



Auditee: South Florida Community Care Network, LLC

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

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





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PLAN AND PERFORMANCE AUDIT OVERVIEW

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

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

At the request of the Agency, we conducted a performance audit of selected schedules and exhibits of the annual Achieved Savings Rebate (“ASR”) financial report of the Plan for the year ended December 31, 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 29, 2024 to August 28, 2024, and our results, reported herein, are as of August 28, 2024.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

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

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

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

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

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

Scope

The performance audit scope included quarterly and year-to-date amounts reported by the Plan for the year ended December 31, 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.
- 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
 - Verified the mathematical accuracy.

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

- Achieved Savings Rebate Exhibit
 - Verified the mathematical accuracy.
 - Traced amounts reported on the ASR Exhibit to the MMA Revenue and Expense Schedule – Summary or underlying accounting records.
 - Evaluated the proper inclusion/exclusion and classification of certain administrative expenses in accordance with ASR Exhibit instructions.
 - Recalculated the Actuarially Sound Administrative Maximum reported on line 4.0 based on data included in the ASR – Actuarially-Sound Administrative Maximum Calculation exhibit, agreed member months to underlying data, and verified Administrative Maximum (PMPM) with the Agency.
 - Recalculated Preliminary Achieved Savings Rebate reported on line 7.3.

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

RESULTS

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

Party Transaction Schedule – Summary for the year ended December 31, 2023 pursuant to Florida Statute 409.967(3) and the annual ASR financial report instructions.

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

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

	Reported Annual Amount	2	4	5	6	Total Adjustments	Adjusted Annual Amount
MEMBER MONTHS	674,919	-	-	-	-	-	674,919
REVENUES							
1.1 Capitation	\$ 170,183,609	\$ (138,839)	\$ -	\$ -	\$ -	\$ (138,839)	\$ 170,044,770
1.2.1 Pharmacy Drug High Risk Pool	-	-	-	529,539	857,409	1,386,948	1,386,948
1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-
1.4.1 Maternity Kick Payments	3,397,844	-	-	-	-	-	3,397,844
1.5 ACA § 9010 related payments	-	-	-	-	-	-	-
1.6 Other Revenue	1,590,259	-	(534,634)	(529,539)	-	(1,064,173)	526,086
1.7 Total Revenue	\$ 175,171,712	\$ (138,839)	\$ (534,634)	\$ -	\$ 857,409	\$ 183,936	\$ 175,355,648
BENEFIT EXPENSES							
2.1 Inpatient FFS	\$ 24,960,795	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 24,960,795
2.2 Ending IBNP for Inpatient Hospital Services	65,704	-	-	-	-	-	65,704
2.3 Outpatient FFS: ER	6,075,142	-	-	-	-	-	6,075,142
2.4 Outpatient FFS: Other than ER	6,051,069	-	-	-	-	-	6,051,069
2.5 Ending IBNP for Outpatient Hospital Services	(36,626)	-	-	-	-	-	(36,626)
2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-
2.7 Hospital Settlements/AP	5,105,467	-	-	-	-	-	5,105,467
2.7.1 Transplant Services	501,508	-	-	-	-	-	501,508
2.8 Total Hospital Services	42,723,059	-	-	-	-	-	42,723,059
3.1 Primary Care FFS	9,098,299	-	-	-	-	-	9,098,299
3.2 Specialty Care FFS	17,014,330	-	-	-	-	-	17,014,330
3.3 Other Professional FFS	120,180	-	-	-	-	-	120,180
3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-
3.5 Subcapitated Professional Services	15,720,264	-	-	-	-	-	15,720,264
3.6 Ending IBNP for Professional Services	98,080	-	-	-	-	-	98,080
3.7 Professional Settlements/AP	6,851,029	-	-	-	-	-	6,851,029
3.8 Total Physician Services	48,902,182	-	-	-	-	-	48,902,182

(Continued)

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

		Reported	Adjustment Number				Total	Adjusted
		Annual Amount	2	4	5	6	Adjustments	Annual Amount
Maternity Services	4.1.1	\$ 3,169,008	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,169,008
	4.2.1	(32,573)	-	-	-	-	-	(32,573)
	4.3.1	-	-	-	-	-	-	-
	4.4.1	3,136,435	-	-	-	-	-	3,136,435
	5.1	2,637,710	-	-	-	-	-	2,637,710
Mental Health	5.2	-	-	-	-	-	-	-
	5.3	(64,024)	-	-	-	-	-	(64,024)
	5.4	-	-	-	-	-	-	-
	5.5	2,573,686	-	-	-	-	-	2,573,686
	6.1	-	-	-	-	-	-	-
Dental	6.2	-	-	-	-	-	-	-
	6.3	-	-	-	-	-	-	-
	6.4	-	-	-	-	-	-	-
	6.5	-	-	-	-	-	-	-
	7.1	410,095	-	-	-	-	-	410,095
Transportation	7.2	757,682	-	-	-	-	-	757,682
	7.3	(2,342)	-	-	-	-	-	(2,342)
	7.4	-	-	-	-	-	-	-
	7.5	1,165,435	-	-	-	-	-	1,165,435
	8.1	29,978,531	-	-	-	-	-	29,978,531
Pharmacy	8.2	43,492	-	-	-	-	-	43,492
	8.3	-	-	-	-	-	-	-
	8.4	(101,827)	-	-	-	-	-	(101,827)
	8.5	-	-	-	-	-	-	-
	8.6	-	-	-	-	-	-	-
	8.7	-	-	-	-	-	-	-
	8.8	29,920,196	-	-	-	-	-	29,920,196
Other Services	9.1	3,702,953	-	-	-	-	-	3,702,953
	9.2	1,427,742	-	-	-	-	-	1,427,742
	9.2.1	927,316	-	-	-	-	-	927,316
	9.3	1,094,231	-	-	-	-	-	1,094,231
	9.4	3,172,335	-	-	-	-	-	3,172,335
	9.5	1,770,453	-	-	-	-	-	1,770,453
	9.6	362,220	-	-	-	-	-	362,220
	9.7	12,457,250	-	-	-	-	-	12,457,250

(Continued)

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

		Reported	Adjustment Number				Total	Adjusted
		Annual Amount	2	4	5	6	Adjustments	Annual Amount
Expanded Benefits	10.1	\$ 3,080,804	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,080,804
	10.2	35,779	-	-	-	-	-	35,779
	10.3	(20,579)	-	-	-	-	-	(20,579)
	10.4	-	-	-	-	-	-	-
	10.5	3,096,004	-	-	-	-	-	3,096,004
Totals Before and After Reinsurance	11.1	113,363,713	-	-	-	-	-	113,363,713
	11.2	369,860	-	-	-	-	-	369,860
	11.3	18,284,178	-	-	-	-	-	18,284,178
	11.4	11,956,496	-	-	-	-	-	11,956,496
	11.5	(669,795)	-	-	-	-	-	(669,795)
	11.6.1	-	-	-	-	-	-	-
	11.7	143,304,452	-	-	-	-	-	143,304,452
	11.8	614,500	-	-	-	-	-	614,500
	11.9	(667,912)	-	-	-	-	-	(667,912)
	11.10	(53,412)	-	-	-	-	-	(53,412)
	11.11	143,251,040	-	-	-	-	-	143,251,040
Administrative Expenses, Assessments, Taxes, and Fees								
Administrative Expenses	12.1	15,491,817	-	-	-	-	-	15,491,817
	12.2	1,849,759	-	-	-	-	-	1,849,759
	12.3	2,877,272	-	-	-	-	-	2,877,272
	12.4	645,964	-	-	-	-	-	645,964
	12.5	2,827,259	-	-	-	-	-	2,827,259
	12.6	1,136,263	-	-	-	-	-	1,136,263
	12.7	24,828,334	-	-	-	-	-	24,828,334
Government-Mandated	13.1	-	-	-	-	-	-	-
	13.2	-	-	-	-	-	-	-
	13.3	-	-	-	-	-	-	-
	13.4	-	-	-	-	-	-	-
	13.5	-	-	-	-	-	-	-
	13.6	-	-	-	-	-	-	-
	13.7	-	-	-	-	-	-	-
14.0	168,079,374	-	-	-	-	-	168,079,374	
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	7,092,338	(138,839)	(534,634)	-	857,409	183,936	7,276,274
16.0	Income Tax Expense	-	-	-	-	-	-	-
17.0	Net Underwriting Gain (Loss)	\$ 7,092,338	\$ (138,839)	\$ (534,634)	\$ -	\$ 857,409	\$ 183,936	\$ 7,276,274

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

	Reported	Adjustment Number			Total	Adjusted
	Annual Amount	2	4	6		
REVENUES						
1.1 Total Revenue from Revenue & Expense Schedules	\$ 175,171,712	\$ (138,839)	\$ (534,634)	\$ 857,409	\$ 183,936	\$ 175,355,648
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	(881,849)	-	534,634	-	534,634	(347,215)
1.6 Revenue Subject to ASR	<u>174,289,863</u>	<u>(138,839)</u>	<u>-</u>	<u>857,409</u>	<u>718,570</u>	<u>175,008,433</u>
EXPENSES						
Benefit Expenses						
2.1 Total Benefits Paid through FFS and Subcapitation	130,978,095	-	-	-	-	130,978,095
2.2 Incurred but not Paid (IBNP) Ending Balance	369,860	-	-	-	-	369,860
2.3 Settlements/AP	11,956,496	-	-	-	-	11,956,496
2.4 Total Benefit Expense before Reinsurance	<u>143,304,451</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>143,304,451</u>
2.5 Net Cost of Reinsurance	(53,412)	-	-	-	-	(53,412)
2.6 Total Benefit Expense after Reinsurance	<u>143,251,039</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>143,251,039</u>
Administrative Expenses						
3.1 Total Administrative Expenses from Revenue & Expense Schedule	24,828,334	-	-	-	-	24,828,334
3.2 Less: Compliance/Regulatory	(1,136,263)	-	-	-	-	(1,136,263)
3.3 Less: Lobbying/Political expenses	-	-	-	-	-	-
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	(415,088)	-	-	-	-	(415,088)
3.5 Less: Other Non-allowed expenses	(137,155)	-	-	-	-	(137,155)
3.6 Administrative Expense Subject to ASR	<u>23,139,828</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>23,139,828</u>
4.0 Actuarially-sound Administrative Expense Maximum	<u>22,857,519</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>22,857,519</u>
5.0 Administrative Expenses Subject to ASR	<u>22,857,519</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>22,857,519</u>
6.0 Total Benefit and Administrative Expense subject to ASR	<u>166,108,558</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>166,108,558</u>
Calculation of Pre-Tax Income and ASR						
7.1 Pre-tax Income	\$ 8,181,305	\$ (138,839)	\$ -	\$ 857,409	\$ 718,570	\$ 8,899,875
7.2 Pre-tax Income as a Percent of Revenue	4.7%					5.1%
7.3 Preliminary Achieved Savings Rebate						74,727

Adjustments to Amounts Reported in the Annual Medical Loss Ratio Exhibit

	Reported	Adjustment Number				Total	Adjusted
	Annual Amount	1	2	4	6	Adjustments	Annual Amount
REVENUES							
1.1 Total Revenue from Revenue & Expense Schedules	\$ 175,171,712	\$ -	\$ (138,839)	\$ (534,634)	\$ 857,409	\$ 183,936	\$ 175,355,648
1.2 Federal Taxes and Assessments, including ACA § 9010	-	-	-	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-
1.5 Revenue Subject to MLR	175,171,712	-	(138,839)	(534,634)	857,409	183,936	175,355,648
EXPENSES							
Benefit Expenses							
2.1 Total Benefits Paid through FFS During the Year	112,693,917	-	-	-	-	-	112,693,917
2.2 Total Benefits Paid through Subcapitation During the Year	16,089,974	-	-	-	-	-	16,089,974
2.3 Incurred but not Paid (IBNP) Ending Balance	369,860	-	-	-	-	-	369,860
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-	-	-	-	-	-
2.5 Settlements/AP	11,956,496	-	-	-	-	-	11,956,496
2.6 Total Benefit Expense before Reinsurance	141,110,247	-	-	-	-	-	141,110,247
2.7 Net Cost of Reinsurance	614,500	(667,912)	-	-	-	(667,912)	(53,412)
2.8 Total Benefit Expense after Reinsurance	141,724,747	(667,912)	-	-	-	(667,912)	141,056,835
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	2,004,281	-	-	-	-	-	2,004,281
4.2 Activities to Prevent Hospital Readmissions	638,217	-	-	-	-	-	638,217
4.3 Improve Patient Safety and Reducing Medical Errors	309,445	-	-	-	-	-	309,445
4.4 Wellness and Health Promotion Activities	144,395	-	-	-	-	-	144,395
4.5 Health Information Technology (HIT) expenses related to Health Improvement	586,354	-	-	-	-	-	586,354
4.6 Total of Defined Expenses incurred for improving Health Care Quality.	3,682,692	-	-	-	-	-	3,682,692
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	22,800	-	-	-	-	-	22,800
6.0 Preliminary Medical Loss Ratio: MLR	83%						83%
Annual Credibility Adjustment (For Annual only)							
7.1 Member Months for Managed Care Plan (MM)	-						-
Number of Member Months where MM is rounded down to the nearest annual							
7.2 Member Months (MMa)	-						-
Number of Member Months where MM is rounded up to the nearest annual							
7.3 Member Months (MMb)	-						-
7.4 Credibility Adjustment Factor for MMa (CAa)	-						-
7.5 Credibility Adjustment Factor for MMb (CAb)	-						-
7.6 Credibility Adjustment Calculation	0.0%						-
7.7 Calculated MLR	83%						83%
7.8 Final MLR (Apply Credibility Adjustment)	83.02%						82.55%

ADJUSTMENT SUMMARY

Adjustment No. 01: MLR Exhibit Lines 2.7, 2.8, 6.0, 7.7, & 7.8

The amount reported for the MLR Exhibit Line 2.7 was overstated by \$667,912. This adjustment also impacted the amounts reported per the MLR Exhibit Lines 2.8, 6.0, 7.7, & 7.8. Refer to the Adjustments to Amounts Reported in the Medical Loss Ratio Exhibit for proper presentation.

Condition

The amount reported for the MLR Exhibit Line 2.7 was overstated by \$667,912.

Criteria

The Medical Loss Ratio Exhibit should be completed following ASR instructions.

Cause

The Plan had a formula linkage error where Line 2.7 was pulling from Line 11.8 of the MMA-Rev Exp Summary Schedule instead of Line 11.10.

Effect

MLR Exhibit Line 2.7 needed to be adjusted, along with corresponding totals impacted by this adjustment.

Adjustment No. 02: MMA Rev-Exp Summary Lines 1.1, 1.7, 15.0, & 17.0, ASR Exhibit Lines 1.1, 1.6, 7.1, & 7.2, MLR Exhibit Lines 1.1, 1.5, 6.0, 7.7, & 7.8

The amount reported for the MMA Rev-Exp Summary Line 1.1 was overstated by \$138,839. This adjustment also impacted the amounts reported per the following schedules and line items: the MMA Rev-Exp Summary Lines 1.7, 15.0, & 17.0, the ASR Exhibit Lines 1.1, 1.6, 7.1, & 7.2, and the MLR Exhibit Lines 1.1, 1.5, 6.0, 7.7, & 7.8. Refer to the Adjustments to Amounts Reported in the MMA Revenue and Expense Schedule – Summary, Annual Achieved Savings Rebate Exhibit, and the Medical Loss Ratio Exhibit schedules for proper presentation.

Condition

The amount reported for MMA Rev-Exp Summary Line 1.1 was overstated by \$138,839.

Criteria

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

Cause

The Plan incorrectly reported prior year adjustments related to capitation revenue as a positive amount instead of a negative amount.

Effect

The MMA Rev-Exp Summary Line 1.1 needs to be adjusted, along with corresponding totals and schedules impacted by this adjustment.

Adjustment No. 03: MMA Rev-Exp Summary Line 1.6 & ASR Exhibit Line 1.5

The amounts reported for the Directed Payment Program Administration Fee payments received during 2023 were reported in the prior year adjustment column of the MMA Rev-Exp Summary Line 1.6 instead of in the quarters they were received. The Directed Payments of \$292,573 and \$18,675 should have been reported in quarter two and quarter three of Line 1.6, respectively. This caused corresponding adjustments to the ASR Exhibit Line 1.5. As the payments were reported in the correct schedules and line items, there was no impact on the total balances for either MMA Rev-Exp Summary Line 1.6 or the ASR Exhibit Line 1.5. This is merely a classification issue between quarters within these individual line items. Therefore, there was no impact to the Adjustments to Amounts Reported in the MMA Revenue and Expense Schedule – Summary or the Annual Achieved Savings Rebate Exhibit.

Condition

There was no impact on the total balances for either MMA Rev-Exp Summary Line 1.6 or the ASR Exhibit Line 1.5. This is merely a classification issue between quarters within these individual line items.

Criteria

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

Cause

The Plan recorded the payments based on the dates of service instead of the quarters the payments were received.

Effect

There was no impact on the total balances for either MMA Rev-Exp Summary Line 1.6 or the ASR Exhibit Line 1.5. This is merely a classification issue between quarters within these individual line items.

Adjustment No. 04: MMA Rev-Exp Summary Lines 1.6, 1.7, 15.0, & 17.0, ASR Exhibit Lines 1.1, 1.5, 1.6, 7.1, & 7.2, MLR Exhibit Lines 1.1, 1.5, 6.0, 7.7, & 7.8

The amount reported for the MMA Rev-Exp Summary Line 1.6 was overstated by \$534,634. This adjustment also impacted the amounts reported per the following schedules and line items: the MMA Rev-Exp Summary Lines 1.7, 15.0, & 17.0, the ASR Exhibit Lines 1.1, 1.5, 1.6, 7.1, & 7.2, and the MLR Exhibit Lines 1.1, 1.5, 6.0, 7.7, & 7.8. Refer to the Adjustments to Amounts Reported in the

MMA Revenue and Expense Schedule – Summary, Annual Achieved Savings Rebate Exhibit, and the Medical Loss Ratio Exhibit schedules for proper presentation.

Condition

The amount reported for MMA Rev-Exp Summary Line 1.6 was overstated by \$534,634.

Criteria

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

Cause

The Plan incorrectly reported a Directed Payment Program Administration Fee payment that was received in quarter one of 2024 in quarter two of the 2023 ASR report.

Effect

The MMA Rev-Exp Summary Line 1.6 needs to be adjusted, along with corresponding totals and schedules impacted by this adjustment.

Adjustment No. 05: MMA Rev-Exp Summary Lines 1.2.1 & 1.6

The amount reported for the MMA Rev-Exp Summary Line 1.6 was overstated by \$529,539 which caused a corresponding understatement in the MMA Rev-Exp Summary Line 1.2.1. Refer to the Adjustments to Amounts Reported in the MMA Revenue and Expense Schedule – Summary, schedule for proper presentation.

Condition

The amount reported for the MMA Rev-Exp Summary Line 1.6 was overstated by \$529,539.

Criteria

The MMA Revenue and Expense Schedule – Summary should be completed following ASR instructions.

Cause

The Plan incorrectly classified the 2021 Prescribed Drugs High Risk Pool payment in Line 1.6 of the MMA Rev-Exp Summary schedule instead of Line 1.2.1 of the MMA Rev-Exp Summary Schedule.

Effect

The MMA Rev-Exp Summary Line 1.6 needs to be adjusted, along with corresponding totals and schedules impacted by this adjustment.

Adjustment No. 06: MMA Rev-Exp Summary Lines 1.2.1, 1.7, 15.0, & 17.0, ASR Exhibit Lines 1.1, 1.6, 7.1, & 7.2, MLR Exhibit Lines 1.1, 1.5, 6.0, 7.7, & 7.8

The amount reported for the MMA Rev-Exp Summary Line 1.2.1 was understated by \$857,409. This adjustment also impacted the amounts reported per the following schedules and line items: the MMA Rev-Exp Summary Lines 1.7, 15.0, & 17.0, the ASR Exhibit Lines 1.1, 1.6, 7.1, & 7.2, and the MLR Exhibit Lines 1.1, 1.5, 6.0, 7.7, & 7.8. Refer to the Adjustments to Amounts Reported in the MMA Revenue and Expense Schedule – Summary, Annual Achieved Savings Rebate Exhibit, and the Medical Loss Ratio Exhibit schedules for proper presentation. In addition, refer to the Adjusted Rate Cells for Pharmacy High Drug Risk Pool Assessment Detail Exhibit.

Condition

The amount reported for MMA Rev-Exp Summary Line 1.2.1 was understated by \$857,409.

Criteria

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

Cause

The Plan did not record the 2022 Prescribed Drugs High Risk Pool payment and did not accrue the estimated 2023 Prescribed Drugs High Risk Pool payment in Line 1.2.1 of the MMA Rev-Exp Summary.

Effect

The MMA Rev-Exp Summary Line 1.2.1 needs to be adjusted, along with corresponding totals and schedules impacted by this adjustment.

Corrective Action

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

OTHER MATTERS

Claims Lag

In reviewing the claims lag submitted to the Agency for 2023, CRI noted it improperly included the transportation subcapitation claims.

View of Plan Management

Plan management is in agreement with adjustments identified above.

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

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

CARR, RIGGS & INGRAM, LLC
Panama City Beach, Florida
August 28, 2024

ADJUSTED RATE CELLS FOR PHARMACY HIGH DRUG RISK POOL ASSESSMENT DETAIL

As Adjusted by Adjustment No. 6

		JANUARY - MARCH (Q1)											
		SSI											
		Medicaid			SSI			HIV/AIDS		HIV/AIDS		Private	LTC
		TANF Non-	Only Non-	Medicaid	Dual	Child	Dual	Medicaid	Duty	LTC Dual	Medicaid		
		SMI	SMI	Only SMI	Eligible	Welfare	Eligible	Only	Nursing	Eligible	Only		
Total													
1.2.1	Pharmacy Drug High Risk Pool	118,253	105,004	2,709	6,026	1,003	2,728	356	42	353	32	-	-
		APRIL - JUNE (Q2)											
		SSI											
		Medicaid			SSI			HIV/AIDS		HIV/AIDS		Private	LTC
		TANF Non-	Only Non-	Medicaid	Dual	Child	Dual	Medicaid	Duty	LTC Dual	Medicaid		
		SMI	SMI	Only SMI	Eligible	Welfare	Eligible	Only	Nursing	Eligible	Only		
Total													
1.2.1	Pharmacy Drug High Risk Pool	114,097	101,129	2,623	5,977	997	2,614	346	35	343	32	-	-
		JULY - SEPTEMBER (Q3)											
		SSI											
		Medicaid			SSI			HIV/AIDS		HIV/AIDS		Private	LTC
		TANF Non-	Only Non-	Medicaid	Dual	Child	Dual	Medicaid	Duty	LTC Dual	Medicaid		
		SMI	SMI	Only SMI	Eligible	Welfare	Eligible	Only	Nursing	Eligible	Only		
Total													
1.2.1	Pharmacy Drug High Risk Pool	102,536	90,403	2,231	5,822	968	2,407	325	35	312	32	-	-
		OCTOBER - DECEMBER (Q4)											
		SSI											
		Medicaid			SSI			HIV/AIDS		HIV/AIDS		Private	LTC
		TANF Non-	Only Non-	Medicaid	Dual	Child	Dual	Medicaid	Duty	LTC Dual	Medicaid		
		SMI	SMI	Only SMI	Eligible	Welfare	Eligible	Only	Nursing	Eligible	Only		
Total													
1.2.1	Pharmacy Drug High Risk Pool	92,638	80,881	1,975	5,737	980	2,348	328	34	321	35	-	-

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

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 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
MEMBER MONTHS		186,681.2	165,765.2	4,276.7	9,513.4	1,582.9	4,307.1	562.0	66.0	558.0	50.0	-	-
REVENUES													
Revenues	1.1 Capitation	45,483,626	28,109,960	1,916,268	9,148,041	2,280,600	787,108	219,232	9,733	1,429,132	1,583,553	-	-
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	959,333	944,166	15,167	-	-	-	-	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7 Total Revenue	46,442,959	29,054,126	1,931,435	9,148,041	2,280,600	787,108	219,232	9,733	1,429,132	1,583,553	-	-
BENEFIT EXPENSES													
		JANUARY - MARCH (Q1)											
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1 Inpatient FFS	8,108,780	5,805,333	217,388	1,383,276	497,511	36,039	58,491	-	94,886	15,856	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	7,576	6,727	174	386	64	175	23	3	23	2	-	-
	2.3 Outpatient FFS: ER	1,749,907	1,451,723	91,005	121,853	44,458	7,188	4,352	965	26,316	2,047	-	-
	2.4 Outpatient FFS: Other than ER	1,655,966	1,083,914	45,608	385,621	83,637	20,165	3,566	1,443	27,193	4,821	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	1,713	1,521	39	87	15	40	5	1	5	0	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	1,411,293	1,326,145	28,955	42,863	4,859	-	6,737	-	921	813	-	-
	2.7.1 Transplant Services	68,194	68,194	-	-	-	-	-	-	-	-	-	-
	2.8 Total Hospital Services	13,003,429	9,743,557	383,168	1,934,086	630,544	63,606	73,174	2,411	149,344	23,540	-	-
Professional Services	3.1 Primary Care FFS	2,559,373	2,170,148	63,513	211,606	64,776	9,621	9,386	108	16,114	14,101	-	-
	3.2 Specialty Care FFS	4,837,067	3,052,498	216,330	1,117,617	244,533	90,222	32,149	1,109	55,384	27,226	-	-
	3.3 Other Professional FFS	33,167	25,862	4,330	1,031	490	35	49	-	1,370	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	4,305,694	4,042,245	87,977	134,153	15,100	2	19,878	-	4,565	1,773	-	-
	3.6 Ending IBNP for Professional Services	33,456	29,707	766	1,705	284	772	101	12	100	9	-	-
	3.7 Professional Settlements/AP	2,030,523	1,908,013	41,659	61,670	6,991	-	9,694	-	1,325	1,169	-	-
	3.8 Total Physician Services	13,799,279	11,228,474	414,576	1,527,783	332,174	100,652	71,256	1,228	78,858	44,278	-	-

(continued)

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

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

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 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
Maternity Services	4.1.1 Maternity Services	896,453	831,043	48,145	7,546	-	-	-	-	9,718	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	896,453	831,043	48,145	7,546	-	-	-	-	9,718	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	656,790	472,025	88,483	47,518	30,625	934	14,970	-	1,093	1,143	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 Total Mental Health & Substance Abuse Services	656,790	472,025	88,483	47,518	30,625	934	14,970	-	1,093	1,143	-	-
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	116,836	58,933	9,415	27,600	9,255	7,685	-	197	3,252	500	-	-
	7.2 Transportation Subcapitation	170,177	45,165	2,400	61,928	18,629	12,094	22,072	287	3,570	4,033	-	-
	7.3 Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5 Total Transportation Services	287,013	104,098	11,815	89,527	27,883	19,778	22,072	484	6,822	4,533	-	-
Pharmacy	8.1 Prescription Drugs FFS	8,146,422	3,261,658	553,860	2,490,866	625,750	8,759	47,756	4,644	1,097,999	55,130	-	-
	8.2 Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	(12,653)	(5,081)	(827)	(4,739)	(1,493)	-	-	-	(325)	(188)	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 Total Prescription Drugs	8,133,769	3,256,577	553,033	2,486,127	624,257	8,759	47,756	4,644	1,097,675	54,942	-	-
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	741,662	87,393	-	103,921	18,053	5,508	-	-	-	526,786	-	-
	9.2 Hospice FFS	310,645	20,399	-	112,467	10,432	160,808	-	-	6,540	-	-	-
	9.2.1 Nursing Facility FFS	261,739	37,304	-	145,523	-	78,912	-	-	-	-	-	-
	9.3 DME FFS	240,771	122,528	1,245	31,691	7,703	4,831	899	-	69,136	2,738	-	-
	9.4 Other State Plan Services FFS	860,605	558,362	29,262	187,581	19,936	44,715	8,736	-	9,443	2,570	-	-
	9.5 Other Services Subcapitation	462,350	406,529	10,924	34,319	6,189	1,153	1,331	9	1,631	264	-	-
	9.6 Ending IBNP for Other Services	25,955	23,047	595	1,323	220	599	78	9	78	7	-	-
	9.7 Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
9.8 Total Other Services	2,903,727	1,255,562	42,026	616,824	62,533	296,526	11,045	18	86,829	532,365	-	-	

(continued)

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

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

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 12/31/2023
 Paid Through: 3/31/2024

Summary

		JANUARY - MARCH (Q1)												
		Total	TANF Non-SMI		SSI Medicaid Only Non-SMI		SSI Medicaid Only SMI		HIV/AIDS Dual Eligible		HIV/AIDS Medicaid Only		LTC Medicaid Only	
Expanded Benefits	10.1 Expanded Benefits FFS	682,949	405,622	65,237	80,919	98,739	22,958	44	1,155	8,272	4	-	-	
	10.2 Expanded Benefits Subcapitation	9,965	8,989	258	555	95	-	32	-	33	2	-	-	
	10.3 Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-	
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	
	10.5 Total Expanded Benefits	692,914	414,611	65,495	81,474	98,834	22,958	76	1,155	8,305	6	-	-	
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	31,914,674	19,507,857	1,432,994	6,451,895	1,754,405	498,378	180,397	9,620	1,426,393	652,734	-	-	
	11.2 Total Services Paid Directly -- IBNP	68,699	61,002	1,574	3,501	582	1,585	207	24	205	18	-	-	
	11.3 Total Services Paid through Subcapitation	4,948,185	4,502,928	101,559	230,956	40,013	13,249	43,313	296	9,799	6,072	-	-	
	11.4 Total Services Paid by Settlements/AP	3,441,816	3,234,158	70,614	104,534	11,850	-	16,431	-	2,247	1,982	-	-	
	11.5 TPL & Fraud/Abuse Recoveries	(182,461)	(139,975)	(2,264)	(14,149)	(4,217)	(21,625)	-	-	(231)	-	-	-	
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	
	11.7 Subtotal Benefit Expense before Reinsurance	40,190,912	27,165,970	1,604,477	6,776,737	1,802,634	491,587	240,348	9,940	1,438,413	660,807	-	-	
	11.8 Reinsurance Premiums	164,139	69,076	1,804	53,551	9,049	23,566	3,226	378	3,209	280	-	-	
	11.9 Reinsurance Recoveries	(166,517)	(99,017)	-	(67,500)	-	-	-	-	-	-	-	-	
	11.10 Net cost of Reinsurance	(2,378)	(29,942)	1,804	(13,949)	9,049	23,566	3,226	378	3,209	280	-	-	
	11.11 Grand Total Medical Benefit Expense Net of Reinsurance	40,188,534	27,136,029	1,606,282	6,762,787	1,811,683	515,154	243,574	10,317	1,441,622	661,087	-	-	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		JANUARY - MARCH (Q1)												
		Total	Health Plan	Corporate										
Administrative Expenses	12.1 Salaries & Benefits	3,814,674	3,814,674	-										
	12.2 Administrative Services	455,481	455,481	-										
	12.3 Information Systems	708,494	708,494	-										
	12.4 Marketing Expenses	159,061	159,061	-										
	12.5 General Administration	696,179	696,179	-										
	12.6 Compliance/Regulatory	279,791	279,791	-										
	12.7 Total Administrative Expenses	6,113,680	6,113,680	-										
Government-Mandated Assessments, Taxes, and Fees Other Than	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	46,302,214													
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	140,745													
16.0 Income Tax Expense	-													
17.0 Net Underwriting Gain (Loss)	140,745													

(continued)

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

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 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
MEMBER MONTHS		180,121.4	159,648.8	4,140.3	9,436.2	1,574.3	4,127.1	547.0	56.0	540.8	51.0	-	-
REVENUES													
Revenues	1.1 Capitation	43,897,139	26,651,913	1,867,346	9,188,200	2,215,852	751,634	212,687	8,490	1,385,794	1,615,224	-	-
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	784,909	773,533	7,584	3,792	-	-	-	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	534,634	473,867	12,289	28,008	4,673	12,250	1,624	166	1,605	151	-	-
	1.7 Total Revenue	45,216,682	27,899,313	1,887,219	9,220,000	2,220,525	763,884	214,310	8,657	1,387,399	1,615,375	-	-
	BENEFIT EXPENSES												
		Total	TANF Non-SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Hospital Services	2.1 Inpatient FFS	6,056,803	3,508,601	202,451	1,686,963	468,810	67,290	-	-	83,303	39,384	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	5,451	4,831	125	286	48	125	17	2	16	2	-	-
	2.3 Outpatient FFS: ER	1,648,763	1,350,249	89,401	117,732	60,226	8,118	5,210	692	15,902	1,235	-	-
	2.4 Outpatient FFS: Other than ER	1,602,611	1,084,401	73,182	338,269	52,135	16,646	13,038	757	19,641	4,542	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	15,535	13,769	357	814	136	356	47	5	47	4	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	1,355,904	1,275,217	27,709	40,226	4,443	-	6,737	-	903	668	-	-
	2.7.1 Transplant Services	324,052	109,047	-	215,006	-	-	-	-	-	-	-	-
	2.8 Total Hospital Services	11,009,120	7,346,116	393,225	2,399,294	585,798	92,535	25,049	1,455	119,812	45,835	-	-
Professional Services	3.1 Primary Care FFS	2,283,527	1,918,130	62,071	194,951	70,057	13,074	7,324	79	11,528	6,314	-	-
	3.2 Specialty Care FFS	4,369,386	2,773,600	194,478	990,551	275,920	46,822	18,991	519	47,910	20,596	-	-
	3.3 Other Professional FFS	31,685	27,524	2,511	473	816	36	-	-	326	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	4,187,919	3,930,797	85,679	130,855	14,682	3	19,807	-	4,441	1,656	-	-
	3.6 Ending IBNP for Professional Services	42,703	37,849	982	2,237	373	978	130	13	128	12	-	-
	3.7 Professional Settlements/AP	1,950,831	1,833,634	39,975	58,820	6,615	-	9,432	-	1,282	1,073	-	-
	3.8 Total Physician Services	12,866,051	10,521,534	385,694	1,377,887	368,463	60,914	55,684	611	65,614	29,651	-	-

(continued)

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

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

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 12/31/2023
 Paid Through: 3/31/2024

Summary

		APRIL - JUNE (Q2)											
		TANF Non-		SSI Medicaid		SSI Medicaid		HIV/AIDS		HIV/AIDS		LTC	
		Total	SMI	TANF SMI	Only Non-SMI	Only SMI	Dual Eligible	Child Welfare	Dual Eligible	Medicaid Only	Private Duty Nursing	LTC Dual Eligible	Medicaid Only
Maternity Services	4.1.1 Maternity Services	774,576	761,546	6,724	6,306	-	-	-	-	-	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	774,576	761,546	6,724	6,306	-	-	-	-	-	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	646,071	452,042	97,175	40,258	32,900	654	16,035	-	4,440	2,567	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 Total Mental Health & Substance Abuse Services	646,071	452,042	97,175	40,258	32,900	654	16,035	-	4,440	2,567	-	-
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	104,631	49,261	6,466	25,810	12,807	6,507	469	546	2,536	228	-	-
	7.2 Transportation Subcapitation	186,480	49,935	2,211	62,275	22,301	11,546	26,830	106	3,205	8,071	-	-
	7.3 Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5 Total Transportation Services	291,111	99,196	8,678	88,085	35,108	18,053	27,299	652	5,741	8,299	-	-
Pharmacy	8.1 Prescription Drugs FFS	7,859,876	3,050,661	492,610	2,587,597	677,043	201	41,901	1	973,592	36,269	-	-
	8.2 Hepatitis C Prescription Drug FFS	-	-	-	-	-	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	(33,330)	(18,610)	(1,337)	(9,134)	(3,530)	-	-	-	(480)	(237)	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 Total Prescription Drugs	7,826,547	3,032,051	491,273	2,578,463	673,513	201	41,901	1	973,112	36,032	-	-
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	964,460	98,020	-	114,242	16,589	36,511	-	-	-	699,099	-	-
	9.2 Hospice FFS	288,400	13,144	-	114,173	-	161,083	-	-	-	-	-	-
	9.2.1 Nursing Facility FFS	221,267	-	-	190,305	-	30,962	-	-	-	-	-	-
	9.3 DME FFS	291,810	95,668	1,331	123,231	1,974	4,358	4,250	21	49,550	11,428	-	-
	9.4 Other State Plan Services FFS	804,282	532,599	23,404	155,493	15,965	49,578	12,981	34	7,993	6,235	-	-
	9.5 Other Services Subcapitation	448,027	392,836	10,649	34,149	6,198	1,045	1,299	8	1,597	247	-	-
	9.6 Ending IBNP for Other Services	73,192	64,873	1,682	3,834	640	1,677	222	23	220	21	-	-
	9.7 Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
9.8 Total Other Services	3,091,439	1,197,141	37,066	735,427	41,365	285,213	18,752	85	59,360	717,030	-	-	

(continued)

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

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

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 12/31/2023
 Paid Through: 3/31/2024

Summary

		APRIL - JUNE (Q2)											
		Total	TANF Non-SMI		SSI Medicaid		Dual Eligible	Child Welfare	HIV/AIDS		Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
			SMI	TANF SMI	Only Non-SMI	Only SMI			Dual Eligible	Only			
Expanded Benefits	10.1 Expanded Benefits FFS	749,609	437,207	84,368	79,581	122,499	15,082	44	588	10,236	4	-	-
	10.2 Expanded Benefits Subcapitation	9,608	8,646	249	553	94	-	31	-	32	2	-	-
	10.3 Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	10.5 Total Expanded Benefits	759,217	445,854	84,617	80,134	122,593	15,082	75	588	10,268	6	-	-
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	28,988,480	16,243,092	1,334,835	6,971,804	1,804,210	456,921	120,242	3,236	1,226,477	827,664	-	-
	11.2 Total Services Paid Directly -- IBNP	136,880	121,323	3,146	7,171	1,196	3,136	416	43	411	39	-	-
	11.3 Total Services Paid through Subcapitation	4,832,035	4,382,214	98,787	227,833	43,274	12,594	47,967	113	9,275	9,976	-	-
	11.4 Total Services Paid by Settlements/AP	3,306,735	3,108,851	67,683	99,046	11,059	-	16,170	-	2,185	1,741	-	-
	11.5 TPL & Fraud/Abuse Recoveries	(88,419)	(63,288)	(3,361)	(9,233)	(4,107)	(6,434)	-	-	(1,996)	-	-	-
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7 Subtotal Benefit Expense before Reinsurance	37,175,712	23,792,192	1,501,091	7,296,620	1,855,632	466,218	184,794	3,392	1,236,352	839,420	-	-
	11.8 Reinsurance Premiums	161,418	67,321	1,776	53,528	8,986	22,840	3,163	332	3,180	292	-	-
	11.9 Reinsurance Recoveries	(166,517)	(99,017)	-	(67,500)	-	-	-	-	-	-	-	-
	11.10 Net cost of Reinsurance	(5,100)	(31,697)	1,776	(13,972)	8,986	22,840	3,163	332	3,180	292	-	-
	11.11 Grand Total Medical Benefit Expense Net of Reinsurance	37,170,612	23,760,495	1,502,867	7,282,648	1,864,619	489,058	187,957	3,724	1,239,533	839,712	-	-
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		APRIL - JUNE (Q2)											
		Total	Health Plan	Corporate									
Administrative Expenses	12.1 Salaries & Benefits	3,857,060	3,857,060	-									
	12.2 Administrative Services	460,542	460,542	-									
	12.3 Information Systems	716,366	716,366	-									
	12.4 Marketing Expenses	160,828	160,828	-									
	12.5 General Administration	703,914	703,914	-									
	12.6 Compliance/Regulatory	282,900	282,900	-									
	12.7 Total Administrative Expenses	6,181,610	6,181,610	-									
Government-Mandated Assessments, Taxes, and Fees Other Than	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		43,352,222											
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations		1,864,460											
16.0 Income Tax Expense		-											
17.0 Net Underwriting Gain (Loss)		1,864,460											

(continued)

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

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 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
MEMBER MONTHS		161,871.1	142,717.6	3,521.9	9,191.1	1,528.6	3,800.3	513.0	55.0	492.7	51.0	-	-
REVENUES													
Revenues	1.1 Capitation	40,078,281	23,728,405	1,583,712	8,808,915	2,187,059	691,004	194,079	8,540	1,261,343	1,615,224	-	-
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	765,950	731,823	22,751	11,375	-	-	-	-	-	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7 Total Revenue	40,844,230	24,460,228	1,606,463	8,820,291	2,187,059	691,004	194,079	8,540	1,261,343	1,615,224	-	-
	BENEFIT EXPENSES												
		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	5,777,192	3,269,483	197,766	1,596,604	287,441	49,778	11,809	-	44,541	319,769	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	13,544	11,941	295	769	128	318	43	5	41	4	-	-
	2.3 Outpatient FFS: ER	1,286,111	1,027,588	73,071	126,460	37,644	3,979	3,615	110	13,267	376	-	-
	2.4 Outpatient FFS: Other than ER	1,476,968	894,147	53,414	378,792	100,823	14,694	4,917	303	27,937	1,941	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	31,580	27,843	687	1,793	298	741	100	11	96	10	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	1,232,813	1,156,750	24,204	39,486	4,462	-	6,340	-	867	704	-	-
	2.7.1 Transplant Services	24,302	-	-	22,702	-	1,600	-	-	-	-	-	-
	2.8 Total Hospital Services	9,842,510	6,387,752	349,438	2,166,606	430,796	71,111	26,824	428	86,749	322,805	-	-
Professional Services	3.1 Primary Care FFS	2,085,966	1,747,956	54,358	200,539	47,870	11,179	4,293	119	11,384	8,268	-	-
	3.2 Specialty Care FFS	3,723,772	2,342,834	174,739	878,607	194,242	34,257	21,085	217	40,969	36,821	-	-
	3.3 Other Professional FFS	24,537	21,045	1,792	722	326	-	-	-	652	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	3,803,762	3,563,062	74,762	127,195	14,331	7	18,519	-	4,148	1,738	-	-
	3.6 Ending IBNP for Professional Services	51,340	45,265	1,117	2,915	485	1,205	163	17	156	16	-	-
	3.7 Professional Settlements/AP	1,773,732	1,664,295	34,824	56,811	6,419	-	9,122	-	1,247	1,014	-	-
	3.8 Total Physician Services	11,463,109	9,384,456	341,594	1,266,788	263,672	46,649	53,183	354	58,556	47,857	-	-

(continued)

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

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

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 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	Child Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Maternity Services	4.1.1 Maternity Services	701,845	666,514	25,008	10,324	-	-	-	-	-	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	701,845	666,514	25,008	10,324	-	-	-	-	-	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	619,375	427,159	82,771	39,223	52,966	332	12,051	-	3,343	1,529	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 Total Mental Health & Substance Abuse Services	619,375	427,159	82,771	39,223	52,966	332	12,051	-	3,343	1,529	-	-
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	91,777	43,003	6,173	24,215	9,588	6,043	385	-	2,370	-	-	-
	7.2 Transportation Subcapitation	184,460	45,825	1,687	59,344	26,115	14,450	28,239	275	2,248	6,277	-	-
	7.3 Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5 Total Transportation Services	276,237	88,827	7,860	83,560	35,703	20,494	28,624	275	4,618	6,277	-	-
Pharmacy	8.1 Prescription Drugs FFS	7,212,997	2,896,069	344,811	2,242,334	709,023	29,457	41,266	3,597	880,578	65,862	-	-
	8.2 Hepatitis C Prescription Drug FFS	13,442	-	13,442	-	-	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	(29,358)	(15,430)	(1,338)	(9,114)	(2,909)	-	-	-	(490)	(77)	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 Total Prescription Drugs	7,197,080	2,880,639	356,914	2,233,219	706,114	29,457	41,266	3,597	880,089	65,785	-	-
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	1,033,278	80,944	-	89,299	19,815	19,478	3,600	-	-	820,142	-	-
	9.2 Hospice FFS	383,217	12,397	-	177,526	4,733	188,562	-	-	-	-	-	-
	9.2.1 Nursing Facility FFS	270,857	-	-	229,637	18,567	22,652	-	-	-	-	-	-
	9.3 DME FFS	290,812	87,053	1,322	115,417	22,545	2,795	2,274	-	46,039	13,367	-	-
	9.4 Other State Plan Services FFS	668,019	427,535	20,180	136,627	25,062	35,956	10,475	158	7,608	4,418	-	-
	9.5 Other Services Subcapitation	450,262	393,075	10,046	36,287	6,539	1,010	1,343	7	1,623	331	-	-
	9.6 Ending IBNP for Other Services	139,349	122,860	3,032	7,912	1,316	3,272	442	47	424	44	-	-
	9.7 Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	9.8 Total Other Services	3,235,793	1,123,864	34,579	792,706	98,577	273,724	18,133	213	55,694	838,301	-	-

(continued)

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

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

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 12/31/2023
 Paid Through: 3/31/2024

Summary

		JULY - SEPTEMBER (Q3)													
		Total	TANF Non-SMI		SSI Medicaid Only Non-SMI		SSI Medicaid Only SMI		Child Welfare		HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Expanded Benefits	10.1 Expanded Benefits FFS	841,317	397,589	132,953	80,137	188,364	20,120	44	1,074	21,034	4	-	-		
	10.2 Expanded Benefits Subcapitation	8,553	7,650	211	540	91	0	30	-	29	2	-	-		
	10.3 Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-		
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-		
	10.5 Total Expanded Benefits	849,870	405,240	133,164	80,676	188,455	20,120	73	1,074	21,063	6	-	-		
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	26,496,425	14,325,886	1,180,461	6,340,051	1,716,101	440,882	115,815	5,578	1,099,231	1,272,420	-	-		
	11.2 Total Services Paid Directly -- IBNP	235,812	207,909	5,131	13,389	2,227	5,536	747	80	718	74	-	-		
	11.3 Total Services Paid through Subcapitation	4,447,037	4,009,611	86,706	223,366	47,076	15,467	48,131	282	8,049	8,348	-	-		
	11.4 Total Services Paid by Settlements/AP	3,006,545	2,821,045	59,029	96,296	10,881	-	15,462	-	2,114	1,718	-	-		
	11.5 TPL & Fraud/Abuse Recoveries	(63,412)	(35,407)	(2,215)	(5,839)	(1,754)	(727)	-	-	(17,470)	-	-	-		
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-		
	11.7 Subtotal Benefit Expense before Reinsurance	34,122,406	21,329,045	1,329,111	6,667,264	1,774,530	461,159	180,156	5,940	1,092,642	1,282,560	-	-		
	11.8 Reinsurance Premiums	148,373	59,190	1,478	52,035	8,654	20,632	2,952	332	2,809	292	-	-		
	11.9 Reinsurance Recoveries	(166,517)	(99,017)	-	(67,500)	-	-	-	-	-	-	-	-		
	11.10 Net cost of Reinsurance	(18,144)	(39,827)	1,478	(15,465)	8,654	20,632	2,952	332	2,809	292	-	-		
	11.11 Grand Total Medical Benefit Expense Net of Reinsurance	34,104,262	21,289,218	1,330,590	6,651,799	1,783,184	481,791	183,107	6,271	1,095,451	1,282,852	-	-		
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		JULY - SEPTEMBER (Q3)													
		Total	Health Plan	Corporate											
Administrative Expenses	12.1 Salaries & Benefits	3,899,445	3,899,445	-											
	12.2 Administrative Services	465,603	465,603	-											
	12.3 Information Systems	724,238	724,238	-											
	12.4 Marketing Expenses	162,596	162,596	-											
	12.5 General Administration	711,649	711,649	-											
	12.6 Compliance/Regulatory	286,009	286,009	-											
	12.7 Total Administrative Expenses	6,249,540	6,249,540	-											
Government-Mandated Assessments, Taxes, and Fees Other Than	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	40,353,802														
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	490,429														
16.0 Income Tax Expense	-														
17.0 Net Underwriting Gain (Loss)	490,429														

(continued)

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

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 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
MEMBER MONTHS		146,245.6	127,684.9	3,117.5	9,057.5	1,547.0	3,706.1	517.9	53.0	506.6	55.0	-	-
REVENUES													
Revenues	1.1 Capitation	40,655,059	24,464,501	1,496,130	8,630,035	2,318,191	813,380	226,078	9,741	1,159,522	1,537,480	-	-
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.4.1 Maternity Kick Payments	853,919	826,946	19,246	-	-	-	-	-	7,727	-	-	-
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-
	1.6 Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
	1.7 Total Revenue	41,508,978	25,291,447	1,515,376	8,630,035	2,318,191	813,380	226,078	9,741	1,167,249	1,537,480	-	-
			OCTOBER - DECEMBER (Q4)										
BENEFIT EXPENSES													
Hospital Services	2.1 Inpatient FFS	4,567,748	2,714,465	169,462	1,021,228	362,785	99,898	9,049	-	47,990	142,870	-	-
	2.2 Ending IBNP for Inpatient Hospital Services	1,088,954	966,946	24,947	55,494	9,233	25,124	3,278	385	3,255	292	-	-
	2.3 Outpatient FFS: ER	1,345,799	1,125,908	56,741	108,633	26,612	3,058	7,117	14	13,860	3,855	-	-
	2.4 Outpatient FFS: Other than ER	1,327,239	839,377	49,798	338,055	60,446	14,599	3,798	1,053	18,308	1,804	-	-
	2.5 Ending IBNP for Outpatient Hospital Services	67,333	58,787	1,435	4,170	712	1,706	238	24	233	25	-	-
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-
	2.7 Hospital Settlements/AP	1,105,456	1,032,427	21,405	38,889	4,751	-	6,286	-	939	759	-	-
	2.7.1 Transplant Services	84,959	68,042	-	15,318	-	1,600	-	-	-	-	-	-
	2.8 Total Hospital Services	9,587,488	6,805,952	323,789	1,581,787	464,540	145,986	29,767	1,477	84,585	149,605	-	-
Professional Services	3.1 Primary Care FFS	2,032,940	1,697,785	54,231	183,665	53,578	16,729	6,428	90	10,442	9,993	-	-
	3.2 Specialty Care FFS	3,696,559	2,378,931	150,587	826,623	198,310	31,549	23,467	355	43,275	43,462	-	-
	3.3 Other Professional FFS	20,400	16,808	1,376	1,402	489	-	-	-	326	-	-	-
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-
	3.5 Subcapitated Professional Services	3,422,888	3,191,792	65,773	126,059	14,896	9	18,153	-	4,350	1,856	-	-
	3.6 Ending IBNP for Professional Services	246,493	215,210	5,254	15,266	2,608	6,247	873	89	854	93	-	-
	3.7 Professional Settlements/AP	1,590,494	1,485,422	30,797	55,953	6,835	-	9,044	-	1,351	1,092	-	-
	3.8 Total Physician Services	11,009,775	8,985,948	308,019	1,208,967	276,715	54,534	57,964	534	60,597	56,496	-	-

(continued)

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

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

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 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
Maternity Services	4.1.1 Maternity Services	746,067	711,282	26,916	120	-	847	-	-	6,902	-	-	-
	4.2.1 Ending IBNP for Maternity Services	-	-	-	-	-	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	746,067	711,282	26,916	120	-	847	-	-	6,902	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	672,534	461,880	85,139	36,707	65,853	1,500	16,347	-	3,704	1,403	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 Total Mental Health & Substance Abuse Services	672,534	461,880	85,139	36,707	65,853	1,500	16,347	-	3,704	1,403	-	-
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	77,171	38,326	4,711	16,093	8,480	5,542	603	-	3,224	193	-	-
	7.2 Transportation Subcapitation	199,666	52,427	566	62,423	25,402	17,376	28,708	217	4,085	8,461	-	-
	7.3 Ending IBNP for Transportation	-	-	-	-	-	-	-	-	-	-	-	-
	7.4 Transportation Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	7.5 Total Transportation Services	276,837	90,753	5,277	78,516	33,882	22,918	29,311	217	7,308	8,654	-	-
Pharmacy	8.1 Prescription Drugs FFS	6,765,508	2,730,191	354,993	2,051,227	701,926	20,629	30,209	2,595	816,143	57,594	-	-
	8.2 Hepatitis C Prescription Drug FFS	30,050	23,330	6,721	-	-	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	(26,757)	(14,089)	(1,132)	(7,555)	(2,770)	-	-	-	(953)	(258)	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 Total Prescription Drugs	6,768,800	2,739,431	360,582	2,043,672	699,156	20,629	30,209	2,595	815,190	57,336	-	-
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	962,867	86,349	480	101,475	19,248	3,262	810	-	7,606	743,637	-	-
	9.2 Hospice FFS	466,016	23,666	-	234,256	27,607	180,487	-	-	-	-	-	-
	9.2.1 Nursing Facility FFS	91,389	23,372	-	52,716	5,635	9,667	-	-	-	-	-	-
	9.3 DME FFS	226,908	84,398	9,117	74,690	4,913	2,213	3,995	-	15,682	31,901	-	-
	9.4 Other State Plan Services FFS	713,117	508,889	18,535	92,363	23,173	38,256	8,735	-	16,155	7,010	-	-
	9.5 Other Services Subcapitation	409,814	354,701	9,060	35,763	6,341	1,099	1,351	7	1,260	232	-	-
	9.6 Ending IBNP for Other Services	356,597	311,340	7,601	22,085	3,772	9,037	1,263	129	1,235	134	-	-
	9.7 Other Service Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-
9.8 Total Other Services	3,226,708	1,392,715	44,793	613,348	90,689	244,020	16,154	136	41,939	782,914	-	-	

(continued)

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

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

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 12/31/2023
 Paid Through: 3/31/2024

Summary

		OCTOBER - DECEMBER (Q4)													
		Total	TANF Non-SMI		SSI Medicaid Only Non-SMI		SSI Medicaid Only SMI		Child Welfare		HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Expanded Benefits	10.1 Expanded Benefits FFS	751,351	419,331	92,088	61,087	141,531	14,770	161	782	21,356	245	-	-		
	10.2 Expanded Benefits Subcapitation	7,653	6,782	186	532	92	0	30	-	30	2	-	-		
	10.3 Ending IBNP for Expanded Benefits	-	-	-	-	-	-	-	-	-	-	-	-		
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-		
	10.5 Total Expanded Benefits	759,004	426,113	92,274	61,618	141,623	14,770	191	782	21,386	247	-	-		
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	24,551,864	13,938,240	1,079,762	5,208,101	1,697,816	444,607	110,719	4,890	1,024,019	1,043,709	-	-		
	11.2 Total Services Paid Directly -- IBNP	1,759,378	1,552,284	39,238	97,015	16,325	42,114	5,653	628	5,577	544	-	-		
	11.3 Total Services Paid through Subcapitation	4,040,022	3,605,702	75,586	224,776	46,731	18,484	48,242	225	9,725	10,551	-	-		
	11.4 Total Services Paid by Settlements/AP	2,695,950	2,517,849	52,202	94,842	11,585	-	15,330	-	2,291	1,850	-	-		
	11.5 TPL & Fraud/Abuse Recoveries	(39,851)	(21,486)	(1,500)	(7,828)	(7,000)	(263)	-	-	(1,774)	-	-	-		
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-		
	11.7 Subtotal Benefit Expense before Reinsurance	33,007,363	21,592,589	1,245,288	5,616,907	1,765,458	504,942	179,944	5,742	1,039,837	1,056,655	-	-		
	11.8 Reinsurance Premiums	140,570	52,878	1,304	51,360	8,757	19,808	2,969	303	2,877	315	-	-		
	11.9 Reinsurance Recoveries	(166,517)	(99,017)	-	(67,500)	-	-	-	-	-	-	-	-		
	11.10 Net cost of Reinsurance	(25,947)	(46,140)	1,304	(16,140)	8,757	19,808	2,969	303	2,877	315	-	-		
	11.11 Grand Total Medical Benefit Expense Net of Reinsurance	32,981,416	21,546,449	1,246,592	5,600,767	1,774,216	524,750	182,912	6,045	1,042,714	1,056,969	-	-		
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		OCTOBER - DECEMBER (Q4)													
		Total	Health Plan	Corporate											
Administrative Expenses	12.1 Salaries & Benefits	3,920,638	3,920,638	-											
	12.2 Administrative Services	468,133	468,133	-											
	12.3 Information Systems	728,174	728,174	-											
	12.4 Marketing Expenses	163,479	163,479	-											
	12.5 General Administration	715,517	715,517	-											
	12.6 Compliance/Regulatory	287,563	287,563	-											
	12.7 Total Administrative Expenses	6,283,504	6,283,504	-											
Government-Mandated Assessments, Taxes, and Fees Other Than	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	39,264,920														
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	2,244,058														
16.0 Income Tax Expense	-														
17.0 Net Underwriting Gain (Loss)	2,244,058														

(continued)

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

MANAGED MEDICAL ASSISTANCE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 12/31/2023
 Paid Through: 3/31/2024

Summary

		TOTAL (TO DATE)															
		Prior Year Adjustments	TANF Non-			SSI Medicaid		SSI Medicaid		Child	HIV/AIDS	HIV/AIDS			Private Duty	LTC Dual	LTC
			Total	SMI	TANF SMI	Only Non-SMI	Only SMI	Dual Eligible	Welfare	Dual Eligible	Medicaid Only	Nursing			Eligible	Only	
MEMBER MONTHS		-	674,919.3	595,816.5	15,056.3	37,198.1	6,232.8	15,940.6	2,139.9	230.0	2,098.1	207.0	-	-			
REVENUES																	
Revenues	1.1 Capitation	69,504	170,183,609	102,954,780	6,863,456	35,775,191	9,001,702	3,043,126	852,075	36,504	5,235,791	6,351,480	-	-			
	1.2.1 Pharmacy Drug High Risk Pool	-	-	-	-	-	-	-	-	-	-	-	-	-			
	1.3 Hepatitis C Kick Payments	-	-	-	-	-	-	-	-	-	-	-	-	-			
	1.4.1 Maternity Kick Payments	33,734	3,397,844	3,276,468	64,748	15,167	-	-	-	-	-	7,727	-	-	-		
	1.5 ACA § 9010 related payments	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	1.6 Other Revenue	1,055,625	1,590,259	473,867	12,289	28,008	4,673	12,250	1,624	166	1,605	151	-	-	-		
	1.7 Total Revenue	1,158,863	175,171,712	106,705,115	6,940,493	35,818,367	9,006,375	3,055,376	853,699	36,670	5,245,124	6,351,631	-	-			
BENEFIT EXPENSES																	
		Prior Calendar Year Adjustments	TANF Non-			SSI Medicaid		SSI Medicaid		Child	HIV/AIDS	HIV/AIDS	Private Duty	LTC Dual	LTC		
			Total	SMI	TANF SMI	Only Non-SMI	Only SMI	Dual Eligible	Welfare	Dual Eligible	Medicaid Only	Nursing	Eligible	Only			
Hospital Services	2.1 Inpatient FFS	450,273	24,960,795	15,297,882	787,068	5,688,071	1,616,548	253,006	79,349	-	270,720	517,880	-	-			
	2.2 Ending IBNP for Inpatient Hospital Services	(1,049,820)	65,704	990,446	25,540	56,934	9,473	25,742	3,361	394	3,335	300	-	-			
	2.3 Outpatient FFS: ER	44,561	6,075,142	4,955,468	310,217	474,679	168,941	22,342	20,294	1,780	69,346	7,513	-	-			
	2.4 Outpatient FFS: Other than ER	(11,716)	6,051,069	3,901,839	222,003	1,440,736	297,041	66,104	25,319	3,556	93,079	13,109	-	-			
	2.5 Ending IBNP for Outpatient Hospital Services	(152,787)	(36,626)	101,921	2,519	6,864	1,161	2,843	391	41	381	40	-	-			
	2.6 Subcapitated Hospital Services	-	-	-	-	-	-	-	-	-	-	-	-	-			
	2.7 Hospital Settlements/AP	-	5,105,467	4,790,539	102,273	161,465	18,515	-	26,101	-	3,631	2,944	-	-			
	2.7.1 Transplant Services	-	501,508	245,283	-	253,025	-	3,200	-	-	-	-	-	-			
	2.8 Total Hospital Services	(719,489)	42,723,059	30,283,378	1,449,620	8,081,774	2,111,678	373,237	154,814	5,771	440,491	541,785	-	-			
Professional Services	3.1 Primary Care FFS	136,493	9,098,299	7,534,019	234,173	790,760	236,281	50,604	27,431	396	49,467	38,676	-	-			
	3.2 Specialty Care FFS	387,546	17,014,330	10,547,863	736,134	3,813,397	913,004	202,851	95,692	2,199	187,537	128,105	-	-			
	3.3 Other Professional FFS	10,391	120,180	91,238	10,009	3,628	2,120	71	49	-	2,673	-	-				
	3.4 § 1202 PCP Payments to providers	-	-	-	-	-	-	-	-	-	-	-	-				
	3.5 Subcapitated Professional Services	-	15,720,264	14,727,896	314,191	518,262	59,009	22	76,357	-	17,504	7,023	-	-			
	3.6 Ending IBNP for Professional Services	(275,912)	98,080	328,031	8,119	22,123	3,749	9,202	1,266	132	1,238	130	-	-			
	3.7 Professional Settlements/AP	(494,550)	6,851,029	6,891,364	147,256	233,254	26,860	-	37,292	-	5,206	4,347	-	-			
	3.8 Total Physician Services	(236,032)	48,902,181	40,120,411	1,449,882	5,381,425	1,241,024	262,749	238,087	2,727	263,626	178,282	-	-			

(continued)

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

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

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 12/31/2023
 Paid Through: 3/31/2024

Summary

		TOTAL (TO DATE)												
		Prior Year Adjustments	Total	TANF Non- SMI	TANF SMI	SSI Medicaid Only Non-SMI	SSI Medicaid Only SMI	Dual Eligible	Child Welfare	HIV/AIDS Dual Eligible	HIV/AIDS Medicaid Only	Private Duty Nursing	LTC Dual Eligible	LTC Medicaid Only
Maternity Services	4.1.1 Maternity Services	50,067	3,169,008	2,970,385	106,793	24,296	-	847	-	-	16,620	-	-	-
	4.2.1 Ending IBNP for Maternity Services	(32,573)	(32,573)	-	-	-	-	-	-	-	-	-	-	-
	4.3.1 Maternity Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	4.4.1 Total Maternity Services	17,494	3,136,435	2,970,385	106,793	24,296	-	847	-	-	16,620	-	-	-
Mental Health	5.1 Mental Health & Substance Abuse FFS	42,941	2,637,710	1,813,106	353,568	163,705	182,344	3,419	59,404	-	12,580	6,643	-	-
	5.2 Mental Health & Substance Abuse Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.3 Ending IBNP for Mental Health & Substance Abuse	(64,024)	(64,024)	-	-	-	-	-	-	-	-	-	-	-
	5.4 Mental Health Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	5.5 Total Mental Health & Substance Abuse Services	(21,084)	2,573,686	1,813,106	353,568	163,705	182,344	3,419	59,404	-	12,580	6,643	-	-
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	19,679	410,095	189,523	26,765	93,718	40,130	25,778	1,457	743	11,382	920	-	-
	7.2 Transportation Subcapitation	16,900	757,682	193,352	6,865	245,970	92,447	55,466	105,849	884	13,108	26,842	-	-
	7.3 Ending IBNP for Transportation	(2,342)	(2,342)	-	-	-	-	-	-	-	-	-	-	-
	7.5 Total Transportation Services	34,237	1,165,435	382,875	33,629	339,688	132,577	81,244	107,306	1,628	24,489	27,762	-	-
Pharmacy	8.1 Prescription Drugs FFS	(6,272)	29,978,531	11,938,579	1,746,274	9,372,024	2,713,743	59,046	161,132	10,837	3,768,313	214,855	-	-
	8.2 Hepatitis C Prescription Drug FFS	-	43,492	23,330	20,162	-	-	-	-	-	-	-	-	-
	8.3 Ending IBNP for Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.4 Prescription Drug Rebates	271	(101,827)	(53,210)	(4,636)	(30,543)	(10,703)	-	-	-	(2,248)	(760)	-	-
	8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	8.8 Total Prescription Drugs	(6,000)	29,920,196	11,908,699	1,761,801	9,341,482	2,703,040	59,046	161,132	10,837	3,766,066	214,095	-	-
Other Services	9.1 Home Health, Private Duty Nursing, Personal Care FFS	686	3,702,953	352,706	480	408,938	73,705	64,760	4,410	-	7,606	2,789,664	-	-
	9.2 Hospice FFS	(20,535)	1,427,742	69,605	-	638,421	42,772	690,939	-	-	6,540	-	-	-
	9.2.1 Nursing Facility FFS	82,064	927,316	60,676	-	618,181	24,202	142,192	-	-	-	-	-	-
	9.3 DME FFS	43,930	1,094,231	389,647	13,014	345,029	37,134	14,197	11,418	21	180,407	59,434	-	-
	9.4 Other State Plan Services FFS	126,312	3,172,335	2,027,386	91,381	572,064	84,136	168,504	40,927	191	41,200	20,233	-	-
	9.5 Other Services Subcapitation	-	1,770,453	1,547,142	40,679	140,519	25,267	4,306	5,323	31	6,112	1,074	-	-
	9.6 Ending IBNP for Other Services	(232,873)	362,220	522,120	12,910	35,155	5,948	14,584	2,005	208	1,957	206	-	-
	9.8 Total Other Services	(415)	12,457,251	4,969,283	158,464	2,758,305	293,164	1,099,483	64,083	452	243,821	2,870,610	-	-

(continued)

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

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

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 12/31/2023
 Paid Through: 3/31/2024

Summary

		TOTAL (TO DATE)												
		Prior Calendar Year Adjustments	Total	TANF Non-SMI		SSI Medicaid		Dual Eligible	Child Welfare	HIV/AIDS		Private Duty Nursing	LTC	
				SMI	TANF SMI	Only Non-SMI	Only SMI			Dual Eligible	Medicaid Only		Dual Eligible	Medicaid Only
Expanded Benefits	10.1 Expanded Benefits FFS	55,578	3,080,804	1,659,750	374,645	301,723	551,134	72,930	292	3,599	60,898	256	-	-
	10.2 Expanded Benefits Subcapitation	-	35,779	32,067	904	2,180	371	0	123	-	124	9	-	-
	10.3 Ending IBNP for Expanded Benefits	(20,579)	(20,579)	-	-	-	-	-	-	-	-	-	-	-
	10.4 Expanded Benefits Settlements/AP	-	-	-	-	-	-	-	-	-	-	-	-	-
	10.5 Total Expanded Benefits	34,999	3,096,004	1,691,816	375,549	303,903	551,505	72,930	415	3,599	61,022	266	-	-
Totals Before and After Reinsurance	11.1 Total Services Paid Directly FFS	1,412,270	113,363,713	64,015,076	5,028,052	24,971,851	6,972,532	1,840,788	527,173	23,323	4,776,119	3,796,527	-	-
	11.2 Total Services Paid Directly -- IBNP	(1,830,910)	369,860	1,942,518	49,089	121,077	20,331	52,371	7,022	775	6,911	675	-	-
	11.3 Total Services Paid through Subcapitation	16,900	18,284,178	16,500,456	362,638	906,931	177,095	59,795	187,652	915	36,847	34,948	-	-
	11.4 Total Services Paid by Settlements/AP	(494,550)	11,956,496	11,681,903	249,528	394,719	45,375	-	63,393	-	8,836	7,292	-	-
	11.5 TPL & Fraud/Abuse Recoveries	(295,652)	(669,795)	(260,157)	(9,339)	(37,049)	(17,078)	(29,049)	-	-	(21,471)	-	-	-
	11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.7 Subtotal Benefit Expense before Reinsurance	(1,191,942)	143,304,451	93,879,796	5,679,968	26,357,528	7,198,255	1,923,906	785,241	25,014	4,807,244	3,839,442	-	-
	11.8 Reinsurance Premiums	-	614,500	248,464	6,363	210,473	35,447	86,847	12,309	1,344	12,075	1,178	-	-
	11.9 Reinsurance Recoveries	(1,843)	(667,912)	(396,069)	-	(270,000)	-	-	-	-	-	-	-	-
	11.10 Net cost of Reinsurance	(1,843)	(53,412)	(147,605)	6,363	(59,527)	35,447	86,847	12,309	1,344	12,075	1,178	-	-
	11.11 Grand Total Medical Benefit Expense Net of Reinsurance	(1,193,785)	143,251,039	93,732,191	5,686,331	26,298,001	7,233,701	2,010,752	797,550	26,358	4,819,319	3,840,620	-	-
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		TOTAL (TO DATE)												
		Prior Calendar Year Adjustments	Total	Health Plan	Corporate									
Administrative Expenses	12.1 Salaries & Benefits	-	15,491,817	15,491,817	-									
	12.2 Administrative Services	-	1,849,759	1,849,759	-									
	12.3 Information Systems	-	2,877,272	2,877,272	-									
	12.4 Marketing Expenses	-	645,964	645,964	-									
	12.5 General Administration	-	2,827,259	2,827,259	-									
	12.6 Compliance/Regulatory	-	1,136,263	1,136,263	-									
	12.7 Total Administrative Expenses	-	24,828,334	24,828,334	-									
Government-Mandated Assessments, Taxes, and Fees Other Than	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	(1,193,785)	168,079,373												
15.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	2,352,648	7,092,339												
16.0 Income Tax Expense	-	-												
17.0 Net Underwriting Gain (Loss)	2,352,648	7,092,339												

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

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

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 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	TOTAL	
				MM	Amount	MM	Amount	MM	Amount	MM	Amount	Amount	MM	Amount
Hospital Services	1.1 North Broward Hospital District	Member/Owner	Fee-for-Service		4,408,866		2,891,179		2,880,517		2,445,943	11,459	-	12,637,964
	1.2 South Broward Hospital District	Member/Owner	Fee-for-Service		5,488,179		4,894,750		3,954,589		3,432,879	331,083	-	18,101,480
	1.3 North Broward Hospital District	Member/Owner	Alternative Payment Methodology		612,656		612,656		612,656		612,656	-	-	2,450,624
	1.4 South Broward Hospital District	Member/Owner	Alternative Payment Methodology		663,711		663,711		663,711		663,711	-	-	2,654,843
	1.5 Vendor #5											-	-	-
	1.6 Total Hospital Services					11,173,412		9,062,296		8,111,473		7,155,189	342,542	
Professional Services	2.1 North Broward Hospital District	Member/Owner	Fee-for-Service		362,675		318,399		295,103		302,739	12,802	-	1,291,717
	2.2 South Broward Hospital District	Member/Owner	Fee-for-Service		716,482		676,419		541,056		528,292	13,805	-	2,476,054
	2.3 North Broward Hospital District	Member/Owner	Alternative Payment Methodology		231,440		229,700		224,438		221,226	-	-	906,803
	2.4 South Broward Hospital District	Member/Owner	Alternative Payment Methodology		137,827		135,454		127,678		123,826	-	-	524,783
	2.5 Vendor #5											-	-	-
	2.6 Total Professional Services					1,448,423		1,359,971		1,188,275		1,176,082	26,607	
Mental Health	3.1 Vendor #1											-	-	-
	3.2 Vendor #2											-	-	-
	3.3 Vendor #3											-	-	-
	3.4 Vendor #4											-	-	-
	3.5 Vendor #5											-	-	-
	3.6 Total Mental Health													
Dental	4.1 Vendor #1											-	-	-
	4.2 Vendor #2											-	-	-
	4.3 Vendor #3											-	-	-
	4.4 Vendor #4											-	-	-
	4.5 Vendor #5											-	-	-
	4.6 Total Dental													
Transportation	5.1 Vendor #1											-	-	-
	5.2 Vendor #2											-	-	-
	5.3 Vendor #3											-	-	-
	5.4 Vendor #4											-	-	-
	5.5 Vendor #5											-	-	-
	5.6 Total Transportation													
Pharmacy	6.1 Vendor #1											-	-	-
	6.2 Vendor #2											-	-	-
	6.3 Vendor #3											-	-	-
	6.4 Vendor #4											-	-	-
	6.5 Vendor #5											-	-	-
	6.6 Total Pharmacy													
Other Services	7.1 Vendor #1											-	-	-
	7.2 Vendor #2											-	-	-
	7.3 Vendor #3											-	-	-
	7.4 Vendor #4											-	-	-
	7.5 Vendor #5											-	-	-
	7.6 Total Other Services													
Administrative Expense	8.1 South Broward Hospital District	Member/Owner	Other (please explain)		51,682		51,682		51,682		51,682	-	-	206,728
	8.2 Vendor #2											-	-	-
	8.3 Vendor #3											-	-	-
	8.4 Vendor #4											-	-	-
	8.5 Vendor #5											-	-	-
	8.6 Total Administrative Expense					51,682		51,682		51,682		51,682		206,728
9 Grand Total					12,673,517		10,473,949		9,351,429		8,382,953	369,149		41,250,997

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

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

ACHIEVED SAVINGS REBATE EXHIBIT

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 12/31/2023
 Paid Through: 3/31/2024
 Plan Type: MMA

		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	46,442,959	46,442,959		45,216,682	45,216,682		40,844,230	40,844,230	
1.2	Federal Taxes and Assessments-ACA § 9010	-			-			-		
1.3	State Insurance, Premium and other Taxes	-			-			-		
1.4	Regulatory Authority Licenses and Fees	-			-			-		
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-			(534,634)	(534,634)		-		
1.6	Revenue Subject to ASR	46,442,959	46,442,959	-	44,682,048	44,682,048	-	40,844,230	40,844,230	-
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	36,680,398	36,680,398		33,732,096	33,732,096		30,880,049	30,880,049	
2.2	Incurred but not Paid (IBNP) Ending Balance	68,699	68,699		136,880	136,880		235,812	235,812	
2.3	Settlements/AP	3,441,816	3,441,816		3,306,735	3,306,735		3,006,545	3,006,545	
2.4	Total Benefit Expense before Reinsurance	40,190,912	40,190,912	-	37,175,712	37,175,712	-	34,122,406	34,122,406	-
2.5	Net Cost of Reinsurance	(2,378)	(2,378)		(5,100)	(5,100)		(18,144)	(18,144)	
2.6	Total Benefit Expense after Reinsurance	40,188,534	40,188,534	-	37,170,612	37,170,612	-	34,104,262	34,104,262	-
Administrative Expenses										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	6,113,680	6,113,680		6,181,610	6,181,610		6,249,540	6,249,540	
3.2	Less: Compliance/Regulatory	(279,791)	(279,791)		(282,900)	(282,900)		(286,009)	(286,009)	
3.3	Less: Lobbying/Political expenses	-			-			-		
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	(103,772)	(103,772)		(103,772)	(103,772)		(103,772)	(103,772)	
3.5	Less: Other Non-allowed expenses	(75,897)	(75,897)		(25,621)	(25,621)		(5,764)	(5,764)	
3.6	Administrative Expense Subject to ASR	5,654,220	5,654,220	-	5,769,317	5,769,317	-	5,853,995	5,853,995	-
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: Community Care Plan
 Reporting Period: 1/1/2023 to 12/31/2023
 Paid Through: 3/31/2024
 Plan Type: MMA

		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	41,508,978	41,508,978		1,158,863	1,158,863		175,171,712	175,171,712	-
1.2	Federal Taxes and Assessments-ACA § 9010	-	-		-	-		-	-	-
1.3	State Insurance, Premium and other Taxes	-	-		-	-		-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-		-	-		-	-	-
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-		(347,215)	(347,215)		(881,849)	(881,849)	-
1.6	Revenue Subject to ASR	41,508,978	41,508,978	-	811,648	811,648	-	174,289,863	174,289,863	-
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	28,552,035	28,552,035		1,133,518	1,133,518		130,978,095	130,978,095	-
2.2	Incurred but not Paid (IBNP) Ending Balance	1,759,378	1,759,378		(1,830,910)	(1,830,910)		369,860	369,860	-
2.3	Settlements/AP	2,695,950	2,695,950		(494,550)	(494,550)		11,956,496	11,956,496	-
2.4	Total Benefit Expense before Reinsurance	33,007,363	33,007,363	-	(1,191,942)	(1,191,942)	-	143,304,451	143,304,451	-
2.5	Net Cost of Reinsurance	(25,947)	(25,947)		(1,843)	(1,843)		(53,412)	(53,412)	-
2.6	Total Benefit Expense after Reinsurance	32,981,416	32,981,416	-	(1,193,785)	(1,193,785)	-	143,251,039	143,251,039	-
Administrative Expenses										
3.1	Total Administrative Expenses from Revenue & Expense Schedule	6,283,504	6,283,504		-	-		24,828,334	24,828,334	-
3.2	Less: Compliance/Regulatory	(287,563)	(287,563)		-	-		(1,136,263)	(1,136,263)	-
3.3	Less: Lobbying/Political expenses	-	-		-	-		-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	(103,772)	(103,772)		-	-		(415,088)	(415,088)	-
3.5	Less: Other Non-allowed expenses	(29,873)	(29,873)		-	-		(137,155)	(137,155)	-
3.6	Administrative Expense Subject to ASR	5,862,296	5,862,296	-	-	-	-	23,139,828	23,139,828	-
4.0	Actuarially-sound Administrative Expense Maximum							22,857,519	22,857,519	-
5.0	Administrative Expenses Subject to ASR							22,857,519	22,857,519	-
6.0	Total Benefit and Administrative Expense subject to ASR							166,108,558	166,108,558	-
Calculation of Pre-Tax Income and ASR										
7.1	Pre-tax Income							8,181,305	8,181,305	-
7.2	Pre-tax Income as a Percent of Revenue							4.7%	4.7%	-
7.3	Preliminary Achieved Savings Rebate									-

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

ACHIEVED SAVINGS REBATE - ACTUARIALLY-SOUND ADMINISTRATIVE MAXIMUM CALCULATION

January 1 through September 30 of the Calendar Year

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 12/31/2023
 Paid Through: 3/31/2024
 Plan Type: MMA

CALENDAR YEAR TOTAL (January 1 to September 30)				
MMA Administrative Expense Maximum		MMA		
1.0	Select your Nationwide Member Enrollment			
1.1	Plan Enrollment			
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$27.20	468131.6	12,733,179
	TANF SMI	\$74.06	11938.8	884,188
	SSI Medicaid Only Non-SMI	\$80.93	28140.7	2,277,424
	SSI Medicaid Only SMI	\$108.14	4685.8	506,721
	SSI Dual Eligible	\$25.13	12234.4	307,451
	Child Welfare	\$69.99	1622.0	113,524
	HIV/AIDS Non-Specialty Medicaid Only	\$114.85	1591.5	182,781
	HIV/AIDS Specialty Medicaid Only	\$127.94		-
	HIV/AIDS Dual Eligible	\$23.16	177.0	4,099
	LTC Medicaid Only	\$189.94		-
	LTC Dual Eligible	\$21.84		-
	Maternity Kick Payment	\$263.23	704.0	185,314
	Private Duty Nursing	\$544.38	152.0	82,746
	LTC Eligible Kick Payments			-
1.3	Total MMA Administrative Maximum			17,277,427
LTC Administrative Expense Maximum		LTC		
2.0	Select your Nationwide Member Enrollment	Select One		
2.1	LTC Program	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.2	Total LTC Administrative Maximum			-

Instructions

- Reporting Period For Q1, Q2, Q3 ASR report, the reporting period is Quarter YTD
 For Q4 and Annual ASR report, the reporting period should be January 1 to September 30 of the Calendar Year
- Paid Through For Q1, Q2, Q3, Q4 ASR report, paid through date is Quarter YTD
 For Annual ASR report, paid through date is March 31 of the following Calendar Year
- Line 1.0 Please select your nationwide member enrollment size for all lines business for MMA program as of December 31 of the Calendar Year
- Line 1.1 Report national health plan enrollment across all lines business as of December 31 of the Calendar Year
- Line 1.2 For Q1, Q2, Q3 ASR report, enter the applicable year-to-date member months for the reporting period for the different rate groups for MMA Program.
 For Q4 and Annual ASR report, enter the applicable year-to-date member months for the period from January 1 to September 30 of the calendar year for the different rate groups for MMA Program
- Line 2.0 Please select your nationwide member enrollment size for all lines business for LTC program as of December 31 of the Calendar Year
- Line 2.1 For Q1, Q2, Q3 ASR report, enter the applicable year-to-date member months for the reporting period for LTC Program.
 For Q4 and Annual ASR report, enter the applicable year-to-date member months for the period from January 1 to September 30 of the Calendar Year for LTC Program
- Maternity Kick Payment For member months, please report number of kick payments that occurred from January 1 to September 30 of the Calendar Year
- Note 1: For Column C, Admin max PMPM for the covered reporting period, please input the PMPM based on the corresponding Milliman report-Statewide Medicaid Managed Care administrative cost maximum

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

ACHIEVED SAVINGS REBATE - ACTUARIALLY-SOUND ADMINISTRATIVE MAXIMUM CALCULATION

October 1 through December 31 of the Calendar Year

Health Plan: Community Care Plan
 Reporting Period: 1/1/2023 to 12/31/2023
 Paid Through:
 Plan Type: MMA

CALENDAR YEAR TOTAL (October 1 -December 31)				
MMA Administrative Expense Maximum		MMA		
1.0	Select your Nationwide Member Enrollment	Select One		
1.1	Plan Enrollment			
1.2	Rate Group	Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
	TANF Non -SMI	\$32.75	127684.9	4,181,681
	TANF SMI	\$77.48	3117.5	241,542
	SSI Medicaid Only Non-SMI	\$78.33	9057.5	709,471
	SSI Medicaid Only SMI	\$103.43	1547.0	160,010
	SSI Dual Eligible	\$31.09	3706.1	115,224
	Child Welfare	\$74.83	517.9	38,757
	HIV/AIDS Non-Specialty Medicaid Only	\$99.56	506.6	50,437
	HIV/AIDS Specialty Medicaid Only	\$113.08		-
	HIV/AIDS Dual Eligible	\$28.18	53.0	1,494
	LTC Medicaid Only	\$178.51		-
	LTC Dual Eligible	\$27.21		-
	Maternity Kick Payment	\$241.96	228.0	55,167
	Private Duty Nursing	\$478.36	55.0	26,310
	LTC Eligible Kick Payments			-
1.3	Total MMA Administrative Maximum			5,580,092
LTC Administrative Expense Maximum		LTC		
2.0	Select your Nationwide Member Enrollment	Select One		
		Administrative Max (PMPM) (Per Milliman Report)	Member Months	Administrative Max (Amounts)
2.1	LTC Program			-
2.2	Total LTC Administrative Maximum			-

Instructions

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

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

MEDICAL LOSS RATIO EXHIBIT

Health Plan: Community Care Plan
 Calendar Year: 2023
 Reporting Period: 01/01/2023 -12/31/2023
 Paid Through: 3/31/2024
 Plan Type: MMA

		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	46,442,959	46,442,959		45,216,682	45,216,682		40,844,230	40,844,230	
1.2	Federal Taxes and Assessments, including ACA § 9010	-			-			-		
1.3	State Insurance, Premium and other Taxes	-			-			-		
1.4	Regulatory Authority Licenses and Fees	-			-			-		
1.5	Revenue Subject to MLR	46,442,959	46,442,959	-	45,216,682	45,216,682	-	40,844,230	40,844,230	-
EXPENSES										
Benefit Expenses										
2.1	Total Benefits Paid through FFS During the Year	31,732,213	31,732,213		28,900,061	28,900,061		26,433,012	26,433,012	
2.2	Total Benefits Paid through Subcapitation During the Year	4,296,377	4,296,377		4,247,090	4,247,090		3,954,649	3,954,649	
2.3	Incurred but not Paid (IBNP) Ending Balance	68,699	68,699		136,880	136,880		235,812	235,812	
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-			-			-		
2.5	Settlements/AP	3,441,816	3,441,816		3,306,735	3,306,735		3,006,545	3,006,545	
2.6	Total Benefit Expense before Reinsurance	39,539,105	39,539,105	-	36,590,767	36,590,767	-	33,630,018	33,630,018	-
2.7	Net Cost of Reinsurance	164,139	164,139		161,418	161,418		148,373	148,373	
2.8	Total Benefit Expense after Reinsurance	39,703,244	39,703,244	-	36,752,184	36,752,184	-	33,778,392	33,778,392	-
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	637,030	637,030		485,695	485,695		407,981	407,981	
4.2	Activities to Prevent Hospital Readmissions	205,701	205,701		142,798	142,798		118,129	118,129	
4.3	Improve Patient Safety and Reducing Medical Errors	103,316	103,316		76,740	76,740		58,569	58,569	
4.4	Wellness and Health Promotion Activities	51,709	51,709		37,895	37,895		22,766	22,766	
4.5	Health Information Technology (HIT) expenses related to Health Improvement	152,686	152,686		140,400	140,400		147,667	147,667	
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	1,150,442	1,150,442	-	883,527	883,527	-	755,112	755,112	-
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	5,700	5,700		5,700	5,700		5,700	5,700	
6.0	Preliminary Medical Loss Ratio: MLR	88%	88%	0%	83%	83%	0%	85%	85%	0%
Annual Credibility Adjustment										
7.1	Member Months for Managed Care Plan (MM)									
	Number of Member Months where MM is rounded down to the nearest annual									
7.2	Member Months (MMa)									
	Number of Member Months where MM is rounded up to the nearest annual									
7.3	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: Community Care Plan
 Calendar Year: 2023
 Reporting Period: 01/01/2023 - 12/31/2023
 Paid Through: 3/31/2024
 Plan Type: MMA

		OCTOBER - DECEMBER (Q4)			Prior Year Adjustments			TOTAL (TO DATE)			For Annual Report Only	Difference
		Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC		
REVENUES												
1.1	Total Revenue from Revenue & Expense Schedules	41,508,978	41,508,978		1,158,863	1,158,863		175,171,712	175,171,712	-	\$ 205,684,454.00	(30,512,742)
1.2	Federal Taxes and Assessments, including ACA § 9010	-	-		-	-		-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	-	-		-	-		-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-		-	-		-	-	-	-	-
1.5	Revenue Subject to MLR	41,508,978	41,508,978	-	1,158,863	1,158,863	-	175,171,712	175,171,712	-	-	175,171,712
EXPENSES												
Benefit Expenses												
2.1	Total Benefits Paid through FFS During the Year	24,512,013	24,512,013		1,116,618	1,116,618		112,693,917	112,693,917	-	\$ 132,372,189.00	(19,678,272)
2.2	Total Benefits Paid through Subcapitation During the Year	3,543,318	3,543,318		48,540	48,540		16,089,974	16,089,974	-	\$ 17,925,959.00	(1,835,985)
2.3	Incurred but not Paid (IBNP) Ending Balance	1,759,378	1,759,378		(1,830,910)	(1,830,910)		369,860	369,860	-	\$ (3,735,032.00)	4,104,892
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractor	-	-		-	-		-	-	-	-	-
2.5	Settlements/AP	2,695,950	2,695,950		(494,550)	(494,550)		11,956,496	11,956,496	-	\$ 11,245,064.00	711,432
2.6	Total Benefit Expense before Reinsurance	32,510,659	32,510,659	-	(1,160,302)	(1,160,302)	-	141,110,247	141,110,247	-	\$ 192,634.00	140,917,613
2.7	Net Cost of Reinsurance	140,570	140,570		-	-		614,500	614,500	-	-	614,500
2.8	Total Benefit Expense after Reinsurance	32,651,229	32,651,229	-	(1,160,302)	(1,160,302)	-	141,724,747	141,724,747	-	\$ 158,000,813.00	(16,276,066)
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	473,575	473,575		-	-		2,004,281	2,004,281	-	-	2,004,281
4.2	Activities to Prevent Hospital Readmissions	171,588	171,588		-	-		638,217	638,217	-	-	638,217
4.3	Improve Patient Safety and Reducing Medical Errors	70,821	70,821		-	-		309,445	309,445	-	-	309,445
4.4	Wellness and Health Promotion Activities	32,025	32,025		-	-		144,395	144,395	-	-	144,395
4.5	Health Information Technology (HIT) expenses related to Health Improvement	145,602	145,602		-	-		586,354	586,354	-	-	586,354
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	893,611	893,611	-	-	-	-	3,682,692	3,682,692	-	-	3,682,692
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	5,700	5,700		-	-		22,800	22,800	-	-	22,800
6.0	Preliminary Medical Loss Ratio: MLR	81%	81%	0%	-100%	-100%	0%	83%	83%	0%	-	1
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							0.0%	0.0%	0.0%		
7.7	Calculated MLR							83%	83%	0%		
7.8	Final MLR (Apply Credibility Adjustment)							83.02%	83.02%	0.00%		