



Auditee: Humana Medical Plan, Inc.

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

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



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PLAN AND PERFORMANCE AUDIT OVERVIEW

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

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

At the request of the Agency, we conducted a performance audit of selected schedules and exhibits of the annual Achieved Savings Rebate (“ASR”) financial report of the Plan for the year ended December 31, 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 29, 2024, and our results, reported herein, are as of August 29, 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 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 (“MLR”) exhibit, respectively. For any incurred claims we tested a representative sample of claims to determine the claim was allowable under the SMMC contract. We did not evaluate whether the claims were paid in accordance with the Plan’s contractual arrangements with respective providers. IBNP amounts provided by subcapitated providers were reconciled to supporting documentation. IBNP amounts were not tested for valuation/measurement.
- Tests of underlying data related to reported amounts allocated within the company between lines of business, including but not limited to allocations included in medical benefits, administrative expenses, defined expenses improving health care quality, federal income taxes, and net investment income. We obtained an understanding of the allocation methodology used by the Plan, evaluated whether the allocation seemed reasonable and recalculated the allocation methodology.
- Tests of underlying data or transactions related to reported amounts allocated from a parent or other related entity, including but not limited to allocations included in medical benefits, administrative expenses, defined expenses improving health care quality, federal income taxes, and net investment income. We obtained an understanding of the allocation methodology used by the Plan, evaluated whether the allocations comply with administrative service or related party transaction agreements, if any, and agreed amounts to internal documentation. Reported amounts allocated by a parent or other entity include the following amounts.

ASR Schedule and Line No.	Description	Calendar Year Total
MMA Revenue and Expense Schedule – Summary, Line No. 12.1	Salaries and benefits based on corporate allocations	\$ 183,579,246
MMA Revenue and Expense Schedule – Summary, Line No. 12.2	Administrative services based on corporate allocations	\$ 5,091,702
MMA Revenue and Expense Schedule – Summary, Line No. 12.3	Information system expenses based on corporate allocations	\$ 22,209,516
MMA Revenue and Expense Schedule – Summary, Line No. 12.4	Marketing expenses based on corporate allocations	\$ 22,360,544
MMA Revenue and Expense Schedule – Summary, Line No. 12.5	General administration expenses based on corporate allocations	\$ 31,884,346
MMA Revenue and Expense Schedule – Summary, Line No. 12.6	Compliance and regulatory expenses based on corporate allocations	\$ 505,043
LTC Revenue and Expense Schedule – Summary, Line No. 5.7	Administrative services based on corporate allocations	\$ (4,124,018)

(Continued)

ASR Schedule and Line No.	Description	Calendar Year Total
LTC Revenue and Expense Schedule – Summary, Line No. 2.16	Case management services based on allocations from centralized corporate operations	\$ 47,386,964
MMA Revenue and Expense Schedule – Summary, Line No. 16.0	Income tax based on corporate allocations	\$ 52,960,301
LTC Revenue and Expense Schedule – Summary, Line No. 9.0	Income tax based on corporate allocations	\$ 1,444,007
Medical Loss Ratio Exhibit, Line No. 4.1	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 26,395,047
Medical Loss Ratio Exhibit, Line No. 4.2	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 6,239,730
Medical Loss Ratio Exhibit, Line No. 4.3	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 5,143,512
Medical Loss Ratio Exhibit, Line No. 4.4	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 15,127,830
Medical Loss Ratio Exhibit, Line No. 4.5	Expenses for improving health care quality based on allocations from centralized corporate operations	\$ 5,825,337

- 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
 - Based on the population being tested and the desired results, the methodology of compliance sampling outlined in *AICPA Audit and Accounting Guide-GAS-Chapter 11* was followed for sample selections. The results of our test were not projected to the total population for any applicable adjustments identified in the report.
 - Inspected a reconciliation of the Plan's reported sub-capitation payments of medical benefits expense to detailed accounting records
 - For the largest significant vendor per each applicable ASR row included in reported subcapitated expenses, recalculated subcapitation payments in accordance with applicable contracts or agreements, vouched actual payment of reported amounts and determined amounts were properly classified by rate-cell and quarter
 - Inspected reconciliations of amounts reported for other medical benefit expenses, including §1202 PCP payments to providers, settlements, prescription rebates, third-party liability and fraud and abuse recoveries, premium deficiency reserves, and reinsurance amounts to detailed accounting records
 - For significant amounts included in the above other medical benefit expenses, vouched actual payment of reported amounts and determined amounts were allowable and properly classified by rate-cell and quarter
 - For a representative sample from the population of direct administrative expenses, obtained documentation supporting the reported amount and determined amount was allowable and properly classified by quarter
 - 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 prepared the MMA Revenue and Expense Schedule – Summary, MMA Related Party Transaction Schedule – Summary, LTC Revenue and Expense Schedule – Summary, LTC Related Party Transaction Schedule – Summary, Achieved Savings Rebate Exhibit, and 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.

OTHER MATTERS

MMA and LTC Related-Party Summary

The name, affiliation, and payment methodology of the vendor at Line 1.1 of the LTC Related-Party Summary was not completed. Member month information was not included for Line 1.1 and 2.1 of the LTC Related-Party Summary. For MMA Related-Party Summary Lines 8.1 – 8.2 and LTC Related-Party Summary Lines 3.1 - 3.2, the payment methodology “Other” was selected but no additional information was disclosed in the Notes tab. Per Agency instructions, if “Other” is selected, the Plan should describe the methodology in the Notes section.

MLR Exhibit Administrative Expense Calculation

When determining the amount of administrative expense to exclude from MLR Exhibit Line 2.2, incorrect rates were used in the calculations for two different subcapitation providers.

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

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

CARR, RIGGS & INGRAM, LLC
Panama City Beach, Florida
August 29, 2024

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

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Humana Medical Plan, Inc.

Reporting Period: FY 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
MEMBER MONTHS			2,413,998.9	2,010,873.5	86,430.7	130,777.7	46,772.7	60,628.6	11,185.3	645.9	6,704.9	172.0	52,435.2	7,372.4
REVENUES														
Revenues	1.1	Capitation	670,981,613	366,617,037	43,388,860	130,669,848	67,801,042	11,110,261	4,263,212	105,928	17,261,764	4,999,870	6,963,258	17,800,533
	1.2.1	Pharmacy Drug High Risk Pool	2,117,696	1,764,052	75,822	114,726	41,032	53,187	9,812	567	5,882	151	45,999	6,468
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	15,799,283	14,747,317	864,593	88,185	53,090	-	3,967	-	42,131	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	45,297	32,008	2,849	4,311	1,542	1,999	369	21	221	6	1,728	243
	1.7	Total Revenue	688,943,889	383,160,414	44,332,124	130,877,069	67,896,705	11,165,446	4,277,361	106,516	17,309,998	5,000,026	7,010,986	17,807,244
				JANUARY - MARCH (Q1)										
BENEFIT EXPENSES														
Hospital Services	2.1	Inpatient FFS	81,538,328	48,922,713	2,907,190	16,675,108	7,741,338	394,047	349,347	-	557,594	248,353	359,707	3,382,931
	2.2	Ending IBNP for Inpatient Hospital Services	1,562,176	937,300	55,698	319,475	148,315	7,549	6,693	-	10,683	4,758	6,892	64,813
	2.3	Outpatient FFS: ER	57,211,164	40,281,759	3,689,335	7,636,664	3,939,243	224,366	249,417	6,356	375,399	44,929	131,595	632,100
	2.4	Outpatient FFS: Other than ER	10,987,608	3,030,416	290,485	4,013,200	1,128,288	999,184	18,164	19,058	122,883	9,086	759,359	597,486
	2.5	Ending IBNP for Outpatient Hospital Services	1,306,606	360,237	32,681	475,018	132,868	122,285	2,253	2,064	14,427	1,133	92,332	71,310
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	152,605,883	93,532,425	6,975,388	29,119,465	13,090,051	1,747,432	625,875	27,477	1,080,986	308,258	1,349,885	4,748,640
	Professional Services	3.1	Primary Care FFS	92,663,866	62,629,747	4,599,458	13,713,509	5,496,386	1,096,902	441,787	11,103	613,625	104,440	2,144,393
3.2		Specialty Care FFS	6,904,493	3,824,968	468,414	1,311,337	721,847	46,838	34,243	1,171	89,012	17,313	143,439	245,910
3.3		Other Professional FFS	267,854	217,439	15,945	15,208	6,793	805	1,757	579	8,003	-	505	820
3.4		§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
3.5		Subcapitated Professional Services	13,956,848	11,905,406	531,873	642,157	287,721	234,109	66,961	3,675	53,518	1,136	196,000	34,292
3.6		Ending IBNP for Professional Services	1,912,742	1,292,904	94,965	282,939	113,567	22,651	9,082	230	12,715	2,154	44,223	37,311
3.7		Professional Settlements/AP	18,393,630	15,334,912	715,968	891,577	395,514	456,497	59,414	6,383	69,723	1,283	405,955	56,404
3.8		Total Physician Services	134,099,433	95,205,376	6,426,623	16,856,728	7,021,828	1,857,802	613,245	23,141	846,595	126,326	2,934,515	2,187,252
Maternity Services	4.1.1	Maternity Services	15,507,965	14,146,875	1,002,453	140,894	136,340	6,944	7,131	-	61,099	-	80	6,149
	4.2.1	Ending IBNP for Maternity Services	297,114	271,037	19,206	2,699	2,612	133	137	-	1,171	-	2	118
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	15,805,079	14,417,912	1,021,659	143,594	138,952	7,077	7,268	-	62,270	-	81	6,267
Mental Health	5.1	Mental Health & Substance Abuse FFS	48,995	31,979	1,765	2,412	5,237	990	2,350	-	620	650	2,931	61
	5.2	Mental Health & Substance Abuse Subcapitation	41,416,667	15,379,594	10,837,836	3,025,404	8,228,226	976,884	950,016	17,219	525,978	3,023	951,719	520,768
	5.3	Ending IBNP for Mental Health & Substance Abuse	939	613	34	46	100	19	45	-	12	12	56	1
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	41,466,601	15,412,185	10,839,634	3,027,862	8,233,564	977,893	952,411	17,219	526,610	3,685	954,706	520,831
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	3,049,925	998,982	184,348	432,318	365,635	183,688	15,278	1,730	42,758	3,895	638,197	183,095
	7.2	Transportation Subcapitation	11,731,160	9,762,585	414,184	642,098	225,813	289,151	52,653	3,018	31,912	767	270,564	38,416
	7.3	Ending IBNP for Transportation	58,433	19,139	3,532	8,283	7,005	3,519	293	33	819	75	12,227	3,508
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	14,839,517	10,780,706	602,063	1,082,698	598,454	476,359	68,224	4,782	75,489	4,736	920,988	225,019
Pharmacy	8.1	Prescription Drugs FFS	145,361,574	58,669,900	12,667,336	32,720,753	25,905,208	127,022	776,646	6,697	7,184,751	4,501	49,820	7,248,939
	8.2	Hepatitis C Prescription Drug FFS	834,975	380,798	63,294	210,964	117,980	-	-	-	25,344	-	-	36,595
	8.3	Ending IBNP for Prescription Drugs	8	3	1	2	2	0	0	0	0	0	0	0
	8.4	Prescription Drug Rebates	(938,672)	(373,483)	(79,551)	(196,932)	(181,111)	(754)	(4,431)	(72)	(53,893)	(29)	(325)	(48,089)
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	145,257,884	58,677,218	12,651,079	32,734,787	25,842,078	126,268	772,215	6,625	7,156,202	4,472	49,495	7,237,446

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 2023
 Paid Through: 3/31/2024

Summary

			JANUARY - MARCH (Q1)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid		Dual Eligible	Child Welfare	HIV/AIDS Dual		Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
						Only Non-SMI	Only SMI			Eligible	Medicaid Only			
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	4,970,291	676,305	26,593	580,150	98,372	119,962	19,756	1,096	3,728	3,444,329		
	9.2	Hospice FFS	3,873,387	55,008	10,800	1,680,305	467,957	1,647,484	-	-	11,834	-		
	9.2.1	Nursing Facility FFS	5,392,518	28,941	252	1,098,907	644,107	3,598,237	-	3,613	18,459	-		
	9.3	DME FFS	3,213,241	1,420,143	107,651	1,088,773	329,962	46,170	22,143	474	23,797	174,130		
	9.4	Other State Plan Services FFS	12,763,986	9,613,152	572,172	1,663,766	557,144	22,039	63,760	376	74,293	52,670	28,961	115,653
	9.5	Other Services Subcapitation	11,247,750	9,196,959	465,091	617,491	280,321	301,359	43,441	4,067	49,753	769	248,177	40,322
	9.6	Ending IBNP for Other Services	592,845	444,439	26,797	77,190	26,785	1,064	2,972	19	3,617	2,630	1,530	5,800
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	42,054,018	21,434,947	1,209,358	6,806,582	2,404,649	5,736,314	152,072	9,646	185,480	3,674,528	278,668	161,774
Expanded Benefits	10.1	Expanded Benefits FFS	6,319,056	2,907,189	405,774	1,097,289	841,396	182,780	7,106	1,615	62,069	-	630,810	183,029
	10.2	Expanded Benefits Subcapitation	1,008,943	735,545	51,574	83,862	36,286	47,558	1,898	364	3,571	26	42,205	6,054
	10.3	Ending IBNP for Expanded Benefits	79,428	34,525	5,166	14,804	10,909	2,220	92	19	718	-	8,583	2,392
	10.4	Expanded Benefits Settlements/AP	1,609	1,053	22	245	192	51	1	0	21	-	26	(2)
	10.5	Total Expanded Benefits	7,409,037	3,678,312	462,536	1,196,200	888,783	232,609	9,096	1,998	66,379	26	681,624	191,473
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	449,970,554	247,462,830	26,933,713	83,884,626	48,322,122	8,696,704	2,004,455	53,797	9,221,373	4,104,266	4,889,472	14,397,195
	11.2	Total Services Paid Directly -- IBNP	5,810,291	3,360,197	238,079	1,180,456	442,164	159,441	21,566	2,365	44,162	10,762	165,845	185,253
	11.3	Total Services Paid through Subcapitation	79,361,368	46,980,089	12,300,559	5,011,011	9,058,367	1,849,062	1,114,968	28,343	664,732	5,720	1,708,666	639,852
	11.4	Total Services Paid by Settlements/AP	18,395,239	15,335,965	715,990	891,823	395,706	456,548	59,416	6,383	69,744	1,283	405,981	56,402
	11.5	TPL & Fraud/Abuse Recoveries	(431,236)	(238,288)	(25,043)	(82,163)	(44,281)	(9,015)	(1,822)	(47)	(8,022)	(3,578)	(5,010)	(13,967)
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	553,106,216	312,900,793	40,163,298	90,885,752	58,174,078	11,152,740	3,198,583	90,841	9,991,989	4,118,454	7,164,953	15,264,735
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	553,106,216	312,900,793	40,163,298	90,885,752	58,174,078	11,152,740	3,198,583	90,841	9,991,989	4,118,454	7,164,953	15,264,735
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JANUARY - MARCH (Q1)											
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	49,635,309	122,315	49,512,995									
	12.2	Administrative Services	1,435,436	-	1,435,436									
	12.3	Information Systems	2,144,662	-	2,144,662									
	12.4	Marketing Expenses	4,855,315	-	4,855,315									
	12.5	General Administration	7,328,714	149,131	7,179,583									
	12.6	Compliance/Regulatory	357,574	-	357,574									
	12.7	Total Administrative Expenses	65,757,010	271,445	65,485,565									
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-									
	13.2	Department of Insurance Assessments	-	-	-									
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-									
	13.4	Other 1	-	-	-									
	13.5	Other 2	-	-	-									
	13.6	Other 3	-	-	-									
	13.7	Total	-	-	-									
14.0	Grand Total Expenses	618,863,226												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	70,080,663												
16.0	Income Tax Expense	14,449,182												
17.0	Net Underwriting Gain (Loss)	55,631,481												

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 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
MEMBER MONTHS			2,325,735.2	1,930,308.7	83,968.8	130,370.7	46,840.5	57,190.8	10,591.5	619.8	6,631.2	176.0	51,599.5	7,437.8
REVENUES														
Revenues	1.1	Capitation	649,685,489	348,721,147	42,047,411	129,311,809	67,917,153	10,499,342	4,025,762	101,399	17,132,253	5,122,324	6,863,643	17,943,248
	1.2.1	Pharmacy Drug High Risk Pool	2,040,266	1,693,376	73,662	114,369	41,091	50,171	9,291	544	5,817	154	45,266	6,525
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	14,286,054	13,146,602	963,526	60,950	61,439	7,880	-	-	45,657	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	3,786,373	3,136,653	137,968	214,210	76,963	93,969	17,403	1,018	10,896	289	84,782	12,221
	1.7	Total Revenue	669,798,183	366,697,778	43,222,567	129,701,338	68,096,646	10,651,362	4,052,456	102,961	17,194,624	5,122,767	6,993,691	17,961,994
	BENEFIT EXPENSES													
Hospital Services	2.1	Inpatient FFS	77,799,683	45,789,498	2,582,779	15,916,833	7,885,395	234,540	166,862	-	675,055	528,928	358,154	3,661,638
	2.2	Ending IBNP for Inpatient Hospital Services	1,525,394	897,780	50,640	312,076	154,606	4,599	3,272	-	13,236	10,371	7,022	71,793
	2.3	Outpatient FFS: ER	54,511,768	37,880,973	3,632,027	7,658,550	3,776,664	132,326	240,961	1,954	404,882	44,875	116,198	622,357
	2.4	Outpatient FFS: Other than ER	10,081,949	2,867,360	276,123	3,308,806	1,209,160	815,874	31,279	17,478	88,675	8,578	676,531	782,086
	2.5	Ending IBNP for Outpatient Hospital Services	1,266,468	361,189	33,178	418,705	149,414	104,013	4,044	1,989	11,041	945	85,904	96,048
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	145,185,261	87,796,800	6,574,747	27,614,970	13,175,239	1,291,351	446,417	21,421	1,192,889	593,696	1,243,809	5,233,922
	Professional Services	3.1	Primary Care FFS	85,030,975	56,569,003	4,542,647	13,104,897	5,826,721	677,703	373,970	8,825	662,732	131,412	1,298,306
3.2		Specialty Care FFS	6,860,938	3,818,287	444,225	1,323,463	772,233	19,662	19,553	617	88,218	19,916	90,122	264,642
3.3		Other Professional FFS	237,890	192,965	16,943	11,708	4,767	-	-	230	8,140	224	288	1,536
3.4		§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
3.5		Subcapitated Professional Services	13,495,652	11,448,058	526,221	652,601	295,142	222,764	63,160	3,615	54,821	1,128	192,548	35,593
3.6		Ending IBNP for Professional Services	1,806,360	1,201,811	96,541	278,123	123,917	14,419	7,898	190	14,153	2,785	27,573	38,949
3.7		Professional Settlements/AP	22,412,777	18,601,468	892,920	1,144,615	512,964	530,640	86,199	7,533	89,026	1,570	474,399	71,263
3.8		Total Physician Services	129,844,591	91,831,592	6,519,497	16,515,406	7,535,744	1,466,278	551,006	21,009	917,090	156,990	2,083,236	2,246,743
Maternity Services	4.1.1	Maternity Services	14,240,257	12,936,791	980,032	122,979	122,616	17,646	3,585	-	50,476	-	-	6,133
	4.2.1	Ending IBNP for Maternity Services	279,204	253,648	19,215	2,411	2,404	346	70	-	990	-	-	120
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	14,519,462	13,190,439	999,247	125,390	125,020	17,992	3,656	-	51,465	-	-	6,253
Mental Health	5.1	Mental Health & Substance Abuse FFS	69,850	51,531	2,302	5,024	5,636	1,234	986	-	548	-	2,595	(6)
	5.2	Mental Health & Substance Abuse Subcapitation	40,542,503	14,746,734	10,595,298	3,027,194	8,265,909	939,892	913,681	17,498	528,483	3,181	974,708	529,925
	5.3	Ending IBNP for Mental Health & Substance Abuse	1,370	1,010	45	99	110	24	19	-	11	-	51	(0)
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	40,613,723	14,799,275	10,597,645	3,032,316	8,271,655	941,150	914,686	17,498	529,042	3,181	977,354	529,918
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	Transportation	7.1	Transportation FFS	2,839,933	913,817	162,147	426,745	361,739	157,938	4,968	3,340	42,593	8,486	580,805
7.2		Transportation Subcapitation	11,315,589	9,378,953	403,079	642,578	226,741	273,609	50,382	2,991	31,445	784	266,172	38,584
7.3		Ending IBNP for Transportation	55,682	17,917	3,179	8,367	7,092	3,097	97	65	835	166	11,388	3,477
7.4		Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
7.5		Total Transportation Services	14,211,204	10,310,687	568,406	1,077,690	595,572	434,644	55,447	6,396	74,873	9,436	858,365	219,688
Pharmacy	8.1	Prescription Drugs FFS	144,090,648	56,403,770	13,140,834	32,756,868	25,888,998	127,444	702,880	3,876	7,079,284	30,376	52,774	7,903,543
	8.2	Hepatitis C Prescription Drug FFS	957,232	259,524	113,949	263,416	245,798	-	-	-	50,622	-	-	23,923
	8.3	Ending IBNP for Prescription Drugs	9	3	1	1	2	0	0	0	1	-	0	0
	8.4	Prescription Drug Rebates	(988,686)	(383,177)	(87,915)	(210,877)	(189,015)	(1,067)	(4,311)	(19)	(54,955)	(164)	(328)	(56,858)
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	144,059,203	56,280,119	13,166,870	32,809,409	25,945,783	126,378	698,569	3,857	7,074,952	30,212	52,446	7,870,608

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.

Reporting Period: FY 2023

Paid Through: 3/31/2024

Summary

			APRIL - JUNE (Q2)												
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid		Dual Eligible	Child Welfare	HIV/AIDS Dual		Private Duty	LTC Dual	LTC Medicaid	
						Only Non-SMI	Only SMI			Eligible	Medicaid Only				Nursing
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	5,635,554	796,578	33,638	943,659	108,513	94,262	70,402	949	2,139	3,585,414			
	9.2	Hospice FFS	3,466,336	109,606	20,658	1,315,141	583,290	1,418,884	-	-	18,758	-			
	9.2.1	Nursing Facility FFS	4,388,404	163,762	-	839,570	621,068	2,708,988	-	3,880	51,135	-			
	9.3	DME FFS	3,279,613	1,499,978	134,491	1,061,412	312,270	28,229	20,296	119	21,467	201,352			
	9.4	Other State Plan Services FFS	12,442,987	9,241,709	563,986	1,669,856	565,302	13,398	73,260	310	93,324	64,283	29,357	128,203	
	9.5	Other Services Subcapitation	10,822,283	8,812,610	450,009	615,099	277,843	286,657	41,257	4,030	49,214	815	243,983	40,765	
	9.6	Ending IBNP for Other Services	584,788	430,686	26,337	79,575	27,096	649	3,677	14	5,220	3,574	1,494	6,467	
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	40,619,965	21,054,930	1,229,118	6,524,313	2,495,381	4,551,067	208,892	9,302	241,256	3,855,438	274,834	175,435	
Expanded Benefits	10.1	Expanded Benefits FFS	6,566,896	2,915,305	437,496	1,292,637	915,196	150,122	6,927	1,110	64,712	-	584,117	199,274	
	10.2	Expanded Benefits Subcapitation	962,288	693,738	49,991	83,666	36,322	45,151	1,797	356	3,539	27	41,592	6,108	
	10.3	Ending IBNP for Expanded Benefits	85,377	35,431	5,787	18,400	12,391	1,827	89	14	814	-	8,037	2,589	
	10.4	Expanded Benefits Settlements/AP	(27)	73	(40)	(12)	(9)	2	(0)	(0)	(1)	-	(41)	1	
	10.5	Total Expanded Benefits	7,614,533	3,644,548	493,234	1,394,691	963,900	197,101	8,812	1,479	69,063	27	633,705	207,973	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	431,512,226	232,027,281	26,996,363	81,810,687	49,016,349	6,598,271	1,711,843	42,668	9,347,804	4,623,455	3,788,920	15,548,586	
	11.2	Total Services Paid Directly -- IBNP	5,604,651	3,199,475	234,923	1,117,758	477,033	128,972	19,166	2,272	46,299	17,840	141,468	219,443	
	11.3	Total Services Paid through Subcapitation	77,138,314	45,080,094	12,024,598	5,021,137	9,101,958	1,768,074	1,070,277	28,491	667,502	5,936	1,719,003	651,246	
	11.4	Total Services Paid by Settlements/AP	22,412,750	18,601,541	892,880	1,144,603	512,956	530,642	86,199	7,532	89,025	1,750	474,358	71,264	
	11.5	TPL & Fraud/Abuse Recoveries	(289,873)	(156,766)	(17,425)	(56,352)	(31,767)	(4,697)	(1,086)	(27)	(5,726)	(2,749)	(2,646)	(10,633)	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	
	11.7	Subtotal Benefit Expense before Reinsurance	536,378,068	298,751,625	40,131,339	89,037,834	59,076,528	9,021,263	2,886,399	80,936	10,144,904	4,646,232	6,121,103	16,479,906	
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	536,378,068	298,751,625	40,131,339	89,037,834	59,076,528	9,021,263	2,886,399	80,936	10,144,904	4,646,232	6,121,103	16,479,906	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			APRIL - JUNE (Q2)												
			Total	Health Plan	Corporate										
Administrative Expenses	12.1	Salaries & Benefits	53,235,348	505,049	52,730,299										
	12.2	Administrative Services	1,154,235	-	1,154,235										
	12.3	Information Systems	1,676,445	-	1,676,445										
	12.4	Marketing Expenses	3,132,338	-	3,132,338										
	12.5	General Administration	8,428,309	131,198	8,297,112										
	12.6	Compliance/Regulatory	185,249	-	185,249										
	12.7	Total Administrative Expenses	67,811,925	636,247	67,175,678										
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-										
	13.2	Department of Insurance Assessments	-	-	-										
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-										
	13.4	Other 1	-	-	-										
	13.5	Other 2	-	-	-										
	13.6	Other 3	-	-	-										
	13.7	Total	-	-	-										
14.0	Grand Total Expenses	604,189,994													
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	65,608,189													
16.0	Income Tax Expense	13,527,050													
17.0	Net Underwriting Gain (Loss)	52,081,139													

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.

Reporting Period: FY 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
MEMBER MONTHS			2,086,522.3	1,716,366.6	70,706.8	127,005.3	45,960.9	51,816.0	9,693.7	561.1	6,027.8	175.7	50,817.0	7,391.3
REVENUES														
Revenues	1.1	Capitation	598,226,199	310,479,390	35,130,388	127,207,759	66,922,637	9,513,913	3,531,163	92,536	15,642,999	5,112,263	6,764,352	17,828,798
	1.2.1	Pharmacy Drug High Risk Pool	1,830,415	1,505,694	62,028	111,416	40,320	45,456	8,504	492	5,288	154	44,580	6,484
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	14,709,254	13,563,956	940,538	75,520	41,590	3,467	7,623	-	72,851	-	-	3,710
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	38,130	25,929	2,331	4,187	1,515	1,708	320	18	199	6	1,675	244
	1.7	Total Revenue	614,803,999	325,574,969	36,135,284	127,398,881	67,006,061	9,564,544	3,547,610	93,047	15,721,336	5,112,423	6,810,606	17,839,236
	BENEFIT EXPENSES													
			JULY - SEPTEMBER (Q3)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1	Inpatient FFS	77,765,450	46,222,348	2,121,312	16,641,470	7,123,099	236,732	128,899	-	848,245	632,438	289,342	3,521,566
	2.2	Ending IBNP for Inpatient Hospital Services	1,685,825	1,002,024	45,987	360,759	154,417	5,132	2,794	-	18,389	13,710	6,272	76,342
	2.3	Outpatient FFS: ER	49,604,355	34,018,135	3,075,435	7,117,050	3,880,777	99,617	256,945	2,174	376,984	55,997	95,471	625,770
	2.4	Outpatient FFS: Other than ER	9,936,758	3,132,793	224,311	3,319,021	1,039,358	802,473	(11,396)	19,410	97,313	3,378	610,305	699,792
	2.5	Ending IBNP for Outpatient Hospital Services	1,290,752	414,747	28,411	427,844	134,962	103,804	(1,874)	2,346	12,252	378	78,064	89,819
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	Total Hospital Services	140,283,141	84,790,047	5,495,455	27,866,145	12,332,613	1,247,758	375,368	23,930	1,353,183	705,901	1,079,455	5,013,287
Professional Services	3.1	Primary Care FFS	72,934,750	47,946,421	3,778,113	11,261,805	5,374,583	647,658	320,939	7,307	529,002	184,215	1,160,698	1,724,010
	3.2	Specialty Care FFS	12,757,419	7,560,851	668,438	2,399,238	1,303,633	58,005	31,999	686	147,882	47,414	89,552	449,719
	3.3	Other Professional FFS	257,178	205,745	17,640	14,183	6,830	699	2,078	314	6,244	-	1,479	1,966
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	12,317,138	10,387,327	444,596	646,234	291,419	217,352	59,925	3,653	50,858	1,079	179,948	34,749
	3.6	Ending IBNP for Professional Services	1,863,239	1,225,210	96,620	287,381	137,375	16,471	8,107	188	13,626	4,831	29,634	43,796
	3.7	Professional Settlements/AP	30,093,696	24,837,626	1,140,243	1,684,950	777,885	690,045	126,390	10,221	127,553	2,628	594,430	101,725
	3.8	Total Physician Services	130,223,420	92,163,181	6,145,650	16,293,790	7,891,724	1,630,230	549,437	22,369	875,165	240,168	2,055,741	2,355,965
Maternity Services	4.1.1	Maternity Services	13,696,198	12,350,428	975,946	142,047	110,573	12,024	9,714	-	80,432	-	-	15,035
	4.2.1	Ending IBNP for Maternity Services	296,911	267,737	21,157	3,079	2,397	261	211	-	1,744	-	-	326
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	13,993,109	12,618,164	997,102	145,126	112,970	12,285	9,925	-	82,176	-	-	15,361
Mental Health	5.1	Mental Health & Substance Abuse FFS	73,412	54,397	3,719	2,510	6,803	1,454	1,199	-	382	400	2,357	191
	5.2	Mental Health & Substance Abuse Subcapitation	36,796,928	12,937,399	8,968,452	2,958,453	8,126,703	1,015,410	844,466	18,573	491,723	3,140	911,213	521,397
	5.3	Ending IBNP for Mental Health & Substance Abuse	1,591	1,179	81	54	147	32	26	-	8	9	51	4
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	36,871,932	12,992,974	8,972,252	2,961,017	8,133,653	1,016,896	845,691	18,573	492,113	3,548	913,621	521,593
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	2,590,898	760,384	146,834	410,285	342,782	173,518	4,106	2,884	44,425	14,201	523,429	168,048
	7.2	Transportation Subcapitation	10,199,237	8,376,706	338,844	630,419	222,989	265,983	46,000	2,847	28,429	768	248,028	38,224
	7.3	Ending IBNP for Transportation	56,166	16,484	3,183	8,894	7,431	3,762	89	63	963	308	11,347	3,643
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	12,846,301	9,153,575	488,861	1,049,598	573,202	443,263	50,195	5,793	73,816	15,277	782,805	209,915
Pharmacy	8.1	Prescription Drugs FFS	135,119,234	50,270,776	11,410,554	33,018,818	25,293,419	95,435	665,487	3,433	6,420,095	12,803	57,206	7,871,208
	8.2	Hepatitis C Prescription Drug FFS	409,106	119,364	12,639	177,309	99,794	-	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	11	4	1	2	2	0	0	0	1	0	0	1
	8.4	Prescription Drug Rebates	(919,764)	(342,432)	(76,018)	(209,597)	(180,689)	(598)	(4,160)	(41)	(49,611)	(64)	(365)	(56,190)
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	134,608,587	50,047,712	11,347,176	32,986,533	25,212,526	94,838	661,327	3,393	6,370,484	12,739	56,841	7,815,018

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 2023
 Paid Through: 3/31/2024

Summary

			JULY - SEPTEMBER (Q3)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid		Dual Eligible	Child Welfare	HIV/AIDS Dual	HIV/AIDS	Private Duty Nursing	LTC Dual	LTC Medicaid
						Only Non-SMI	Only SMI			Eligible	Medicaid Only		Eligible	Only
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	5,817,079	877,937	46,480	924,786	89,646	75,153	57,368	-	4,537	3,741,172		
	9.2	Hospice FFS	2,559,262	67,008	13,355	1,195,048	405,501	844,152	-	-	34,198	-		
	9.2.1	Nursing Facility FFS	4,466,443	70,809	31,382	944,487	315,560	2,969,415	-	3,306	60,629	70,856		
	9.3	DME FFS	3,560,237	1,544,627	96,790	1,355,037	322,630	29,100	24,775	814	24,785	161,679		
	9.4	Other State Plan Services FFS	12,026,884	8,947,677	489,945	1,592,097	565,995	23,977	61,627	158	70,929	89,816	54,469	130,195
	9.5	Other Services Subcapitation	9,686,321	7,802,488	375,469	603,884	271,732	277,663	37,898	3,962	44,671	800	227,634	40,120
	9.6	Ending IBNP for Other Services	627,054	462,832	25,368	84,311	30,674	1,272	3,477	8	3,730	5,127	3,076	7,178
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	38,743,281	19,773,378	1,078,789	6,699,650	2,001,737	4,220,732	185,146	8,248	243,480	4,069,450	285,179	177,493
Expanded Benefits	10.1	Expanded Benefits FFS	6,166,152	2,676,524	356,075	1,293,611	888,779	179,177	7,828	1,367	51,282	-	505,586	205,921
	10.2	Expanded Benefits Subcapitation	839,508	586,685	41,198	82,005	35,728	43,812	1,647	345	3,220	27	38,813	6,026
	10.3	Ending IBNP for Expanded Benefits	87,720	35,633	5,108	19,773	13,161	2,510	112	18	689	-	7,563	3,151
	10.4	Expanded Benefits Settlements/AP	2,935	1,440	60	625	448	71	1	(0)	12	-	188	88
	10.5	Total Expanded Benefits	7,096,314	3,300,282	402,442	1,396,015	938,117	225,571	9,588	1,730	55,204	27	552,150	215,186
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	408,821,051	216,483,792	23,392,949	81,599,205	46,989,073	6,247,994	1,557,407	41,813	8,747,755	5,014,305	3,389,530	15,357,229
	11.2	Total Services Paid Directly -- IBNP	5,909,270	3,425,850	225,915	1,192,098	480,567	133,243	12,943	2,622	51,402	24,363	136,008	224,260
	11.3	Total Services Paid through Subcapitation	69,839,133	40,090,604	10,168,559	4,920,995	8,948,570	1,820,220	989,936	29,380	618,901	5,815	1,605,636	640,517
	11.4	Total Services Paid by Settlements/AP	30,096,630	24,839,067	1,140,303	1,685,575	778,333	690,116	126,392	10,221	127,565	2,628	594,618	101,813
	11.5	TPL & Fraud/Abuse Recoveries	(1,451,660)	(772,821)	(80,626)	(294,934)	(160,912)	(23,864)	(5,125)	(148)	(29,456)	(15,514)	(12,579)	(55,681)
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	513,214,424	284,066,492	34,847,102	89,102,939	57,035,631	8,867,709	2,681,552	83,888	9,516,166	5,031,597	5,713,212	16,268,137
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	513,214,424	284,066,492	34,847,102	89,102,939	57,035,631	8,867,709	2,681,552	83,888	9,516,166	5,031,597	5,713,212	16,268,137
	Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JULY - SEPTEMBER (Q3)										
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	55,375,466	1,101,044	54,274,422									
	12.2	Administrative Services	1,353,342	-	1,353,342									
	12.3	Information Systems	1,301,425	-	1,301,425									
	12.4	Marketing Expenses	4,154,187	-	4,154,187									
	12.5	General Administration	(1,855,952)	226,277	(2,082,229)									
	12.6	Compliance/Regulatory	6,382,064	-	6,382,064									
	12.7	Total Administrative Expenses	66,710,531	1,327,320	65,383,211									
	Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-								
13.2		Department of Insurance Assessments	-	-	-									
13.3		Section 9010 Health Insurance Providers Fee	-	-	-									
13.4		Other 1	-	-	-									
13.5		Other 2	-	-	-									
13.6		Other 3	-	-	-									
13.7		Total	-	-	-									
14.0	Grand Total Expenses	579,924,955												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	34,879,044												
16.0	Income Tax Expense	7,192,059												
17.0	Net Underwriting Gain (Loss)	27,686,985												

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 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
MEMBER MONTHS			1,905,107.2	1,544,302.1	62,769.9	126,990.7	46,324.2	51,176.2	9,133.3	556.3	5,851.4	208.8	50,284.9	7,509.3
REVENUES														
Revenues	1.1	Capitation	599,306,955	315,033,288	34,556,440	121,505,707	67,687,730	10,963,304	3,750,210	97,012	13,139,690	5,853,295	7,901,553	18,818,725
	1.2.1	Pharmacy Drug High Risk Pool	1,671,268	1,354,749	55,065	111,403	40,638	44,895	8,012	488	5,133	183	44,113	6,588
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	14,440,174	13,136,905	1,085,060	93,316	69,372	-	4,165	-	51,357	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	43,280	31,387	2,069	4,186	1,527	1,687	301	18	193	7	1,658	248
	1.7	Total Revenue	615,461,677	329,556,329	35,698,635	121,714,612	67,799,267	11,009,886	3,762,688	97,518	13,196,373	5,853,485	7,947,324	18,825,561
	BENEFIT EXPENSES													
			OCTOBER - DECEMBER (Q4)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1	Inpatient FFS	72,176,369	40,903,266	1,752,169	17,031,489	7,498,262	276,312	68,596	1,982	756,489	494,471	277,095	3,116,238
	2.2	Ending IBNP for Inpatient Hospital Services	6,206,669	3,517,398	150,674	1,464,590	644,799	23,761	5,899	170	65,053	42,521	23,828	267,975
	2.3	Outpatient FFS: ER	49,044,729	33,640,879	2,808,418	7,341,221	3,715,537	151,017	238,005	2,860	362,179	57,823	83,390	643,401
	2.4	Outpatient FFS: Other than ER	9,891,149	3,032,699	185,133	3,035,170	1,180,972	758,344	16,330	17,643	139,534	9,821	790,448	725,054
	2.5	Ending IBNP for Outpatient Hospital Services	5,068,078	1,587,258	89,369	1,539,168	604,613	391,166	7,947	8,214	69,522	5,136	403,062	362,622
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
2.8	Total Hospital Services	142,386,993	82,681,500	4,985,763	30,411,638	13,644,183	1,600,600	336,777	30,870	1,392,776	609,773	1,577,823	5,115,289	
Professional Services	3.1	Primary Care FFS	71,148,017	46,853,878	3,083,478	10,914,928	5,495,615	939,230	283,440	7,005	540,420	130,119	1,330,879	1,569,024
	3.2	Specialty Care FFS	13,194,038	8,095,219	621,318	2,476,407	1,267,927	37,167	38,433	534	128,963	39,298	82,992	405,779
	3.3	Other Professional FFS	229,469	182,452	10,704	17,944	17,080	163	971	167	5,510	143	540	3,795
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	11,309,285	9,456,613	384,719	646,726	284,851	210,387	57,865	3,593	49,070	1,047	180,174	34,241
	3.6	Ending IBNP for Professional Services	7,272,566	4,789,408	315,812	1,115,713	561,569	95,572	28,661	729	55,501	13,313	135,950	160,338
	3.7	Professional Settlements/AP	33,748,391	27,503,383	1,230,918	2,095,204	948,114	804,229	161,938	11,991	149,837	3,715	714,299	124,764
	3.8	Total Physician Services	136,901,765	96,880,953	5,646,949	17,266,922	8,565,157	2,086,747	571,308	24,018	929,302	187,634	2,444,835	2,297,941
Maternity Services	4.1.1	Maternity Services	13,164,261	11,799,244	1,060,678	120,529	107,748	11,568	5,301	18	58,380	-	-	797
	4.2.1	Ending IBNP for Maternity Services	1,132,035	1,014,653	91,211	10,365	9,266	995	456	2	5,020	-	-	69
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	Total Maternity Services	14,296,297	12,813,897	1,151,889	130,893	117,013	12,562	5,757	20	63,400	-	-	865
Mental Health	5.1	Mental Health & Substance Abuse FFS	71,107	53,089	3,320	4,279	4,501	895	1,041	29	364	350	2,878	361
	5.2	Mental Health & Substance Abuse Subcapitation	34,017,761	11,297,464	7,886,881	2,967,190	8,141,507	959,586	784,055	18,174	486,114	3,683	944,927	528,181
	5.3	Ending IBNP for Mental Health & Substance Abuse	6,115	4,565	285	368	387	77	90	3	31	30	247	31
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	Total Mental Health & Substance Abuse Services	34,094,983	11,355,117	7,890,486	2,971,837	8,146,394	960,558	785,186	18,206	486,510	4,063	948,052	528,572
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	2,308,836	668,324	124,885	351,146	294,887	138,004	5,735	2,104	40,655	17,680	514,546	150,873
	7.2	Transportation Subcapitation	7,739,837	6,265,580	250,210	522,553	184,296	212,641	35,291	2,306	22,574	764	211,409	32,214
	7.3	Ending IBNP for Transportation	198,544	57,471	10,739	30,196	25,358	11,867	493	181	3,496	1,520	44,247	12,974
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	Total Transportation Services	10,247,217	6,991,374	385,834	903,895	504,540	362,513	41,519	4,590	66,725	19,963	770,203	196,060
Pharmacy	8.1	Prescription Drugs FFS	131,833,168	48,919,096	9,749,519	33,433,793	25,011,742	92,638	760,398	2,954	6,219,239	631	63,422	7,579,735
	8.2	Hepatitis C Prescription Drug FFS	371,445	123,958	50,622	127,182	44,405	-	-	-	25,278	-	-	-
	8.3	Ending IBNP for Prescription Drugs	111	40	8	26	22	0	1	0	6	0	0	8
	8.4	Prescription Drug Rebates	(839,698)	(309,736)	(60,239)	(200,308)	(167,889)	(675)	(4,333)	(36)	(45,506)	(2)	(409)	(50,566)
	8.5	Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8	Total Prescription Drugs	131,365,027	48,733,359	9,739,910	33,360,694	24,888,281	91,963	756,066	2,919	6,199,017	628	63,013	7,529,177

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 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	6,295,600	787,191	58,950	813,769	85,226	82,324	20,314	-	9,505
9.2	Hospice FFS	2,647,377		123,711	15,292	1,285,426	393,250	791,444	-	-	38,254	-	-	
9.2.1	Nursing Facility FFS	3,641,453		102,414	-	674,018	435,520	2,407,974	-	1,575	19,951	-	-	
9.3	DME FFS	3,706,815		1,628,796	76,697	1,305,834	330,704	152,229	33,050	415	15,500	163,589	-	
9.4	Other State Plan Services FFS	11,682,948		8,646,892	436,214	1,615,893	505,966	27,634	65,652	256	96,043	131,066	28,017	
9.5	Other Services Subcapitation	8,778,120		6,960,735	327,842	600,378	268,596	267,846	35,596	3,985	42,811	899	229,537	
9.6	Ending IBNP for Other Services	2,453,674		1,805,368	90,301	342,789	110,509	5,780	14,603	51	22,657	27,620	6,049	
9.7	Other Service Settlements/AP	-		-	-	-	-	-	-	-	-	-	-	-
9.8	Total Other Services	39,205,986		20,055,107	1,005,296	6,638,107	2,129,771	3,735,231	169,216	6,282	244,721	4,761,495	263,603	197,156
Expanded Benefits	10.1	Expanded Benefits FFS	5,889,462	2,458,674	316,391	1,288,244	831,391	158,573	6,817	1,024	64,866	-	541,969	
	10.2	Expanded Benefits Subcapitation	756,388	509,556	36,489	81,410	35,852	42,395	1,546	345	3,127	33	39,542	
	10.3	Ending IBNP for Expanded Benefits	338,016	132,941	18,358	78,815	48,875	8,709	394	56	3,636	-	32,788	
	10.4	Expanded Benefits Settlements/AP	(3,182)	(1,248)	(161)	(726)	(449)	(84)	(4)	(0)	(28)	-	(346)	
	10.5	Total Expanded Benefits	6,980,684	3,099,922	371,077	1,447,743	915,669	209,593	8,753	1,426	71,602	33	613,953	240,914
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	396,456,544	207,710,046	20,293,548	81,636,964	47,042,845	6,024,842	1,539,751	38,532	8,475,625	5,483,308	3,715,767	
	11.2	Total Services Paid Directly -- IBNP	22,675,808	12,909,102	766,759	4,582,030	2,005,398	537,926	58,543	9,406	224,923	90,141	646,172	
	11.3	Total Services Paid through Subcapitation	62,601,392	34,489,947	8,886,141	4,818,257	8,915,101	1,692,855	914,353	28,403	603,696	6,426	1,605,589	
	11.4	Total Services Paid by Settlements/AP	33,745,209	27,502,135	1,230,757	2,094,478	947,664	804,144	161,934	11,990	149,809	3,715	713,953	
	11.5	TPL & Fraud/Abuse Recoveries	(186,113)	(97,916)	(9,204)	(39,300)	(21,316)	(2,929)	(678)	(17)	(3,657)	(2,301)	(1,898)	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	
	11.7	Subtotal Benefit Expense before Reinsurance	515,292,841	282,513,315	31,168,001	93,092,429	58,889,692	9,056,840	2,673,904	88,314	9,450,395	5,581,289	6,679,584	16,099,078
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	515,292,841	282,513,315	31,168,001	93,092,429	58,889,692	9,056,840	2,673,904	88,314	9,450,395	5,581,289	6,679,584	16,099,078
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			OCTOBER - DECEMBER (Q4)											
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	25,415,325	(1,646,205)	27,061,530									
	12.2	Administrative Services	1,160,221	11,532	1,148,688									
	12.3	Information Systems	17,086,984	-	17,086,984									
	12.4	Marketing Expenses	10,218,704	-	10,218,704									
	12.5	General Administration	18,668,668	178,788	18,489,880									
	12.6	Compliance/Regulatory	(6,419,844)	-	(6,419,844)									
	12.7	Total Administrative Expenses	66,130,058	(1,455,885)	67,585,943									
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-									
	13.2	Department of Insurance Assessments	-	-	-									
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-									
	13.4	Other 1	-	-	-									
	13.5	Other 2	-	-	-									
	13.6	Other 3	-	-	-									
13.7	Total	-	-	-										
14.0	Grand Total Expenses	581,422,899												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	34,038,778												
16.0	Income Tax Expense	7,018,091												
17.0	Net Underwriting Gain (Loss)	27,020,687												

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 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	
MEMBER MONTHS	(3,261.0)	8,728,102.5	7,201,850.9	303,876.1	515,144.3	185,898.3	220,811.6	40,603.9	2,383.1	25,215.4	732.5	205,136.6	29,710.8	
REVENUES														
1.1 Capitation	1,409,011	2,519,609,267	1,340,850,862	155,123,100	508,695,123	270,328,562	42,086,820	15,570,347	396,875	63,176,706	21,087,752	28,492,806	72,391,305	
1.2.1 Pharmacy Drug High Risk Pool	1,588,288	9,247,934	6,317,871	266,577	451,914	163,081	193,708	35,620	2,091	22,120	643	179,957	26,064	
1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-	
1.4.1 Maternity Kick Payments	3,383,714	62,618,480	54,594,780	3,853,716	317,971	225,491	11,347	15,755	-	211,997	-	-	3,710	
1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-	-	
1.6 Other Revenue	2,944,235	6,857,315	3,225,977	145,217	226,894	81,547	99,363	18,392	1,076	11,508	308	89,843	12,955	
1.7 Total Revenue	9,325,249	2,598,332,996	1,404,989,490	159,388,610	509,691,901	270,798,680	42,391,238	15,640,114	400,042	63,422,331	21,088,702	28,762,607	72,434,035	
BENEFIT EXPENSES														
	Prior Calendar Year Adjustments	Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only	
2.1 Inpatient FFS	21,723,105	331,002,935	181,837,824	9,363,450	66,264,901	30,248,094	1,141,631	713,703	1,982	2,837,384	1,904,190	1,284,298	13,682,373	
2.2 Ending IBNP for Inpatient Hospital Services	(19,982,007)	(9,001,943)	6,354,502	302,999	2,456,901	1,102,137	41,041	18,658	170	107,360	71,360	44,014	480,922	
2.3 Outpatient FFS: ER	(1,044,149)	209,327,867	145,821,747	13,205,215	29,753,485	15,312,221	607,325	985,328	13,345	1,519,444	203,623	426,655	2,523,628	
2.4 Outpatient FFS: Other than ER	(10,126,558)	30,770,906	12,063,267	976,052	13,676,196	4,557,778	3,375,876	54,378	73,588	448,405	30,863	2,836,643	2,804,418	
2.5 Ending IBNP for Outpatient Hospital Services	(403,184)	8,528,721	2,723,431	183,639	2,860,735	1,021,857	721,268	12,371	14,613	107,242	7,591	659,361	619,798	
2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	-	
2.7 Hospital Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-	
2.7.1 Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-	-	
2.8 Total Hospital Services	(9,832,793)	570,628,486	348,800,772	24,031,354	115,012,218	52,242,087	5,887,142	1,784,437	103,698	5,019,834	2,217,627	5,250,972	20,111,138	
3.1 Primary Care FFS	3,505,360	325,282,967	213,999,049	16,003,696	48,995,138	22,193,306	3,361,493	1,420,136	34,240	2,345,779	550,186	5,934,277	6,940,307	
3.2 Specialty Care FFS	(783,412)	38,933,476	23,299,325	2,202,396	7,510,446	4,065,640	161,672	124,229	3,008	454,076	123,941	406,105	1,366,050	
3.3 Other Professional FFS	(787)	991,604	798,601	61,231	59,043	25,470	2,756	5,030	1,290	27,897	143	2,812	8,118	
3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-	-	
3.5 Subcapitated Professional Services	37,249	51,116,171	43,197,404	1,887,409	2,587,717	1,159,133	884,613	247,910	14,535	208,267	4,390	748,669	138,875	
3.6 Ending IBNP for Professional Services	(2,529,476)	10,325,430	8,509,333	603,938	1,964,156	936,427	149,113	53,749	1,336	95,995	23,083	237,381	280,395	
3.7 Professional Settlements/AP	(28,284,122)	76,364,371	86,277,389	3,980,049	5,816,346	2,634,477	2,481,410	433,942	36,127	436,139	9,376	2,189,083	354,155	
3.8 Total Physician Services	(28,055,189)	503,014,019	376,081,102	24,738,719	66,932,846	31,014,453	7,041,057	2,284,996	90,537	3,568,152	711,118	9,518,326	9,087,901	
4.1.1 Maternity Services	25,826	56,634,508	51,233,338	4,019,109	526,448	477,276	48,182	25,731	18	250,387	-	80	28,113	
4.2.1 Ending IBNP for Maternity Services	(186,193)	1,819,072	1,807,075	150,789	18,555	16,679	1,734	873	2	8,924	-	2	632	
4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-	
4.4.1 Total Maternity Services	(160,367)	58,453,579	53,040,412	4,169,898	545,003	493,955	49,916	26,605	20	259,311	-	81	28,746	
5.1 Mental Health & Substance Abuse FFS	225	263,589	190,996	11,106	14,225	22,177	4,572	5,576	29	1,914	1,400	10,761	607	
5.2 Mental Health & Substance Abuse Subcapitation	(480,814)	152,293,046	54,361,190	38,288,466	11,978,240	32,762,344	3,891,773	3,492,218	71,465	2,032,299	13,027	3,782,567	2,100,271	
5.3 Ending IBNP for Mental Health & Substance Abuse	(4,983)	5,032	7,368	445	567	745	152	180	3	62	51	406	36	
5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-	
5.5 Total Mental Health & Substance Abuse Services	(485,572)	152,561,667	54,559,553	38,300,017	11,993,032	32,785,266	3,896,497	3,497,974	71,497	2,034,276	14,478	3,793,734	2,100,914	
6.1 Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-	-	
6.2 Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-	
6.3 Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-	-	
6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-	
6.5 Total Dental Services	-	-	-	-	-	-	-	-	-	-	-	-	-	
7.1 Transportation FFS	222,978	11,012,570	3,341,507	618,214	1,620,494	1,365,043	653,148	30,087	10,058	170,431	44,262	2,256,977	679,372	
7.2 Transportation Subcapitation	14,141	40,999,965	33,783,824	1,406,317	2,437,647	859,839	1,041,385	184,327	11,162	114,358	3,082	996,174	147,708	
7.3 Ending IBNP for Transportation	(200,456)	168,369	111,011	20,633	55,740	46,887	22,245	972	342	6,113	2,069	79,209	23,602	
7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-	
7.5 Total Transportation Services	36,663	52,180,903	37,236,342	2,045,164	4,113,881	2,271,768	1,716,778	215,386	21,562	290,903	49,413	3,332,360	850,682	
8.1 Prescription Drugs FFS	(20,931)	556,383,693	214,263,543	46,968,244	131,930,233	102,099,367	442,540	2,905,410	16,961	26,903,369	48,311	223,223	30,603,425	
8.2 Hepatitis C Prescription Drug FFS	-	2,572,757	883,644	240,504	778,871	507,977	-	-	-	101,244	-	-	60,518	
8.3 Ending IBNP for Prescription Drugs	-	139	50	10	31	29	0	1	0	8	0	0	9	
8.4 Prescription Drug Rebates	(617,547)	(4,304,366)	(1,408,827)	(303,723)	(817,713)	(718,703)	(3,094)	(17,235)	(167)	(203,966)	(260)	(1,427)	(211,704)	
8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-	-	
8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-	
8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-	
8.8 Total Prescription Drugs	(638,478)	554,652,223	213,738,409	46,905,035	131,891,422	101,888,669	439,447	2,888,176	16,793	26,800,655	48,051	221,795	30,452,249	

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.

Reporting Period: FY 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	800,400	23,518,924	3,138,011	165,662	3,262,364	381,757	371,701	167,840	2,046	19,908	15,209,235		
	9.2	Hospice FFS	439,658	12,986,020	355,333	60,105	5,475,919	1,849,998	4,701,963	-	-	103,044	-		
	9.2.1	Nursing Facility FFS	4,719,953	22,608,770	365,926	31,635	3,556,983	2,016,256	11,684,614	-	12,374	150,174	70,856		
	9.3	DME FFS	(76,271)	13,683,635	6,093,545	415,628	4,811,055	1,295,566	255,728	100,264	1,822	85,549	700,749		
	9.4	Other State Plan Services FFS	(19,379)	48,897,427	36,449,431	2,062,316	6,541,612	2,194,406	87,048	264,300	1,100	334,588	337,834	140,804	503,366
	9.5	Other Services Subcapitation	(2,596,897)	37,937,577	32,772,791	1,618,412	2,436,852	1,098,492	1,133,525	158,192	16,044	186,449	3,284	949,331	161,101
	9.6	Ending IBNP for Other Services	(5,272,044)	(1,013,682)	3,143,325	168,804	583,865	195,064	8,764	24,729	93	35,224	38,952	12,149	47,391
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	9.8	Total Other Services	(2,004,580)	158,618,670	82,318,362	4,522,562	26,668,651	9,031,538	18,243,345	715,325	33,478	914,937	16,360,911	1,102,284	711,858
Expanded Benefits	10.1	Expanded Benefits FFS	(101)	24,941,464	10,957,692	1,515,737	4,971,781	3,476,763	670,653	28,678	5,116	242,929	-	2,262,481	809,734
	10.2	Expanded Benefits Subcapitation	-	3,567,127	2,525,524	179,252	330,943	144,188	178,917	6,887	1,410	13,457	114	162,153	24,282
	10.3	Ending IBNP for Expanded Benefits	-	590,541	238,530	34,419	131,792	85,336	15,265	686	107	5,857	-	56,971	21,577
	10.4	Expanded Benefits Settlements/AP	(83,702)	(82,367)	1,318	(120)	133	182	40	(1)	(0)	5	-	(173)	(47)
	10.5	Total Expanded Benefits	(83,804)	29,016,765	13,723,064	1,729,288	5,434,650	3,706,469	864,875	36,250	6,633	262,249	114	2,481,432	855,546
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	18,748,368	1,705,508,744	903,683,950	97,616,575	328,931,482	191,370,390	27,567,811	6,813,455	176,810	35,792,556	19,225,334	15,783,689	59,798,325
	11.2	Total Services Paid Directly -- IBNP	(28,578,342)	11,421,678	22,894,625	1,465,676	8,072,342	3,405,161	959,583	112,219	16,666	366,786	143,106	1,089,493	1,474,364
	11.3	Total Services Paid through Subcapitation	(3,026,321)	285,913,886	166,640,734	43,379,857	19,771,400	36,023,996	7,130,212	4,089,534	114,616	2,554,830	23,897	6,638,893	2,572,238
	11.4	Total Services Paid by Settlements/AP	(28,367,825)	76,282,004	86,278,707	3,979,929	5,816,479	2,634,659	2,481,450	433,941	36,127	436,143	9,376	2,188,910	354,108
	11.5	TPL & Fraud/Abuse Recoveries	(1,705,729)	(4,064,610)	(1,265,790)	(132,298)	(472,749)	(258,276)	(40,504)	(8,711)	(239)	(46,862)	(24,141)	(22,132)	(87,179)
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	(42,929,848)	2,075,061,701	1,178,232,225	146,309,739	362,118,954	233,175,929	38,098,552	11,440,438	343,979	39,103,454	19,377,571	25,678,853	64,111,856
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	(42,929,848)	2,075,061,701	1,178,232,225	146,309,739	362,118,954	233,175,929	38,098,552	11,440,438	343,979	39,103,454	19,377,571	25,678,853	64,111,856
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			Prior Calendar Year Adjustments	Total		Health Plan		Corporate							
			-	183,661,448	82,202	183,579,246									
Administrative Expenses	12.1	Salaries & Benefits	-	5,103,234	11,532	5,091,702									
	12.2	Administrative Services	-	22,209,516	-	22,209,516									
	12.3	Information Systems	-	22,360,544	-	22,360,544									
	12.4	Marketing Expenses	-	32,569,739	685,393	31,884,346									
	12.5	General Administration	-	505,043	-	505,043									
	12.6	Compliance/Regulatory	-	-	-	-									
	12.7	Total Administrative Expenses	-	266,409,524	779,128	265,630,397									
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-	-									
	13.2	Department of Insurance Assessments	-	-	-	-									
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-	-									
	13.4	Other 1	-	-	-	-									
	13.5	Other 2	-	-	-	-									
	13.6	Other 3	-	-	-	-									
	13.7	Total	-	-	-	-									
14.0	Grand Total Expenses	(42,929,848)	2,341,471,226												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	52,255,097	256,861,770												
16.0	Income Tax Expense	10,773,919	52,960,301												
17.0	Net Underwriting Gain (Loss)	41,481,178	203,901,469												

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 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 Vendor #1												-	-
	1.2 Vendor #2												-	-
	1.3 Vendor #3												-	-
	1.4 Vendor #4												-	-
	1.5 Vendor #5												-	-
	1.6 Total Hospital Services					-		-		-		-		
Professional Services	2.1 MCCI-SALUBRIS	49% Owned	Subcapitation	74,383.0	281,455	71,932.0	264,925	53,113.0	231,330	42,499.0	203,947		241,927.0	981,657
	2.2												-	-
	2.3												-	-
	2.4												-	-
	2.5												-	-
	2.6												-	-
	2.7												-	-
	2.8												-	-
	2.9												-	-
	2.10 Total Professional Services					281,455		264,925		231,330		203,947	-	
Mental Health	3.1 Vendor #1												-	-
	3.2 Vendor #2												-	-
	3.3 Vendor #3												-	-
	3.4 Vendor #4												-	-
	3.5 Vendor #5												-	-
	3.6 Total Mental Health					-		-		-		-		
Dental	4.1 Vendor #1												-	-
	4.2 Vendor #2												-	-
	4.3 Vendor #3												-	-
	4.4 Vendor #4												-	-
	4.5 Vendor #5												-	-
	4.6 Total Dental					-		-		-		-		
Transportation	5.1 Vendor #1												-	-
	5.2 Vendor #2												-	-
	5.3 Vendor #3												-	-
	5.4 Vendor #4												-	-
	5.5 Vendor #5												-	-
	5.6 Total Transportation					-		-		-		-		
Pharmacy	6.1 Humana Pharmacy, Inc. (RightSource/PrescribeIT - Part B Rx)	100% Owned	Fee-for-Service	2,413,998.9	2,173,269	2,325,735.2	2,212,419	2,086,522.3	2,119,714	1,905,107.2	1,958,726	(101)	8,731,363.5	8,464,027
	6.2 Vendor #2												-	-
	6.3 Vendor #3												-	-
	6.4 Vendor #4												-	-
	6.5 Vendor #5												-	-
	6.6 Total Pharmacy					2,173,269		2,212,419		2,119,714		1,958,726	(101)	
Other Services	7.1 Vendor #1												-	-
	7.2 Vendor #2												-	-
	7.3 Vendor #3												-	-
	7.4 Vendor #4												-	-
	7.5 Vendor #5												-	-
	7.6 Total Other Services					-		-		-		-		
Administrative Expense	8.1 Humana Inc.	100% Owned	Other (please explain)		65,445,300		67,134,375		65,343,009		67,544,387		-	265,467,071
	8.2 Managed Care Indemnity, Inc.	100% Owned	Other (please explain)		40,264		41,304		40,201		41,556		-	163,325
	8.3 Vendor #3												-	-
	8.4 Vendor #4												-	-
	8.5 Vendor #5												-	-
	8.6 Total Administrative Expense					65,485,565		67,175,678		65,383,211		67,585,943	-	
9 Grand Total					67,940,289		69,653,022		67,734,255		69,748,616	(101)		275,076,081

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

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

LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 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
MEMBER MONTHS			90,512.0	35,834.0	54,678.0	-	91,331.0	36,160.0	55,171.0	-
REVENUES										
Revenues	1.1	Capitation	348,158,272				349,207,714			
	1.2	NH Rate Reconciliation	-				-			
	1.2.1	Community High Risk Pool	2,621,005				2,761,888			
	1.2.2	Patient Responsibility Reconciliation	759,210				759,210			
	1.3	Other Revenue	(276,194)				(638,707)			
	1.4	Total Revenue	351,262,292				352,090,104			
			JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)			
EXPENSES			Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1	Nursing Facility Days (Medicaid)	865,217	830,091	35,126		877,192	826,876	50,316	
	2.2	Nursing Facility Days (Crossover)	2,535	2,428	107		2,289	2,150	139	
	2.3	Nursing Facility FFS (Medicaid)	188,298,801	180,452,888	7,845,913		193,227,528	181,855,985	11,371,543	
	2.4	Nursing Facility FFS (Crossover)	158,173	151,363	6,811		140,190	129,986	10,204	
	2.5	Hospice Days	85,227	79,905	5,322		91,535	82,439	9,096	
	2.6	Hospice FFS	18,118,875	16,670,014	1,448,861		18,837,291	16,668,290	2,169,001	
	2.7	Ending IBNP for NF & Hospice Services	2,059,208	1,974,255	84,953		1,926,459	1,813,606	112,853	
	2.8	NF & Hospice Subcapitated Services	-	-	-		-	-	-	
	2.9	NF & Hospice Settlements/AP	-	-	-		-	-	-	
	2.10	Total Nursing Facility and Hospice	208,635,057	199,248,519	9,386,537		214,131,469	200,467,867	13,663,601	
Long Term Care Services	2.11	Assisted Living FFS	10,468,614	788,977	9,679,636		10,534,452	1,206,571	9,327,881	
	2.12	Home Health FFS	85,114,125	662,919	84,451,206		88,842,161	1,150,740	87,691,421	
	2.13	Medical Equipment/Supplies FFS	2,985,930	215,028	2,770,902		2,986,696	242,612	2,744,084	
	2.14	Therapy Services FFS	2,049,526	1,923,619	125,906		2,046,169	1,894,187	151,982	
	2.15	Transportation Services FFS	669,359	13,813	655,546		734,785	10,458	724,327	
	2.16	Case Management (Plan Provided) FFS	12,002,531	4,751,842	7,250,689		12,003,411	4,752,421	7,250,990	
	2.17	Case Management (non-Plan Provided) FFS	-	-	-		-	-	-	
	2.18	Home & Community Based Services (HCBS) FFS	2,492,538	40,663	2,451,875		2,688,264	63,505	2,624,758	
	2.19	Subcapitated LTC Services (excluding NF)	-	-	-		-	-	-	
	2.20	Ending IBNP for Long Term Care Services (excluding NF)	106,305	6,625	99,681		231,257	21,930	209,327	
	2.21	LTC Services Settlements/AP (excluding NF)	-	-	-		-	-	-	
	2.22	Grand Total LTC Services	324,523,984	207,652,006	116,871,978		334,198,664	209,810,292	124,388,372	
Expanded Benefits	3.1	Expanded Benefits FFS	490,172	199,260	290,912		516,612	203,086	313,526	
	3.2	Expanded Benefits Subcapitation	-	-	-		-	-	-	
	3.3	Ending IBNP for Expanded Benefits	-	-	-		-	-	-	
	3.4	Expanded Benefits Services Settlements	-	-	-		-	-	-	
	3.5	Total Expanded Benefits	490,172	199,260	290,912		516,612	203,086	313,526	

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 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	322,848,643	205,870,386	116,978,257		332,557,560	208,177,842	124,379,717	
	4.2	Total Services Paid Directly -- IBNP	2,165,513	1,980,880	184,633		2,157,716	1,835,536	322,180	
	4.3	Total Services Paid through Subcapitation	-	-	-		-	-	-	
	4.4	Total Services Paid by Settlements/AP	-	-	-		-	-	-	
	4.5	TPL & Fraud/Abuse Recoveries	(77,854)	(51,997)	(25,856)		130,361	85,521	44,840	
	4.6.1	Premium Deficiency Reserve	-	-	-		-	-	-	
	4.7	Subtotal Benefit Expense before Reinsurance	324,936,303	207,799,268	117,137,034		334,845,637	210,098,899	124,746,737	
	4.8	Reinsurance Premiums	-	-	-		-	-	-	
	4.9	Reinsurance Recoveries	-	-	-		-	-	-	
	4.10	Net Cost of Reinsurance	-	-	-		-	-	-	
	4.11	Grand Total Service Benefit Expense Net of Reinsurance	324,936,303	207,799,268	117,137,034		334,845,637	210,098,899	124,746,737	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JANUARY - MARCH (Q1)				APRIL - JUNE (Q2)			
			Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT
Administrative Expenses	5.1	Salaries & Benefits	7,981,883	3,160,054	4,821,829		9,555,696	3,783,315	5,772,381	
	5.2	Administrative Services	631,191	249,891	381,300		562,469	221,601	340,868	
	5.3	Information Systems	956,842	378,817	578,025		825,203	325,059	500,144	
	5.4	Marketing Expenses	2,123,978	840,890	1,283,088		1,529,278	601,797	927,481	
	5.5	General Administration	2,378,811	941,779	1,437,032		3,449,782	1,365,846	2,083,936	
	5.6	Compliance/Regulatory	86,841	34,381	52,460		54,254	21,330	32,924	
	5.7	Total Administrative Expenses	14,159,546	5,605,811	8,553,735		15,976,682	6,318,949	9,657,733	
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	6.1	State Premium Tax	-	-	-		-	-	-	
	6.2	Department of Insurance Assessments	-	-	-		-	-	-	
	6.3	Other 1	-	-	-		-	-	-	
	6.4	Other 2	-	-	-		-	-	-	
	6.5	Other 3	-	-	-		-	-	-	
	6.6	Total	-	-	-		-	-	-	
	7.0	Grand Total Expenses	339,095,848				350,822,319			
	8.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	12,166,444				1,267,785			
	9.0	Income Tax Expense	2,508,469				261,391			
	10.0	Net Underwriting Gain (Loss)	9,657,975				1,006,394			

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 2023
 Paid Through: 3/31/2024

Summary

		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	Prior Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
MEMBER MONTHS		92,751.0	36,436.0	56,315.0	-	93,875.0	35,959.0	57,916.0	-	(1,334.0)	367,135.0	144,389.0	224,080.0	-
REVENUES														
Revenues	1.1 Capitation	351,104,482				377,892,608				726,611	1,427,089,687			
	1.2 NH Rate Reconciliation	-				-				(10,501,223)	(10,501,223)			
	1.2.1 Community High Risk Pool	2,999,945				-				(13,557)	8,369,281			
	1.2.2 Patient Responsibility Reconciliation	759,210				(1,209,164)				(6,286,811)	(5,218,346)			
	1.3 Other Revenue	(732,998)				(905,807)				2,647,428	93,722			
	1.4 Total Revenue	354,130,639				375,777,637				(13,427,551)	1,419,833,121			
		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)			
EXPENSES		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	Prior Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	933,823	866,651	67,172		896,184	875,362	20,822		85,034	3,657,450	3,398,980	173,436	
	2.2 Nursing Facility Days (Crossover)	2,385	2,155	230		2,043	1,966	77		-	9,252	8,699	553	
	2.3 Nursing Facility FFS (Medicaid)	199,690,210	184,859,035	14,831,175		205,765,563	200,823,035	4,942,528		19,072,064	806,054,167	747,990,943	38,991,159	
	2.4 Nursing Facility FFS (Crossover)	160,876	139,013	21,863		140,000	127,155	12,844		-	599,239	547,517	51,722	
	2.5 Hospice Days	96,449	84,663	11,786		90,817	85,654	5,163		(3,415)	360,613	332,661	31,367	
	2.6 Hospice FFS	19,102,766	16,445,566	2,657,200		19,597,974	18,020,530	1,577,444		14,490	75,671,395	67,804,400	7,852,506	
	2.7 Ending IBNP for NF & Hospice Services	3,900,553	3,610,959	289,594		7,912,981	7,722,445	190,536		(37,110,965)	(21,311,764)	15,121,265	677,936	
	2.8 NF & Hospice Subcapitated Services	-	-	-		-	-	-		-	-	-	-	
	2.9 NF & Hospice Settlements/AP	-	-	-		-	-	-		-	-	-	-	
		2.10 Total Nursing Facility and Hospice	222,854,404	205,054,573	17,799,831		233,416,518	226,693,166	6,723,353		(18,024,412)	861,013,036	831,464,126	47,573,322
Long Term Care Services	2.11 Assisted Living FFS	10,455,288	1,478,275	8,977,013		9,973,630	372,910	9,600,719		790,774	42,222,757	3,846,734	37,585,249	
	2.12 Home Health FFS	93,388,728	1,512,517	91,876,210		97,502,981	536,320	96,966,661		1,454,673	366,302,668	3,862,497	360,985,498	
	2.13 Medical Equipment/Supplies FFS	3,089,210	255,327	2,833,883		3,189,218	196,031	2,993,187		(35,620)	12,215,434	908,998	11,342,056	
	2.14 Therapy Services FFS	2,259,121	2,050,959	208,163		2,346,131	2,167,892	178,239		148,668	8,849,614	8,036,657	664,290	
	2.15 Transportation Services FFS	773,498	19,009	754,488		882,128	23,196	858,932		(1,076,859)	1,982,910	66,477	2,993,292	
	2.16 Case Management (Plan Provided) FFS	12,085,467	4,747,615	7,337,851		11,295,555	4,326,784	6,968,771		-	47,386,964	18,578,662	28,808,302	
	2.17 Case Management (non-Plan Provided) FFS	-	-	-		-	-	-		-	-	-	-	
	2.18 Home & Community Based Services (HCBS) FFS	2,872,350	82,867	2,789,483		2,929,232	28,218	2,901,014		45,822	11,028,205	215,253	10,767,131	
	2.19 Subcapitated LTC Services (excluding NF)	-	-	-		-	-	-		-	-	-	-	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	410,648	50,459	360,189		1,420,371	45,904	1,374,467		(2,983,311)	(814,730)	124,918	2,043,664	
		2.21 LTC Services Settlements/AP (excluding NF)	-	-	-		-	-	-		-	-	-	-
	2.22 Grand Total LTC Services	348,188,712	215,251,601	132,937,111		362,955,765	234,390,421	128,565,344		(19,680,266)	1,350,186,859	867,104,321	502,762,804	
Expanded Benefits	3.1 Expanded Benefits FFS	610,670	296,664	314,006		514,272	203,748	310,525		(112)	2,131,614	902,757	1,228,969	
	3.2 Expanded Benefits Subcapitation	-	-	-		-	-	-		-	-	-	-	
	3.3 Ending IBNP for Expanded Benefits	-	-	-		-	-	-		-	-	-	-	
	3.4 Expanded Benefits Services Settlements	-	-	-		-	-	-		-	-	-	-	
		3.5 Total Expanded Benefits	610,670	296,664	314,006		514,272	203,748	310,525		(112)	2,131,614	902,757	1,228,969

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 2023
 Paid Through: 3/31/2024

Summary

		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)			
		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	Prior Calendar Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
Totals Before and After Reinsurance	4.1 Total Services Paid Directly FFS	344,488,181	211,886,847	132,601,334		354,136,685	226,825,820	127,310,865		20,413,898	1,374,444,966	852,760,895	501,270,174	
	4.2 Total Services Paid Directly -- IBNP	4,311,201	3,661,418	649,783		9,333,352	7,768,349	1,565,003		(40,094,277)	(22,126,494)	15,246,183	2,721,600	
	4.3 Total Services Paid through Subcapitation	-	-	-		-	-	-		-	-	-	-	
	4.4 Total Services Paid by Settlements/AP	-	-	-		-	-	-		-	-	-	-	
	4.5 TPL & Fraud/Abuse Recoveries	(14,591)	(9,426)	(5,165)		(43,776)	(29,520)	(14,256)		(401,981)	(407,841)	(5,423)	(437)	
	4.6.1 Premium Deficiency Reserve	-	-	-		-	-	-		-	-	-	-	
	4.7 Subtotal Benefit Expense before Reinsurance	348,784,791	215,538,839	133,245,952		363,426,261	234,564,648	128,861,612		(20,082,360)	1,351,910,631	868,001,655	503,991,336	
	4.8 Reinsurance Premiums	-	-	-		-	-	-		-	-	-	-	
	4.9 Reinsurance Recoveries	-	-	-		-	-	-		-	-	-	-	
	4.10 Net Cost of Reinsurance	-	-	-		-	-	-		-	-	-	-	
	4.11 Grand Total Service Benefit Expense Net of Reinsurance	348,784,791	215,538,839	133,245,952		363,426,261	234,564,648	128,861,612		(20,082,360)	1,351,910,631	868,001,655	503,991,336	
		JULY - SEPTEMBER (Q3)				OCTOBER - DECEMBER (Q4)					TOTAL (TO DATE)			
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		Total	Non-HCBS	HCBS	MED-P / SIXT	Total	Non-HCBS	HCBS	MED-P / SIXT	Prior Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
Administrative Expenses	5.1 Salaries & Benefits	10,540,334	4,140,630	6,399,704		(825,498)	(316,209)	(509,289)		-	27,252,416	10,767,791	16,484,625	
	5.2 Administrative Services	599,537	234,623	364,914		508,140	193,759	314,380		-	2,301,336	899,874	1,401,463	
	5.3 Information Systems	600,898	234,715	366,183		7,929,754	3,036,332	4,893,422		-	10,312,697	3,974,924	6,337,774	
	5.4 Marketing Expenses	1,882,122	736,621	1,145,502		4,691,396	1,794,318	2,897,078		-	10,226,774	3,973,626	6,253,149	
	5.5 General Administration	306,198	120,286	185,912		3,904,177	1,495,502	2,408,674		-	10,038,967	3,923,413	6,115,553	
	5.6 Compliance/Regulatory	581,821	228,455	353,366		62,813	23,704	39,109		-	785,730	307,870	477,860	
	5.7 Total Administrative Expenses	14,510,911	5,695,330	8,815,581		16,270,782	6,227,408	10,043,374		-	60,917,920	23,847,497	37,070,423	
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	6.1 State Premium Tax	-	-	-		-	-	-		-	-	-	-	
	6.2 Department of Insurance Assessments	-	-	-		-	-	-		-	-	-	-	
	6.3 Other 1	-	-	-		-	-	-		-	-	-	-	
	6.4 Other 2	-	-	-		-	-	-		-	-	-	-	
	6.5 Other 3	-	-	-		-	-	-		-	-	-	-	
	6.6 Total	-	-	-		-	-	-		-	-	-	-	
7.0 Grand Total Expenses	363,295,702				379,697,042				(20,082,360)	1,412,828,552				
8.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(9,165,063)				(3,919,405)				6,654,809	7,004,569				
9.0 Income Tax Expense	(1,889,836)				(808,100)				1,372,084	1,444,007				
10.0 Net Underwriting Gain (Loss)	(7,275,227)				(3,111,305)				5,282,725	5,560,562				

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

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

Health Plan: Humana Medical Plan, Inc.

Reporting Period: FY 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				12,002,531		12,003,411		12,085,467		11,295,555		-	47,386,964
	1.2 Vendor #2												-	-
	1.3 Vendor #3												-	-
	1.4 Vendor #4												-	-
	1.5 Vendor #5												-	-
	1.6 Total LTC Nursing Facility & Hospice					12,002,531		12,003,411		12,085,467		11,295,555	-	
Long Term Care Services	2.1 Humana Pharmacy, Inc. (RightSource/PrescriberIT - Part B Rx)	100% Owned	Fee-for-Service		209,005		225,286		238,068		240,269	437	-	913,064
	2.2 Vendor #2												-	-
	2.3 Vendor #3												-	-
	2.4 Vendor #4												-	-
	2.5 Vendor #5												-	-
	2.6 Total Long Term Services					209,005		225,286		238,068		240,269	437	
Administrative Expenses	3.1 Humana Inc.	100% Owned	Other (please explain)		(967,487)		(81,825)		(1,677,196)		(1,424,112)		-	(4,150,619)
	3.2 Managed Care Indemnity, Inc.	100% Owned	Other (please explain)		6,789		7,335		6,404		6,073		-	26,601
	3.3 Vendor #3												-	-
	3.4 Vendor #4												-	-
	3.5 Vendor #5												-	-
	3.6 Total Administrative Expenses					(960,697)		(74,490)		(1,670,792)		(1,418,039)	-	
4 Grand Total					11,250,839		12,154,207		10,652,742		10,117,785	437		44,176,010

Notes

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

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

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

ACHIEVED SAVINGS REBATE EXHIBIT

Health Plan: Humana Medical Plan, Inc.

Reporting Period: FY 2023

Paid Through: 3/31/2024

Plan Type:

		JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
REVENUES										
1.1	Total Revenue from Revenue & Expense Schedules	1,040,206,182	688,943,889	351,262,292	1,021,888,287	669,798,183	352,090,104	968,934,638	614,803,999	354,130,639
1.2	Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	(48,726)	(33,816)	(14,911)	(41,605)	(27,982)	(13,622)	(26,136)	(17,457)	(8,679)
1.4	Regulatory Authority Licenses and Fees	(444,414)	(357,574)	(86,841)	(211,984)	(164,040)	(47,945)	(6,964,855)	(6,382,757)	(582,099)
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	(3,744,717)	(3,744,717)	-	-	-	-
1.6	Revenue Subject to ASR	1,039,713,041	688,552,500	351,160,541	1,017,889,980	665,861,443	352,028,537	961,943,646	608,403,785	353,539,861
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	851,671,475	528,900,686	322,770,789	841,048,588	508,360,667	332,687,920	821,682,115	477,208,525	344,473,590
2.2	Incurred but not Paid (IBNP) Ending Balance	7,975,805	5,810,291	2,165,513	7,762,368	5,604,651	2,157,716	10,220,470	5,909,270	4,311,201
2.3	Settlements/AP	18,395,239	18,395,239	-	22,412,750	22,412,750	-	30,096,630	30,096,630	-
2.4	Total Benefit Expense before Reinsurance	878,042,519	553,106,216	324,936,303	871,223,705	536,378,068	334,845,637	861,999,215	513,214,424	348,784,791
2.5	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.6	Total Benefit Expense after Reinsurance	878,042,519	553,106,216	324,936,303	871,223,705	536,378,068	334,845,637	861,999,215	513,214,424	348,784,791
Administrative Expenses										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	79,916,556	65,757,010	14,159,546	83,788,608	67,811,925	15,976,682	81,221,442	66,710,531	14,510,911
3.2	Less: Compliance/Regulatory	(444,414)	(357,574)	(86,841)	(239,504)	(185,249)	(54,254)	(6,963,885)	(6,382,064)	(581,821)
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	(56,305)	(39,415)	(16,889)	(47,485)	(32,271)	(15,214)	(116,399)	(80,654)	(35,746)
3.5	Less: Other Non-allowed expenses	(201,679)	(143,435)	(58,244)	(3,855,525)	(2,631,801)	(1,223,723)	(8,608)	(17,397)	8,789
3.6	Administrative Expense Subject to ASR	79,214,158	65,216,586	13,997,571	79,646,094	64,962,603	14,683,490	74,132,549	60,230,416	13,902,133
4.0	Actuarially-sound Administrative Expense Maximum									
5.0	Administrative Expenses Subject to ASR									
6.0	Total Benefit and Administrative Expense subject to ASR									
Calculation of Pre-Tax Income and ASR										
7.1	Pre-tax Income									
7.2	Pre-tax Income as a Percent of Revenue									
7.3	Preliminary Achieved Savings Rebate									

(Continued)

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

ACHIEVED SAVINGS REBATE EXHIBIT (continued)

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 2023
 Paid Through: 3/31/2024
 Plan Type: Comprehensive

		OCTOBER - DECEMBER (Q4)			Prior Year Adjustments			TOTAL (TO DATE)		
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
REVENUES										
1.1	Total Revenue from Revenue & Expense Schedules	991,239,314	615,461,677	375,777,637	(4,102,303)	9,325,249	(13,427,551)	4,018,166,117	2,598,332,996	1,419,833,121
1.2	Federal Taxes and Assessments-ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	(4,550,668)	(4,500,725)	(49,943)	-	-	-	(4,667,135)	(4,579,980)	(87,155)
1.4	Regulatory Authority Licenses and Fees	6,377,939	6,435,890	(57,951)	-	-	-	(1,243,315)	(468,480)	(774,835)
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	(3,744,717)	(3,744,717)	-
1.6	Revenue Subject to ASR	993,066,585	617,396,842	375,669,743	(4,102,303)	9,325,249	(13,427,551)	4,008,510,950	2,589,539,819	1,418,971,131
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	812,964,732	458,871,824	354,092,908	34,028,235	14,016,319	20,011,917	3,361,395,145	1,987,358,020	1,374,037,125
2.2	Incurred but not Paid (IBNP) Ending Balance	32,009,160	22,675,808	9,333,352	(68,672,619)	(28,578,342)	(40,094,277)	(10,704,816)	11,421,678	(22,126,494)
2.3	Settlements/AP	33,745,209	33,745,209	-	(28,367,825)	(28,367,825)	-	76,282,004	76,282,004	-
2.4	Total Benefit Expense before Reinsurance	878,719,101	515,292,841	363,426,261	(63,012,208)	(42,929,848)	(20,082,360)	3,426,972,333	2,075,061,701	1,351,910,631
2.5	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.6	Total Benefit Expense after Reinsurance	878,719,101	515,292,841	363,426,261	(63,012,208)	(42,929,848)	(20,082,360)	3,426,972,333	2,075,061,701	1,351,910,631
Administrative Expenses										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	82,400,840	66,130,058	16,270,782	-	-	-	327,327,445	266,409,524	60,917,920
3.2	Less: Compliance/Regulatory	6,357,031	6,419,844	(62,813)	-	-	-	(1,290,773)	(505,043)	(785,730)
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	58,146	40,314	17,832	-	-	-	(162,043)	(112,027)	(50,016)
3.5	Less: Other Non-allowed expenses	(353,233)	(227,268)	(125,964)	-	-	-	(4,419,044)	(3,019,901)	(1,399,143)
3.6	Administrative Expense Subject to ASR	88,462,784	72,362,947	16,099,837	-	-	-	321,455,584	262,772,553	58,683,031
4.0	Actuarially-sound Administrative Expense Maximum							360,672,102	302,668,882	58,003,220
5.0	Administrative Expenses Subject to ASR							321,455,584	262,772,553	58,003,220
6.0	Total Benefit and Administrative Expense subject to ASR							3,748,427,917	2,337,834,255	1,409,913,852
Calculation of Pre-Tax Income and ASR										
7.1	Pre-tax Income							260,083,033	251,705,564	9,057,279
7.2	Pre-tax Income as a Percent of Revenue							6.5%	9.7%	0.6%
7.3	Preliminary Achieved Savings Rebate							29,828,743	61,114,287	

(Continued)

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 2023
 Paid Through: 3/31/2024
 Plan Type:

CALENDAR YEAR TOTAL (January 1 to September 30)			
MMA Administrative Expense Maximum		MMA	
1.0	Select your Nationwide Member Enrollment	>500,000	
1.1	Plan Enrollment	6826256.332	
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months Administrative Max (Amounts)
	TANF Non -SMI	\$26.02	5657548.8 147,209,420
	TANF SMI	\$70.84	241106.2 17,079,967
	SSI Medicaid Only Non-SMI	\$77.42	388153.7 30,050,856
	SSI Medicaid Only SMI	\$103.43	139574.1 14,436,152
	SSI Dual Eligible	\$24.04	169635.3 4,078,033
	Child Welfare	\$66.95	31470.6 2,106,954
	HIV/AIDS Non-Specialty Medicaid Only	\$109.85	19363.9 2,127,129
	HIV/AIDS Specialty Medicaid Only	\$122.38	0.0 -
	HIV/AIDS Dual Eligible	\$22.15	1826.7 40,462
	LTC Medicaid Only	\$181.68	22201.5 4,033,574
	LTC Dual Eligible	\$20.89	154851.7 3,234,851
	Maternity Kick Payment	\$251.79	11833.0 2,979,431
	Private Duty Nursing	\$536.05	523.7 280,735
	LTC Eligible Kick Payments		0.0 -
1.3	Total MMA Administrative Maximum		227,657,564
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	\$150.51	274,594.0 41,329,143
2.2	Total LTC Administrative Maximum		41,329,143

Instructions

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

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

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

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

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

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

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

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

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

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

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

Health Plan: Humana Medical Plan, Inc.
 Reporting Period: FY 2023
 Paid Through: 3/31/2024
 Plan Type:

CALENDAR YEAR TOTAL (October 1 -December 31)				
MMA Administrative Expense Maximum		MMA		
1.0	Select your Nationwide Member Enrollment	>500,000		
1.1	Plan Enrollment	1905107.168		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$32.00	1544302.1	49,417,668
	TANF SMI	\$75.72	62769.9	4,752,934
	SSI Medicaid Only Non-SMI	\$76.55	126990.7	9,721,137
	SSI Medicaid Only SMI	\$101.08	46324.2	4,682,452
	SSI Dual Eligible	\$30.39	51176.2	1,555,246
	Child Welfare	\$73.13	9133.3	667,920
	HIV/AIDS Non-Specialty Medicaid Only	\$97.29	5851.4	569,284
	HIV/AIDS Specialty Medicaid Only	\$110.51	0.0	-
	HIV/AIDS Dual Eligible	\$27.54	556.3	15,321
	LTC Medicaid Only	\$174.46	7509.3	1,310,064
	LTC Dual Eligible	\$26.59	50284.9	1,337,075
	Maternity Kick Payment	\$236.47	3740.0	884,398
	Private Duty Nursing	\$468.39	208.8	97,818
	LTC Eligible Kick Payments			-
1.3	Total MMA Administrative Maximum			75,011,318
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	\$177.62	93,875.0	16,674,078
2.2	Total LTC Administrative Maximum			16,674,078

Instructions

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

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

MEDICAL LOSS RATIO EXHIBIT

Health Plan: Humana Medical Plan, Inc.
 Calendar Year: 2023
 Reporting Period: FY 2023
 Paid Through: 3/31/2024
 Plan Type:

	JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)			
	Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC	
REVENUES										
1.1	Total Revenue from Revenue & Expense Schedules	1,040,206,182	688,943,889	351,262,292	1,021,888,287	669,798,183	352,090,104	968,934,638	614,803,999	354,130,639
1.2	Federal Taxes and Assessments, including ACA § 9010	(16,937,592)	(14,449,182)	(2,488,410)	(13,807,847)	(13,527,050)	(280,797)	(5,334,830)	(7,192,059)	1,857,229
1.3	State Insurance, Premium and other Taxes	(48,726)	(33,816)	(14,911)	(41,605)	(27,982)	(13,622)	(26,136)	(17,457)	(8,679)
1.4	Regulatory Authority Licenses and Fees	(444,414)	(357,574)	(86,841)	(211,984)	(164,040)	(47,945)	(6,964,855)	(6,382,757)	(582,099)
1.5	Revenue Subject to MLR	1,022,775,449	674,103,318	348,672,131	1,007,826,851	656,079,111	351,747,740	956,608,816	601,211,726	355,397,090
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS During the Year	772,310,107	449,539,318	322,770,789	763,910,273	431,222,353	332,687,920	751,842,982	407,369,392	344,473,590
2.2	Total Benefits Paid through Subcapitation During the Year	72,382,374	72,382,374	-	69,934,686	69,934,686	-	64,008,701	64,008,701	-
2.3	Incurred but not Paid (IBNP) Ending Balance	7,975,805	5,810,291	2,165,513	7,762,368	5,604,651	2,157,716	10,220,470	5,909,270	4,311,201
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-
2.5	Settlements/AP	18,395,239	18,395,239	-	22,412,750	22,412,750	-	30,096,630	30,096,630	-
2.6	Total Benefit Expense before Reinsurance	871,063,525	546,127,222	324,936,303	864,020,077	529,174,440	334,845,637	856,168,783	507,383,992	348,784,791
2.7	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.8	Total Benefit Expense after Reinsurance	871,063,525	546,127,222	324,936,303	864,020,077	529,174,440	334,845,637	856,168,783	507,383,992	348,784,791
Florida-Specific Contributions										
3.1	Funds to Graduate Medical Education institutions	-	-	-	-	-	-	-	-	-
3.2	Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-	-	-	-	-	-
3.3	Total Florida-Specific Contributions	-	-	-	-	-	-	-	-	-
Improving Health Care Quality Expenses Incurred										
4.1	Improve Health Outcomes	6,666,546	5,956,747	709,798	6,788,776	6,036,507	752,269	6,686,332	5,911,739	774,594
4.2	Activities to Prevent Hospital Readmissions	1,596,092	1,361,431	234,661	1,644,561	1,386,898	257,662	1,625,700	1,359,742	265,958
4.3	Improve Patient Safety and Reducing Medical Errors	1,365,135	1,178,955	186,180	1,351,780	1,154,544	197,236	1,272,731	1,068,031	204,700
4.4	Wellness and Health Promotion Activities	3,940,449	3,660,309	280,140	3,967,459	3,672,337	295,122	3,821,673	3,518,656	303,017
4.5	Health Information Technology (HIT) expenses related to Health Improvement	1,428,643	1,156,470	272,174	1,557,664	1,187,939	369,725	1,461,591	1,178,780	282,810
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	14,996,865	13,313,912	1,682,953	15,310,239	13,438,226	1,872,013	14,868,027	13,036,949	1,831,079
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	(509,090)	(431,236)	(77,854)	(159,513)	(289,873)	130,361	(1,466,251)	(1,451,660)	(14,591)
6.0	Preliminary Medical Loss Ratio: MLR	87%	83%	94%	87%	83%	96%	91%	86%	99%
Annual Credibility Adjustment										
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)

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

MEDICAL LOSS RATIO EXHIBIT (Continued)

Health Plan: Humana Medical Plan, Inc.
 Calendar Year: 2023
 Reporting Period: FY 2023
 Paid Through: 3/31/2024
 Plan Type:

		OCTOBER - DECEMBER (Q4)			Prior Year Adjustments			TOTAL (TO DATE)			For Annual Report Only	Difference
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC	Annual Financial Statement [1]	
REVENUES												
1.1	Total Revenue from Revenue & Expense Schedules	991,239,314	615,461,677	375,777,637	(4,102,303)	9,325,249	(13,427,551)	4,018,166,117	2,598,332,996	1,419,833,121		4,018,166,117
1.2	Federal Taxes and Assessments, including ACA § 9010	(6,177,937)	(7,018,091)	840,154	(12,146,003)	(10,773,919)	(1,372,084)	(54,404,209)	(52,960,301)	(1,443,908)		(54,404,209)
1.3	State Insurance, Premium and other Taxes	(4,550,668)	(4,500,725)	(49,943)	-	-	-	(4,667,135)	(4,579,980)	(87,155)		(4,667,135)
1.4	Regulatory Authority Licenses and Fees	6,377,939	6,435,890	(57,951)	-	-	-	(1,243,315)	(468,480)	(774,835)		(1,243,315)
1.5	Revenue Subject to MLR	986,888,648	610,378,751	376,509,897	(16,248,305)	(1,448,670)	(14,799,635)	3,957,851,459	2,540,324,236	1,417,527,224		3,957,851,459
EXPENSES												
Benefit Expenses												
2.1	Total Benefits Paid through FFS During the Year	750,363,340	396,270,432	354,092,908	37,054,557	17,042,640	20,011,917	3,075,481,259	1,701,444,134	1,374,037,125		3,075,481,259
2.2	Total Benefits Paid through Subcapitation During the Year	55,947,845	55,947,845	-	6,062,731	6,062,731	-	268,336,337	268,336,337	-		268,336,337
2.3	Incurred but not Paid (IBNP) Ending Balance	32,009,160	22,675,808	9,333,352	(68,672,619)	(28,578,342)	(40,094,277)	(10,704,816)	11,421,678	(22,126,494)		(10,704,816)
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-	-	-		-
2.5	Settlements/AP	33,745,209	33,745,209	-	(28,367,825)	(28,367,825)	-	76,282,004	76,282,004	-		76,282,004
2.6	Total Benefit Expense before Reinsurance	872,065,554	508,639,293	363,426,261	(53,923,155)	(33,840,796)	(20,082,360)	3,409,394,784	2,057,484,152	1,351,910,631		3,409,394,784
2.7	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-		-
2.8	Total Benefit Expense after Reinsurance	872,065,554	508,639,293	363,426,261	(53,923,155)	(33,840,796)	(20,082,360)	3,409,394,784	2,057,484,152	1,351,910,631		3,409,394,784
Florida-Specific Contributions												
3.1	Funds to Graduate Medical Education institutions	-	-	-	-	-	-	-	-	-		-
3.2	Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-	-	-	-	-	-		-
3.3	Total Florida-Specific Contributions	-	-	-	-	-	-	-	-	-		-
Improving Health Care Quality Expenses Incurred												
4.1	Improve Health Outcomes	6,253,393	5,496,483	756,910	-	-	-	26,395,047	23,401,476	2,993,571		26,395,047
4.2	Activities to Prevent Hospital Readmissions	1,373,378	1,150,075	223,302	-	-	-	6,239,730	5,258,147	981,583		6,239,730
4.3	Improve Patient Safety and Reducing Medical Errors	1,153,866	983,946	169,920	-	-	-	5,143,512	4,385,477	758,035		5,143,512
4.4	Wellness and Health Promotion Activities	3,398,248	3,011,736	386,512	-	-	-	15,127,830	13,863,039	1,264,791		15,127,830
4.5	Health Information Technology (HIT) expenses related to Health Improvement	1,377,439	1,060,033	317,406	-	-	-	5,825,337	4,583,222	1,242,114		5,825,337
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	13,556,324	11,702,274	1,854,050	-	-	-	58,731,455	51,491,360	7,240,095		58,731,455
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	(229,889)	(186,113)	(43,776)	(2,107,710)	(1,705,729)	(401,981)	(4,472,452)	(4,064,610)	(407,841)		(4,472,452)
6.0	Preliminary Medical Loss Ratio: MLR	90%	85%	97%	345%	2454%	138%	88%	83%	96%		1
Annual Credibility Adjustment												
7.1	Member Months for Managed Care Plan (MM)							9,095,237.50	8,728,102.5	367135		
7.2	Number of Member Months where MM is rounded down to the nearest annual Member Months (MMa)							-	-	192000		
7.3	Number of Member Months where MM is rounded up to the nearest annual Member Months (MMb)							-	-	380000		
7.4	Credibility Adjustment Factor for MMa (CAa)							0.0%	0.0%	0.015		
7.5	Credibility Adjustment Factor for MMb (CAb)							0.0%	0.0%	0.01		
7.6	Credibility Adjustment Calculation							0.0%	0.0%	1.0%		
7.7	Calculated MLR							88%	83%	96%		
7.8	Final MLR (Apply Credibility Adjustment)							87.51%	82.86%	96.89%		