	1,435,969	1,991,653		3,808,918	1,575,880	2,233,038	198,543	14,013,100	5,772,463	8,042,094	
	5.6	Compliance/Regulatory	11,835	4,894	6,940		12,982	5,371	7,611	-	47,761	19,674	28,087	
	5.7	<b>Total Administrative Expenses</b>	<b>13,252,228</b>	<b>5,498,945</b>	<b>7,753,283</b>		<b>14,585,990</b>	<b>6,034,723</b>	<b>8,551,267</b>	<b>198,543</b>	<b>53,662,205</b>	<b>22,105,250</b>	<b>31,358,412</b>	
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	6.1	State Premium Tax	-	-	-		-	-	-	-	-	-	-	
	6.2	Department of Insurance Assessments	-	-	-		-	-	-	-	-	-	-	
	6.3	Other 1	-	-	-		-	-	-	-	-	-	-	
	6.4	Other 2	-	-	-		-	-	-	-	-	-	-	
6.5	Other 3	-	-	-		-	-	-	-	-	-	-		
6.6	<b>Total</b>	-	-	-		-	-	-	-	-	-	-		
7.0	<b>Grand Total Expenses</b>	<b>272,871,647</b>				<b>295,021,004</b>			<b>(4,195,844)</b>	<b>1,069,363,107</b>				
8.0	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>3,806,587</b>				<b>2,356,678</b>			<b>2,924,149</b>	<b>39,646,252</b>				
9.0	Income Tax Expense	-				-			-	-				
10.0	<b>Net Underwriting Gain (Loss)</b>	<b>3,806,587</b>				<b>2,356,678</b>			<b>2,924,149</b>	<b>39,646,252</b>				

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

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

Health Plan: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024  
**Summary**

			JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		Prior Year Adjustments	TOTAL (TO DATE)		
EXPENSES	Vendor Name	Affiliation	Payment Methodology	MM	Amount	MM	Amount	MM	Amount	MM	Amount	Amount	MM	Amount
LTC Nursing Facility (NF) & Hospice Services	1.1	Vendor #1											-	-
	1.2	Vendor #2											-	-
	1.3	Vendor #3											-	-
	1.4	Vendor #4											-	-
	1.5	Vendor #5											-	-
	<b>1.6</b>	<b>Total LTC Nursing Facility &amp; Hospice</b>												-
Long Term Care Services	2.1	ILS HOME DELIVERED MEALS	RELATED THROUGH PARENT COMPANY	Fee-for-Service		1,350,719		1,375,072		1,392,461		1,450,252		5,568,504
	2.2	ILS Care management	Parent Company	Subcapitation	70,095.0	8,555,897	72,342.0	8,805,545	73,871.0	8,987,727	74,968.0	9,561,925	291,276.0	35,911,094
	2.3	ILS HHA Of Palm Beach	RELATED THROUGH PARENT COMPANY	Fee-for-Service		4,038		2,678		2,525		2,551		11,792
	2.4	Vendor #4												-
	2.5	Vendor #5												-
	<b>2.6</b>	<b>Total Long Term Services</b>				<b>9,910,654</b>		<b>10,183,295</b>		<b>10,382,713</b>		<b>11,014,728</b>		<b>41,491,390</b>
Administrative Expenses	3.1	ILS TPA FEES	Parent Company	Subcapitation		7,818,866		8,090,665		8,209,916		9,004,635		33,124,082
	3.2	ILS INDIRECT ADMIN	Parent Company	Subcapitation		1,766,932		1,828,354		1,855,302		2,034,895		7,485,483
	3.3	Vendor #3												-
	3.4	Vendor #4												-
	3.5	Vendor #5												-
	<b>3.6</b>	<b>Total Administrative Expenses</b>				<b>9,585,798</b>		<b>9,919,019</b>		<b>10,065,218</b>		<b>11,039,530</b>		<b>40,609,565</b>
<b>4</b>	<b>Grand Total</b>				<b>19,496,452</b>		<b>20,102,314</b>		<b>20,447,931</b>		<b>22,054,258</b>		<b>82,100,955</b>	

Notes

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

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

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

**ACHIEVED SAVINGS REBATE EXHIBIT**

Health Plan: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024  
 Plan Type: LTC

		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	278,496,334	14,987,826	263,508,508	287,963,753	15,247,124	272,716,630	291,862,096	15,183,862	276,678,234
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	278,496,334	14,987,826	263,508,508	287,963,753	15,247,124	272,716,630	291,862,096	15,183,862	276,678,234
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	240,261,856	9,042,490	231,219,366	253,218,185	8,017,507	245,200,678	264,685,146	8,681,590	256,003,557
2.2	Incurred but not Paid (IBNP) Ending Balance	770,418	5,458	764,960	1,769,020	33,566	1,735,454	3,453,925	344,491	3,109,434
2.3	Settlements/AP	4,394,039	3,828,993	565,046	5,601,229	5,045,877	555,352	4,558,775	4,052,346	506,429
2.4	Total Benefit Expense before Reinsurance	245,426,312	12,876,941	232,549,372	260,588,433	13,096,950	247,491,483	272,697,847	13,078,427	259,619,420
2.5	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.6	Total Benefit Expense after Reinsurance	245,426,312	12,876,941	232,549,372	260,588,433	13,096,950	247,491,483	272,697,847	13,078,427	259,619,420
<b>Administrative Expenses</b>										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	13,230,319	714,295	12,516,024	13,836,073	726,652	13,109,420	13,975,865	723,637	13,252,228
3.2	Less: Compliance/Regulatory	(12,597)	-	(12,597)	(12,597)	-	(12,597)	(387,597)	-	(387,597)
3.3	Less: Lobbying/Political expenses	(30,000)	-	(30,000)	(30,000)	-	(30,000)	(30,000)	-	(30,000)
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-	-
3.5	Less: Other Non-allowed expenses	-	-	-	-	-	-	(806,470)	-	(806,470)
3.6	Administrative Expense Subject to ASR	13,187,721	714,295	12,473,427	13,793,476	726,652	13,066,823	12,751,798	723,637	12,028,160
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: Florida Community Care  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024  
 Plan Type: LTC

	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	313,928,928	16,551,246	297,377,682	(1,834,812)	(563,117)	(1,271,694.77)	1,170,416,299	61,406,940	1,109,009,359
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	313,928,928	16,551,246	297,377,682	(1,834,812)	(563,117)	(1,271,695)	1,170,416,299	61,406,940	1,109,009,359
<b>EXPENSES</b>									
<b>Benefit Expenses</b>									
2.1 Total Benefits Paid through FFS and Subcapitation During the Year	275,437,647	7,703,758	267,733,889	9,827,320	(526,817)	10,354,137	1,043,430,154	32,918,527	1,010,511,627
2.2 Incurred but not Paid (IBNP) Ending Balance	8,552,865	324,714	8,228,150	(15,178,143)	(393,106)	(14,785,037)	(631,915)	315,124	(947,039)
2.3 Settlements/AP	10,678,573	6,205,599	4,472,974	472,156	435,643	36,513	25,704,772	19,568,458	6,136,314
2.5 Total Benefit Expense before Reinsurance	294,669,085	14,234,071	280,435,014	(4,878,667)	(484,280)	(4,394,387)	1,068,503,010	52,802,109	1,015,700,902
2.6 Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.7 Total Benefit Expense after Reinsurance	294,669,085	14,234,071	280,435,014	(4,878,667)	(484,280)	(4,394,387)	1,068,503,010	52,802,109	1,015,700,902
<b>Administrative Expenses</b>									
3.1 Total Administrative Expenses from Revenue & Expense Schedule	15,374,795	788,805	14,585,990	198,543	-	198,543	56,615,595	2,953,389	53,662,206
3.2 Less: Compliance/Regulatory	(12,597)	-	(12,597)	-	-	-	(425,389)	-	(425,389)
3.3 Less: Lobbying/Political expenses	(30,000)	-	(30,000)	-	-	-	(120,000)	-	(120,000)
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-	-
3.5 Less: Other Non-allowed expenses	(806,470)	-	(806,470)	-	-	-	(1,612,940)	-	(1,612,940)
3.6 Administrative Expense Subject to ASR	14,525,728	788,805	13,736,923	198,543	-	198,543	54,457,266	2,953,389	51,503,877
4.0 Actuarially-sound Administrative Expense Maximum							54,650,022	6,986,047	47,663,976
5.0 Administrative Expenses Subject to ASR							54,457,266	2,953,389	47,663,976
6.0 Total Benefit and Administrative Expense subject to ASR							1,122,960,276	55,755,498	1,063,364,877
<b>Calculation of Pre-Tax Income and ASR</b>									
7.1 Pre-tax Income							47,456,023	5,651,442	45,644,482
7.2 Pre-tax Income as a Percent of Revenue							4.1%	9.2%	4.1%
7.3 Preliminary Achieved Savings Rebate									

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

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

Health Plan: Florida Community Care  
 Reporting Period:  
 Paid Through:  
 Plan Type: LTC

CALENDAR YEAR TOTAL (January 1 to September 30)				
MMA Administrative Expense Maximum		MMA		
1.0	Select your Nationwide Member Enrollment	Select One		
1.1	Plan Enrollment			
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$27.20		-
	TANF SMI	\$74.06		-
	SSI Medicaid Only Non-SMI	\$80.93	33.0	2,671
	SSI Medicaid Only SMI	\$108.14	77.0	8,327
	SSI Dual Eligible	\$25.13	290.0	7,288
	Child Welfare	\$69.99		-
	HIV/AIDS Non-Specialty Medicaid Only	\$114.85		-
	HIV/AIDS Specialty Medicaid Only	\$127.94	8.0	1,024
	HIV/AIDS Dual Eligible	\$23.16	124.0	2,872
	LTC Medicaid Only	\$189.94	10423.0	1,979,745
	LTC Dual Eligible	\$21.84	139125.0	3,038,490
	Maternity Kick Payment	\$544.38		-
	Private Duty Nursing	\$560.41		-
	LTC Eligible Kick Payments	\$263.23		-
1.3	<b>Total MMA Administrative Maximum</b>		<b>150,080</b>	<b>5,040,415</b>
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	\$157.36	216,310.0	34,038,542
2.2	<b>Total LTC Administrative Maximum</b>			<b>34,038,542</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: Florida Community Care  
 Reporting Period:  
 Paid Through:  
 Plan Type: LTC

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			
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$32.75		-
	TANF SMI	\$77.48		-
	SSI Medicaid Only Non-SMI	\$78.33		-
	SSI Medicaid Only SMI	\$103.43	6.0	621
	SSI Dual Eligible	\$31.09	35.0	1,088
	Child Welfare	\$74.83		-
	HIV/AIDS Non-Specialty Medicaid Only	\$99.56		-
	HIV/AIDS Specialty Medicaid Only	\$113.08	2.0	226
	HIV/AIDS Dual Eligible	\$28.18		-
	LTC Medicaid Only	\$178.51	3667.0	654,596
	LTC Dual Eligible	\$27.21	47376.0	1,289,100
	Maternity Kick Payment	\$478.36		-
	Private Duty Nursing	\$136.63		-
	LTC Eligible Kick Payments			-
1.3	<b>Total MMA Administrative Maximum</b>		<b>51,086</b>	<b>1,945,631</b>
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	\$181.75	74,968.0	13,625,434
2.2	<b>Total LTC Administrative Maximum</b>			<b>13,625,434</b>

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

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: Florida Community Care  
 Calendar Year: 12/31/2023  
 Reporting Period: 4Q23  
 Paid Through: 12/31/2023  
 Plan Type: LTC

		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	278,496,334	14,987,826	263,508,508	287,963,753	15,247,124	272,716,630	291,862,096	15,183,862	276,678,234
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	278,496,334	14,987,826	263,508,508	287,963,753	15,247,124	272,716,630	291,862,096	15,183,862	276,678,234
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS During the Year	240,261,856	9,042,490	231,219,366	253,218,185	8,017,507	245,200,678	264,685,146	8,681,590	256,003,557
2.2	Total Benefits Paid through Subcapitation During the Year	-	-	-	-	-	-	-	-	-
2.3	Incurred but not Paid (IBNP) Ending Balance	770,418	5,458	764,960	1,769,020	33,566	1,735,454	3,453,925	344,491	3,109,434
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-
2.5	Settlements/AP	4,394,039	3,828,993	565,046	5,601,229	5,045,877	555,352	4,558,775	4,052,346	506,429
2.6	Total Benefit Expense before Reinsurance	245,426,312	12,876,941	232,549,372	260,588,433	13,096,950	247,491,483	272,697,847	13,078,427	259,619,420
2.7	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.8	Total Benefit Expense after Reinsurance	245,426,312	12,876,941	232,549,372	260,588,433	13,096,950	247,491,483	272,697,847	13,078,427	259,619,420
<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	45,233	22,617	22,617	45,233	22,617	22,617	45,233	22,617	22,617
4.2	Activities to Prevent Hospital Readmissions	45,233	22,617	22,617	45,233	22,617	22,617	45,233	22,617	22,617
4.3	Improve Patient Safety and Reducing Medical Errors	45,233	22,617	22,617	45,233	22,617	22,617	45,233	22,617	22,617
4.4	Wellness and Health Promotion Activities	45,233	22,617	22,617	45,233	22,617	22,617	45,233	22,617	22,617
4.5	Health Information Technology (HIT) expenses related to Health Improvement	176,056	131,157	44,899	176,056	131,157	44,899	176,056	131,157	44,899
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	356,989	221,623	135,365	356,989	221,623	135,365	356,989	221,623	135,365
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	-	-	-	-	-	-	-	-	-
6.0	Preliminary Medical Loss Ratio: MLR	88%	87%	88%	91%	87%	91%	94%	88%	94%
<b>Annual Credibility Adjustment</b>										
7.1	Member Months for Managed Care Plan (MM)									
7.2	Number of Member Months where MM is rounded down to the nearest annual Member Months (MMa)									
7.3	Number of Member Months where MM is rounded up to the nearest annual Member Months (MMb)									
7.4	Credibility Adjustment Factor for MMa (CAa)									
7.5	Credibility Adjustment Factor for MMb (CAb)									
7.6	Credibility Adjustment Calculation									
7.7	Calculated MLR									
7.8	Final MLR (Apply Credibility Adjustment)									

(Continued)

**MEDICAL LOSS RATIO EXHIBIT (Continued)**

Health Plan: Florida Community Care  
 Calendar Year: 12/31/2023  
 Reporting Period: 4Q23  
 Paid Through: 12/31/2023  
 Plan Type: LTC

	OCTOBER - DECEMBER (Q4)			Prior Year Adjustments			TOTAL (TO DATE)			For Annual Report Only	Difference
	Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC		
<b>REVENUES</b>											
1.1	Total Revenue from Revenue & Expense Schedules	313,928,928	16,551,246	297,377,682	(1,834,812)	(563,117)	(1,271,695)	1,170,416,299	61,406,940	1,109,009,359	1,170,416,299
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	313,928,928	16,551,246	297,377,682	(1,834,812)	(563,117)	(1,271,695)	1,170,416,299	61,406,940	1,109,009,359	1,170,416,299
<b>EXPENSES</b>											
<b>Benefit Expenses</b>											
2.1	Total Benefits Paid through FFS During the Year	275,437,647	7,703,758	267,733,889	9,827,320	(526,817)	10,354,137	1,043,430,154	32,918,527	1,010,511,627	1,043,430,154
2.2	Total Benefits Paid through Subcapitation During the Year	-	-	-	-	-	-	-	-	-	-
2.3	Incurred but not Paid (IBNP) Ending Balance	8,552,865	324,714	8,228,150	(15,178,143)	(393,106)	(14,785,037)	(631,915)	315,124	(947,039)	(631,915)
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-	-
2.5	Settlements/AP	10,678,573	6,205,599	4,472,974	472,156	435,643	36,513	25,704,772	19,568,458	6,136,314	25,704,772
2.6	Total Benefit Expense before Reinsurance	294,669,085	14,234,071	280,435,014	(4,878,667)	(484,280)	(4,394,387)	1,068,503,010	52,802,109	1,015,700,902	1,068,503,010
2.7	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-	-
2.8	Total Benefit Expense after Reinsurance	294,669,085	14,234,071	280,435,014	(4,878,667)	(484,280)	(4,394,387)	1,068,503,010	52,802,109	1,015,700,902	1,068,503,010
<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	45,233	22,617	22,617	-	-	-	180,933	90,466	90,466	180,933
4.2	Activities to Prevent Hospital Readmissions	45,233	22,617	22,617	-	-	-	180,933	90,466	90,466	180,933
4.3	Improve Patient Safety and Reducing Medical Errors	45,233	22,617	22,617	-	-	-	180,933	90,466	90,466	180,933
4.4	Wellness and Health Promotion Activities	45,233	22,617	22,617	-	-	-	180,933	90,466	90,466	180,933
4.5	Health Information Technology (HIT) expenses related to Health Improvement	176,056	131,157	44,899	-	-	-	704,224	524,628	179,596	704,224
4.6	Total of Defined Expenses Incurred for Improving Health Care Quality	356,989	221,623	135,365	-	-	-	1,427,956	886,494	541,462	1,427,956
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	-	-	-	-	-	-	-	-	-	-
6.0	Preliminary Medical Loss Ratio: MLR	94%	87%	94%	266%	86%	346%	91%	87%	92%	1
<b>Annual Credibility Adjustment</b>											
7.1	Member Months for Managed Care Plan (MM)							492,443.98	201165.98	291278	
7.2	Number of Member Months where MM is rounded down to the nearest annual Member Months (MMa)							192,000.00	192000	192000	
7.3	Number of Member Months where MM is rounded up to the nearest annual Member Months (MMb)							380,000.00	380000	380000	
7.4	Credibility Adjustment Factor for MMa (CAa)							1.5%	0.015	0.015	
7.5	Credibility Adjustment Factor for MMb (CAb)							1.0%	0.01	0.01	
7.6	Credibility Adjustment Calculation							0.7%	1.5%	1.2%	
7.7	Calculated MLR							91%	87%	92%	
7.8	Final MLR (Apply Credibility Adjustment)							92.12%	88.91%	92.87%	