



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

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

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



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## PLAN AND PERFORMANCE AUDIT OVERVIEW

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

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

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

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

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

### **Scope**

The performance audit scope included quarterly and year-to-date amounts reported by the Plan for the year ended December 31, 2023, considering revenue and medical benefits "paid dates" through March 31, 2024. The performance audit scope did not include any schedules included in the annual ASR financial report not listed above. The performance audit scope was limited to determining whether the Plan's revenue, medical benefits and administrative costs were summarized and classified in the ASR Schedules, and whether amounts reported were allowable and supportable, in compliance with Florida Statute 409.967(3), the Agency's annual ASR financial report instructions and the Agency's verbal and written clarifications to the annual ASR financial report instructions.

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

- Tests of any opening balances (accruals, receivables and payables included in the prior year ASR Schedules which may impact prior calendar year adjustments in the 2023 ASR Schedules). We tested the Plan's supporting documentation for prior calendar year adjustments reported in the ASR Schedules and considered the impact of accruals for revenue and medical benefits reported in the prior year.
- Valuation/measurement of any capitation, kick or other revenue receivables included in the ASR Schedules that were not collected as of March 31, 2024. We agreed significant reported receivables to the Plan's supporting documentation, but performed no testing of the valuation or collectability of the accruals.
- Valuation/measurement of actuarially-determined incurred but not paid ("IBNP") liabilities for medical benefits. We relied on the actuary's estimation of IBNP, reviewed the supporting documentation and reconciled to amounts reported by the Plan by quarter and rate cell.
- Valuation/measurement/completeness of other medical benefits expenses/payable or administrative costs expenses/payable. We obtained supporting documentation of any such amounts reported in the ASR Schedules, but did not perform procedures to test completeness of reported accruals for services and benefits that were not paid on or before March 31, 2024.

- Adjudication of medical benefits claims in accordance with the Plan’s fee schedules or contracts with providers. As documented in the following “Methodology” section, we tested a representative sample of claims included in reported fee for service medical benefit expenses, reviewed supporting documentation to determine the claim was allowable under the SMMC contract, the amount reported was actually paid, and the claim was properly classified by rate-cell and quarter. We did not evaluate whether the claims were paid in accordance with the Plan’s contractual arrangements with respective providers.
- Tests of completeness of underlying data from subcapitation providers related to reporting incurred claims and IBNP in relation to lines 2.2 and 2.4 on the 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.

<b>ASR Schedule and Line No.</b>	<b>Description</b>	<b>Calendar Year Total</b>
MMA Revenue and Expense Schedule – Summary, Line No. 12.2 and 12.3	Administrative expenses invoiced directly from the parent	\$19,445,339
MMA Revenue & Expense Schedule – Summary, Line No. 16.0	Expenses related to income taxes based on allocations from centralized corporate operations	\$9,565,333

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

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

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



## RESULTS

Based upon the previously defined objective and the completion of the procedures outlined in the scope and methodology sections, the audit objective has been met. The Plan prepared the MMA Revenue and Expense Schedule – Summary, MMA Related Party Transaction Schedule – Summary, Achieved Savings Rebate Exhibit and the Medical Loss Ratio Exhibit for the year ended December 31, 2023 pursuant to Florida Statute 409.967(3) and the annual ASR financial report instructions.

## OTHER MATTERS

### Preliminary Achieved Savings Rebate Calculation

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

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

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

CARR, RIGGS & INGRAM, LLC  
Panama City Beach, Florida  
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: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

**Summary**

			JANUARY - MARCH (Q1)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>			89,412	256	59,647	49	22,768	6,066	68	33	525	-	-	-
<b>REVENUES</b>														
Revenues	1.1	Capitation	\$ 57,192,557	\$ 52,497	\$ 26,115,658	\$ 51,011	\$ 27,358,075	\$ 1,800,625	\$ 35,827	\$ 6,118	\$ 1,772,746	\$ -	\$ -	\$ -
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	711,072	-	692,425	-	18,648	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	139,560	12	2,874	2	1,097	135,349	3	197	25	-	-	-
	1.7	<b>Total Revenue</b>	<b>58,043,189</b>	<b>52,509</b>	<b>26,810,957</b>	<b>51,013</b>	<b>27,377,820</b>	<b>1,935,974</b>	<b>35,830</b>	<b>6,315</b>	<b>1,772,771</b>	-	-	-
	<b>BENEFIT EXPENSES</b>													
			JANUARY - MARCH (Q1)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1	Inpatient FFS	5,687,057	-	2,113,856	-	3,373,269	89,213	30,285	-	80,434	-	-	-
	2.2	Ending IBNP for Inpatient Hospital Services	31,588	-	11,741	-	18,736	496	168	-	447	-	-	-
	2.3	Outpatient FFS: ER	2,750,570	6,995	1,751,469	906	928,824	24,642	707	233	36,795	-	-	-
	2.4	Outpatient FFS: Other than ER	1,232,536	1,582	595,764	-	615,548	15,319	-	29	4,294	-	-	-
	2.5	Ending IBNP for Outpatient Hospital Services	52,954	114	31,206	12	20,532	531	9	3	546	-	-	-
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	24,603	-	-	-	24,030	-	-	-	573	-	-	-
	2.7.1	Transplant Services	50,039	-	4,665	-	45,374	-	-	-	-	-	-	-
	2.8	<b>Total Hospital Services</b>	<b>9,829,347</b>	<b>8,691</b>	<b>4,508,701</b>	<b>918</b>	<b>5,026,313</b>	<b>130,201</b>	<b>31,169</b>	<b>265</b>	<b>123,089</b>	-	-	-
Professional Services	3.1	Primary Care FFS	4,032,931	4,787	2,098,269	794	1,773,908	114,185	2,220	235	38,532	-	-	-
	3.2	Specialty Care FFS	125,289	(14)	32,680	(56)	84,791	6,768	(5)	407	718	-	-	-
	3.3	Other Professional FFS	167,018	247	107,385	-	55,365	1,582	196	73	2,170	-	-	-
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	348,740	785	239,260	280	87,335	18,420	245	116	2,301	-	-	-
	3.6	Ending IBNP for Professional Services	57,767	67	29,873	11	25,573	1,637	32	11	564	-	-	-
	3.7	Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	3.8	<b>Total Physician Services</b>	<b>4,731,745</b>	<b>5,872</b>	<b>2,507,467</b>	<b>1,029</b>	<b>2,026,972</b>	<b>142,592</b>	<b>2,688</b>	<b>842</b>	<b>44,285</b>	-	-	-
Maternity Services	4.1.1	Maternity Services	532,736	-	511,895	-	20,840	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	7,083	-	6,806	-	277	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity Services</b>	<b>539,819</b>	-	<b>518,701</b>	-	<b>21,117</b>	-	-	-	-	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	4,659,331	103	2,011,911	-	2,354,086	221,074	6,078	5,115	60,964	-	-	-
	5.2	Mental Health & Substance Abuse Subcapitation	4,471	13	2,999	2	1,072	342	2	2	38	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	61,357	1	26,494	-	31,000	2,911	80	67	803	-	-	-
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>4,725,159</b>	<b>117</b>	<b>2,041,404</b>	<b>2</b>	<b>2,386,158</b>	<b>224,327</b>	<b>6,160</b>	<b>5,184</b>	<b>61,805</b>	-	-	-
Dental	6.1	Dental FFS	-	-	-	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>Total Dental Services</b>	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	390,341	193	133,668	276	213,649	35,831	138	1,350	5,236	-	-	-
	7.2	Transportation Subcapitation	741,110	842	195,994	757	351,657	182,536	223	992	8,108	-	-	-
	7.3	Ending IBNP for Transportation	5,189	3	1,777	4	2,840	476	2	18	70	-	-	-
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	<b>Total Transportation Services</b>	<b>1,136,640</b>	<b>1,038</b>	<b>331,439</b>	<b>1,037</b>	<b>568,146</b>	<b>218,843</b>	<b>363</b>	<b>2,360</b>	<b>13,414</b>	-	-	-
Pharmacy	8.1	Prescription Drugs FFS	10,848,993	7,019	4,109,550	36,203	5,976,444	75,263	2,314	12,954	629,246	-	-	-
	8.2	Hepatitis C Prescription Drug FFS	404,959	-	236,948	-	160,549	7,463	-	-	-	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	(30,567)	(20)	(11,579)	(102)	(16,839)	(212)	(7)	(36)	(1,773)	-	-	-
	8.5	Ending accrual for Rebates receivable	(1,458)	(1)	(552)	(5)	(803)	(10)	-	(2)	(85)	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	41,704	71	16,554	53	24,404	41	19	-	563	-	-	-
	8.8	<b>Total Prescription Drugs</b>	<b>11,263,631</b>	<b>7,069</b>	<b>4,350,921</b>	<b>36,149</b>	<b>6,143,755</b>	<b>82,545</b>	<b>2,326</b>	<b>12,916</b>	<b>627,951</b>	-	-	-

**Notes**

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 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	159,621	-	65,859	-	65,158	26,224	-	-	2,380	-	-	
	9.2	Hospice FFS	317,659	-	37,875	-	201,914	77,870	-	-	-	-	-	
	9.2.1	Nursing Facility FFS	338,421	-	6,985	-	135,419	196,017	-	-	-	-	-	
	9.3	DME FFS	121,403	-	52,160	-	66,458	2,781	-	3	-	-	-	
	9.4	Other State Plan Services FFS	1,189,807	2,274	654,605	353	424,409	90,127	23	17	17,998	-	-	
	9.5	Other Services Subcapitation	323,701	940	217,091	177	77,615	24,752	163	177	2,785	-	-	
	9.6	Ending IBNP for Other Services	28,090	30	10,744	5	11,829	5,212	-	-	270	-	-	
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	
	<b>9.8</b>	<b>Total Other Services</b>	<b>2,478,702</b>	<b>3,244</b>	<b>1,045,319</b>	<b>535</b>	<b>982,802</b>	<b>422,983</b>	<b>186</b>	<b>197</b>	<b>23,433</b>	<b>-</b>	<b>-</b>	
Expanded Benefits	10.1	Expanded Benefits FFS	285,895	326	130,745	-	113,689	39,710	24	171	1,230	-	-	
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	
	10.3	Ending IBNP for Expanded Benefits	3,801	4	1,738	-	1,511	528	-	2	16	-	-	
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	
	<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>289,696</b>	<b>330</b>	<b>132,483</b>	<b>-</b>	<b>115,200</b>	<b>40,238</b>	<b>24</b>	<b>173</b>	<b>1,246</b>	<b>-</b>	<b>-</b>	
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	33,262,581	23,492	14,644,158	38,369	16,592,053	1,023,845	41,974	20,549	878,140	-	-	
	11.2	Total Services Paid Directly -- IBNP	247,830	219	120,379	31	112,300	11,792	292	102	2,715	-	-	
	11.3	Total Services Paid through Subcapitation	1,418,022	2,581	655,344	1,217	517,679	226,049	634	1,287	13,232	-	-	
	11.4	Total Services Paid by Settlements/AP	66,307	71	16,554	53	48,434	41	19	-	1,136	-	-	
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	
	<b>11.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>34,994,740</b>	<b>26,363</b>	<b>15,436,435</b>	<b>39,670</b>	<b>17,270,466</b>	<b>1,261,727</b>	<b>42,919</b>	<b>21,938</b>	<b>895,223</b>	<b>-</b>	<b>-</b>	
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>34,994,740</b>	<b>26,363</b>	<b>15,436,435</b>	<b>39,670</b>	<b>17,270,466</b>	<b>1,261,727</b>	<b>42,919</b>	<b>21,938</b>	<b>895,223</b>	<b>-</b>	<b>-</b>	
	<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			JANUARY - MARCH (Q1)										
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	1,541,995	1,541,995	-									
	12.2	Administrative Services	4,061,484	114,810	3,946,674									
	12.3	Information Systems	1,163,537	176,868	986,669									
	12.4	Marketing Expenses	-	-	-									
	12.5	General Administration	295,851	295,851	-									
	12.6	Compliance/Regulatory	521,118	521,118	-									
	<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>7,583,985</b>	<b>2,650,642</b>	<b>4,933,343</b>									
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-											
	13.2	Department of Insurance Assessments	-											
	13.3	Section 9010 Health Insurance Providers Fee	-											
	13.4	Other 1	-											
	13.5	Other 2	-											
	13.6	Other 3	-											
	<b>13.7</b>	<b>Total</b>	<b>-</b>											
14.0	Grand Total Expenses	42,578,725												
<b>15.0</b>	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>15,464,464</b>												
16.0	Income Tax Expense	2,705,037												
<b>17.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>\$ 12,759,427</b>												

Notes

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 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
<b>MEMBER MONTHS</b>			84,954	228.0	55,734.0	49.0	22,592.0	5,703.0	55.0	34.0	559.0	-	-	-
<b>REVENUES</b>														
Revenues	1.1	Capitation	\$ 54,844,351	\$ 46,754	\$ 24,264,984	\$ 50,998	\$ 26,862,730	\$ 1,691,758	\$ 32,566	\$ 6,241	\$ 1,888,318	\$ -	\$ -	\$ -
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	625,227	-	580,461	-	44,765	-	-	-	-	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	122,167	-	-	-	-	121,953	-	213	-	-	-	-
	1.7	<b>Total Revenue</b>	<b>55,591,745</b>	<b>46,754</b>	<b>24,845,445</b>	<b>50,998</b>	<b>26,907,495</b>	<b>1,813,711</b>	<b>32,566</b>	<b>6,454</b>	<b>1,888,318</b>	-	-	-
	<b>BENEFIT EXPENSES</b>													
Hospital Services	2.1	Inpatient FFS	5,661,102	31,790	2,401,334	3,270	2,990,680	88,032	-	-	145,996	-	-	-
	2.2	Ending IBNP for Inpatient Hospital Services	84,038	472	35,648	49	44,396	1,307	-	-	2,167	-	-	-
	2.3	Outpatient FFS: ER	2,817,505	5,877	1,794,712	312	958,213	20,052	1,055	83	37,203	-	-	-
	2.4	Outpatient FFS: Other than ER	1,175,790	508	539,019	-	612,054	17,086	-	24	7,098	-	-	-
	2.5	Ending IBNP for Outpatient Hospital Services	48,671	78	28,444	4	19,139	453	13	1	540	-	-	-
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	24,603	-	-	26	23,433	-	-	-	1,144	-	-	-
	2.7.1	Transplant Services	12,204	-	-	-	9,675	-	-	-	2,529	-	-	-
	2.8	<b>Total Hospital Services</b>	<b>9,823,913</b>	<b>38,725</b>	<b>4,799,157</b>	<b>3,661</b>	<b>4,657,590</b>	<b>126,930</b>	<b>1,068</b>	<b>108</b>	<b>196,677</b>	-	-	-
	Professional Services	3.1	Primary Care FFS	3,516,607	14,584	1,856,156	1,364	1,536,526	65,667	892	103	41,315	-	-
3.2		Specialty Care FFS	46,938	(15)	11,220	(68)	32,824	3,656	(3)	(80)	(597)	-	-	-
3.3		Other Professional FFS	156,560	235	103,411	60	49,577	1,314	-	-	1,965	-	-	-
3.4		§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
3.5		Subcapitated Professional Services	372,675	899	249,300	194	101,590	17,678	281	112	2,620	-	-	-
3.6		Ending IBNP for Professional Services	45,565	181	24,121	17	19,836	868	11	1	530	-	-	-
3.7		Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
3.8		<b>Total Physician Services</b>	<b>4,138,345</b>	<b>15,884</b>	<b>2,244,208</b>	<b>1,567</b>	<b>1,740,353</b>	<b>89,183</b>	<b>1,181</b>	<b>136</b>	<b>45,833</b>	-	-	-
Maternity Services	4.1.1	Maternity Services	440,454	-	396,856	-	43,598	-	-	-	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	5,368	-	4,837	-	531	-	-	-	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity Services</b>	<b>445,822</b>	-	<b>401,693</b>	-	<b>44,129</b>	-	-	-	-	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	4,297,839	-	1,792,115	-	2,288,123	135,886	5,566	714	75,435	-	-	-
	5.2	Mental Health & Substance Abuse Subcapitation	4,248	12	2,803	2	1,073	315	2	2	38	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	53,416	-	22,273	-	28,438	1,689	69	9	938	-	-	-
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>4,355,503</b>	<b>12</b>	<b>1,817,191</b>	<b>2</b>	<b>2,317,634</b>	<b>137,890</b>	<b>5,637</b>	<b>725</b>	<b>76,411</b>	-	-	-
Dental	6.1	Dental FFS	1,572	-	1,572	-	-	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>Total Dental Services</b>	<b>1,572</b>	-	<b>1,572</b>	-	-	-	-	-	-	-	-	-
	Transportation	7.1	Transportation FFS	400,843	1,102	138,738	-	225,572	28,991	331	79	6,031	-	-
7.2		Transportation Subcapitation	714,286	757	184,775	754	347,784	170,428	182	1,001	8,605	-	-	-
7.3		Ending IBNP for Transportation	4,885	13	1,691	-	2,749	353	4	1	73	-	-	-
7.4		Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
7.5		<b>Total Transportation Services</b>	<b>1,120,014</b>	<b>1,872</b>	<b>325,204</b>	<b>754</b>	<b>576,105</b>	<b>199,772</b>	<b>517</b>	<b>1,081</b>	<b>14,709</b>	-	-	-
Pharmacy		8.1	Prescription Drugs FFS	11,327,083	7,686	4,101,147	52,049	6,448,338	72,932	1,377	10,254	633,301	-	-
	8.2	Hepatitis C Prescription Drug FFS	227,224	-	125,886	-	93,875	-	-	-	7,463	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	(36,150)	(25)	(13,089)	(166)	(20,580)	(233)	(4)	(33)	(2,021)	-	-	-
	8.5	Ending accrual for Rebates receivable	(2,843)	(2)	(1,029)	(13)	(1,619)	(18)	-	(3)	(159)	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	37,960	60	14,626	49	22,627	24	14	-	560	-	-	-
	8.8	<b>Total Prescription Drugs</b>	<b>11,553,274</b>	<b>7,719</b>	<b>4,227,541</b>	<b>51,919</b>	<b>6,542,641</b>	<b>72,705</b>	<b>1,387</b>	<b>10,218</b>	<b>639,144</b>	-	-	-

Notes

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 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	LTC Dual Eligible	LTC Medicaid Only
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	185,256	-	91,030	-	66,437	25,356	-	-	2,433	-	-
	9.2	Hospice FFS	417,576	-	39,486	-	229,644	148,446	-	-	-	-	-
	9.2.1	Nursing Facility FFS	333,595	5,590	6,089	-	103,035	218,880	-	-	-	-	-
	9.3	DME FFS	73,738	-	32,093	-	39,915	1,728	-	3	-	-	-
	9.4	Other State Plan Services FFS	1,114,840	1,976	609,794	391	414,995	66,450	54	259	20,921	-	-
	9.5	Other Services Subcapitation	307,497	848	202,935	174	77,704	22,766	141	172	2,756	-	-
	9.6	Ending IBNP for Other Services	25,731	92	9,377	5	10,364	5,606	1	3	284	-	-
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	9.8	<b>Total Other Services</b>	<b>2,458,233</b>	<b>8,506</b>	<b>990,804</b>	<b>570</b>	<b>942,094</b>	<b>489,232</b>	<b>196</b>	<b>437</b>	<b>26,394</b>	-	-
Expanded Benefits	10.1	Expanded Benefits FFS	378,786	304	144,868	-	168,792	62,059	53	103	2,608	-	-
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	4,617	4	1,766	-	2,057	756	1	1	32	-	-
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	10.5	<b>Total Expanded Benefits</b>	<b>383,403</b>	<b>308</b>	<b>146,634</b>	-	<b>170,849</b>	<b>62,815</b>	<b>54</b>	<b>104</b>	<b>2,640</b>	-	-
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	32,546,520	69,609	14,171,408	57,198	16,289,674	956,283	9,320	11,507	981,520	-	-
	11.2	Total Services Paid Directly -- IBNP	272,292	839	128,156	74	127,511	11,032	98	17	4,564	-	-
	11.3	Total Services Paid through Subcapitation	1,398,705	2,516	639,814	1,125	528,151	211,187	607	1,288	14,019	-	-
	11.4	Total Services Paid by Settlements	62,563	60	14,626	75	46,060	24	14	-	1,704	-	-
	11.5	TPL & Fraud/Abuse Recoveries	(6)	(6)	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-
	11.7	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>34,280,074</b>	<b>73,018</b>	<b>14,954,004</b>	<b>58,472</b>	<b>16,991,396</b>	<b>1,178,526</b>	<b>10,039</b>	<b>12,812</b>	<b>1,001,807</b>	-	-
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-
	11.11	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>34,280,074</b>	<b>73,018</b>	<b>14,954,004</b>	<b>58,472</b>	<b>16,991,396</b>	<b>1,178,526</b>	<b>10,039</b>	<b>12,812</b>	<b>1,001,807</b>	-	-
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			APRIL - JUNE (Q2)										
			Total	Health Plan	Corporate								
Administrative Expenses	12.1	Salaries & Benefits	1,578,806	1,578,806	-								
	12.2	Administrative Services	4,367,021	116,986	4,250,035								
	12.3	Information Systems	1,214,958	152,449	1,062,509								
	12.4	Marketing Expenses	-	-	-								
	12.5	General Administration	293,515	293,515	-								
	12.6	Compliance/Regulatory	549,134	549,134	-								
	12.7	<b>Total Administrative Expenses</b>	<b>8,003,434</b>	<b>2,690,890</b>	<b>5,312,544</b>								
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-								
	13.2	Department of Insurance Assessments	-	-	-								
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-								
	13.4	Other 1	-	-	-								
	13.5	Other 2	-	-	-								
	13.6	Other 3	-	-	-								
	13.7	<b>Total</b>	-	-	-								
14.0	Grand Total Expenses	42,283,508											
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	13,308,237											
16.0	Income Tax Expense	2,454,180											
17.0	<b>Net Underwriting Gain (Loss)</b>	<b>\$ 10,854,057</b>											

Notes

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

**Summary**

			JULY - SEPTEMBER (Q3)												
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only	
<b>MEMBER MONTHS</b>			73,408	164	45,552	46	21,854	5,170	38	31	552	-	1	-	
<b>REVENUES</b>															
Revenues	1.1	Capitation	\$ 49,532,789	\$ 33,392	\$ 19,862,621	\$ 48,159	\$ 26,162,241	\$ 1,533,134	\$ 21,099	\$ 5,822	\$ 1,866,184	\$ -	\$ 136	\$ -	
	1.2.1	Pharmacy Drug High Risk Pool	139,747	93,676	-	-	46,071	-	-	-	-	-	-	-	
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	
	1.4.1	Maternity Kick Payments	720,576	10,912	683,754	-	25,910	-	-	-	-	-	-	-	
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-	
	1.6	Other Revenue	95,420	-	-	-	-	95,213	-	207	-	-	-	-	
	1.7	<b>Total Revenue</b>	<b>50,488,532</b>	<b>137,980</b>	<b>20,546,375</b>	<b>48,159</b>	<b>26,234,222</b>	<b>1,628,347</b>	<b>21,099</b>	<b>6,029</b>	<b>1,866,184</b>	<b>-</b>	<b>136</b>	<b>-</b>	
	<b>BENEFIT EXPENSES</b>														
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only	
Hospital Services	2.1	Inpatient FFS	4,637,541	-	1,974,574	-	2,454,383	61,156	-	-	147,428	-	-	-	
	2.2	Ending IBNP for Inpatient Hospital Services	88,695	-	37,764	-	46,941	1,170	-	-	2,820	-	-	-	
	2.3	Outpatient FFS: ER	2,352,428	5,133	1,387,298	-	896,800	17,371	202	-	45,624	-	-	-	
	2.4	Outpatient FFS: Other than ER	1,070,045	623	614,245	-	427,786	9,559	-	79	17,753	-	-	-	
	2.5	Ending IBNP for Outpatient Hospital Services	51,114	86	29,893	-	19,783	402	3	1	947	-	-	-	
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	
	2.7	Hospital Settlements/AP	758	-	758	-	-	-	-	-	-	-	-	-	
	2.7.1	Transplant Services	94,341	-	-	-	94,341	-	-	-	-	-	-	-	
	2.8	<b>Total Hospital Services</b>	<b>8,294,922</b>	<b>5,842</b>	<b>4,044,532</b>	<b>-</b>	<b>3,940,034</b>	<b>89,658</b>	<b>205</b>	<b>80</b>	<b>214,572</b>	<b>-</b>	<b>-</b>	<b>-</b>	
Professional Services	3.1	Primary Care FFS	2,835,392	4,420	1,416,019	179	1,301,885	54,903	284	154	57,549	-	-	-	
	3.2	Specialty Care FFS	67,175	(5)	7,704	(67)	48,314	8,667	(4)	(6)	2,573	-	-	-	
	3.3	Other Professional FFS	140,907	139	85,720	-	51,972	454	23	40	2,559	-	-	-	
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-	
	3.5	Subcapitated Professional Services	330,720	539	203,578	190	108,330	15,481	245	95	2,263	-	-	-	
	3.6	Ending IBNP for Professional Services	45,725	68	22,666	3	21,066	966	5	3	949	-	-	-	
	3.7	Professional Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	3.8	<b>Total Physician Services</b>	<b>3,419,919</b>	<b>5,161</b>	<b>1,735,687</b>	<b>305</b>	<b>1,531,567</b>	<b>80,471</b>	<b>553</b>	<b>286</b>	<b>65,893</b>	<b>-</b>	<b>-</b>	<b>-</b>	
Maternity Services	4.1.1	Maternity Services	516,451	5,650	495,517	-	15,284	-	-	-	-	-	-	-	
	4.2.1	Ending IBNP for Maternity Services	7,713	84	7,400	-	228	-	-	-	-	-	-	-	
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	4.4.1	<b>Total Maternity Services</b>	<b>524,164</b>	<b>5,734</b>	<b>502,917</b>	<b>-</b>	<b>15,512</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
Mental Health	5.1	Mental Health & Substance Abuse FFS	3,683,517	-	1,348,597	-	2,032,774	171,398	1,281	1,949	127,518	-	-	-	
	5.2	Mental Health & Substance Abuse Subcapitation	3,671	9	2,290	2	1,053	278	2	2	35	-	-	-	
	5.3	Ending IBNP for Mental Health & Substance Abuse	55,862	-	20,452	-	30,828	2,599	19	30	1,934	-	-	-	
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>3,743,050</b>	<b>9</b>	<b>1,371,339</b>	<b>2</b>	<b>2,064,655</b>	<b>174,275</b>	<b>1,302</b>	<b>1,981</b>	<b>129,487</b>	<b>-</b>	<b>-</b>	<b>-</b>	
Dental	6.1	Dental FFS	3,117	-	2,295	-	822	-	-	-	-	-	-	-	
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-	
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	6.5	<b>Total Dental Services</b>	<b>3,117</b>	<b>-</b>	<b>2,295</b>	<b>-</b>	<b>822</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
	Transportation	7.1	Transportation FFS	329,659	-	108,218	-	189,595	23,745	-	-	8,101	-	-	-
7.2		Transportation Subcapitation	633,392	521	145,038	599	283,595	195,137	121	1,176	7,166	-	38	-	
7.3		Ending IBNP for Transportation	4,923	-	1,616	-	2,832	355	-	-	121	-	-	-	
7.4		Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
7.5		<b>Total Transportation Services</b>	<b>967,974</b>	<b>521</b>	<b>254,872</b>	<b>599</b>	<b>476,022</b>	<b>219,237</b>	<b>121</b>	<b>1,176</b>	<b>15,388</b>	<b>-</b>	<b>38</b>	<b>-</b>	
Pharmacy		8.1	Prescription Drugs FFS	10,626,673	2,212	3,297,830	53,243	6,491,452	119,867	1,617	1,109	659,342	-	-	-
		8.2	Hepatitis C Prescription Drug FFS	287,491	-	139,140	-	133,426	-	-	-	14,925	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	
	8.4	Prescription Drug Rebates	(32,166)	(7)	(9,982)	(161)	(19,649)	(363)	(5)	(3)	(1,996)	-	-	-	
	8.5	Ending accrual for Rebates receivable	(350)	-	(109)	(2)	(214)	(4)	-	-	(22)	-	-	-	
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	
	8.7	Prescription Drug Settlements/AP	24,034	28	7,666	33	15,849	51	6	-	400	-	-	-	
	8.8	<b>Total Prescription Drugs</b>	<b>10,905,682</b>	<b>2,233</b>	<b>3,434,545</b>	<b>53,113</b>	<b>6,620,864</b>	<b>119,551</b>	<b>1,618</b>	<b>1,106</b>	<b>672,649</b>	<b>-</b>	<b>-</b>	<b>-</b>	

**Notes**

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

Summary

			JULY - SEPTEMBER (Q3)										
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	162,513	-	69,537	-	67,584	23,066	-	-	2,326	-	-
	9.2	Hospice FFS	378,229	-	13,167	-	219,802	133,753	-	-	11,506	-	-
	9.2.1	Nursing Facility FFS	370,746	-	3,552	-	157,101	210,093	-	-	-	-	-
	9.3	DME FFS	85,460	-	16,057	-	62,212	2,086	-	3	5,101	-	-
	9.4	Other State Plan Services FFS	936,602	1,240	487,798	144	373,479	53,796	131	60	19,955	-	-
	9.5	Other Services Subcapitation	265,741	619	165,755	167	76,261	20,138	127	145	2,528	-	-
	9.6	Ending IBNP for Other Services	28,670	18	8,684	2	13,084	6,300	2	1	579	-	-
	9.7	Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	9.8	<b>Total Other Services</b>	<b>2,227,961</b>	<b>1,877</b>	<b>764,550</b>	<b>313</b>	<b>969,523</b>	<b>449,232</b>	<b>260</b>	<b>209</b>	<b>41,995</b>	-	-
Expanded Benefits	10.1	Expanded Benefits FFS	191,956	199	97,715	-	85,954	4,222	55	73	3,738	-	-
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	2,867	3	1,459	-	1,284	63	1	1	56	-	-
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	10.5	<b>Total Expanded Benefits</b>	<b>194,823</b>	<b>202</b>	<b>99,174</b>	-	<b>87,238</b>	<b>4,285</b>	<b>56</b>	<b>74</b>	<b>3,794</b>	-	-
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	28,737,727	19,604	11,554,893	53,335	15,085,103	893,769	3,584	3,457	1,123,982	-	-
	11.2	Total Services Paid Directly -- IBNP	285,569	259	129,936	5	136,045	11,854	30	36	7,405	-	-
	11.3	Total Services Paid through Subcapitation	1,233,523	1,688	516,661	957	469,239	231,034	494	1,419	11,993	-	38
	11.4	Total Services Paid by Settlements/AP	24,792	28	8,424	33	15,849	51	6	-	400	-	-
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.6.2	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-
	11.7	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>30,281,611</b>	<b>21,579</b>	<b>12,209,914</b>	<b>54,330</b>	<b>15,706,236</b>	<b>1,136,708</b>	<b>4,114</b>	<b>4,912</b>	<b>1,143,780</b>	-	<b>38</b>
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-
11.11	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>30,281,611</b>	<b>21,579</b>	<b>12,209,914</b>	<b>54,330</b>	<b>15,706,236</b>	<b>1,136,708</b>	<b>4,114</b>	<b>4,912</b>	<b>1,143,780</b>	-	<b>38</b>	
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			JULY - SEPTEMBER (Q3)										
			Total	Health Plan	Corporate								
Administrative Expenses	12.1	Salaries & Benefits	1,535,121	1,535,121	-								
	12.2	Administrative Services	3,929,444	90,322	3,839,122								
	12.3	Information Systems	968,332	8,551	959,780								
	12.4	Marketing Expenses	29	29	-								
	12.5	General Administration	137,886	137,886	-								
	12.6	Compliance/Regulatory	756,161	756,161	-								
	12.7	<b>Total Administrative Expenses</b>	<b>7,326,973</b>	<b>2,528,070</b>	<b>4,798,902</b>								
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-								
	13.2	Department of Insurance Assessments	-	-	-								
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-								
	13.4	Other 1	-	-	-								
	13.5	Other 2	-	-	-								
	13.6	Other 3	-	-	-								
	13.7	<b>Total</b>	-	-	-								
14.0	Grand Total Expenses	37,608,584											
15.0	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>12,879,948</b>											
16.0	Income Tax Expense	3,424,367											
17.0	<b>Net Underwriting Gain (Loss)</b>	<b>\$ 9,455,581</b>											

Notes

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(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

Summary

			OCTOBER - DECEMBER (Q4)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>			67,315	129.0	39,373.0	48.0	21,960.0	5,136.0	36.0	37.0	595.0	1	-	-
<b>REVENUES</b>														
Revenues	1.1	Capitation	\$ 43,265,551	\$ 28,537	\$ 16,755,610	\$ 46,980	\$ 22,892,536	\$ 1,683,220	\$ 21,415	\$ 8,235	\$ 1,800,838	\$ 28,180	\$ -	\$ -
	1.2.1	Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3	Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1	Maternity Kick Payments	829,369	3,617	767,434	-	50,513	-	-	-	7,805	-	-	-
	1.5	ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6	Other Revenue	95,038	-	-	-	-	94,768	-	-	270	-	-	-
	1.7	<b>Total Revenue</b>	<b>44,189,958</b>	<b>32,154</b>	<b>17,523,044</b>	<b>46,980</b>	<b>22,943,049</b>	<b>1,777,988</b>	<b>21,415</b>	<b>8,505</b>	<b>1,808,643</b>	<b>28,180</b>	-	-
<b>BENEFIT EXPENSES</b>														
			OCTOBER - DECEMBER (Q4)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1	Inpatient FFS	4,188,694	-	1,420,619	-	2,642,181	39,968	-	2,563	83,363	-	-	-
	2.2	Ending IBNP for Inpatient Hospital Services	353,822	-	120,001	-	223,187	3,376	-	217	7,042	-	-	-
	2.3	Outpatient FFS: ER	2,043,852	3,733	1,173,233	1,063	816,413	16,205	252	196	32,756	-	-	-
	2.4	Outpatient FFS: Other than ER	883,362	774	434,046	-	432,733	8,125	-	20	7,664	-	-	-
	2.5	Ending IBNP for Outpatient Hospital Services	160,247	247	87,989	58	68,383	1,332	14	12	2,213	-	-	-
	2.6	Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7	Hospital Settlements/AP	632	-	632	-	-	-	-	-	-	-	-	-
	2.7.1	Transplant Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.8	<b>Total Hospital Services</b>	<b>7,630,609</b>	<b>4,754</b>	<b>3,236,520</b>	<b>1,121</b>	<b>4,182,897</b>	<b>69,006</b>	<b>266</b>	<b>3,008</b>	<b>133,038</b>	-	-	-
Professional Services	3.1	Primary Care FFS	2,852,789	3,775	1,272,639	299	1,493,921	36,173	143	1,450	44,257	132	-	-
	3.2	Specialty Care FFS	84,962	(4)	11,437	(44)	68,820	1,713	(4)	(18)	3,062	-	-	-
	3.3	Other Professional FFS	134,843	231	73,649	-	57,954	1,090	163	-	1,757	-	-	-
	3.4	§ 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5	Subcapitated Professional Services	297,407	390	180,069	194	99,172	15,076	265	98	2,137	2	2	-
	3.6	Ending IBNP for Professional Services	169,085	219	74,724	16	89,129	2,166	17	79	2,728	7	-	-
	3.7	Professional Settlements/AP	1	1	-	-	-	-	-	-	-	-	-	-
	3.8	<b>Total Physician Services</b>	<b>3,539,087</b>	<b>4,612</b>	<b>1,612,518</b>	<b>465</b>	<b>1,808,996</b>	<b>56,218</b>	<b>584</b>	<b>1,609</b>	<b>53,941</b>	<b>141</b>	<b>2</b>	-
Maternity Services	4.1.1	Maternity Services	567,256	2,451	513,042	-	40,421	3,284	-	8,057	-	-	-	-
	4.2.1	Ending IBNP for Maternity Services	31,054	134	28,086	-	2,213	180	-	441	-	-	-	-
	4.3.1	Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1	<b>Total Maternity Services</b>	<b>598,310</b>	<b>2,585</b>	<b>541,128</b>	-	<b>42,634</b>	<b>3,464</b>	-	<b>8,498</b>	-	-	-	-
Mental Health	5.1	Mental Health & Substance Abuse FFS	3,605,845	-	1,396,706	-	1,876,230	205,733	352	16,586	110,238	-	-	-
	5.2	Mental Health & Substance Abuse Subcapitation	3,366	7	1,977	2	1,072	269	2	2	34	-	-	-
	5.3	Ending IBNP for Mental Health & Substance Abuse	192,065	-	74,396	-	99,937	10,958	19	883	5,872	-	-	-
	5.4	Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5	<b>Total Mental Health &amp; Substance Abuse Services</b>	<b>3,801,276</b>	<b>7</b>	<b>1,473,079</b>	<b>2</b>	<b>1,977,239</b>	<b>216,960</b>	<b>373</b>	<b>17,471</b>	<b>116,144</b>	-	-	-
Dental	6.1	Dental FFS	2,627	-	-	-	2,627	-	-	-	-	-	-	-
	6.2	Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	6.3	Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-
	6.4	Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	6.5	<b>Total Dental Services</b>	<b>2,627</b>	-	-	-	<b>2,627</b>	-	-	-	-	-	-	-
Transportation	7.1	Transportation FFS	276,350	-	82,334	-	168,895	17,433	-	276	7,411	-	-	-
	7.2	Transportation Subcapitation	656,925	494	150,462	627	287,199	208,729	137	1,487	7,777	13	-	-
	7.3	Ending IBNP for Transportation	15,128	-	4,507	-	9,246	954	-	15	406	-	-	-
	7.4	Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5	<b>Total Transportation Services</b>	<b>948,403</b>	<b>494</b>	<b>237,303</b>	<b>627</b>	<b>465,340</b>	<b>227,116</b>	<b>137</b>	<b>1,778</b>	<b>15,594</b>	<b>13</b>	-	-
Pharmacy	8.1	Prescription Drugs FFS	9,945,638	1,849	3,149,245	36,486	6,060,175	100,973	1,809	3,120	591,883	99	-	-
	8.2	Hepatitis C Prescription Drug FFS	212,788	-	133,838	-	54,400	-	-	-	24,549	-	-	-
	8.3	Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4	Prescription Drug Rebates	-	-	-	-	-	-	-	-	-	-	-	-
	8.5	Ending accrual for Rebates receivable	(32,198)	(6)	(10,195)	(118)	(19,619)	(327)	(6)	(10)	(1,916)	-	-	-
	8.6	Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7	Prescription Drug Settlements/AP	35,991	39	11,767	51	23,343	146	11	1	632	1	-	-
	8.8	<b>Total Prescription Drugs</b>	<b>10,162,219</b>	<b>1,882</b>	<b>3,284,655</b>	<b>36,419</b>	<b>6,118,299</b>	<b>100,792</b>	<b>1,814</b>	<b>3,111</b>	<b>615,148</b>	<b>100</b>	-	-

Notes

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

(Continued)



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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 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
Other Services	9.1	Home Health, Private Duty Nursing, Personal Care FFS	143,617	-	27,410	-	64,024	23,686	-	-	2,460	26,036	-
	9.2	Hospice FFS	354,258	-	6,218	-	191,975	143,266	-	-	12,799	-	-
	9.2.1	Nursing Facility FFS	351,125	-	3,218	-	172,129	175,779	-	-	-	-	-
	9.3	DME FFS	60,994	-	30,049	-	29,034	1,911	-	-	-	-	-
	9.4	Other State Plan Services FFS	890,855	1,075	455,036	271	362,213	54,044	152	138	17,925	-	-
	9.5	Other Services Subcapitation	243,628	509	143,104	174	77,589	19,483	152	151	2,459	4	4
	9.6	Ending IBNP for Other Services	98,332	58	28,424	15	44,773	21,806	8	7	1,814	1,425	-
	9.7	Other Service Settlements/AP	11,267	22	6,590	8	3,676	860	6	6	100	-	-
	<b>9.8</b>	<b>Total Other Services</b>	<b>2,154,076</b>	<b>1,664</b>	<b>700,049</b>	<b>468</b>	<b>945,413</b>	<b>440,835</b>	<b>318</b>	<b>302</b>	<b>37,557</b>	<b>27,465</b>	<b>4</b>
Expanded Benefits	10.1	Expanded Benefits FFS	200,646	75	104,317	-	84,667	4,487	50	328	6,722	-	-
	10.2	Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-
	10.3	Ending IBNP for Expanded Benefits	10,984	4	5,711	-	4,635	246	3	18	368	-	-
	10.4	Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-
	<b>10.5</b>	<b>Total Expanded Benefits</b>	<b>211,630</b>	<b>79</b>	<b>110,028</b>	<b>-</b>	<b>89,302</b>	<b>4,733</b>	<b>53</b>	<b>346</b>	<b>7,090</b>	<b>-</b>	<b>-</b>
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	26,768,304	13,953	10,276,844	37,957	14,599,193	833,543	2,911	24,649	952,987	26,266	-
	11.2	Total Services Paid Directly -- IBNP	1,030,718	663	423,837	89	541,503	41,018	60	1,232	20,883	1,433	-
	11.3	Total Services Paid through Subcapitation	1,201,325	1,400	475,612	998	465,032	243,557	557	1,737	12,407	19	6
	11.4	Total Services Paid by Settlements	47,890	60	18,989	59	27,019	1,006	17	7	732	1	-
	11.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-
	<b>11.7</b>	<b>Subtotal Benefit Expense before Reinsurance</b>	<b>29,048,237</b>	<b>16,076</b>	<b>11,195,282</b>	<b>39,103</b>	<b>15,632,747</b>	<b>1,119,124</b>	<b>3,545</b>	<b>27,625</b>	<b>987,009</b>	<b>27,719</b>	<b>6</b>
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-
	<b>11.11</b>	<b>Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>29,048,237</b>	<b>16,076</b>	<b>11,195,282</b>	<b>39,103</b>	<b>15,632,747</b>	<b>1,119,124</b>	<b>3,545</b>	<b>27,625</b>	<b>987,009</b>	<b>27,719</b>	<b>6</b>
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>			OCTOBER - DECEMBER (Q4)										
			Total	Health Plan	Corporate								
Administrative Expenses	12.1	Salaries & Benefits	1,554,230	1,554,230	-								
	12.2	Administrative Services	3,628,176	107,737	3,520,439								
	12.3	Information Systems	961,668	81,558	880,110								
	12.4	Marketing Expenses	16	16	-								
	12.5	General Administration	294,898	294,898	-								
	12.6	Compliance/Regulatory	208,147	208,147	-								
	<b>12.7</b>	<b>Total Administrative Expenses</b>	<b>6,647,135</b>	<b>2,246,586</b>	<b>4,400,549</b>								
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-								
	13.2	Department of Insurance Assessments	-	-	-								
	13.3	Section 9010 Health Insurance Providers Fee	-	-	-								
	13.4	Other 1	-	-	-								
	13.5	Other 2	-	-	-								
	13.6	Other 3	-	-	-								
<b>13.7</b>	<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>									
14.0	Grand Total Expenses	35,695,372											
<b>15.0</b>	<b>Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations</b>	<b>8,494,586</b>											
16.0	Income Tax Expense	981,749											
<b>17.0</b>	<b>Net Underwriting Gain (Loss)</b>	<b>\$ 7,512,837</b>											

Notes

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

Summary

		Prior Calendar Year Adjustments	TOTAL (TO DATE)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
<b>MEMBER MONTHS</b>		(126)	314,963	777	200,306	192	89,174	22,075	197	135	2,231	1	1	-
<b>REVENUES</b>														
Revenues	1.1 Capitation	\$ 690,145	\$205,525,390	\$ 161,180	\$ 86,998,873	\$ 197,148	\$ 103,275,582	\$ 6,708,737	\$ 110,907	\$ 26,416	\$ 7,328,086	\$ 28,180	\$ 136	\$ -
	1.2.1 Pharmacy Drug High Risk Pool	-	139,747	93,676	-	-	46,071	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	3,868	2,890,112	14,529	2,724,074	-	139,836	-	-	-	7,805	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	124,448	576,631	12	2,874	2	1,097	447,283	3	887	25	-	-	-
	1.7 <b>Total Revenue</b>	<b>818,460</b>	<b>209,131,879</b>	<b>269,397</b>	<b>89,725,821</b>	<b>197,150</b>	<b>103,462,586</b>	<b>7,156,020</b>	<b>110,910</b>	<b>27,303</b>	<b>7,335,916</b>	<b>28,180</b>	<b>136</b>	<b>-</b>
	<b>BENEFIT EXPENSES</b>													
Hospital Services	2.1 Inpatient FFS	290,129	20,464,523	31,790	7,910,383	3,270	11,460,513	278,369	30,285	2,563	457,221	-	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	(1,998,650)	(1,440,505)	472	205,154	49	333,260	6,349	168	217	12,476	-	-	-
	2.3 Outpatient FFS: ER	(321,275)	9,643,082	21,738	6,106,712	2,281	3,600,250	78,270	2,216	512	152,378	-	-	-
	2.4 Outpatient FFS: Other than ER	(39,232)	4,322,500	3,487	2,183,074	-	2,088,121	50,089	-	152	36,809	-	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	111,910	424,898	525	177,532	74	127,837	2,718	39	17	4,246	-	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	133,410	184,006	-	1,390	26	47,463	-	-	-	1,717	-	-	-
	2.7.1 Transplant Services	425,957	582,541	-	4,665	-	149,390	-	-	-	2,529	-	-	-
2.8 <b>Total Hospital Services</b>	<b>(1,397,750)</b>	<b>34,181,046</b>	<b>58,012</b>	<b>16,588,910</b>	<b>5,700</b>	<b>17,806,834</b>	<b>415,795</b>	<b>32,708</b>	<b>3,461</b>	<b>667,376</b>	<b>-</b>	<b>-</b>	<b>-</b>	
Professional Services	3.1 Primary Care FFS	137,557	13,375,276	27,566	6,643,083	2,636	6,106,240	270,928	3,539	1,942	181,653	132	-	-
	3.2 Specialty Care FFS	92,694	417,058	(38)	63,041	(235)	234,749	20,804	(16)	303	5,756	-	-	-
	3.3 Other Professional FFS	9,944	609,275	852	370,165	60	214,868	4,440	382	113	8,451	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	156	1,349,698	2,613	872,207	858	396,427	66,655	1,036	421	9,321	2	2	-
	3.6 Ending IBNP for Professional Services	40,449	358,593	535	151,384	47	155,604	5,637	65	94	4,771	7	-	-
	3.7 Professional Settlements/AP	168,220	168,221	1	-	-	-	-	-	-	-	-	-	-
	3.8 <b>Total Physician Services</b>	<b>449,020</b>	<b>16,278,121</b>	<b>31,529</b>	<b>8,099,880</b>	<b>3,366</b>	<b>7,107,888</b>	<b>368,464</b>	<b>5,006</b>	<b>2,873</b>	<b>209,952</b>	<b>141</b>	<b>2</b>	<b>-</b>
Maternity Services	4.1.1 Maternity Services	9,698	2,066,593	8,101	1,917,310	-	120,143	3,284	-	-	8,057	-	-	-
	4.2.1 Ending IBNP for Maternity Services	(101,741)	(50,524)	218	47,129	-	3,249	180	-	-	441	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 <b>Total Maternity Services</b>	<b>(92,043)</b>	<b>2,016,069</b>	<b>8,319</b>	<b>1,964,439</b>	<b>3,366</b>	<b>7,107,888</b>	<b>3,464</b>	<b>-</b>	<b>-</b>	<b>8,498</b>	<b>-</b>	<b>-</b>	<b>-</b>
Mental Health	5.1 Mental Health & Substance Abuse FFS	401,906	16,648,438	103	6,549,329	-	8,551,213	734,091	13,277	24,364	374,155	-	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	15,753	41	10,069	8	4,270	1,204	8	8	145	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	(13,131)	349,568	1	143,615	-	190,203	18,157	187	989	9,547	-	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 <b>Total Mental Health &amp; Substance Abuse Services</b>	<b>388,775</b>	<b>17,013,759</b>	<b>145</b>	<b>6,703,013</b>	<b>8</b>	<b>8,745,686</b>	<b>753,452</b>	<b>13,472</b>	<b>25,361</b>	<b>383,847</b>	<b>-</b>	<b>-</b>	<b>-</b>
Dental	6.1 Dental FFS	-	7,316	-	3,867	-	3,449	-	-	-	-	-	-	-
	6.2 Dental Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.3 Ending IBNP for Dental Services	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	6.5 <b>Total Dental Services</b>	<b>-</b>	<b>7,316</b>	<b>-</b>	<b>3,867</b>	<b>-</b>	<b>3,449</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Transportation	7.1 Transportation FFS	(921)	1,396,272	1,295	462,958	276	797,711	106,000	469	1,705	26,779	-	-	-
	7.2 Transportation Subcapitation	-	2,745,711	2,614	676,269	2,737	1,270,235	756,830	663	4,656	31,656	13	38	-
	7.3 Ending IBNP for Transportation	(40,163)	(10,037)	16	9,591	4	17,667	2,138	6	34	670	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	7.5 <b>Total Transportation Services</b>	<b>(41,084)</b>	<b>4,131,946</b>	<b>3,925</b>	<b>1,148,818</b>	<b>3,017</b>	<b>2,085,613</b>	<b>864,968</b>	<b>1,138</b>	<b>6,395</b>	<b>59,105</b>	<b>13</b>	<b>38</b>	<b>-</b>
Pharmacy	8.1 Prescription Drugs FFS	(1,190,084)	41,558,304	18,766	14,657,772	177,981	24,976,409	369,035	7,117	27,437	2,513,772	99	-	-
	8.2 Hepatitis C Prescription Drug FFS	(62,723)	1,069,739	-	635,812	-	442,250	7,463	-	-	46,937	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	(31,839)	(130,724)	(52)	(34,650)	(429)	(57,068)	(808)	(16)	(72)	(5,790)	-	-	-
	8.5 Ending accrual for Rebates receivable	27,779	(9,070)	(9)	(11,885)	(138)	(22,255)	(359)	(6)	(15)	(2,182)	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	139,689	198	50,613	186	86,223	262	50	1	2,155	1	-	-
	8.8 <b>Total Prescription Drugs</b>	<b>(1,256,867)</b>	<b>42,627,938</b>	<b>18,903</b>	<b>15,297,662</b>	<b>177,600</b>	<b>25,425,559</b>	<b>375,593</b>	<b>7,145</b>	<b>27,351</b>	<b>2,554,892</b>	<b>100</b>	<b>-</b>	<b>-</b>

Notes

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

(Continued)

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024

**Summary**

		Prior Calendar Year Adjustments	TOTAL (TO DATE)											
			Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	64,990	715,996	-	253,836	-	263,203	98,332	-	-	9,599	26,036	-	-
	9.2 Hospice FFS	(9,139)	1,458,582	-	96,746	-	843,335	503,335	-	-	24,305	-	-	-
	9.2.1 Nursing Facility FFS	233,156	1,627,043	5,590	19,844	-	567,684	800,769	-	-	-	-	-	-
	9.3 DME FFS	111,363	452,957	-	130,359	-	197,619	8,506	-	9	5,101	-	-	-
	9.4 Other State Plan Services FFS	(16,255)	4,115,848	6,655	2,207,233	1,159	1,575,096	264,417	360	474	76,799	-	-	-
	9.5 Other Services Subcapitation	-	1,140,565	2,916	728,885	692	309,169	87,139	583	645	10,528	4	4	-
	9.6 Ending IBNP for Other Services	50,719	231,541	198	57,229	27	80,050	38,924	11	11	2,947	1,425	-	-
	9.7 Other Service Settlements/AP	-	11,268	22	6,590	8	3,676	860	6	6	100	-	-	-
	<b>9.8 Total Other Services</b>	<b>434,834</b>	<b>9,753,800</b>	<b>15,291</b>	<b>3,500,722</b>	<b>1,886</b>	<b>3,839,832</b>	<b>1,802,282</b>	<b>960</b>	<b>1,145</b>	<b>129,379</b>	<b>27,465</b>	<b>4</b>	<b>-</b>
Expanded Benefits	10.1 Expanded Benefits FFS	78,928	1,136,212	904	477,645	-	453,102	110,478	182	675	14,298	-	-	-
	10.2 Expanded benefits Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	10.3 Ending IBNP for Expanded Benefits	(75,785)	(53,517)	15	10,674	-	9,487	1,593	5	22	472	-	-	-
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>10.5 Total Expanded Benefits</b>	<b>3,143</b>	<b>1,082,695</b>	<b>919</b>	<b>488,319</b>	<b>-</b>	<b>462,589</b>	<b>112,071</b>	<b>187</b>	<b>697</b>	<b>14,770</b>	<b>-</b>	<b>-</b>	<b>-</b>
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	212,633	121,527,762	126,658	50,647,303	186,859	62,566,023	3,707,440	57,789	60,162	3,936,629	26,266	-	-
	11.2 Total Services Paid Directly -- IBNP	(2,026,390)	(189,981)	1,980	802,308	199	917,359	75,696	480	1,387	35,567	1,433	-	-
	11.3 Total Services Paid through Subcapitation	156	5,251,734	8,185	2,287,431	4,297	1,980,101	911,827	2,292	5,731	51,651	19	44	-
	11.4 Total Services Paid by Settlements/AP	301,630	503,182	219	58,593	220	137,362	1,122	56	7	3,972	1	-	-
	11.5 TPL & Fraud/Abuse Recoveries	(513)	(519)	(6)	-	-	-	-	-	-	-	-	-	-
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>11.7 Subtotal Benefit Expense before Reinsurance</b>	<b>(1,512,484)</b>	<b>127,092,178</b>	<b>137,036</b>	<b>53,795,635</b>	<b>191,575</b>	<b>65,600,845</b>	<b>4,696,085</b>	<b>60,617</b>	<b>67,287</b>	<b>4,027,819</b>	<b>27,719</b>	<b>44</b>	<b>-</b>
	11.8 Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.10 Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>11.11 Grand Total Medical Benefit Expense Net of Reinsurance</b>	<b>(1,512,484)</b>	<b>127,092,178</b>	<b>137,036</b>	<b>53,795,635</b>	<b>191,575</b>	<b>65,600,845</b>	<b>4,696,085</b>	<b>60,617</b>	<b>67,287</b>	<b>4,027,819</b>	<b>27,719</b>	<b>44</b>	<b>-</b>
<b>Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees</b>		Prior Calendar Year Adjustments	TOTAL (TO DATE)											
		Total	Health Plan	Corporate										
Administrative Expenses	12.1 Salaries & Benefits	-	6,210,152	6,210,152	-									
	12.2 Administrative Services	-	15,986,126	429,855	15,556,271									
	12.3 Information Systems	-	4,308,494	419,426	3,889,068									
	12.4 Marketing Expenses	-	45	45	-									
	12.5 General Administration	-	1,022,150	1,022,150	-									
	12.6 Compliance/Regulatory	-	2,034,561	2,034,561	-									
	<b>12.7 Total Administrative Expenses</b>	<b>-</b>	<b>29,561,528</b>	<b>10,116,189</b>	<b>19,445,339</b>									
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	13.1 State Premium tax	-	-	-	-									
	13.2 Department of Insurance Assessments	-	-	-	-									
	13.3 Section 9010 Health Insurance Providers Fee	-	-	-	-									
	13.4 Other 1	-	-	-	-									
	13.5 Other 2	-	-	-	-									
	13.6 Other 3	-	-	-	-									
	<b>13.7 Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>									
14.0 Grand Total Expenses	(1,512,484)	156,653,706												
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	2,330,944	52,478,173												
16.0 Income Tax Expense	-	9,565,333												
<b>17.0 Net Underwriting Gain (Loss)</b>	<b>\$ 2,330,944</b>	<b>\$ 42,912,840</b>												

Notes

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

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

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

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024  
 Summary

EXPENSES	Vendor Name	Affiliation	Payment Methodology	JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		PRIOR YEAR ADJUSTMENTS	CALENDAR YEAR TOTAL (TO DATE)	
				MM	Amount	MM	Amount	MM	Amount	MM	Amount	Amount	MM	Amount
Hospital Services	1.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	1.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	1.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	1.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	1.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>1.6 Total Hospital Services</b>													
Professional Services	2.1 Molina Medical Group			-	-	-	-	-	-	-	-	-	-	-
	2.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	2.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	2.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	2.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>2.6 Total Professional Services</b>													
Mental Health	3.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	3.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	3.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	3.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	3.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>3.6 Total Mental Health</b>													
Dental	4.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	4.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	4.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	4.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	4.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>4.6 Total Dental</b>													
Transportation	5.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	5.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	5.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	5.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	5.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>5.6 Total Transportation</b>													
Pharmacy	6.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	6.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	6.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	6.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	6.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>6.6 Total Pharmacy</b>													
Other Services	7.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	7.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	7.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	7.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	7.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>7.6 Total Other Services</b>													
Administrative Expense	8.1 Molina Healthcare, Inc. (MHI)	Direct Parent	Other (please explain)	89,413	4,933,343	84,955	5,312,543	73,408	4,798,902	67,314	4,400,549	-	315,090	19,445,337
	8.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	8.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	8.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	8.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	<b>8.6 Total Administrative Expense</b>				<b>4,933,343</b>		<b>5,312,543</b>		<b>4,798,902</b>		<b>4,400,549</b>			<b>19,445,337</b>
<b>9 Grand Total</b>				<b>4,933,343</b>		<b>5,312,543</b>		<b>4,798,902</b>		<b>4,400,549</b>			<b>19,445,337</b>	

**Notes**

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

Additional lines can be added if the number of related-party vendors exceeds the number of lines listed per service type.

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

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

**ACHIEVED SAVINGS REBATE EXHIBIT**

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024  
 Plan Type: SMI Specialty Plan

		JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)		
		Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	\$ 58,043,189	\$ 58,043,189	\$ -	\$ 55,591,745	\$ 55,591,745	\$ -	\$ 50,488,532	\$ 50,488,532	\$ -
1.2	Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-	-
1.6	<b>Revenue Subject to ASR</b>	<b>58,043,189</b>	<b>58,043,189</b>	-	<b>55,591,745</b>	<b>55,591,745</b>	-	<b>50,488,532</b>	<b>50,488,532</b>	-
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	34,680,603	34,680,603	-	33,945,219	33,945,219	-	29,971,250	29,971,250	-
2.2	Incurred but not Paid (IBNP) Ending Balance	247,830	247,830	-	272,292	272,292	-	285,569	285,569	-
2.3	Settlements/AP	66,307	66,307	-	62,563	62,563	-	24,792	24,792	-
2.4	<u>Total Benefit Expense before Reinsurance</u>	<u>34,994,740</u>	<u>34,994,740</u>	-	<u>34,280,074</u>	<u>34,280,074</u>	-	<u>30,281,611</u>	<u>30,281,611</u>	-
2.5	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.6	<b>Total Benefit Expense after Reinsurance</b>	<b>34,994,740</b>	<b>34,994,740</b>	-	<b>34,280,074</b>	<b>34,280,074</b>	-	<b>30,281,611</b>	<b>30,281,611</b>	-
<b>Administrative Expenses</b>										
3.1	Administrative Expenses from Revenue & Expense Schedule	7,583,985	7,583,985	-	8,003,434	8,003,434	-	7,326,973	7,326,973	-
3.2	Less: Compliance/Regulatory	(521,118)	(521,118)	-	(549,134)	(549,134)	-	(756,161)	(756,161)	-
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-	-
3.5	Less: Reserve Account Contributions	-	-	-	-	-	-	-	-	-
3.6	<b>Administrative Expense Subject to ASR</b>	<b>7,062,867</b>	<b>7,062,867</b>	-	<b>7,454,300</b>	<b>7,454,300</b>	-	<b>6,570,812</b>	<b>6,570,812</b>	-
4.0	Actuarially-sound Administrative Expense Maximum									
5.0	<b>Administrative Expenses Subject to ASR</b>									
6.0	Total Benefit and Administrative Expense subject to ASR									
<b>Calculation of Pre-Tax Income and ASR</b>										
7.1	Pre-tax Income									
7.2	Pre-tax Income as a Percent of Revenue									
7.3	<b>Preliminary Achieved Savings Rebate</b>									

Notes

(Continued)

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

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

**ACHIEVED SAVINGS REBATE EXHIBIT (Continued)**

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024  
 Plan Type: MMA, LTC , Comprehensive

		OCTOBER - DECEMBER (Q4)			PRIOR YEAR ADJUSTMENTS			CALENDER YEAR TOTAL (TO DATE)		
		Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	\$ 44,189,958	\$ 44,189,958	\$ -	\$ 818,460	\$ 818,460	\$ -	\$ 209,131,884	\$ 209,131,884	\$ -
1.2	Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.6	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-	-	-	-
1.8	<b>Revenue Subject to ASR</b>	<b>44,189,958</b>	<b>44,189,958</b>	-	<b>818,460</b>	<b>818,460</b>	-	<b>209,131,884</b>	<b>209,131,884</b>	-
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	27,969,629	27,969,629	-	212,276	212,276	-	126,778,977	126,778,977	-
2.2	Incurred but not Paid (IBNP) Ending Balance	1,030,718	1,030,718	-	(2,026,390)	(2,026,390)	-	(189,981)	(189,981)	-
2.3	Settlements/AP	47,890	47,890	-	301,630	301,630	-	503,182	503,182	-
2.4	Total Benefit Expense before Reinsurance	29,048,237	29,048,237	-	(1,512,484)	(1,512,484)	-	127,092,178	127,092,178	-
2.5	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.6	<b>Total Benefit Expense after Reinsurance</b>	<b>29,048,237</b>	<b>29,048,237</b>	-	<b>(1,512,484)</b>	<b>(1,512,484)</b>	-	<b>127,092,178</b>	<b>127,092,178</b>	-
<b>Administrative Expenses</b>										
3.1	Administrative Expenses from Revenue & Expense Schedule	6,647,135	6,647,135	-	-	-	-	29,561,527	29,561,527	-
3.2	Less: Compliance/Regulatory	(208,147)	(208,147)	-	-	-	-	(2,034,560)	(2,034,560)	-
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-	-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-	-	-	-
3.5	Less: Reserve Account Contributions	-	-	-	-	-	-	-	-	-
3.6	<b>Administrative Expense Subject to ASR</b>	<b>6,438,988</b>	<b>6,438,988</b>	-	-	-	-	<b>27,526,967</b>	<b>27,526,967</b>	-
4.0	Actuarially-sound Administrative Expense Maximum							24,435,703	24,435,703	-
5.0	<b>Administrative Expenses Subject to ASR</b>							<b>24,435,703</b>	<b>24,435,703</b>	-
6.0	Total Benefit and Administrative Expense subject to ASR							\$ 151,527,881	\$ 151,527,881	\$ -
<b>Calculation of Pre-Tax Income and ASR</b>										
7.1	Pre-tax Income							57,604,003	57,604,003	-
7.2	Pre-tax Income as a Percent of Revenue							27.5%	27.5%	0.0%
7.3	<b>Preliminary Achieved Savings Rebate</b>							-	-	-

Notes

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

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

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

**January 2023 through September 2023**

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 1/1/2023-9/30/2023  
 Paid Through: 3/31/2024  
 Plan Type: SMI Specialty Plan

		CALENDER YEAR TOTAL (January 1, 2023 to Sep 30,2023)		
<b>MMA Administrative Expense Maximum</b>		<b>MMA</b>		
1.0	Select your Nationwide Member Enrollment	<b>&gt;500,000</b>		
1.1	Plan Enrollment	<b>4,857,387</b>		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$ 26.02	648	\$ 16,869
	TANF SMI	70.84	160,934	11,400,550
	SSI Medicaid Only Non-SMI	77.42	144	11,164
	SSI Medicaid Only SMI	103.43	67,215	6,952,037
	SSI Dual Eligible	24.04	16,939	407,211
	Child Welfare	66.95	161	10,779
	HIV/AIDS Non-Specialty Medicaid Only	10,985.00	-	-
	HIV/AIDS Specialty Medicaid Only	122.38	1,636	200,238
	HIV/AIDS Dual Eligible	22.15	98	2,162
	LTC Medicaid Only	181.68	-	-
	LTC Dual Eligible	20.89	-	-
	Maternity Kick Payment	251.79	-	-
	Private Duty Nursing	520.71	-	-
	LTC Eligible Kick Payments	-	-	-
1.3	<b>Total MMA Administrative Maximum</b>			<b>\$ 19,001,010</b>
<b>LTC Administrative Expense Maximum</b>		<b>LTC</b>		
2.0	Select your Nationwide Member Enrollment	<b>&lt;100,000</b>		
		Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.1	LTC Program	\$ -	-	-
2.2	<b>Total LTC Administrative Maximum</b>			<b>\$ -</b>

**Instructions**

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

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

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

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

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

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

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

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

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

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

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

**October 1, 2023 through December 31, 2023**

Health Plan: Molina Healthcare of Florida, Inc.  
 Reporting Period: 10/1/2023-12/31/2023  
 Paid Through: 3/31/2024  
 Plan Type: SMI Specialty Plan

		CALENDER YEAR TOTAL (October 1, 2023 -December 31, 2023)		
<b>MMA Administrative Expense Maximum</b>		<b>MMA</b>		
1.0	Select your Nationwide Member Enrollment	<b>&gt;500,000</b>		
1.1	Plan Enrollment	<b>4,651,586</b>		
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$ 32.00	129	\$ 4,134
	TANF SMI	75.72	39,373	2,981,308
	SSI Medicaid Only Non-SMI	76.55	48	3,674
	SSI Medicaid Only SMI	101.08	21,960	2,219,666
	SSI Dual Eligible	30.39	5,136	156,092
	Child Welfare	73.13	36	2,633
	HIV/AIDS Non-Specialty Medicaid Only	97.29	-	-
	HIV/AIDS Specialty Medicaid Only	110.51	595	65,709
	HIV/AIDS Dual Eligible	27.54	37	1,008
	LTC Medicaid Only	174.46	-	-
	LTC Dual Eligible	26.59	-	-
	Maternity Kick Payment	236.47	-	-
	Private Duty Nursing	467.49	1	467
	LTC Eligible Kick Payments	-	-	-
1.3	<b>Total MMA Administrative Maximum</b>			<b>\$ 5,434,693</b>
<b>LTC Administrative Expense Maximum</b>		<b>LTC</b>		
2.0	Select your Nationwide Member Enrollment	<b>&lt;100,000</b>		
		Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.1	LTC Program	-	-	-
2.2	<b>Total LTC Administrative Maximum</b>			<b>\$ -</b>

**Instructions**

Reporting Period: October 1 to December 31 of the Calendar Year  
 Paid Through: For Q4 ASR report, paid through date is December 31.  
 For Annual ASR report, paid through date is March 31 of the following Calendar Year  
 Line 1.0: Please select your nationwide member enrollment size for all lines business for MMA program as of December 31 of the Calendar Year  
 Line 1.1: Report national health plan enrollment across all lines business as of December 31 of the Calendar Year  
 Line 1.2: For Q4 and Annual ASR report, enter the applicable year-to-date member months for the period from October 1 to December 31 of the Calendar Year for the different 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: Molina Healthcare of Florida, Inc.  
 Calendar Year: 12/31/2023  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024  
 Plan Type: SMI Specialty Plan

	JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)			
	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	\$ 58,043,189	\$ 58,043,189	\$ -	\$ 55,591,745	\$ 55,591,745	\$ -	\$ 50,488,532	\$ 50,488,532	\$ -
1.2	Federal Taxes and Assessments, including ACA § 9010	(2,705,037)	(2,705,037)	-	(2,454,180)	(2,454,180)	-	(3,424,367)	(3,424,367)	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5	Revenue Subject to MLR	55,338,152	55,338,152	-	53,137,565	53,137,565	-	47,064,165	47,064,165	-
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS During the Year	33,262,581	33,262,581	-	32,546,514	32,546,514	-	28,737,727	28,737,727	-
2.2	Total Benefits Paid through Subcapitation During the Year	1,144,956	1,144,956	-	1,176,534	1,176,534	-	1,045,873	1,045,873	-
2.3	Incurred but not Paid (IBNP) Ending Balance	247,830	247,830	-	272,292	272,292	-	285,569	285,569	-
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	169	169	-	1,576	1,576	-	4,572	4,572	-
2.5	Settlements/AP	66,307	66,307	-	62,563	62,563	-	24,792	24,792	-
2.6	Total Benefit Expense before Reinsurance	34,721,843	34,721,843	-	34,059,479	34,059,479	-	30,098,533	30,098,533	-
2.7	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.8	Total Benefit Expense after Reinsurance	34,721,843	34,721,843	-	34,059,479	34,059,479	-	30,098,533	30,098,533	-
<b>Florida-Specific Contributions (MLR Only)</b>										
3.1	Funds to Graduate Medical Education institutions	-	-	-	-	-	-	-	-	-
3.2	Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-	-	-	-	-	-
3.3	Total Florida-Specific Contributions	-	-	-	-	-	-	-	-	-
<b>Improving Health Care Quality Expenses Incurred (MLR Only)</b>										
4.1	Improve Health Outcomes	590,493	590,493	-	612,858	612,858	-	620,718	620,718	-
4.2	Activities to Prevent Hospital Readmissions	307,516	307,516	-	319,648	319,648	-	324,611	324,611	-
4.3	Improve Patient Safety and Reducing Medical Errors	184,375	184,375	-	191,641	191,641	-	194,620	194,620	-
4.4	Wellness and Health Promotion Activities	351,447	351,447	-	365,312	365,312	-	370,984	370,984	-
4.5	Health Information Technology (HIT) expenses related to Health Improvement	274,729	274,729	-	285,374	285,374	-	289,772	289,772	-
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	\$ 1,708,560	\$ 1,708,560	-	\$ 1,774,833	\$ 1,774,833	-	\$ 1,800,705	\$ 1,800,705	-
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses (MLR only)	61,608	61,608	-	64,039	64,039	-	65,033	65,033	-
6.0	Preliminary Medical Loss Ratio: MLR	66%	66%	-	68%	68%	-	68%	68%	-

Notes

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

(Continued)

**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)	

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

**MEDICAL LOSS RATIO EXHIBIT (Continued)**

Health Plan: Molina Healthcare of Florida, Inc.  
 Calendar Year: 12/31/2023  
 Reporting Period: 12/31/2023  
 Paid Through: 3/31/2024  
 Plan Type: SMI Specialty Plan

	OCTOBER - DECEMBER (Q4)			PRIOR YEAR ADJUSTMENTS			CALENDER YEAR TOTAL (TO DATE)			
	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	Total	MMA	Long-Term Care	
<b>REVENUES</b>										
1.1	Total Revenue from Revenue & Expense Schedules	\$ 44,189,958	\$ 44,189,958	\$ -	\$ 818,460	\$ 818,460	\$ -	\$ 209,131,884	\$ 209,131,884	\$ -
1.2	Federal Taxes and Assessments, including ACA § 9010	(981,749)	(981,749)	-	-	-	-	(9,565,333)	(9,565,333)	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-	-	-
1.5	Revenue Subject to MLR	43,208,209	43,208,209	-	818,460	818,460	-	199,566,551	199,566,551	-
<b>EXPENSES</b>										
<b>Benefit Expenses</b>										
2.1	Total Benefits Paid through FFS During the Year	26,768,304	26,768,304	-	212,120	212,120	-	121,527,246	121,527,246	-
2.2	Total Benefits Paid through Subcapitation During the Year	1,038,157	1,038,157	-	156	156	-	4,405,676	4,405,676	-
2.3	Incurred but not Paid (IBNP) Ending Balance	1,030,718	1,030,718	-	(2,026,390)	(2,026,390)	-	(189,981)	(189,981)	-
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	5,558	5,558	-	-	-	-	11,875	11,875	-
2.5	Settlements/AP	47,890	47,890	-	301,630	301,630	-	503,182	503,182	-
2.7	Total Benefit Expense before Reinsurance	28,890,627	28,890,627	-	(1,512,484)	(1,512,484)	-	126,257,998	126,257,998	-
2.8	Net Cost of Reinsurance	-	-	-	-	-	-	-	-	-
2.9	Total Benefit Expense after Reinsurance	28,890,627	28,890,627	-	(1,512,484)	(1,512,484)	-	126,257,998	126,257,998	-
<b>Florida-Specific Contributions (MLR Only)</b>										
3.1	Funds to Graduate Medical Education institutions	-	-	-	-	-	-	-	-	-
3.2	Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-	-	-	-	-	-
3.3	Total Florida-Specific Contributions	-	-	-	-	-	-	-	-	-
<b>Improving Health Care Quality Expenses Incurred (MLR Only)</b>										
4.1	Improve Health Outcomes	530,272	530,272	-	-	-	-	2,354,341	2,354,341	-
4.2	Activities to Prevent Hospital Readmissions	280,122	280,122	-	-	-	-	1,231,897	1,231,897	-
4.3	Improve Patient Safety and Reducing Medical Errors	167,988	167,988	-	-	-	-	738,624	738,624	-
4.4	Wellness and Health Promotion Activities	320,140	320,140	-	-	-	-	1,407,883	1,407,883	-
4.5	Health Information Technology (HIT) expenses related to Health Improvement	250,078	250,078	-	-	-	-	1,099,953	1,099,953	-
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	\$ 1,548,600	\$ 1,548,600	-	\$ -	\$ -	-	\$ 6,832,698	\$ 6,832,698	-
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses (MLR only)	56,120	56,120	-	-	-	-	246,800	246,800	-
6.0	Preliminary Medical Loss Ratio: MLR	71%	71%	-	-185%	-185%	-	67%	67%	-

**Notes**

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

**Annual Credibility Adjustment**

7.1	Member Months for Managed Care Plan (MM)		314,963.66	314963.66
7.2	Number of Member Months where MM is rounded down to the nearest annual Member Months (MMa)		192,000.00	
7.3	Number of Member Months where MM is rounded up to the nearest annual Member Months (MMb)		380,000.00	
7.4	Credibility Adjustment Factor for MMa (CAa)		1.5%	
7.5	Credibility Adjustment Factor for MMb (CAb)		1.0%	
7.6	Credibility Adjustment Calculation		1.2%	
7.7	Calculated MLR		67%	
7.8	Final MLR (Apply Credibility Adjustment)		67.99%	