

Performance Audit
2023 Achieved Savings Rebate Financial Report
For the Florida Agency for Health Care Administration

Auditee: Sunshine State Health Plan, Inc.

Year ended December 31, 2023



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Performance Audit Report on 2023 Achieved Savings Rebate Financial Report

Medicaid Program Finance
Florida Agency for Health Care Administration

Auditee: Sunshine State Health Plan, Inc.

This report presents the results of the 2023 Achieved Savings Rebate (ASR) Financial Report performance audit conducted to address the audit objectives related to Sunshine State Health Plan, Inc. (hereinafter referred to as “the Plan”) for the year ended December 31, 2023.

Thomas Howell Ferguson P.A. was engaged under Contract 84111600-20-1 dated March 1, 2021, and MED218, as amended, to conduct the audit of the Plan’s Managed Medical Assistance (MMA) Revenue and Expense Schedule – Summary, MMA Related-Party Transaction Schedule – Summary, Long Term Care (LTC) Revenue and Expense Schedule – Summary, LTC Related-Party Transaction Schedule – Summary, the Achieved Savings Rebate Exhibit, and the Medical Loss Ratio Exhibit within the Annual ASR Financial Report. This performance audit report presents the results of our audit.

We conducted this 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.

Our audit objective was to evaluate the 2023 MMA Revenue and Expense Schedule – Summary, MMA Related-Party Transaction Schedule – Summary, LTC Revenue and Expense Schedule – Summary, LTC Related-Party Transaction Schedule – Summary, the Achieved Savings Rebate Exhibit, and the Medical Loss Ratio Exhibit (collectively, the Schedules) within the Annual ASR Financial Report to determine the Schedules were prepared in accordance with Florida Statute 409.967(3) and ASR Financial Report Instructions, which include annual revenue, benefit and administrative expenses, and income or losses reported by the Plan. The results of this performance audit will allow the Florida Agency for Health Care Administration (AHCA) to comply with Florida Statute 409.967 to verify the Achieved Savings Rebate calculated by the Plan as well as the Medical Loss Ratio (MLR) calculations. The Plan’s Schedules have been included at Appendix B.

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Accuracy, Allowability, and Reasonableness of Claimed Amounts

We noted the following exceptions regarding the accuracy, allowability, and reasonableness of amounts claimed in the Schedules within the ASR financial report for the year ended December 31, 2023:

MMA – Revenue and Expense Schedule – Summary

Adjustment No. 01:

The Plan reported claims interest expenses associated with fee for service benefits on line 11.1, Total Services Paid Directly FFS. However, in accordance with the ASR Financial Report Instructions, these amounts should be reported as administrative expenses. The adjustments to the individual fee for service benefits paid lines and the administrative expenses line are provided in Appendix A and are summarized on line 11.1, Total Services Paid Directly FFS and line 12.7, Total Administrative Expenses totaling \$(945,745) and \$945,745, respectively.

Adjustment No. 02:

The Plan reported certain risk corridor contract payments to a subcapitated vendor on line 11.3, Total Services Paid through Subcapitation. These amounts are in addition to subcapitated payments and should be reported on line 11.4, Total Services Paid by Settlements/AP. The adjustments to the individual subcapitation benefits paid lines and the settlements expenses are provided in Appendix A and are summarized on line 11.3, Total Services Paid through Subcapitation and line 11.4 Total Services Paid by Settlements/AP totaling \$(18,198,670) and \$18,198,670, respectively.

Adjustment No. 03:

Certain subcapitation expenses related to this Plan were initially reported in the Child Welfare Specialty Plan. The adjustments to the individual subcapitation benefits paid lines are provided in Appendix A and are summarized on line 11.3, Total Services Paid through Subcapitation totaling \$2,976,810 with a net income tax expense effect of \$(708,481).

Adjustment No. 04:

The amount initially reported on line 16.0, Income Tax Expense, was calculated using the incorrect effective tax rate applied to adjusted pre-tax earnings from operations. The net adjustment to line 16.0, Income Tax Expense, is \$(9,178,178).

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Adjustment No. 05:

Certain vision settlement expenses related to this Plan were initially reported in the Children's Medical Services Plan. The adjustments to the individual settlement benefits paid lines are provided in Appendix A and are summarized on line 11.4, Total Services Paid by Settlements/AP totaling \$1,623,804 with a net income tax expense effect of \$(386,465).

The above adjustments have a related impact on the MMA Related Party Transaction Schedule, and the Achieved Savings Rebate and Medical Loss Ratio Exhibits as summarized in Appendix A.

MMA – Related-Party Transaction Schedule – Summary

Adjustment No. 01:

The amount reported on line 7.2 for Other Services paid to Envolve Vision of Florida, Inc. excluded certain vision settlement expenses. The adjustment to line 7.2 Envolve Vision of Florida, Inc. is \$1,623,804.

LTC – Revenue and Expense Schedule – Summary

Adjustment No. 01:

The Plan reported claims interest expenses associated with fee for service benefits on line 4.1, Total Services Paid Directly FFS. However, in accordance with the ASR Financial Report Instructions, these amounts should be reported as administrative expenses. The adjustments to the individual fee for service benefits paid lines and the administrative expenses line are provided in Appendix A and are summarized on line 4.1, Total Services Paid Directly FFS and line 5.7 Total Administrative Expenses totaling \$(87,880) and \$87,880, respectively.

LTC – Related-Party Transaction Schedule – Summary

Adjustment No. 01:

The vendor names reported on lines 2.1 and 2.4 initially included the legal names that have been superseded. The vendor names on these lines have been changed to the correct current legal names in Appendix A.

The amount reported on line 3.1 for Administrative Expenses paid to Centene Management Company, LLC excluded portions of corporate administrative costs paid. The adjustment to line 3.1, Centene Management, LLC is \$8,960,474.

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Achieved Savings Rebate Exhibit

Adjustment No. 01:

The Plan reported certain risk corridor contract payments on line 2.1, Total Benefits Paid through FFS and Subcapitation that should be reported on line 2.3, Settlements/AP. The net adjustments to line 2.1, Total Benefits Paid through FFS and Subcapitation, and line 2.3, Settlement/AP are \$(18,198,670) and \$18,198,670, respectively.

Adjustment No. 02:

Certain subcapitation expenses related to this Plan were instead initially reported in the Child Welfare Specialty Plan. The adjustment to line 2.1, Total Benefits Paid through FFS and Subcapitation is \$2,976,810.

Adjustment No. 03:

Certain vision settlement expenses related to this Plan were initially reported in the Children's Medical Services Plan. The adjustment to line 2.3, Settlements/AP is \$1,623,804.

Medical Loss Ratio Exhibit

Adjustment No. 01:

The Plan included certain risk corridor contract payments on line 2.2, Total Benefits Paid through Subcapitation During the Year that were not direct medical benefits provided to members. The net adjustment to exclude these costs is \$(17,582,494).

Adjustment No. 02:

Certain subcapitated expenses related to this Plan were initially reported in the Child Welfare Specialty Plan. The net adjustments to line 2.2, Total Benefits Paid through Subcapitation During the Year and the related income tax expense effect to line 1.2, Federal Taxes and Assessments, including ACA 9010 are \$2,976,810 and \$708,841, respectively.

Adjustment No. 03:

The amount initially reported on line 1.2, Federal Taxes and Assessments, including ACA 9010, was calculated using the incorrect effective tax rate applied to adjusted pre-tax earnings from operations. The net adjustment to line 1.2, Federal Taxes and Assessments, including ACA 9010 is \$9,178,178.

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Adjustment No. 04:

Certain vision settlement expenses related to this Plan were initially reported in the Children's Medical Services Plan. The net adjustment to line 2.5, Settlements/AP and the related income tax expense effect to line 1.2, Federal Taxes and Assessments, including ACA 9010 are \$1,623,804 and \$386,465, respectively.

Achieved Savings Rebate

Florida Statute 409.967(3)(f) states that the achieved savings rebate is established by determining pretax income as a percentage of revenues and applying the following income sharing ratios:

- One hundred percent of income up to and including 5 percent of revenue shall be retained by the plan.
- Fifty percent of income above 5 percent and up to 10 percent shall be retained by the plan, and the other 50 percent refunded to the state.
- One hundred percent of income above 10 percent of revenue shall be refunded to the state.

Determined on this basis and using the adjusted amounts as discussed above and summarized in Appendix A, the Plan's calculated rebate due to the state is \$0. However, the final calculated rebate is to be determined by AHCA.

Medical Loss Ratio

42 CFR § 438.8 provides that the medical loss ratio is established by the following calculation:

1. Numerator: Total Benefit Expense after Reinsurance (Line 2.8) plus Total Florida-Specific Contributions (Line 3.3) plus Total of Defined Expenses Incurred for Improving Health Care Quality (Line 4.6) plus Deductible Fraud and Abuse Detection/Recovery Expenses-(MLR Only) (Line 5.0).
2. Denominator: Revenue Subject to MLR (Line 1.5).

Determined on this basis, and using the adjusted amounts as discussed above and summarized in appendix A, the Plan's stand-alone calculated ratio is 92%. However, the final calculated ratio is to be determined by AHCA.

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Conclusion

Based upon the performance audit procedures performed and the results obtained, the audit objective has been met. We conclude that, with the exception of the amounts previously described above, the Plan has prepared its 2023 MMA Revenue and Expense Schedule – Summary, MMA Related-Party Transaction Schedule – Summary, LTC Revenue and Expense Schedule – Summary, LTC Related-Party Transaction Schedule – Summary, the Achieved Savings Rebate Exhibit, and the Medical Loss Ratio Exhibit in accordance with Florida Statute 409.967 and the ASR Financial Report Instructions, regarding accuracy, allowability, and reasonableness of claimed amounts for the year ended December 31, 2023 such that the Florida Agency for Healthcare Administration can validate the Plan’s Achieved Savings Rebate and Medical Loss Ratio determinations. Our performance audit resulted in no changes to the 2023 Achieved Savings Rebate and Medical Loss Ratio calculations, other than those described above and summarized in Appendix A. We recommend AHCA consider the results of this audit in completing closeout procedures regarding the Plan’s 2023 contract year.

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*. In planning and conducting our performance audit of the ASR Financial Report, 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, or the Plan’s financial management system.

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.



Tallahassee, Florida
August 19, 2024

Sunshine State Health Plan, Inc.

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For the year ended December 31, 2023

BACKGROUND

Plan Overview

Sunshine State Health Plan, Inc. (the Plan) is a wholly owned subsidiary of Centene Corporation (Centene), a Delaware stock corporation. Centene owns all of the issued and outstanding shares of the Plan’s stock through Centene’s wholly-owned subsidiary, Sunshine Health Holding Company, a Florida corporation.

The Plan contracts with the Florida Agency for Healthcare Administration (AHCA) to provide healthcare services to eligible Medicaid recipients under Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance (MMA) and Long Term Care (LTC) programs.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

Our objective was to conduct a performance audit of the Plan’s 2023 Managed Medical Assistance Revenue and Expense Schedule – Summary, Managed Medical Assistance Related-Party Transaction Schedule – Summary, Long Term Care Revenue and Expense Schedule – Summary, Long Term Care Related-Party Transaction Schedule – Summary, the Achieved Savings Rebate Exhibit, and Medical Loss Ratio Exhibit (collectively “the Schedules”) within the Annual Achieved Savings Rebate (ASR) Financial Report. We evaluated the Schedules to determine whether amounts claimed were accurate, allowable, and reasonable in accordance with Florida Statute 409.967(3) and the ASR Financial Report Instructions, such that the Florida Agency for Healthcare Administration can validate the Plan’s Achieved Savings Rebate and Medical Loss Ratio determinations.

Scope

We conducted our performance audit in accordance with *Government Auditing Standards*. 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. 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.

Sunshine State Health Plan, Inc.

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Scope (continued)

Our scope was limited to evaluating the claimed amounts reported by the Plan for the year ended December 31, 2023. We included the following components of the MMA and LTC revenue and expense summary schedules for accuracy, allowability, and reasonableness:

- Quarterly and annual revenue;
- Benefit and administrative expenses;
- Other income or losses;
- Pre-tax income (loss) reported by the Plan;
- Income tax expense; and
- Net underwriting gain (loss).

We included the following components of the MMA and LTC related-party schedules for accuracy, allowability, and reasonableness:

- Related-party vendors, their affiliation, service type, and payment methodology; and
- Related-party expenses.

We included the following components of the ASR Exhibit for accuracy, allowability, and reasonableness:

- Annual revenue;
- Benefit and administrative expenses;
- Pre-tax income (loss) reported by the Plan;
- Pre-tax income (loss) as a percent of revenue; and
- The Preliminary Achieved Savings Rebate calculation.

We included the following components of the MLR Exhibit for accuracy, allowability, and reasonableness:

- Annual revenue;
- Benefit expenses;
- Florida-Specific Contributions;
- Improving Health Care Quality Expenses;
- Deductible Fraud and Abuse Detection/Recovery Expense; and
- The Preliminary Medical Loss Ratio.

This performance audit did not constitute an audit of the Plan's underlying financial statements and accounting records in accordance with auditing standards generally accepted in the United States of America or *Government Auditing Standards*. As such, as agreed by AHCA, the scope of the performance audit excluded the following items:

Sunshine State Health Plan, Inc.

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For the year ended December 31, 2023

Scope (continued)

- Tests of any opening balances (accruals, receivable, and payables included in the prior year ASR Schedules which may impact prior calendar year adjustments in the 2023 ASR Schedules).
- Tests of underlying data or transactions related to reported amounts allocated from a parent or other related entity, including but not limited to, allocations included in medical benefits, administrative expenses, defined expenses improving health care quality, federal income taxes, and net investment income. We obtained an understanding of the allocation methodology used by the Plan, evaluated whether the allocations comply with administrative service or related party transaction agreements, if any, and agreed amounts to internal documentation.

Methodology

We performed the following procedures as part of our performance audit:

1. We conducted planning procedures which included the following:
 - Communications with the Plan;
 - Developing an understanding of the Plan and its environment, including internal control;
 - Performance of risk assessments associated with the preparation of the Annual ASR Financial Report; and
 - Obtained and read the entity'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.
2. We performed substantive testing procedures including the following:
 - Performed applicable walk-throughs of transaction cycles critical to generating information included in summary schedules, ASR Exhibit;
 - Verification of the mathematical accuracy of the 2023 summary schedules, ASR Exhibit, and MLR Exhibit;
 - Inspection of quarterly and annual reconciliations of amounts in the MMA and LTC revenue and expense summary schedules to the Plan's general ledger or other summarized amounts from detailed accounting records;
 - Reconciliation of amounts independently audited in the Plan's financial statements to amounts reported in the MMA and LTC revenue and expense summary schedules;
 - Reconciliation of the Plan's annual revenue to monthly state capitation reports;

Sunshine State Health Plan, Inc.

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Methodology (continued)

- Selected a representative sample* of transactions included in the Plan's fee for service medical benefit expense of the MMA and LTC revenue and expense summary schedules and agreed to supporting documentation;
- Selected a representative sample* of vendor payments included in the Plan's subcapitated expenses of the MMA and LTC revenue and expense summary schedules and performed recalculations in accordance with applicable contracts or agreements;
- Selected a representative sample* of significant other revenue and expense transactions and obtained documentation supporting those transactions in the MMA and LTC revenue and expense summary schedules;
- Performed evaluation of revenues and expenses of the MMA and LTC revenue and expense summary schedules for proper classification and proper exclusion of disallowed amounts;
- Performed verification of the information disclosed on the MMA and LTC related-party schedules through independent documentation and inquiry with Plan management;
- Traced amounts reported on the MMA and LTC revenue and expense schedules to the ASR Exhibit;
- Performed evaluation of proper recording and classification of Administrative Expense transactions and recalculation of certain administrative expenses in accordance with ASR Exhibit instructions;
- Performed evaluation of proper recording and calculation of Actuarially Sound Administrative Maximum calculation reported on line 4.0 of the ASR Exhibit;
- Performed evaluation of the proper calculation of Pre-tax Income (Loss) in accordance with ASR Exhibit instructions, specifically as it relates to lines 7.1 through 7.3 of the ASR Exhibit;
- Performed evaluation of proper recording and calculation of Preliminary Achieved Savings Rebate reported on line 7.3 of the ASR Exhibit;
- Selected a representative sample* of provider medical payments included in the Plan's subcapitated expenses of the MLR Exhibit and agreed to supporting documentation and determined that administrative costs were properly excluded;
- Performed evaluation of proper reporting and classification of amounts associated with Florida-Specific Contributions used for medical loss ratios;
- Performed evaluation of proper reporting and classification of amounts associated with Improving Health Care Quality Expenses Incurred used for medical loss ratios;
- Performed evaluation of proper reporting and classification of amounts associated with Deductible Fraud and Abuse Detection/Recovery Expenses used for medical loss ratios; and

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Methodology (continued)

- Performed evaluation of the proper calculation of the Medical Loss Ratio in accordance with MLR Exhibit instructions, specifically as it relates to line 6.0 of the MLR Exhibit.

*Representative sample was determined in accordance with AICPA Audit Guide *Audit Sampling* AU-C 530.

* * * * *

RESULTS

Based on results of procedures performed, we identified adjustments, as described in the Accuracy, Allowability, and Reasonableness of Claimed Amounts section and summarized in Appendix A, needed for compliance with F.S. 409.967 and ASR Financial Report Instructions.

Appendix A

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

	Reported Annual Amount	Adjustment No. 1	Adjustment No. 2	Adjustment No. 3	Adjustment No. 4	Adjustment No. 5	Total Adjustments	Adjusted Annual Amount
MEMBER MONTHS								
REVENUES								
1.1 Capitation	16,846,848.1	-	-	-	-	-	-	16,846,848
1.2 Pharmacy Drug High Risk Pool	\$ 4,754,105,252	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,754,105,252
1.3 Hepatitis C Kick Payments	22,538,086	-	-	-	-	-	-	22,538,086
1.4.1 Maternity Kick Payments	92,164,308	-	-	-	-	-	-	92,164,308
1.5 ACA § 9010 related payments	9,497,703	-	-	-	-	-	-	9,497,703
1.7 Total Revenue	4,878,305,349	-	-	-	-	-	-	4,878,305,349
BENEFIT EXPENSES								
2.1 Inpatient FFS	681,026,073	(233,223)	-	-	-	-	(233,223)	680,792,850
2.2 Ending BNP for Inpatient Hospital	(15,734,575)	-	-	-	-	-	-	(15,734,575)
2.3 Outpatient FFS: ER	239,635,284	(82,064)	-	-	-	-	(82,064)	239,553,220
2.4 Outpatient FFS: Other than ER	282,723,943	(96,820)	-	-	-	-	(96,820)	282,627,123
2.5 Ending BNP for Outpatient Hospital	(24,260,790)	-	-	-	-	-	-	(24,260,790)
2.6 Subcapitated Hospital Services	(36,508,164)	-	-	-	-	-	-	(36,508,164)
2.7 Hospital Settlements	141,190,272	-	-	-	-	-	-	141,190,272
2.8 Total Hospital Services	1,144,072,043	(412,107)	-	-	-	-	(412,107)	1,140,659,936
3.1 Primary Care FFS	324,859,186	(111,250)	-	-	-	-	(111,250)	324,747,936
3.2 Specialty Care FFS	447,424,416	(153,223)	-	-	-	-	(153,223)	447,271,193
3.3 Other Professional FFS	-	-	-	-	-	-	-	-
3.4 § 1202 PCP Payments to providers	199,453,727	-	-	-	-	-	-	199,453,727
3.5 Subcapitated Professional Services	(42,263,753)	-	-	-	-	-	-	(42,263,753)
3.6 Ending BNP for Professional Services	76,857,245	-	-	-	-	-	-	76,857,245
3.7 Professional Settlements/AP	1,006,330,821	(264,475)	-	-	-	1,623,804	1,623,804	1,007,690,152
3.8 Total Physician Services	1,006,330,821	(264,475)	-	-	-	1,623,804	(26,579)	775,873,887
4.1.1 Maternity Services	77,613,966	(26,579)	-	-	-	-	-	(2,483,510)
4.2.1 Ending BNP for Maternity Services	(8,294,829)	-	-	-	-	-	-	(8,294,829)
4.3.1 Maternity Settlements/AP	(2,483,510)	-	-	-	-	-	-	(2,483,510)
4.4.1 Total Maternity Services	66,835,627	(26,579)	-	-	-	-	(26,579)	66,809,048
5.1 Mental Health & Substance Abuse FFS	243,732,714	(83,468)	-	-	-	-	(83,468)	243,649,246
5.2 Mental Health & Substance Abuse Subcapitation	(9,056,050)	-	-	-	-	-	-	(9,056,050)
5.3 Ending BNP for Mental Health & Substance Abuse	(7,712,189)	-	-	-	-	-	-	(7,712,189)
5.4 Mental Health Settlements/AP	226,964,475	(83,468)	-	-	-	-	(83,468)	226,881,007
5.5 Total Mental Health & Substance Abuse Services	226,964,475	(83,468)	-	-	-	-	(83,468)	226,881,007
6.1 Dental FFS	-	-	-	-	-	-	-	-
6.2 Dental Subcapitation	-	-	-	-	-	-	-	-
6.3 Ending BNP for Dental Services	-	-	-	-	-	-	-	-
6.4 Dental Settlements/AP	-	-	-	-	-	-	-	-
6.5 Total Dental Services	-	-	-	-	-	-	-	-
7.1 Transportation FFS	18,636,712	(6,382)	-	-	-	-	(6,382)	18,630,330
7.2 Transportation Subcapitation	81,108,455	-	(18,198,670)	-	-	-	(18,198,670)	62,909,785
7.3 Ending BNP for Transportation	408,086	-	-	-	-	-	-	408,086
7.4 Transportation Settlements/AP	(577,018)	-	18,198,670	-	-	-	18,198,670	17,621,652
7.5 Total Transportation Services	99,576,235	(6,382)	-	-	-	-	(6,382)	99,569,853
8.1 Prescription Drugs FFS	1,178,182,485	-	-	-	-	-	-	1,178,182,485
8.2 Hepatitis C Prescription Drug FFS	9,844,849	-	-	-	-	-	-	9,844,849
8.3 Ending BNP for Prescription Drugs	(7,135,275)	-	-	-	-	-	-	(7,135,275)
8.4 Prescription Drug Rebates	-	-	-	-	-	-	-	-
8.5 Ending accrual for Rebates receivable	-	-	-	-	-	-	-	-
8.6 Prescription Drugs Subcapitation	-	-	-	-	-	-	-	-
8.7 Prescription Drug Settlements/AP	-	-	-	-	-	-	-	-
8.8 Total Prescription Drugs	1,180,892,059	-	-	-	-	-	-	1,180,892,059

(continued)

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

	Reported Annual Amount	Adjustment No. 1	Adjustment No. 2	Adjustment No. 3	Adjustment No. 4	Adjustment No. 5	Total Adjustments	Adjusted Annual Amount
9.1 Home Health, Nursing, Personal Care FFS	139,023,441	(47,609)	-	-	-	-	(47,609)	138,975,832
9.2 Hospice FFS	17,211,343	(5,894)	-	-	-	-	(5,894)	17,205,449
9.2.1 Nursing Facility FFS	19,789,698	(6,777)	-	-	-	-	(6,777)	19,782,921
9.3 DME FFS	69,040,481	(23,643)	-	-	-	-	(23,643)	69,016,838
9.4 Other State Plan Services FFS	200,940,770	(68,813)	-	-	-	-	(68,813)	200,871,957
9.5 Other Services Subcapitation	26,322,386	-	2,976,810	-	-	-	2,976,810	29,299,196
9.6 Ending BNP for Other Services	3,726,918	-	-	-	-	-	-	3,726,918
9.7 Other Services Settlements/AP	36,549,471	-	-	-	-	-	-	36,549,471
9.8 Total Other Services	512,604,508	(152,736)	2,976,810	-	-	-	2,824,074	515,428,582
10.1 Expanded Benefits FFS	3,174,629	-	-	-	-	-	-	3,174,629
10.2 Expanded Benefits Subcapitation	3,313,417	-	-	-	-	-	-	3,313,417
10.3 Ending BNP for Expanded Benefits	(1,168,348)	-	-	-	-	-	-	(1,168,348)
10.4 Expanded Benefits Settlements/AP	573,727	-	-	-	-	-	-	573,727
10.5 Total Expanded Benefits	34,463,425	-	-	-	-	-	-	34,463,425
11.1 Total Services Paid Directly FFS	3,988,484,987	(945,745)	-	-	-	-	(945,745)	3,987,539,242
11.2 Total Services Paid Directly -- BNP	(96,643,341)	-	-	-	-	-	-	(96,643,341)
11.3 Total Services Paid through Subcapitation	310,197,985	-	(18,198,670)	2,976,810	-	-	(15,221,860)	294,976,125
11.4 Total Services Paid by Settlements/AP	66,699,562	-	18,198,670	-	-	1,623,804	19,822,474	86,522,036
11.5 TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-
11.6.1 Premium Deficiency Reserve	-	-	-	-	-	-	-	-
11.7 Subtotal Benefit Expense before Reinsurance	4,268,739,193	(945,745)	2,976,810	-	-	1,623,804	3,654,869	4,272,394,062
11.8 Reinsurance Premiums	104,651	-	-	-	-	-	-	104,651
11.9 Reinsurance Recoveries	-	-	-	-	-	-	-	-
11.10 Net cost of Reinsurance	104,651	-	-	-	-	-	-	104,651
11.11 Grand Total Medical Benefit Expense Net of Reinsurance	4,268,843,844	(945,745)	2,976,810	-	-	1,623,804	3,654,869	4,272,498,713
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees								
12.1 Salaries and Benefits	206,646,630	-	-	-	-	-	-	206,646,630
12.2 Administrative Services	40,059,971	-	-	-	-	-	-	40,059,971
12.3 Information Systems	51,151,347	-	-	-	-	-	-	51,151,347
12.4 Marketing Expenses	2,662,207	-	-	-	-	-	-	2,662,207
12.5 General Administration	69,581,921	945,745	-	-	-	-	945,745	70,527,666
12.6 Compliance/Regulatory	9,904,970	-	-	-	-	-	-	9,904,970
12.7 Total Administrative Expenses	380,007,046	945,745	-	-	-	-	945,745	380,952,791
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	4,648,850,890	-	-	2,976,810	-	1,623,804	4,600,614	4,653,451,504
15.0 Underwriting Gain/(Loss) ---AKA Pre-tax Earnings from Operations	229,454,459	-	-	(2,976,810)	-	(1,623,804)	(4,600,614)	224,853,845
16.0 Income Tax Expense	63,788,340	-	-	(708,481)	(9,178,178)	(386,465)	(10,273,124)	53,515,216
17.0 Net Underwriting Gain (Loss)	165,666,119	-	-	(2,268,329)	9,178,178	(1,237,339)	5,672,510	171,538,629

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

		Reported	Adjustment	Total	Adjusted
		Annual Amount	No. 1	Adjustments	Annual Amount
MEMBER MONTHS		396,737	-	-	396,737
REVENUES					
Revenues	1.1 Capitation	\$ 1,559,058,904	\$ -	\$ -	1,559,058,904
	1.2 NH Rate Reconciliation	1,609,571	-	-	1,609,571
	1.2.1 Community High Risk Pool	11,453,984	-	-	11,453,984
	1.2.2 Patient Responsibility Reconciliation	(13,287,650)	-	-	(13,287,650)
	1.3 Other Revenue	-	-	-	-
	1.4 Total Revenue	1,558,834,809	-	-	1,558,834,809
BENEFIT EXPENSES					
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	4,200,802	-	-	4,200,802
	2.2 Nursing Facility Days (Crossover)	43,020	-	-	43,020
	2.3 Nursing Facility FFS (Medicaid)	955,357,273	(54,959)	(54,959)	955,302,314
	2.4 Nursing Facility FFS (Crossover)	7,812,550	(449)	(449)	7,812,101
	2.5 Hospice Days	376,156	-	-	376,156
	2.6 Hospice FFS	86,315,365	(4,965)	(4,965)	86,310,400
	2.7 Ending IBNP for NF & Hospice Services	(13,517,226)	-	-	(13,517,226)
	2.8 NF & Hospice Subcapitated Services	-	-	-	-
	2.9 NF & Hospice Settlements/AP	2,339,003	-	-	2,339,003
		2.10 Total Nursing Facility and Hospice	1,038,306,965	(60,373)	(60,373)
Long Term Care Services	2.11 Assisted Living FFS	51,262,959	(2,949)	(2,949)	51,260,010
	2.12 Home Health FFS	269,913,082	(15,527)	(15,527)	269,897,555
	2.13 Medical Equipment/Supplies FFS	18,324,061	(1,054)	(1,054)	18,323,007
	2.14 Therapy Services FFS	12,794,517	(736)	(736)	12,793,781
	2.15 Transportation Services FFS	(2,052,327)	118	118	(2,052,209)
	2.16 Case Management (Plan Provided) FFS	60,692,265	(3,491)	(3,491)	60,688,774
	2.17 Case Management (non-Plan Provided) FFS	4,467,012	(257)	(257)	4,466,755
	2.18 Home & Community Based Services (HCBS) FFS	62,769,721	(3,611)	(3,611)	62,766,110
	2.19 Subcapitated LTC Services (excluding NF)	56,492,689	-	-	56,492,689
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	(8,047,435)	-	-	(8,047,435)
	2.21 LTC Services Settlements/AP (excluding NF)	(9,493,368)	-	-	(9,493,368)
	2.22 Grand Total LTC Services	1,555,430,141	(87,880)	(87,880)	1,555,342,261
Expanded Benefits	3.1 Expanded Benefits FFS	2,599,914	-	-	2,599,914
	3.2 Expanded Benefits Subcapitation	33,614	-	-	33,614
	3.3 Ending IBNP for Expanded Benefits	-	-	-	-
	3.4 Expanded Benefits Services Settlements	1,742,907	-	-	1,742,907
	3.5 Total Expanded Benefits	4,376,435	-	-	4,376,435
Totals Before and After Reinsurance	4.1 Total Services Paid Directly FFS	1,530,256,392	(87,880)	(87,880)	1,530,168,512
	4.2 Total Services Paid Directly -- IBNP	(21,564,661)	-	-	(21,564,661)
	4.3 Total Services Paid through Subcapitation	56,526,303	-	-	56,526,303
	4.4 Total Services Paid by Settlements/AP	(5,411,458)	-	-	(5,411,458)
	4.5 TPL & Fraud/Abuse Recoveries	-	-	-	-
	4.6.1 Premium Deficiency Reserve	-	-	-	-
	4.7 Subtotal Benefit Expense before Reinsurance	1,559,806,576	(87,880)	(87,880)	1,559,718,696
	4.8 Reinsurance Premiums	-	-	-	-
	4.9 Reinsurance Recoveries	-	-	-	-
	4.10 Net cost of Reinsurance	-	-	-	-
	Grand Total Service Benefit Expense Net of Reinsurance	1,559,806,576	(87,880)	(87,880)	1,559,718,696
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees					
Administrative Expenses	5.1 Salaries & Benefits	27,268,476	-	-	27,268,476
	5.2 Administrative Services	7,043,786	-	-	7,043,786
	5.3 Information Systems	8,212,910	-	-	8,212,910
	5.4 Marketing Expenses	766,603	-	-	766,603
	5.5 General Administration	11,986,718	87,880	87,880	12,074,598
	5.6 Compliance/Regulatory	(113,250)	-	-	(113,250)
	5.7 Total Administrative Expenses	55,165,243	87,880	87,880	55,253,123
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	6.1 State Premium Tax	-	-	-	-
	6.2 Department of Insurance Assessments	-	-	-	-
	6.3 Other 1	-	-	-	-
	6.4 Other 2	-	-	-	-
	6.5 Other 3	-	-	-	-
	6.6 Total	-	-	-	-
	7.0 Grand Total Expenses	1,614,971,819	-	-	1,614,971,819
Underwriting Gain/(Loss) ---AKA Pre-tax Earnings					
	8.0 from Operations	(56,137,010)	-	-	(56,137,010)
	9.0 Income Tax Expense	(13,360,608)	-	-	(13,360,608)
	10.0 Net Underwriting Gain (Loss)	(42,776,402)	-	-	(42,776,402)

Adjustments to Amounts Reported in the MMA – Related Party Transaction Schedule - Summary

		Reported Annual Amount	Adjustment No. 1	Total Adjustments	Adjusted Annual Amount
EXPENSES	Vendor Name				
Hospital Services	1.1 Vendor #1	\$ -	\$ -	\$ -	\$ -
	1.2 Vendor #2	-	-	-	-
	1.3 Vendor #3	-	-	-	-
	1.4 Vendor #4	-	-	-	-
	1.5 Vendor #5	-	-	-	-
	1.6 Total Hospital Services	-	-	-	-
Professional Services	2.1 Envolve PeopleCare, Inc. (Nurse Helpline)	-	-	-	-
	2.2 Envolve PeopleCare, Inc. (Disease Management)	-	-	-	-
	2.3 Access Medical Acquisitions, Inc.	7,380,917	-	-	7,380,917
	2.4 Access Medical Acquisitions, Inc.	1,691,853	-	-	1,691,853
	2.5 Vendor #5	-	-	-	-
	2.6 Total Professional Services	9,072,770	-	-	9,072,770
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 Centene Pharmacy Services, Inc.	(115,662)	-	-	(115,662)
	6.2 Vendor #2	-	-	-	-
	6.3 Vendor #3	-	-	-	-
	6.4 Vendor #4	-	-	-	-
	6.5 Vendor #5	-	-	-	-
	6.6 Total Pharmacy	(115,662)	-	-	(115,662)
Other Services	7.1 Envolve Vision of Florida, Inc.	29,674,591	-	-	29,674,591
	7.2 Envolve Vision of Florida, Inc.	12,253,067	1,623,804	1,623,804	13,876,871
	7.3 Vendor #3	-	-	-	-
	7.4 Vendor #4	-	-	-	-
	7.5 Vendor #5	-	-	-	-
	7.6 Total Other Services	41,927,658	1,623,804	1,623,804	43,551,462
Administrative Expense	8.1 Centene Management Company, LLC	308,420,971	-	-	308,420,971
	8.2 Vendor #2	-	-	-	-
	8.3 National Imaging Association, Inc.	255,292	-	-	255,292
	8.4 Centene Pharmacy Services, Inc.	19,978,668	-	-	19,978,668
	8.5 Vendor #5	-	-	-	-
	8.6 Total Administrative Expense	328,654,931	-	-	328,654,931
9.0 Grand Total		379,539,697	1,623,804	1,623,804	381,163,501

Adjustments to Amounts Reported in the LTC – Related Party Transaction Schedule - Summary

EXPENSES	Vendor Name	Reported	Adjustment	Total	Adjusted
		Annual Amount	No. 1	Adjustments	Annual Amount
LTC Nursing Facility (NF) & Hospice Services	1.1 Vendor #1	-	-	-	-
	1.2 Vendor #2	-	-	-	-
	1.3 Vendor #3	-	-	-	-
	1.4 Vendor #4	-	-	-	-
	1.5 Vendor #5	-	-	-	-
1.6 Total LTC Nursing Facility & Hospice		-	-	-	-
Long Term Care Services	2.1 Centene Pharmacy Services, Inc.	2,465,074	-	-	2,465,074
	2.2 Envolve Vision of Florida, Inc.	477,074	-	-	477,074
	2.3 Centene Management Company, LLC	60,692,265	-	-	60,692,265
	2.4 Envolve Vision of Florida, Inc.	918,904	-	-	918,904
	2.5 Vendor #5	-	-	-	-
2.6 Total Long Term Services	64,553,317	-	-	-	64,553,317
Administrative Expenses	3.1 Centene Management Company, LLC	42,133,935	8,960,474	8,960,474	51,094,409
	3.2 Vendor #2	-	-	-	-
	3.3 Vendor #3	-	-	-	-
	3.4 Vendor #4	-	-	-	-
	3.5 Vendor #5	-	-	-	-
3.6 Total Administrative Expenses	42,133,935	8,960,474	8,960,474	8,960,474	51,094,409
10.0 Grand Total		106,687,252	8,960,474	8,960,474	115,647,726

Adjustments to Amounts Reported in the Achieved Savings Rebate Exhibit

	Reported Annual Amount	Adjustment No. 1	Adjustment No. 2	Adjustment No. 3	Total Adjustments	Adjusted Annual Amount
REVENUES						
1.1 Total Revenue from Revenue & Expense Schedules	\$ 6,437,140,158	-	-	-	-	\$ 6,437,140,158
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	(9,497,703)	-	-	-	-	(9,497,703)
1.6 Revenue Subject to ASR	6,427,642,455	-	-	-	-	6,427,642,455
EXPENSES						
Benefit expenses						
2.1 Total benefits paid through FFS and subcapitation	5,884,432,040	(18,198,670)	2,976,810	-	(15,221,860)	5,869,210,180
2.2 Change in IBNP reserve	(118,208,003)	-	-	-	-	(118,208,003)
2.3 Settlements/AP	61,288,102	18,198,670	-	1,623,804	19,822,474	81,110,576
2.4 Total benefit expenses before reinsurance	5,827,512,139	-	2,976,810	1,623,804	4,600,614	5,832,112,753
2.5 Net cost of reinsurance	104,651	-	-	-	-	104,651
2.6 Total benefit expenses after reinsurance	5,827,616,790	-	2,976,810	1,623,804	4,600,614	5,832,217,404
Administrative expenses						
3.1 Total administrative expenses from Revenue & Expense Schedule	436,205,914	-	-	-	-	436,205,914
3.2 Less: compliance/regulatory	(9,791,720)	-	-	-	-	(9,791,720)
3.3 Less: lobbying/political expenses	(820,976)	-	-	-	-	(820,976)
3.4 Less: cash-value of executive bonuses above base salary	(1,266,332)	-	-	-	-	(1,266,332)
3.5 Less: other non-allowed expenses	(5,327,426)	-	-	-	-	(5,327,426)
3.6 Administrative expense subject to ASR	418,999,460	-	-	-	-	418,999,460
4.0 Actuarially-sound administrative expense maximum	650,154,245	-	-	-	-	650,154,245
5.0 Administrative expenses subject to ASR	418,999,460	-	-	-	-	418,999,460
6.0 Total benefit and administrative expense subject to ASR	6,246,616,250	-	2,976,810	1,623,804	4,600,614	6,251,216,864
7.1 Pre-tax income	\$ 181,026,205	-	-	-	-	\$ 181,026,205
7.2 Pre-tax income as a percent of revenue	2.82%	-	-	-	-	2.74%
7.3 Preliminary achieved savings rebate	\$ -	-	-	-	-	\$ -

Calculation of pre-tax income and ASR

Adjustments to Amounts Reported in the Medical Loss Ratio Exhibit

	Reported Annual Amount	Adjustment No. 1	Adjustment No. 2	Adjustment No. 3	Adjustment No. 4	Total Adjustments	Adjusted Annual Amount
REVENUES							
1.1 Total Revenue from Revenue & Expense Schedules	\$ 6,437,140,158	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,437,140,158
1.2 Federal Taxes and Assessments, including ACA § 9010	(63,788,340)	-	708,481	9,178,178	386,465	10,273,124	(53,515,216)
1.3 State Insurance, Premium and other Taxes	-	-	-	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-	-	-	-
1.5 Revenue Subject to MLR	6,373,351,818	-	708,481	9,178,178	386,465	10,273,124	6,383,624,942
EXPENSES							
Benefit expenses							
2.1 Total Benefits Paid through FFS During the Year	5,517,707,752	-	-	-	-	-	5,517,707,752
2.2 Total Benefits Paid through Subcapitation During the Year	364,360,230	(17,582,494)	2,976,810	-	-	(14,605,684)	349,754,566
2.3 Incurred but not Paid (IBNP) Ending Balance	(118,208,003)	-	-	-	-	-	(118,208,003)
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractor	702,525	-	-	-	-	-	702,525
2.5 Settlements/AP	61,288,102	-	-	-	-	-	62,911,906
2.6 Total Benefit Expense before Reinsurance	5,825,850,626	(17,582,494)	2,976,810	-	1,623,804	(12,981,880)	5,812,868,746
2.7 Net Cost of Reinsurance	104,651	-	-	-	-	-	104,651
2.8 Total Benefit Expense after Reinsurance	5,825,955,277	(17,582,494)	2,976,810	-	1,623,804	(12,981,880)	5,812,973,397
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	-	-	-	-	-	-	-
4.1 Improve Health Outcomes	66,394,904	-	-	-	-	-	66,394,904
4.2 Activities to Prevent Hospital Readmissions	1,877,433	-	-	-	-	-	1,877,433
4.3 Improve Patient Safety and Reducing Medical Errors	33,752	-	-	-	-	-	33,752
4.4 Wellness and Health Promotion Activities	2,446,390	-	-	-	-	-	2,446,390
4.5 Health Information Technology (HIT) expenses related to Health Improvement	8,874,502	-	-	-	-	-	8,874,502
4.6 Total of Defined Expenses Incurred for Improving Health Care Quality	79,626,981	-	-	-	-	-	79,626,981
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	694,187	-	-	-	-	-	694,187
6.0 Preliminary Medical Loss Ratio: MLR	92.67%	-	-	-	-	-	92.67%

Improving Health Care Quality Expenses Incurred

Appendix B

Expanded Benefits	10.1	Expanded Benefits FFS	7,071,425	3,631,102	792,357	966,693	760,889	198,867	3,011	6,212	163,901	45,051	176,192	327,150
	10.2	Expanded Benefits Subcapitation	867,788	753,888	37,845	33,676	11,213	10,171	8,424	290	2,066	179	8,393	1,643
	10.3	Ending IBNP for Expanded Benefits	(21,734)	(8,280)	(2,765)	(3,723)	(3,755)	(317)	-	(36)	(430)	-	(834)	(1,594)
	10.4	Expanded Benefits Settlements/AP	143,432	115,254	12,586	5,833	2,795	3,104	-	83	366	1,347	1,318	746
	10.5	Total Expanded Benefits	8,060,911	4,491,964	840,023	1,002,479	771,142	211,825	11,435	6,549	165,903	46,577	185,069	327,945
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	1,036,705,415	571,434,732	75,565,033	173,077,763	94,976,678	13,632,522	13,308,876	388,856	26,969,423	32,722,722	6,960,168	27,668,641
	11.2	Total Services Paid Directly – IBNP	2,493,450	1,420,009	109,961	449,324	212,931	25,449	40,236	591	31,601	88,280	24,270	90,799
	11.3	Total Services Paid through Subcapitation	79,608,189	67,994,605	3,302,718	3,969,961	1,299,934	461,043	1,729,257	11,546	246,146	17,757	353,719	221,503
	11.4	Total Services Paid by Settlements/AP	21,668,096	15,459,443	1,435,487	1,976,080	911,542	710,693	64,512	18,707	123,833	396,785	336,598	234,416
	11.5	TRL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	1,140,475,150	656,308,789	80,413,199	179,473,127	97,401,085	14,829,707	15,142,881	419,701	27,371,003	33,225,544	7,674,755	28,215,359
	11.8	Reinsurance Premiums	104,651	90,087	4,559	5,438	1,818	1,175	-	32	319	29	934	260
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	104,652	90,088	4,559	5,438	1,818	1,175	-	32	319	29	934	260
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	1,140,579,802	656,398,877	80,417,758	179,478,565	97,402,903	14,830,882	15,142,881	419,733	27,371,322	33,225,573	7,675,689	28,215,619
JANUARY - MARCH (Q1)														
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	54,634,153	(326)	54,634,479									
	12.2	Administrative Services	10,591,232	445,174	10,146,058									
	12.3	Information Systems	13,523,619	7,215,337	6,308,282									
	12.4	Marketing Expenses	703,846	608,113	95,733									
	12.5	General Administration	18,788,555	8,431,404	10,357,151									
	12.6	Compliance/Regulatory	2,618,720	2,618,720	-									
	12.7	Total Administrative Expenses	100,860,125	19,318,422	81,541,703									
	Government-Mandated Fees Other Than Income Taxes	13.1	State Premium tax	-	-	-								
13.2		Department of Insurance Assessments	-	-	-									
13.3		Section 9010 Health Insurance Providers Fee	-	-	-									
13.4		Other 1	-	-	-									
13.5		Other 2	-	-	-									
13.6		Other 3	-	-	-									
13.7		Total	-	-	-									
14.0	Grand Total Expenses	1,241,439,926												
15.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	29,716,152												
16.0	Income Tax Expense	7,072,445												
17.0	Net Underwriting Gain (Loss)	22,643,707												

Expanded Benefits	10.1	Expanded Benefits FFS	7,947,626	4,336,599	948,036	1,046,022	834,025	166,887	(2,326)	5,033	174,156	40,419	47,781	350,994
	10.2	Expanded Benefits Subcapitation	875,229	758,534	37,812	35,246	11,668	10,348	8,616	292	2,112	155	8,689	1,757
	10.3	Ending IBNP for Expanded Benefits	(56,607)	(21,595)	(7,438)	(10,353)	(10,452)	(778)	(15)	(41)	(1,309)	(4)	(399)	(4,223)
	10.4	Expanded Benefits Settlements/AP	143,432	115,254	12,586	5,833	2,795	3,104	-	83	366	1,347	1,318	746
	10.5	Total Expanded Benefits	8,909,680	5,188,792	990,996	1,076,748	838,036	179,561	6,275	5,367	175,325	41,917	57,389	349,274
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	1,003,783,748	544,347,832	73,340,593	178,987,540	94,417,458	12,892,111	12,817,445	406,053	26,452,019	27,105,029	5,653,209	27,364,457
	11.2	Total Services Paid Directly – IBNP	9,912,805	5,712,676	578,691	1,915,275	790,804	67,622	144,585	3,383	130,705	172,775	59,500	336,790
	11.3	Total Services Paid through Subcapitation	78,877,504	67,162,320	3,241,231	4,112,908	1,337,773	455,043	1,707,472	11,318	247,434	15,097	355,212	231,696
	11.4	Total Services Paid by Settlements/AP	21,198,455	15,783,541	1,474,513	1,612,967	733,529	664,678	12,316	17,494	96,263	306,330	309,623	187,202
	11.5	TRL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	1,113,772,512	633,006,369	78,635,029	186,628,690	97,279,563	14,079,454	14,681,819	438,248	26,926,421	27,599,231	6,377,544	28,120,144
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	1,113,772,512	633,006,369	78,635,029	186,628,690	97,279,563	14,079,454	14,681,819	438,248	26,926,421	27,599,231	6,377,544	28,120,144
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees														
			APRIL - JUNE (Q2)											
			Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	53,569,904	(920)	53,570,224									
	12.2	Administrative Services	10,384,920	436,502	9,948,418									
	12.3	Information Systems	13,260,186	7,074,786	6,185,400									
	12.4	Marketing Expenses	690,135	596,267	93,868									
	12.5	General Administration	18,286,238	8,130,839	10,155,399									
	12.6	Compliance/Regulatory	2,567,708	2,567,708										
	12.7	Total Administrative Expenses	98,759,091	18,805,782	79,953,309									
Government-Mandated Fees, Other Than Income Taxes	13.1	State Premium tax	-	-										
	13.2	Department of Insurance Assessments	-	-										
	13.3	Section 9010 Health Insurance Providers Fee	-	-										
	13.4	Other 1	-	-										
	13.5	Other 2	-	-										
	13.6	Other 3	-	-										
	13.7	Total	-	-										
14.0	Grand Total Expenses	1,212,531,603												
15.0	Underwriting Gain / (Loss) — AKA Pre-tax Earnings from Operations	30,601,046												
16.0	Income Tax Expense	7,283,049												
17.0	Net Underwriting Gain (Loss)	23,317,997												

Expanded Benefits	10.1	Expanded Benefits FFS	8,342,257	4,487,702	1,065,288	956,846	956,516	302,327	270	13,165	185,656	7,721	159,403	207,363
	10.2	Expanded Benefits Subcapitation	834,377	718,963	34,114	36,564	12,177	10,198	8,986	286	2,036	119	9,033	1,901
	10.3	Ending IBNP for Expanded Benefits	(35,458)	(13,054)	(5,560)	(5,988)	(7,919)	(735)	(1)	(43)	(850)	-	(156)	(1,152)
	10.4	Expanded Benefits Settlements/AP	143,432	115,254	12,586	5,833	2,795	3,104	-	83	366	1,347	1,318	746
	10.5	Total Expanded Benefits	9,284,608	5,308,865	1,106,428	993,255	963,569	314,894	9,255	13,491	187,208	9,187	169,598	208,858
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	937,970,693	496,490,455	62,176,784	180,127,663	94,231,526	13,790,790	12,504,699	282,748	23,854,781	21,002,506	5,389,585	28,119,159
	11.2	Total Services Paid Directly – IBNP	14,154,994	8,126,947	700,811	2,761,708	1,214,481	125,339	189,962	3,121	154,514	274,748	72,271	531,099
	11.3	Total Services Paid through Subcapitation	71,005,115	60,023,749	2,761,163	4,042,593	1,310,280	428,325	1,614,144	10,587	223,267	11,590	349,961	229,456
	11.4	Total Services Paid by Settlements/AP	21,139,306	13,647,042	1,265,199	1,985,510	753,645	1,546,728	104,306	41,275	98,648	833,846	687,734	175,372
	11.5	TRL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	1,044,270,108	578,288,193	66,903,957	188,917,474	97,509,932	15,891,182	14,413,111	337,731	24,331,210	22,122,690	6,499,551	29,055,086
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	1,044,270,118	578,288,193	66,903,957	188,917,474	97,509,932	15,891,182	14,413,111	337,731	24,331,210	22,122,690	6,499,551	29,055,086
JULY - SEPTEMBER (Q3)														
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees														
Administrative Expenses	12.1	Salaries & Benefits	49,056,014	(293)	49,056,307									
	12.2	Administrative Services	9,509,869	399,722	9,110,147									
	12.3	Information Systems	12,142,860	6,478,653	5,664,208									
	12.4	Marketing Expenses	631,983	546,025	85,959									
	12.5	General Administration	16,609,615	7,309,927	9,299,688									
	12.6	Compliance/Regulatory	2,351,349	2,351,349	-									
	12.7	Total Administrative Expenses	90,301,690	17,085,383	73,216,309									
	Government-Mandated Fees, Other Than Income Taxes	13.1	State Premium tax	-	-	-								
13.2		Department of Insurance Assessments	-	-	-									
13.3		Section 9010 Health Insurance Providers Fee	-	-	-									
13.4		Other 1	-	-	-									
13.5		Other 2	-	-	-									
13.6		Other 3	-	-	-									
13.7		Total	-	-	-									
14.0	Grand Total Expenses	1,134,571,798												
15.0	Underwriting Gain / (Loss) — AKA Pre-tax Earnings from Operations	17,275,125												
16.0	Income Tax Expense	4,111,480												
17.0	Net Underwriting Gain (Loss)	13,163,645												

Expanded Benefits	10.1	Expanded Benefits FFS	8,476,943	4,408,641	1,073,376	1,091,334	1,162,986	216,372	129	4,161	193,176	45,901	53,353	227,514
	10.2	Expanded Benefits Subcapitation	736,023	627,628	30,026	35,372	12,007	9,738	8,404	277	1,922	142	8,604	1,903
	10.3	Ending IBNP for Expanded Benefits	2,568	982	395	452	391	69	(1)	(8)	-	-	53	235
	10.4	Expanded Benefits Settlements/AP	143,431	115,253	12,586	5,833	2,795	3,104	-	83	366	1,347	1,318	746
	10.5	Total Expanded Benefits	9,358,965	5,152,504	1,116,383	1,132,991	1,178,179	229,283	8,532	4,513	195,464	47,390	63,328	230,398
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	911,882,441	478,418,200	56,345,216	174,580,730	93,683,930	13,933,574	11,308,197	262,459	23,449,571	25,836,832	4,837,950	29,225,783
	11.2	Total Services Paid Directly – IBNP	47,818,270	27,566,083	2,272,253	9,132,298	4,097,768	559,165	522,105	11,798	622,053	1,143,739	286,636	1,604,372
	11.3	Total Services Paid through Subcapitation	65,485,318	54,712,260	2,504,589	4,119,905	1,356,487	418,545	1,552,086	10,496	215,816	13,295	344,471	237,367
	11.4	Total Services Paid by Settlements/AP	21,765,790	14,829,533	1,409,090	2,523,383	1,182,324	519,811	36,401	14,055	161,712	523,531	254,080	311,871
	11.5	TRL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	1,046,951,819	575,526,077	62,531,147	190,356,316	100,320,509	15,431,096	13,418,789	298,808	24,449,152	27,517,396	5,723,137	31,379,393
	11.8	Reinsurance Premiums	-	-	-	-	-	-	-	-	-	-	-	-
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	-	-	-	-	-	-	-	-	-	-	-
	11.11	Grand Total Medical Benefit Expense Net of Reinsurance	1,046,951,819	575,526,077	62,531,147	190,356,316	100,320,509	15,431,096	13,418,789	298,808	24,449,152	27,517,396	5,723,137	31,379,393
OCTOBER - DECEMBER (Q4)														
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees														
Administrative Expenses	12.1	Salaries & Benefits	49,386,559	(296)	49,386,855									
	12.2	Administrative Services	9,573,950	402,417	9,171,533									
	12.3	Information Systems	12,224,681	6,522,307	5,702,374									
	12.4	Marketing Expenses	636,242	549,704	86,538									
	12.5	General Administration	16,672,126	7,309,776	9,362,350									
	12.6	Compliance/Regulatory	2,367,193	2,367,193	-									
	12.7	Total Administrative Expenses	90,860,751	17,151,101	73,709,650									
	Government-Mandated Fees, Other Than Income Taxes	13.1	State Premium tax	-	-	-								
13.2		Department of Insurance Assessments	-	-	-									
13.3		Section 9010 Health Insurance Providers Fee	-	-	-									
13.4		Other 1	-	-	-									
13.5		Other 2	-	-	-									
13.6		Other 3	-	-	-									
13.7		Total	-	-	-									
14.0	Grand Total Expenses	1,137,812,570												
15.0	Underwriting Gain / (Loss) — AKA Pre-tax Earnings from Operations	52,218,605												
16.0	Income Tax Expense	12,428,028												
17.0	Net Underwriting Gain (Loss)	39,790,577												

Expanded Benefits	10.1	Expanded Benefits FFS	(93,622)	31,744,629	16,864,044	3,879,057	4,060,895	3,714,416	884,453	1,084	28,571	716,889	139,092	436,729	1,113,021
	10.2	Expanded Benefits Subcapitation	-	3,313,417	2,859,013	139,797	140,858	47,065	40,455	34,430	1,145	8,136	595	34,719	7,204
	10.3	Ending IBNP for Expanded Benefits	(1,057,117)	(1,168,348)	(41,947)	(15,368)	(19,612)	(21,735)	(1,761)	(17)	(128)	(2,589)	(4)	(1,336)	(6,734)
	10.4	Expanded Benefits Settlements/AP	-	573,727	461,015	50,344	23,332	11,180	12,416	-	332	1,464	5,388	5,272	2,984
	10.5	Total Expanded Benefits	(1,150,739)	34,463,425	20,142,125	4,053,830	4,205,473	3,750,926	935,563	35,497	29,920	723,900	145,071	475,384	1,116,475
Totals Before and After Reinsurance	11.1	Total Services Paid Directly FFS	97,196,944	3,987,539,242	2,090,691,223	267,427,626	706,773,696	377,309,591	54,248,997	49,939,217	1,340,117	100,725,795	106,667,089	22,840,913	112,378,039
	11.2	Total Services Paid Directly -- IBNP	(171,022,862)	(96,643,342)	42,825,708	3,661,716	14,258,604	6,315,984	777,574	896,888	18,893	938,873	1,679,542	442,677	2,563,060
	11.3	Subcapitation	-	294,976,125	249,892,931	11,809,701	16,245,367	5,304,475	1,762,957	6,602,960	43,948	932,663	57,739	1,403,363	920,021
	11.4	Total Services Paid by Settlements/AP	750,392	86,522,036	59,719,555	5,584,289	8,097,940	3,581,040	3,441,911	217,535	91,531	480,456	2,060,492	1,588,035	908,860
	11.5	TRL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.6.1	Premium Deficiency Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.7	Subtotal Benefit Expense before Reinsurance	(73,075,526)	4,272,394,060	2,443,129,417	288,483,332	745,375,607	392,511,089	60,231,439	57,656,600	1,494,488	103,077,787	110,464,862	26,274,987	116,769,981
	11.8	Reinsurance Premiums	-	104,651	90,087	4,559	5,438	1,818	1,175	-	32	319	29	934	260
	11.9	Reinsurance Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	-
	11.10	Net cost of Reinsurance	-	104,650	90,087	4,559	5,438	1,818	1,175	-	32	319	29	934	260
	11.11	Net of Reinsurance	(73,075,526)	4,272,498,710	2,443,219,504	288,487,891	745,381,045	392,512,907	60,232,614	57,656,600	1,494,520	103,078,106	110,464,891	26,275,921	116,770,241
TOTAL (TO DATE)															
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			Prior Calendar Year Adjustments	Total	Health Plan	Corporate									
Administrative Expenses	12.1	Salaries & Benefits	-	206,646,630	(1,235)	206,647,865									
	12.2	Administrative Services	-	40,059,971	1,663,815	38,376,156									
	12.3	Information Systems	-	51,151,347	27,291,083	23,860,264									
	12.4	Marketing Expenses	-	2,662,207	2,300,109	362,098									
	12.5	General Administration	171,134	70,527,667	31,181,946	39,174,588									
	12.6	Compliance/Regulatory	-	9,904,970	9,904,970	-									
	12.7	Total Administrative Expenses	171,134	380,952,792	72,360,688	308,420,971									
Government-Mandated Fees, Other Than Income Taxes	13.1	State Premium tax	-	-	-	-									
	13.2	Department of Insurance Assessments, Section 9010 Health Insurance Providers	-	-	-	-									
	13.3	Fee	-	-	-	-									
	13.4	Other 1	-	-	-	-									
	13.5	Other 2	-	-	-	-									
	13.6	Other 3	-	-	-	-									
	13.7	Total	-	-	-	-									
14.0	Grand Total Expenses	(72,904,392)	4,653,451,502												
15.0	Underwriting Gain / (Loss) -- AKA Pre-tax Earnings from Operations	95,042,915	224,853,847												
16.0	Income Tax Expense	22,620,214	53,515,216												
17.0	Net Underwriting Gain (Loss)	72,422,701	171,338,631												

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

Health Plan: Sunshine State Health Plan
 Reporting Period: 1/1/2023 - 12/31/2023
 Paid Through: 3/31/2024
 Summary Comprehensive

EXPENSES	Vendor Name	Affiliation	Payment Methodology	PRIOR YEAR ADJUSTMENTS												TOTAL (TO DATE)			
				JANUARY - MARCH (Q1)	APRIL - JUNE (Q2)	JULY - SEPTEMBER (Q3)	OCTOBER - DECEMBER (Q4)	MM	Amount	MM	Amount	MM	Amount	MM	Amount				
1.1	Vendor#1																		
1.2	Vendor#2																		
1.3	Vendor#3																		
1.4	Vendor#4																		
1.5	Vendor#5																		
1.6	Total Hospital Services																		
2.1	Envolve PeopleCare, Inc. (Nurse Helpline)	Non-Insurance Affiliate	Subcapitation																
2.2	Envolve PeopleCare, Inc. (Disease Management)	Non-Insurance Affiliate	Fee-for-Service																
2.3	Access Medical Acquisitions, Inc.	Non-Insurance Affiliate	Subcapitation	2,063,629	87,057.0	1,955,239	1,608,369	1,753,080	71,057.0	1,608,369	328,162.0	7,380,317							
2.4	Access Medical Acquisitions, Inc.	Non-Insurance Affiliate	Subcapitation	92,493.0	87,057.0	422,963	422,963	422,963	71,057.0	422,963	328,162.0	1,691,853							
2.5	Vendor#5	Non-Insurance Affiliate	Alternative Payment Methodology																
2.6	Total Professional Services			2,486,592	2,378,202	2,486,592	2,031,933	2,176,043	71,057.0	2,031,933	328,162.0	9,072,770							
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																		
4.1	Vendor#1																		
4.2	Vendor#2																		
4.3	Vendor#3																		
4.4	Vendor#4																		
4.5	Vendor#5																		
4.6	Total Dental																		
5.1	Vendor#1																		
5.2	Vendor#2																		
5.3	Vendor#3																		
5.4	Vendor#4																		
5.5	Vendor#5																		
5.6	Total Transportation																		
6.1	Centene Pharmacy Services, Inc.	Non-Insurance Affiliate	Fee-for-Service	4,644,625.4	4,475,801.7	600,892		344,441	3,700,481.2	160,397									
6.2	Vendor#2																		
6.3	Vendor#3																		
6.4	Vendor#4																		
6.5	Vendor#5																		
6.6	Total Pharmacy			4,644,625.4	4,475,801.7	600,892		344,441	3,700,481.2	160,397									
7.1	Envision of Florida, Inc.	Non-Insurance Affiliate	Subcapitation																
7.2	Envision of Florida, Inc.	Non-Insurance Affiliate	Alternative Payment Methodology																
7.3	Vendor#3			3,150,629	4,141,009			3,085,769											
7.4	Vendor#4																		
7.5	Vendor#5																		
7.6	Total Other Services			11,304,334	12,030,441			10,195,817		10,020,870									
8.1	Centene Management Company, LLC	Non-Insurance Affiliate	% of Premium			79,533,309		73,716,908		73,716,908									
8.2	Vendor#2																		
8.3	National Imaging Association, Inc.	Non-Insurance Affiliate	Subcapitation	4,644,625.4		255,292													
8.4	Centene Pharmacy Services, Inc.	Non-Insurance Affiliate	Fee-for-Service	4,644,625.4	4,475,801.7	5,588,103		4,884,813	3,700,481.2	4,123,573									
8.5	Vendor#5																		
8.6	Total Administrative Expense			87,179,174	85,541,412	100,550,947		90,817,422	77,833,223	90,046,423									
9	Grand Total			99,749,708	100,550,947		90,817,422	77,833,223	90,046,423	90,046,423									

LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Sunshine State Health Plan
 Reporting Period: 1/1/2023 - 12/31/2023
 Paid Through: 3/31/2024
 Summary: Comprehensive

		JANUARY - MARCH (Q1)			
		Total	Non-HCBS	HCBS	MED-P / SIXT
MEMBER MONTHS		98,277.0	41,513.9	56,763.1	-
REVENUES					
Revenues	1.1 Capitation	384,004,984			
	1.2 NH Rate Reconciliation	-			
	1.2.1 Community High Risk Pool	3,866,739			
	1.2.2 Patient Responsibility Reconciliation	2,197,723			
	1.3 Other Revenue	-			
1.4 Total Revenue	390,069,445				
		JANUARY - MARCH (Q1)			
EXPENSES		Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	1,019,237	985,384	33,853	
	2.2 Nursing Facility Days (Crossover)	16,742	14,488	2,254	
	2.3 Nursing Facility FFS (Medicaid)	226,552,102	218,929,689	7,622,413	
	2.4 Nursing Facility FFS (Crossover)	3,152,888	2,715,711	437,177	
	2.5 Hospice Days	92,255	87,316	4,939	
	2.6 Hospice FFS	20,498,289	18,630,701	1,867,588	
	2.7 Ending IBNP for NF & Hospice Services	1,555,430	1,493,604	61,826	
	2.8 NF & Hospice Subcapitated Services	-	-	-	
	2.9 NF & Hospice Settlements/AP	562,001	539,704	22,297	
	2.10 Total Nursing Facility and Hospice	252,320,710	242,309,409	10,011,301	
Long Term Care Services	2.11 Assisted Living FFS	12,246,420	1,110,544	11,135,876	
	2.12 Home Health FFS	63,583,465	720,381	62,863,084	
	2.13 Medical Equipment/Supplies FFS	4,330,981	229,533	4,101,448	
	2.14 Therapy Services FFS	2,909,963	2,623,848	286,115	
	2.15 Transportation Services FFS	15,009	(24,060)	39,069	
	2.16 Case Management (Plan Provided) FFS	14,938,508	6,542,255	8,396,253	
	2.17 Case Management (non-Plan Provided) FFS	1,066,434	18,672	1,047,762	
	2.18 Home & Community Based Services (HCBS) FFS	15,059,456	1,653,047	13,406,409	
	2.19 Subcapitated LTC Services (excluding NF)	13,586,716	1,256,793	12,329,923	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	885,104	29,325	855,779	
2.21 LTC Services Settlements/AP (excluding NF)	(126,594)	(136,309)	9,715		
2.22 Grand Total LTC Services	380,816,171	256,333,438	124,482,733		
Expanded Benefits	3.1 Expanded Benefits FFS	554,289	252,802	301,487	
	3.2 Expanded Benefits Subcapitation	8,322	3,516	4,806	
	3.3 Ending IBNP for Expanded Benefits	-	-	-	
	3.4 Expanded Benefits Services Settlements	435,727	188,963	246,764	
	3.5 Total Expanded Benefits	998,338	445,281	553,057	
Totals Before and After Reinsurance	4.1 Total Services Paid Directly FFS	364,907,804	253,403,123	111,504,681	
	4.2 Total Services Paid Directly -- IBNP	2,440,534	1,522,929	917,605	
	4.3 Total Services Paid through Subcapitation	13,595,038	1,260,309	12,334,729	
	4.4 Total Services Paid by Settlements/AP	871,134	592,358	278,776	
	4.5 TPL & Fraud/Abuse Recoveries	-	-	-	
	4.6.1 Premium Deficiency Reserve	-	-	-	
	4.7 Subtotal Benefit Expense before Reinsurance	381,814,510	256,778,719	125,035,790	
	4.8 Reinsurance Premiums	-	-	-	
	4.9 Reinsurance Recoveries	-	-	-	
	4.10 Net Cost of Reinsurance	-	-	-	
4.11 Grand Total Service Benefit Expense Net of Reinsurance	381,814,509	256,778,719	125,035,790		
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		JANUARY - MARCH (Q1)			
		Total	Non-HCBS	HCBS	MED-P / SIXT
Administrative Expenses	5.1 Salaries & Benefits	6,712,200	2,939,841	3,772,359	
	5.2 Administrative Services	1,733,845	759,398	974,447	
	5.3 Information Systems	2,021,627	885,442	1,136,185	
	5.4 Marketing Expenses	188,701	82,648	106,053	
	5.5 General Administration	2,976,691	1,318,432	1,658,259	
	5.6 Compliance/Regulatory	(27,877)	(12,210)	(15,667)	
	5.7 Total Administrative Expenses	13,605,189	5,973,553	7,631,636	
Government-Mandated Assessments, Taxes, and Fees Other Than Income	6.1 State Premium Tax	-			
	6.2 Department of Insurance Assessments	-			
	6.3 Other 1	-			
	6.4 Other 2	-			
	6.5 Other 3	-			
	6.6 Total	-			
7.0 Grand Total Expenses	395,419,698				
8.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(5,350,252)				
9.0 Income Tax Expense	(1,273,360)				
10.0 Net Underwriting Gain (Loss)	(4,076,892)				

LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Sunshine State Health Plan
 Reporting Period: 1/1/2023 - 12/31/2023
 Paid Through: 3/31/2024

Summary: Comprehensive

		APRIL - JUNE (Q2)			
		Total	Non-HCBS	HCBS	MED-P / SIXT
MEMBER MONTHS		98,872.0	44,207.1	54,664.9	-
REVENUES					
Revenues	1.1 Capitation	384,153,580			
	1.2 NH Rate Reconciliation	-			
	1.2.1 Community High Risk Pool	3,832,378			
	1.2.2 Patient Responsibility Reconciliation	2,197,723			
	1.3 Other Revenue	-			
1.4 Total Revenue	390,183,681				
		APRIL - JUNE (Q2)			
EXPENSES		Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	1,047,083	1,005,262	41,821	
	2.2 Nursing Facility Days (Crossover)	10,056	8,110	1,946	
	2.3 Nursing Facility FFS (Medicaid)	234,057,904	224,724,146	9,333,758	
	2.4 Nursing Facility FFS (Crossover)	1,886,445	1,565,226	321,219	
	2.5 Hospice Days	95,234	88,788	6,446	
	2.6 Hospice FFS	21,185,671	18,973,104	2,212,567	
	2.7 Ending IBNP for NF & Hospice Services	1,800,719	1,716,582	84,137	
	2.8 NF & Hospice Subcapitated Services	-	-	-	
	2.9 NF & Hospice Settlements/AP	577,545	550,890	26,655	
	2.10 Total Nursing Facility and Hospice	259,508,283	247,529,948	11,978,336	
Long Term Care Services	2.11 Assisted Living FFS	12,692,295	1,376,562	11,315,733	
	2.12 Home Health FFS	66,314,132	870,846	65,443,286	
	2.13 Medical Equipment/Supplies FFS	4,191,999	333,363	3,858,636	
	2.14 Therapy Services FFS	2,944,889	2,651,664	293,225	
	2.15 Transportation Services FFS	(471,024)	(245,132)	(225,892)	
	2.16 Case Management (Plan Provided) FFS	14,941,804	6,543,898	8,397,906	
	2.17 Case Management (non-Plan Provided) FFS	1,018,585	17,856	1,000,729	
	2.18 Home & Community Based Services (HCBS) FFS	14,183,833	954,061	13,229,772	
	2.19 Subcapitated LTC Services (excluding NF)	13,306,946	1,340,744	11,966,202	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	971,166	37,671	933,495	
2.21 LTC Services Settlements/AP (excluding NF)	(4,572,130)	(2,185,167)	(2,386,963)		
2.22 Grand Total LTC Services	385,030,777	259,226,314	125,804,465		
Expanded Benefits	3.1 Expanded Benefits FFS	650,066	309,852	340,214	
	3.2 Expanded Benefits Subcapitation	8,375	3,745	4,630	
	3.3 Ending IBNP for Expanded Benefits	-	-	-	
	3.4 Expanded Benefits Services Settlements	435,727	199,723	236,004	
	3.5 Total Expanded Benefits	1,094,168	513,320	580,848	
Totals Before and After Reinsurance	4.1 Total Services Paid Directly FFS	373,596,599	258,075,446	115,521,153	
	4.2 Total Services Paid Directly -- IBNP	2,771,885	1,754,253	1,017,632	
	4.3 Total Services Paid through Subcapitation	13,315,321	1,344,489	11,970,832	
	4.4 Total Services Paid by Settlements/AP	(3,558,858)	(1,434,554)	(2,124,304)	
	4.5 TPL & Fraud/Abuse Recoveries	-	-	-	
	4.6.1 Premium Deficiency Reserve	-	-	-	
	4.7 Subtotal Benefit Expense before Reinsurance	386,124,945	259,739,634	126,385,311	
	4.8 Reinsurance Premiums	-	-	-	
	4.9 Reinsurance Recoveries	-	-	-	
	4.10 Net Cost of Reinsurance	-	-	-	
4.11 Grand Total Service Benefit Expense Net of Reinsurance	386,124,945	259,739,634	126,385,311		
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		APRIL - JUNE (Q2)			
		Total	Non-HCBS	HCBS	MED-P / SIXT
Administrative Expenses	5.1 Salaries & Benefits	6,713,522	2,940,420	3,773,102	
	5.2 Administrative Services	1,734,186	759,547	974,639	
	5.3 Information Systems	2,022,025	885,616	1,136,409	
	5.4 Marketing Expenses	188,738	82,664	106,074	
	5.5 General Administration	2,968,328	1,309,742	1,658,586	
	5.6 Compliance/Regulatory	(27,882)	(12,212)	(15,670)	
	5.7 Total Administrative Expenses	13,598,916	5,965,777	7,633,139	
Government-Mandated Assessments, Taxes, and Fees Other Than Income	6.1 State Premium Tax	-	-	-	
	6.2 Department of Insurance Assessments	-	-	-	
	6.3 Other 1	-	-	-	
	6.4 Other 2	-	-	-	
	6.5 Other 3	-	-	-	
	6.6 Total	-	-	-	
7.0 Grand Total Expenses	399,723,861				
8.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(9,540,180)				
9.0 Income Tax Expense	(2,270,563)				
10.0 Net Underwriting Gain (Loss)	(7,269,617)				

LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Sunshine State Health Plan
 Reporting Period: 1/1/2023 - 12/31/2023
 Paid Through: 3/31/2024
 Summary: Comprehensive

		JULY - SEPTEMBER (Q3)			
		Total	Non-HCBS	HCBS	MED-P / SIXT
MEMBER MONTHS		99,430.0	41,563.5	57,866.5	-
REVENUES					
Revenues	1.1 Capitation	382,755,846			
	1.2 NH Rate Reconciliation	-			
	1.2.1 Community High Risk Pool	3,846,824			
	1.2.2 Patient Responsibility Reconciliation	2,197,723			
	1.3 Other Revenue	-			
	1.4 Total Revenue	388,800,393			
		JULY - SEPTEMBER (Q3)			
EXPENSES		Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	1,073,085	1,019,124	53,961	
	2.2 Nursing Facility Days (Crossover)	10,183	8,223	1,960	
	2.3 Nursing Facility FFS (Medicaid)	240,080,436	227,768,613	12,311,823	
	2.4 Nursing Facility FFS (Crossover)	1,975,290	1,639,238	336,052	
	2.5 Hospice Days	95,382	86,957	8,425	
	2.6 Hospice FFS	21,591,137	18,813,180	2,777,957	
	2.7 Ending IBNP for NF & Hospice Services	2,614,071	2,461,434	152,637	
	2.8 NF & Hospice Subcapitated Services	-	-	-	
	2.9 NF & Hospice Settlements/AP	592,175	557,528	34,647	
	2.10 Total Nursing Facility and Hospice	266,853,109	251,239,993	15,613,116	
	Long Term Care Services	2.11 Assisted Living FFS	12,663,246	1,600,130	11,063,116
2.12 Home Health FFS		69,083,468	1,003,547	68,079,921	
2.13 Medical Equipment/Supplies FFS		3,870,712	264,882	3,605,830	
2.14 Therapy Services FFS		3,087,229	2,778,930	308,299	
2.15 Transportation Services FFS		(1,794,853)	(795,547)	(999,306)	
2.16 Case Management (Plan Provided) FFS		14,884,235	6,518,782	8,365,453	
2.17 Case Management (non-Plan Provided) FFS		1,053,218	18,478	1,034,740	
2.18 Home & Community Based Services (HCBS) FFS		15,779,100	1,347,784	14,431,316	
2.19 Subcapitated LTC Services (excluding NF)		13,606,151	1,309,798	12,296,353	
2.20 Ending IBNP for Long Term Care Services (excluding NF)		1,298,639	60,582	1,238,057	
2.21 LTC Services Settlements/AP (excluding NF)		(3,090,527)	(1,409,708)	(1,680,819)	
2.22 Grand Total LTC Services	397,293,727	263,937,651	133,356,076		
Expanded Benefits	3.1 Expanded Benefits FFS	704,830	314,620	390,210	
	3.2 Expanded Benefits Subcapitation	8,431	3,525	4,906	
	3.3 Ending IBNP for Expanded Benefits	-	-	-	
	3.4 Expanded Benefits Services Settlements	435,727	186,777	248,950	
	3.5 Total Expanded Benefits	1,148,988	504,922	644,066	
Totals Before and After Reinsurance	4.1 Total Services Paid Directly FFS	382,978,048	261,272,637	121,705,411	
	4.2 Total Services Paid Directly -- IBNP	3,912,710	2,522,016	1,390,694	
	4.3 Total Services Paid through Subcapitation	13,614,582	1,313,323	12,301,259	
	4.4 Total Services Paid by Settlements/AP	(2,062,625)	(665,403)	(1,397,222)	
	4.5 TPL & Fraud/Abuse Recoveries	-	-	-	
	4.6.1 Premium Deficiency Reserve	-	-	-	
	4.7 Subtotal Benefit Expense before Reinsurance	398,442,715	264,442,573	134,000,142	
	4.8 Reinsurance Premiums	-	-	-	
	4.9 Reinsurance Recoveries	-	-	-	
	4.10 Net Cost of Reinsurance	-	-	-	
	4.11 Grand Total Service Benefit Expense Net of Reinsurance	398,442,715	264,442,573	134,000,142	
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		JULY - SEPTEMBER (Q3)			
		Total	Non-HCBS	HCBS	MED-P / SIXT
Administrative Expenses	5.1 Salaries & Benefits	6,687,578	2,929,057	3,758,521	
	5.2 Administrative Services	1,727,485	756,612	970,873	
	5.3 Information Systems	2,014,212	882,194	1,132,018	
	5.4 Marketing Expenses	188,009	82,345	105,664	
	5.5 General Administration	2,952,532	1,300,356	1,652,176	
	5.6 Compliance/Regulatory	(27,775)	(12,165)	(15,610)	
	5.7 Total Administrative Expenses	13,542,041	5,938,399	7,603,642	
Government-Mandated Assessments, Taxes, and Fees Other Than Income	6.1 State Premium Tax	-			
	6.2 Department of Insurance Assessments	-			
	6.3 Other 1	-			
	6.4 Other 2	-			
	6.5 Other 3	-			
	6.6 Total	-			
7.0 Grand Total Expenses	411,984,756				
8.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(23,184,364)				
9.0 Income Tax Expense	(5,517,879)				
10.0 Net Underwriting Gain (Loss)	(17,666,485)				

LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Sunshine State Health Plan
 Reporting Period: 1/1/2023 - 12/31/2023
 Paid Through: 3/31/2024

Summary: Comprehensive

		OCTOBER - DECEMBER (Q4)			
		Total	Non-HCBS	HCBS	MED-P / SIXT
MEMBER MONTHS		100,158.0	42,419.7	57,738.3	-
REVENUES					
Revenues	1.1 Capitation	416,328,866			
	1.2 NH Rate Reconciliation	-			
	1.2.1 Community High Risk Pool	-			
	1.2.2 Patient Responsibility Reconciliation	(2,253,040)			
	1.3 Other Revenue	-			
1.4 Total Revenue	414,075,826				
		OCTOBER - DECEMBER (Q4)			
EXPENSES		Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	1,061,397	1,004,622	56,775	
	2.2 Nursing Facility Days (Crossover)	6,039	5,064	975	
	2.3 Nursing Facility FFS (Medicaid)	246,876,938	233,497,729	13,379,209	
	2.4 Nursing Facility FFS (Crossover)	1,197,526	999,340	198,186	
	2.5 Hospice Days	93,285	84,341	8,944	
	2.6 Hospice FFS	22,302,906	19,259,531	3,043,375	
	2.7 Ending IBNP for NF & Hospice Services	7,316,869	6,875,617	441,252	
	2.8 NF & Hospice Subcapitated Services	-	-	-	
	2.9 NF & Hospice Settlements/AP	607,282	569,951	37,331	
	2.10 Total Nursing Facility and Hospice	278,301,521	261,202,168	17,099,353	
Long Term Care Services	2.11 Assisted Living FFS	12,265,489	2,083,421	10,182,068	
	2.12 Home Health FFS	68,602,411	1,228,820	67,373,591	
	2.13 Medical Equipment/Supplies FFS	5,343,075	466,487	4,876,588	
	2.14 Therapy Services FFS	3,262,547	2,941,451	321,096	
	2.15 Transportation Services FFS	68,520	6,077	62,443	
	2.16 Case Management (Plan Provided) FFS	15,925,201	6,974,833	8,950,368	
	2.17 Case Management (non-Plan Provided) FFS	1,328,590	23,334	1,305,256	
	2.18 Home & Community Based Services (HCBS) FFS	17,745,218	2,110,806	15,634,412	
	2.19 Subcapitated LTC Services (excluding NF)	15,992,876	1,375,018	14,617,858	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	2,505,366	215,853	2,289,513	
2.21 LTC Services Settlements/AP (excluding NF)	(1,704,117)	(819,720)	(884,397)		
2.22 Grand Total LTC Services	419,636,697	277,808,548	141,828,149		
Expanded Benefits	3.1 Expanded Benefits FFS	690,729	311,377	379,352	
	3.2 Expanded Benefits Subcapitation	8,486	3,593	4,893	
	3.3 Ending IBNP for Expanded Benefits	-	-	-	
	3.4 Expanded Benefits Services Settlements	435,726	188,075	247,651	
	3.5 Total Expanded Benefits	1,134,941	503,045	631,896	
Totals Before and After Reinsurance	4.1 Total Services Paid Directly FFS	395,609,150	269,903,206	125,705,944	
	4.2 Total Services Paid Directly -- IBNP	9,822,235	7,091,470	2,730,765	
	4.3 Total Services Paid through Subcapitation	16,001,362	1,378,611	14,622,751	
	4.4 Total Services Paid by Settlements/AP	(661,109)	(61,694)	(599,415)	
	4.5 TPL & Fraud/Abuse Recoveries	-	-	-	
	4.6.1 Premium Deficiency Reserve	-	-	-	
	4.7 Subtotal Benefit Expense before Reinsurance	420,771,638	278,311,593	142,460,045	
	4.8 Reinsurance Premiums	-	-	-	
	4.9 Reinsurance Recoveries	-	-	-	
	4.10 Net Cost of Reinsurance	-	-	-	
4.11 Grand Total Service Benefit Expense Net of Reinsurance	420,771,638	278,311,593	142,460,045		
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		OCTOBER - DECEMBER (Q4)			
		Total	Non-HCBS	HCBS	MED-P / SIXT
Administrative Expenses	5.1 Salaries & Benefits	7,155,176	3,133,858	4,021,318	
	5.2 Administrative Services	1,848,269	809,514	1,038,756	
	5.3 Information Systems	2,155,046	943,877	1,211,169	
	5.4 Marketing Expenses	201,155	88,103	113,052	
	5.5 General Administration	3,152,533	1,384,836	1,767,697	
	5.6 Compliance/Regulatory	(29,716)	(13,015)	(16,701)	
	5.7 Total Administrative Expenses	14,482,463	6,347,173	8,135,291	
Government-Mandated Assessments, Taxes, and Fees Other Than Income	6.1 State Premium Tax	-			
	6.2 Department of Insurance Assessments	-			
	6.3 Other 1	-			
	6.4 Other 2	-			
	6.5 Other 3	-			
	6.6 Total	-			
7.0 Grand Total Expenses	435,254,101				
8.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(21,178,275)				
9.0 Income Tax Expense	(5,040,429)				
10.0 Net Underwriting Gain (Loss)	(16,137,846)				

LONG TERM CARE -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Sunshine State Health Plan
 Reporting Period: 1/1/2023 - 12/31/2023
 Paid Through: 3/31/2024
 Summary: Comprehensive

		Prior Year Adjustments	TOTAL (TO DATE)			
			Total	Non-HCBS	HCBS	MED-P / SIXT
MEMBER MONTHS		-	396,737.0	169,704.2	227,032.8	-
REVENUES						
Revenues	1.1 Capitation	(8,184,371)	1,559,058,904			
	1.2 NH Rate Reconciliation	1,609,571	1,609,571			
	1.2.1 Community High Risk Pool	(91,957)	11,453,984			
	1.2.2 Patient Responsibility Reconciliation	(17,627,778)	(13,287,650)			
	1.3 Other Revenue	-	-			
1.4 Total Revenue	(24,294,535)	1,558,834,809				
EXPENSES						
		Prior Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
LTC Nursing Facility (NF) & Hospice Services	2.1 Nursing Facility Days (Medicaid)	-	4,200,802	4,014,392	186,410	
	2.2 Nursing Facility Days (Crossover)	-	43,020	35,885	7,135	
	2.3 Nursing Facility FFS (Medicaid)	7,734,934	955,302,314	904,920,177	42,647,203	
	2.4 Nursing Facility FFS (Crossover)	(400,048)	7,812,101	6,919,515	1,292,634	
	2.5 Hospice Days	-	376,156	347,402	28,754	
	2.6 Hospice FFS	732,398	86,310,401	75,676,516	9,901,487	
	2.7 Ending IBNP for NF & Hospice Services	(26,804,316)	(13,517,227)	12,547,237	739,852	
	2.8 NF & Hospice Subcapitated Services	-	-	-	-	
	2.9 NF & Hospice Settlements/AP	-	2,339,003	2,218,073	120,930	
	2.10 Total Nursing Facility and Hospice	(18,737,032)	1,038,246,592	1,002,281,518	54,702,106	
Long Term Care Services	2.11 Assisted Living FFS	1,392,560	51,260,010	6,170,657	43,696,793	
	2.12 Home Health FFS	2,314,080	269,897,556	3,823,594	263,759,882	
	2.13 Medical Equipment/Supplies FFS	586,241	18,323,008	1,294,265	16,442,502	
	2.14 Therapy Services FFS	589,153	12,793,781	10,995,893	1,208,735	
	2.15 Transportation Services FFS	130,138	(2,052,210)	(1,058,662)	(1,123,686)	
	2.16 Case Management (Plan Provided) FFS	(974)	60,688,774	26,579,768	34,109,980	
	2.17 Case Management (non-Plan Provided) FFS	(73)	4,466,754	78,340	4,388,487	
	2.18 Home & Community Based Services (HCBS) FFS	(1,497)	62,766,110	6,065,698	56,701,909	
	2.19 Subcapitated LTC Services (excluding NF)	-	56,492,689	5,282,353	51,210,336	
	2.20 Ending IBNP for Long Term Care Services (excluding NF)	(13,707,710)	(8,047,435)	343,431	5,316,844	
2.21 LTC Services Settlements/AP (excluding NF)	-	(9,493,368)	(4,550,904)	(4,942,464)		
2.22 Grand Total LTC Services	(27,435,114)	1,555,342,261	1,057,305,951	525,471,424		
Expanded Benefits	3.1 Expanded Benefits FFS	-	2,599,914	1,188,651	1,411,263	
	3.2 Expanded Benefits Subcapitation	-	33,614	14,379	19,235	
	3.3 Ending IBNP for Expanded Benefits	-	-	-	-	
	3.4 Expanded Benefits Services Settlements	-	1,742,907	763,538	979,369	
	3.5 Total Expanded Benefits	-	4,376,435	1,966,568	2,409,867	
Totals Before and After Reinsurance	4.1 Total Services Paid Directly FFS	13,076,912	1,530,168,513	1,042,654,412	474,437,189	
	4.2 Total Services Paid Directly -- IBNP	(40,512,025)	(21,564,662)	12,890,667	6,056,696	
	4.3 Total Services Paid through Subcapitation	-	56,526,302	5,296,732	51,229,570	
	4.4 Total Services Paid by Settlements/AP	-	(5,411,459)	(1,569,291)	(3,842,168)	
	4.5 TPL & Fraud/Abuse Recoveries	-	-	-	-	
	4.6.1 Premium Deficiency Reserve	-	-	-	-	
	4.7 Subtotal Benefit Expense before Reinsurance	(27,435,113)	1,559,718,694	1,059,272,520	527,881,287	
	4.8 Reinsurance Premiums	-	-	-	-	
	4.9 Reinsurance Recoveries	-	-	-	-	
	4.10 Net Cost of Reinsurance	-	-	-	-	
4.11 Grand Total Service Benefit Expense Net of Reinsurance	(27,435,113)	1,559,718,694	1,059,272,520	527,881,287		
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees						
		Prior Year Adjustments	Total	Non-HCBS	HCBS	MED-P / SIXT
Administrative Expenses	5.1 Salaries & Benefits	-	27,268,476	11,943,176	15,325,300	
	5.2 Administrative Services	-	7,043,786	3,085,071	3,958,715	
	5.3 Information Systems	-	8,212,910	3,597,129	4,615,781	
	5.4 Marketing Expenses	-	766,603	335,760	430,843	
	5.5 General Administration	24,514	12,074,598	5,313,366	6,736,718	
	5.6 Compliance/Regulatory	-	(113,250)	(49,602)	(63,648)	
	5.7 Total Administrative Expenses	24,514	55,253,124	24,224,901	31,003,709	
Government-Mandated Assessments, Taxes, and Fees Other Than Income	6.1 State Premium Tax	-	-	-	-	
	6.2 Department of Insurance Assessments	-	-	-	-	
	6.3 Other 1	-	-	-	-	
	6.4 Other 2	-	-	-	-	
	6.5 Other 3	-	-	-	-	
	6.6 Total	-	-	-	-	
7.0 Grand Total Expenses	(27,410,599)	1,614,971,818				
8.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	3,116,064	(56,137,008)				
9.0 Income Tax Expense	741,623	(13,360,608)				
10.0 Net Underwriting Gain (Loss)	2,374,441	(42,776,400)				

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

Health Plan: Sunshine State Health Plan
 Reporting Period: 1/1/2023 - 12/31/2023
 Paid Through: 3/31/2024
 Summary: Comprehensive

EXPENSES	Vendor Name	Affiliation	Payment Methodology	JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		Prior Year Adjustments Amount	TOTAL (TO DATE)	
				MM	Amount	MM	Amount	MM	Amount	MM	Amount		MM	Amount
1.1	Vendor #1			-	-	-	-	-	-	-	-	-	-	-
1.2	Vendor #2			-	-	-	-	-	-	-	-	-	-	-
1.3	Vendor #3			-	-	-	-	-	-	-	-	-	-	-
1.4	Vendor #4			-	-	-	-	-	-	-	-	-	-	-
1.5	Vendor #5			-	-	-	-	-	-	-	-	-	-	-
1.6	Total LTC Nursing Facility & Hospice													
2.1	Centene Pharmacy Services, Inc.	Non-Insurance Affiliate	Fee-for-Service	98,417.0	486,535	99,057.0	628,126	99,711.0	682,967	100,377.0	667,446	-	397,562.0	2,465,074
2.2	Enolve Vision of Florida, Inc.	Non-Insurance Affiliate	Subcapitalization	-	118,100	-	118,868	-	119,653	-	120,453	-	-	477,074
2.3	Centene Management Company, LLC	Non-Insurance Affiliate	% of Premium	-	14,939,546	-	14,942,486	-	14,884,743	-	15,925,490	-	-	60,692,265
2.4	Enolve Vision of Florida, Inc.	Non-Insurance Affiliate	Alternative Payment Methodolog	-	164,594	-	157,560	-	430,877	-	166,073	-	-	918,904
2.5	Vendor #5			-	-	-	-	-	-	-	-	-	-	-
2.6	Total Long Term Services				15,708,775		15,846,840		16,118,240		16,879,462			64,553,317
3.1	Centene Management Company, LLC	Non-Insurance Affiliate	% of Premium	-	14,004,055	-	5,499,086	-	11,057,136	-	20,534,131	-	-	51,094,409
3.2	Vendor #2			-	-	-	-	-	-	-	-	-	-	-
3.3	Vendor #3			-	-	-	-	-	-	-	-	-	-	-
3.4	Vendor #4			-	-	-	-	-	-	-	-	-	-	-
3.5	Vendor #5			-	-	-	-	-	-	-	-	-	-	-
3.6	Total Administrative Expenses				14,004,055		5,499,086		11,057,136		20,534,131			51,094,409
4	Grand Total				29,712,830		21,345,926		27,175,376		37,413,593			115,647,726

ACHIEVED SAVINGS REBATE EXHIBIT

Health Plan: Sunshine State Health Plan
 Reporting Period: 1/1/2023 - 12/31/2023
 Paid Through: 3/31/2024
 Plan Type: Comprehensive

	TOTAL (TO DATE)														
	JANUARY - MARCH (Q1)			APRIL - JUNE (Q2)			JULY - SEPTEMBER (Q3)			OCTOBER - RECYCLER (Q4)			Total	LTC	
	Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC	Total	MMA	LTC
REVENUES															
1.1 Total Revenue from Revenue & Expense Schedules	1,661,225,521	1,771,156,076	390,069,445	1,633,316,331	1,243,132,650	390,183,681	1,540,647,315	1,151,846,923	388,800,392	1,604,107,002	1,190,031,176	414,075,826	(2,156,021)	22,138,524	4,878,305,349
1.2 Federal Taxes and Assessments (ACA 9610)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.3 State Insurance (Premium and other) Taxes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.4 Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.5 Lease - Financial Reporting Outside of Capitation Rate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.6 Revenue Subject to ASR	1,661,225,521	1,771,156,076	390,069,445	1,633,316,331	1,243,132,650	390,183,681	1,540,647,315	1,151,846,923	388,800,392	1,604,107,002	1,190,031,176	414,075,826	(2,156,021)	22,138,524	4,878,305,349
EXPENSES															
Benefit Expenses															
2.1 Total Administrative Expenses (Non-Revenue & Expense Schedule Inured but not in (800) Ending Balance	1,494,816,441	1,116,313,601	378,502,840	1,469,573,170	1,082,661,251	386,911,919	1,405,568,438	1,008,975,807	396,592,631	1,388,978,274	977,867,762	411,610,512	110,273,857	97,196,945	5,869,210,180
2.2 Total Benefit Expense before Insurance	493,982	2,493,447	2,440,335	12,684,695	9,912,810	2,771,885	18,097,704	14,154,994	3,912,710	57,640,308	47,818,270	9,822,233	(211,534,897)	(171,022,862)	(118,208,003)
2.3 Net Cost of Insurance	72,298,631	1,440,425,143	381,814,508	1,469,897,458	1,113,772,513	386,124,845	1,442,712,823	1,044,270,108	398,442,215	1,467,723,460	1,046,951,822	420,771,638	(100,510,638)	(73,075,525)	5,832,112,254
2.4 Total Benefit Expense after Reinsurance	104,651	1,440,799,794	381,814,508	1,469,897,458	1,113,772,513	386,124,845	1,442,712,823	1,044,270,108	398,442,215	1,467,723,460	1,046,951,822	420,771,638	(100,510,638)	(73,075,525)	5,832,112,254
2.5 Net Cost of Insurance	104,651	1,440,799,794	381,814,508	1,469,897,458	1,113,772,513	386,124,845	1,442,712,823	1,044,270,108	398,442,215	1,467,723,460	1,046,951,822	420,771,638	(100,510,638)	(73,075,525)	5,832,112,254
2.6 Total Benefit Expense after Reinsurance	104,651	1,440,799,794	381,814,508	1,469,897,458	1,113,772,513	386,124,845	1,442,712,823	1,044,270,108	398,442,215	1,467,723,460	1,046,951,822	420,771,638	(100,510,638)	(73,075,525)	5,832,112,254
Administrative Expenses															
3.1 Total Administrative Expenses (Non-Revenue & Expense Schedule)	114,456,314	100,869,125	13,678,169	113,368,046	98,762,892	13,598,816	103,843,711	88,391,689	13,413,040	105,343,212	80,869,761	14,682,462	195,668	171,134	416,345,814
3.2 Less: (Un)reimbursed expenses	(125,560,843)	(24,188,720)	(27,872)	(125,586,896)	(2,652,706)	(27,882)	(125,591,726)	(2,652,706)	(27,882)	(133,247)	(2,887,192)	(29,716)	(1,372,416)	(1,372,416)	(8,293,480)
3.3 Less: (Un)reimbursed expenses	(213,619)	(167,743)	(463,166)	(210,320)	(163,993)	(463,166)	(210,320)	(163,993)	(463,166)	(210,320)	(163,993)	(463,166)	(210,320)	(163,993)	(802,978)
3.4 Less: Cash value of Executive Incentive Above Base Salary	(329,140)	(252,745)	(763,395)	(324,322)	(256,842)	(763,395)	(324,322)	(256,842)	(763,395)	(324,322)	(256,842)	(763,395)	(324,322)	(256,842)	(1,266,332)
3.5 Less: Other Non-allowed expenses	(1,577,456)	(1,439,407)	(1,068,049)	(1,374,164)	(1,275,049)	(99,120)	(1,176,225)	(1,083,932)	(89,361)	(1,083,932)	(89,361)	(94,573)	(195,648)	(171,134)	(6,506,777)
3.6 Administrative Expense Subject to ASR	109,784,256	96,382,000	13,402,256	107,909,416	94,504,254	13,404,693	99,894,504	86,541,412	13,393,000	101,411,284	87,124,542	14,286,743	(195,648)	(171,134)	418,993,460
Total Administrative Expenses Subject to ASR	109,784,256	96,382,000	13,402,256	107,909,416	94,504,254	13,404,693	99,894,504	86,541,412	13,393,000	101,411,284	87,124,542	14,286,743	(195,648)	(171,134)	418,993,460
Total Administrative Expenses Subject to ASR	109,784,256	96,382,000	13,402,256	107,909,416	94,504,254	13,404,693	99,894,504	86,541,412	13,393,000	101,411,284	87,124,542	14,286,743	(195,648)	(171,134)	418,993,460
Total Specific Administrative Expense subject to ASR	109,784,256	96,382,000	13,402,256	107,909,416	94,504,254	13,404,693	99,894,504	86,541,412	13,393,000	101,411,284	87,124,542	14,286,743	(195,648)	(171,134)	418,993,460
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 (0.00%)															
TOTAL (TO DATE)	6,437,140,158	4,878,305,349	1,558,834,809	5,832,112,254	4,272,498,712	1,559,718,693	4,189,993,460	3,615,524,478	1,634,165,675	6,251,216,864	4,637,051,130	1,624,165,675	176,425,591	231,756,456	1,624,165,675

MEDICAL LOSS RATIO EXHIBIT
 Health Plan: Sunshine State Health Plan
 Calendar Year: 1/1/2023 - 12/31/2023
 Reporting Period: 1/1/2023 - 12/31/2023
 Paid Through: 3/31/2024
 Plan Type: Comprehensive

	JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		Prior Year Adjustments		Total	LTC	MMA	TOTAL (TO DATE)
	Total	LTC	Total	LTC	Total	LTC	Total	LTC	Total	LTC				
REVENUES														
1.1 Total Revenue from Revenue & Expense Schedules	1,661,225,521		1,633,316,331	1,243,132,650	1,540,447,315	1,151,844,923	1,604,107,002	1,190,031,174	(2,156,011)	(2,156,011)	6,437,140,154		4,878,305,349	1,558,834,809
1.2 Federal Taxes and Assessments, including ACA S 9010	(7,072,445)		(7,283,049)	(7,289,049)	(4,111,480)	(4,111,480)	(12,428,028)	(12,428,028)			(53,515,216)		(53,515,216)	
1.3 State Insurance, Premium and other Taxes														
1.4 Regulatory Authority Licenses and Fees	1,654,153,076		1,626,033,282	1,225,849,601	1,536,535,835	1,147,735,443	1,591,678,574	1,177,603,148	(481,690)	(481,690)	6,385,624,942		4,824,790,133	1,558,834,809
1.5 Revenue Subject to MTR														
EXPENSES														
2.1 Total Benefit for Paid through 100% During the Year	1,401,613,215		1,377,800,345	1,003,703,747	1,330,048,745	937,876,692	1,309,691,694	914,803,445	97,136,945	97,136,945	5,517,707,352		3,989,129,241	1,630,165,111
2.2 Total for Paid through 100% During the Year	90,562,411		90,562,411	1,145,589	1,145,589	71,804,702	12,844,105	70,866,640			330,744,566		202,272,206	47,383,362
2.3 Incurred but not paid (IBNP) Ending Balance	4,833,982		2,493,444	9,912,830	18,867,708	14,154,994	57,640,003	47,818,270	(171,022,862)	(171,022,862)	(118,208,003)		(96,443,343)	(21,564,662)
2.4 Incurred but not paid (IBNP) Ending Balance Subcontractor	119,109		95,117	93,545	135,245	132,991	353,054	352,925			702,526		698,571	3,955
2.5 Settlements/JP	17,522,409		12,805,126	16,363,985	14,726,312	16,788,938	17,107,667	17,768,774	750,392	750,392	62,911,906		68,443,865	(5,411,459)
2.6 Total Benefit Expense before Reinsurance	1,514,551,127		1,493,492,271	1,109,225,882	1,493,228,764	1,042,883,721	1,465,907,223	1,048,189,254	(73,075,525)	(73,075,525)	5,812,888,747		4,262,290,042	1,550,578,705
2.7 Net Cost of Reinsurance	104,651		104,651								104,651		104,651	
2.8 Total Benefit Expense after Reinsurance	1,514,655,778		1,493,492,271	1,109,225,882	1,493,228,764	1,042,883,721	1,465,907,223	1,048,189,254	(73,075,525)	(73,075,525)	5,812,993,398		4,262,394,693	1,550,578,705
Florida-Specific Contributions														
3.1 Points to Graduate, Medical Education Institutions														
3.2 Contributions for the Purpose of Supporting Medicare and Indigent Care														
3.3 Total Florida-Specific Contributions														
Improving Health Care Quality Expenses Incurred														
4.1 Improve Health Outcomes	17,491,388		17,167,238	16,324,723	15,788,434	14,943,174	15,347,845	15,049,505			66,394,904		62,872,841	3,422,063
4.2 Activities to Prevent Hospital Readmissions	495,382		488,421	481,253	443,850	440,702	449,180	443,669			1,877,433		1,856,438	20,995
4.3 Improve Patient Safety and Reducing Medical Errors	6,645,613		6,333,346	617,482	581,257	565,452	586,172	569,262			2,446,330		2,382,727	63,603
4.4 Wellness and Health Promotion/Benefits	2,342,793		2,295,750	2,250,999	2,108,228	2,061,316	2,125,397	2,075,216			8,874,502		8,883,259	191,243
4.5 Health Information Technology (HIT) expenses related to Health Improvement	20,848,200		20,893,840	19,682,207	18,931,781	18,024,666	18,116,660	18,146,118			78,626,981		75,938,236	2,688,745
4.6 Total of Paid Expenses Incurred for Improving Health Care Quality	212,083		212,083	83,302	44,025	44,025	219,024	165,980			694,187		499,202	194,985
5.0 Duplicative Fraud and Abuse Detection/Recovery Expenses														
6.0 Preliminary Medical Loss Ratio: MTR	93%	91%	95%	91%	92%	92%	93%	91%	91%	46%	113%	113%	92%	100%