



CARE 1st HEALTH PLAN ARIZONA, INC.

Uniform Guidance Reports

Year Ended September 30, 2024

(With Independent Auditors' Reports Thereon)

CARE 1st HEALTH PLAN ARIZONA, INC.

Uniform Guidance Reports

Year ended September 30, 2024

Table of Contents

	Page(s)
Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	1–2
Independent Auditors' Report on Compliance for Each Major Federal Program; Report on Internal Control Over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance	3–5
Schedule of Expenditures of Federal Awards	6
Notes to Schedule of Expenditures of Federal Awards	7
Schedule of Findings and Questioned Costs	8
Care1st Health Plan, Inc.; audited financial statements, as of and for the year ended September 30, 2024, are separately attached hereto.	



KPMG LLP
Suite 300
1212 N. 96th Street
Omaha, NE 68114-2274

Suite 1120
1248 O Street
Lincoln, NE 68508-1493

**Independent Auditors' Report on Internal Control Over Financial Reporting and on
Compliance and Other Matters Based on an Audit of Financial Statements
Performed in Accordance With *Government Auditing Standards***

The Audit Committee of the Board of Directors
Care1st Health Plan Arizona, Inc. and One Care by Care1st Health Plan Arizona, Inc.:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of Care1st Health Plan Arizona, Inc. and One Care by Care1st Health Plan Arizona, Inc., which comprise the combined balance sheet as of September 30, 2024, and the related combined statements of income, comprehensive income, changes in stockholder's equity and cash flows for the year then ended, and the related notes to the combined financial statements, and have issued our report thereon dated May 20, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the combined financial statements, we considered Care1st Health Plan Arizona, Inc. and One Care by Care1st Health Plan Arizona, Inc.'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of Care1st Health Plan Arizona, Inc. and One Care by Care1st Health Plan Arizona, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Care1st Health Plan Arizona, Inc. and One Care by Care1st Health Plan Arizona, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Care1st Health Plan Arizona, Inc. and One Care by Care1st Health Plan Arizona, Inc.'s combined financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.



Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Care1st Health Plan Arizona, Inc. and One Care by Care1st Health Plan Arizona, Inc.'s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Care1st Health Plan Arizona, Inc. and One Care by Care1st Health Plan Arizona, Inc.'s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

KPMG LLP

Omaha, Nebraska
May 20, 2025



KPMG LLP
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Independent Auditors' Report on Compliance for Each Major Federal Program; Report on Internal Control Over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

The Audit Committee of the Board of Directors
Care1st Health Plan Arizona, Inc and One Care by Care1st Health Plan Arizona, Inc.:

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Care1st Health Plan Arizona, Inc and One Care by Care1st Health Plan Arizona, Inc.'s (the Company) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Company's major federal programs for the year ended September 30, 2024. The Company's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Company complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2024.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Company's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Company's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Company's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS,



Government Auditing Standards, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Company's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Company's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Company's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the combined financial statements of Care1st Health Plan Arizona, Inc. and One Care by Care1st Health Plan Arizona, Inc. as of and for the year ended September 30, 2024, and have issued our report thereon dated May 20, 2025, which contained an unmodified opinion on those combined financial statements. Our audit was performed for the purpose of forming an opinion on the combined financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the combined financial statements as a whole.

KPMG LLP

Omaha, Nebraska
May 20, 2025

CARE 1st HEALTH PLAN ARIZONA, INC.

Schedule of Expenditures of Federal Awards

Year ended September 30, 2024

Federal grantor/Program title/Cluster title	Assistance listing number	Contract number	Grant number	Passed- through to subrecipients	Federal expenditures
U.S. Department of Health and Human Services:					
Substance Abuse and Mental Health Services:					
State Opioid Response Grants (SOR)	93.788	YH22-0061R	11356415170214	\$ 3,796,610	4,126,751
Total Substance Abuse and Mental Health Services				<u>3,796,610</u>	<u>4,126,751</u>
Block Grants for Community Mental Health Services (MHBG):					
MHBG SMI	93.958	YH22-0061R	11356415170214	1,077,331	1,189,725
MHBG SED	93.958	YH22-0061R	11356415170214	1,057,040	1,330,493
MHBG FEP	93.958	YH22-0061R	11356415170214	321,678	362,549
COVID-19 MHBG CRRSAA - SMI	93.958	YH22-0061R	11356415170214	139,235	151,342
COVID-19 MHBG CRRSAA - SED	93.958	YH22-0061R	11356415170214	293,848	319,400
COVID-19 MHBG CRRSAA - FEP	93.958	YH22-0061R	11356415170214	211	229
COVID-19 MHBG ARPA - SMI	93.958	YH22-0061R	11356415170214	39,712	43,165
COVID-19 MHBG ARPA - SED	93.958	YH22-0061R	11356415170214	353,609	384,358
COVID-19 MHBG ARPA - FEP	93.958	YH22-0061R	11356415170214	279,832	304,165
COVID-19 MHBG ARPA - SED CRISIS	93.958	YH22-0061R	11356415170214	475,458	516,803
COVID-19 MHBG ARPA - SMI HOUSING	93.958	YH22-0061R	11356415170214	76,750	83,424
MHBG BSCA - SMI CRISIS	93.958	YH22-0061R	11356415170214	43,003	46,743
MHBG BSCA - FEP	93.958	YH22-0061R	11356415170214	6,914	7,515
MHBG TA	93.958	YH22-0061R	11356415170214	1,761	1,914
Total Block Grants for Community Mental Health Services				<u>4,166,382</u>	<u>4,741,825</u>
Block Grants for Substance Use Prevention, Treatment, and Recovery Services (SUPTRS):					
SUPTRS - Substance Abuse/General Mental Health	93.959	YH22-0061R	11356415170214	3,720,567	4,669,272
SUPTRS - HIV	93.959	YH22-0061R	11356415170214	151,119	171,104
COVID-19 SUPTRS - ARPA	93.959	YH22-0061R	11356415170214	855,486	929,877
COVID-19 SUPTRS - ARPA PHH	93.959	YH22-0061R	11356415170214	31,977	34,758
Total Block Grants for Substance Use Prevention, Treatment, and Recovery Services				<u>4,759,149</u>	<u>5,805,011</u>
Total U.S. Department of Health and Human Services				<u>12,722,141</u>	<u>14,673,587</u>
Total Expenditures of Federal Awards				<u>\$ 12,722,141</u>	<u>14,673,587</u>

See accompanying independent auditors' report and notes to schedule of expenditures of federal awards.

CARE 1st HEALTH PLAN ARIZONA, INC.

Notes to Schedule of Expenditures of Federal Awards

Year ended September 30, 2024

(1) Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal grant activity of Care1st Health Plan, Inc. (the Company) under programs of the federal government for the year ended September 30, 2024. The Company is a for-profit company, however, due to requirements under contracts with the state of Arizona, is required to comply with the audit requirements of *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). The information in the Schedule is presented in accordance with the requirements of the Uniform Guidance. Because the Schedule presents only a selected portion of the operations of the Company, it is not intended and does not present the financial position, changes in stockholder's equity or cash flows of the Company.

(2) Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Company has not elected to use the ten percent de minimus indirect cost rate allowable under the Uniform Guidance. The Company had no loan or loan guarantee programs in effect.

CARE 1st HEALTH PLAN ARIZONA, INC.

Schedule of Findings and Questioned Costs

Year ended September 30, 2024

(1) Summary of Auditors' Results

- a. Type of report issued on whether the financial statements were prepared in accordance with generally accepted accounting principles: **Unmodified**
- b. Internal control deficiencies over financial reporting disclosed by the audit of the financial statements:
 - Material weaknesses: **No**
 - Significant deficiencies: **None Reported**
- c. Noncompliance material to the financial statements: **No**
- d. Internal control deficiencies over major programs disclosed by the audit:
 - Material weaknesses: **No**
 - Significant deficiencies: **None Reported**
- e. Type of report issued on compliance for major programs: **Unmodified**
- f. Audit findings that are required to be reported in accordance with 2 CFR 200.516(a): **No**
- g. Major programs:
 - Block Grants for Community Mental Health Services – ALN 93.958
 - Block Grants for Prevention and Treatment of Substance Abuse – ALN 93.959
- h. Dollar threshold used to distinguish between Type A and Type B programs: **\$750,000**
- i. Auditee qualified as a low-risk auditee: **Yes**

(2) Findings Relating to the Financial Statements Reported in Accordance with *Government Auditing Standards*

None

(3) Findings and Questioned Costs Relating to Federal Awards

None

**CARE1ST HEALTH PLAN ARIZONA, INC. AND
ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.**

Combined Financial Statements

as of and for the fiscal years ended September 30, 2024 and 2023, and

Supplemental Schedules as of and for the fiscal years ended

September 30, 2024 and 2023, and Independent Auditors' Report

CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
U.S. Generally Accepted Accounting Principle-Basis Financial Statements
and Supplemental Schedules
As of and for Fiscal Years Ended September 30, 2024 and 2023

Table of Contents

	Page
Independent Auditors' Report	2
Financial Statements:	
Combined Balance Sheets	5
Combined Statements of Income	6
Combined Statements of Comprehensive Income	7
Combined Statements of Changes in Stockholder's Equity	8
Combined Statements of Cash Flows	9
Notes to Combined Financial Statements	10-29
Supplemental Information	30-33



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Independent Auditors' Report

The Audit Committee of the Board of Directors
Care1st Health Plan Arizona, Inc. and One Care by Care 1st Health Plan Arizona, Inc.:

Report on the Audit of the Combined Financial Statements

Opinion

We have audited the combined financial statements of Care1st Health Plan Arizona, Inc. and One Care by Care 1st Health Plan Arizona, Inc. (the Company), which comprise the combined balance sheets as of September 30, 2024 and 2023, and the related combined statements of income, comprehensive income, changes in stockholder's equity, and cash flows for the years then ended, and the related notes to the combined financial statements.

In our opinion, the accompanying combined financial statements present fairly, in all material respects, the financial position of the Company as of September 30, 2024 and 2023, and the results of its operations and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Combined Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for one year after the date that the combined financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Combined Financial Statements

Our objectives are to obtain reasonable assurance about whether the combined financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a



substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the combined financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the combined financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The supplemental information included in the Supplemental Detailed Balance Sheet Information as of September 30, 2024 and Supplemental Detailed Income Statement Information for the Year Ended September 30, 2024 is presented for purposes of additional analysis and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

Required Supplementary Information

U.S. generally accepted accounting principles require that the incurred and paid claims development information, and the historical claims duration information for the years ended September 30, 2023 and 2022 on page 25 be presented to supplement the basic combined financial statements. Such information is the responsibility of management and, although not a part of the basic combined financial statements, is required by the Financial Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic combined financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic combined financial statements, and other knowledge we obtained during our audit of the basic combined financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.



The Non Title XIX/XXI: Contract Year Income Statement and Schedule A on pages 31 and 32 is presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Arizona Health Care Cost Containment System who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 20, 2025 on our consideration of the Company's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Company's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Company's internal control over financial reporting and compliance.

KPMG LLP

Omaha, Nebraska
May 20, 2025

CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
COMBINED BALANCE SHEETS
AS OF SEPTEMBER 30, 2024 and 2023
(\$ IN THOUSANDS)

Assets	2024	2023
Current assets:		
Cash and cash equivalents	\$ 9,015	\$ 88,774
Investments - short-term	11,556	7,973
Other receivables from government partners	4,782	5,554
Premiums receivable	1,779	235
Due from affiliates	712	-
Prepaid expenses and other receivables	1,869	3,430
Total current assets	29,713	105,966
Other assets		
Other receivables from government partners	1,402	1,687
Investments - long-term	170,829	148,253
Goodwill	3,610	3,610
Other assets	404	404
Total assets	<u>\$ 205,958</u>	<u>\$ 259,920</u>
Liabilities and Stockholder's Equity		
Current liabilities:		
Medical claims payable	\$ 49,440	\$ 53,491
Accounts payable and accrued expenses	1,645	441
Other payables to government partners	53,765	79,315
Income tax payable	3,660	2,536
Other current liabilities	4,253	5,285
Due to affiliates	-	35,520
Total current liabilities	112,763	176,588
Long-term liabilities:		
Deferred tax liability - net	13,406	11,911
Other long-term liabilities	736	353
Total long-term liabilities	14,142	12,264
Stockholder's equity:		
Common stock, (\$0 par value – 2,000 shares authorized, issued and outstanding)	-	-
Additional paid-in capital	32,618	32,618
Retained earnings	20,615	22,716
Accumulated other comprehensive income	25,820	15,734
Total stockholder's equity	79,053	71,068
Total liabilities and stockholder's equity	<u>\$ 205,958</u>	<u>\$ 259,920</u>

See accompanying notes to combined financial statements.

CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
COMBINED STATEMENTS OF INCOME
FOR THE YEARS ENDED SEPTEMBER 30, 2024 and 2023
(\$ IN THOUSANDS)

	2024	2023
Revenues:		
Net premium revenue	\$ 633,158	\$ 546,854
Operating Expenses:		
Healthcare services, net	553,643	463,980
Selling, general and administrative expenses	46,825	51,112
Premium tax expense	12,175	10,853
Total operating expenses	<u>612,643</u>	<u>525,945</u>
Income from operations	20,515	20,909
Net investment income	7,535	7,711
Income before income taxes	<u>28,050</u>	<u>28,620</u>
Income tax expense	7,151	6,815
Net income	<u><u>\$ 20,899</u></u>	<u><u>\$ 21,805</u></u>

See accompanying notes to combined financial statements.

CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
COMBINED STATEMENTS OF COMPREHENSIVE INCOME
FOR THE YEARS ENDED SEPTEMBER 30, 2024 and 2023
(\$ IN THOUSANDS)

	2024	2023
Net income	\$ 20,899	\$ 21,805
Change in unrealized loss on investments, net of taxes	10,086	434
Comprehensive income	<u>\$ 30,985</u>	<u>\$ 22,239</u>

See accompanying notes to combined financial statements.

CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
COMBINED STATEMENTS OF CHANGES IN STOCKHOLDER'S EQUITY
FOR THE YEARS ENDED SEPTEMBER 30, 2024 and 2023
(\$ IN THOUSANDS)

	Common stock Class A - Number of Shares *	Additional paid-in Capital	Retained Earnings	Accumulated other comprehensive income	Total Stockholder's Equity
Balance 9/30/2022	2,000	\$ 12,618	\$ 911	\$ 15,300	\$ 28,829
Contributed capital	-	20,000	-	-	20,000
Net income	-	-	21,805	-	21,805
Change in unrealized income, net of tax	-	-	-	434	434
Balance 09/30/2023	2,000	32,618	22,716	15,734	71,068
Net income	-	-	20,899	-	20,899
Change in unrealized income, net of tax	-	-	-	10,086	10,086
Distribution to parent	-	-	(23,000)	-	(23,000)
Balance 9/30/2024	2,000	\$ 32,618	\$ 20,615	\$ 25,820	\$ 79,053

* Includes 1,000 shares issued and authorized for Care1st Health Plan Arizona, Inc. and 1,000 shares issued and authorized for One Care by Care1st Health Plan Arizona, Inc.

CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
COMBINED STATEMENTS OF CASH FLOWS
AS OF SEPTEMBER 30, 2024 and 2023
(\$ IN THOUSANDS)

	2024	2023
Cash flows from operating activities:		
Net income	\$ 20,899	\$ 21,805
Adjustment to reconcile net income to net cash (used in) provided by operating activities:		
Net investment income	889	1,888
Prepaid expenses, other assets and deposits	849	3,508
Receivables from / payables to government partners	(25,550)	9,597
Accounts payable and accrued expenses	1,204	(7,071)
Medical claims payable	(4,051)	16,481
Income taxes receivable/payable	(7,784)	(766)
Deferred taxes, net	1,495	(1,167)
Premiums receivable	(1,544)	287
Other, net	(27,486)	20,101
Net cash (used in) provided by operating activities	(41,079)	64,663
Cash flows from investing activities:		
Proceeds from investments sold, matured or repaid	7,232	17,301
Cost of investments acquired	(22,912)	(30,337)
Net cash used in investing activities	(15,680)	(13,036)
Cash flows from financing activities:		
Contributed capital	-	20,000
Dividend to stockholders	(23,000)	-
Net cash (used in) provided by financing activities	(23,000)	20,000
Net change in cash and cash equivalents	(79,759)	71,627
Cash and cash equivalents, beginning of year	88,774	17,147
Cash and cash equivalents, end of year	\$ 9,015	\$ 88,774
Supplemental disclosures of cash flow information:		
Income taxes paid	7,541	7,660

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

Note 1. ORGANIZATION AND NATURE OF OPERATIONS

Care1st Health Plan Arizona, Inc. (“Care1st”) and One Care by Care1st Health Plan Arizona, Inc. (“One Care”), together Care1st Arizona (the “Company”), are wholly-owned subsidiaries of Centene Corporation (“Centene”), a publicly traded managed care services company.

Care1st provides specified health services to Medicaid members pursuant to a contract with the Arizona Health Care Cost Containment System (“AHCCCS”). Care1st subcontracts with hospitals, physicians and other medical providers within Arizona to care for eligible members in its designated service areas.

One Care provides Medicare Advantage (“MA”) health plans and prescription drug benefits to Medicare beneficiaries through the Medicare Part D Program (“PDP”) via a contract with the Centers for Medicare and Medicaid Services (“CMS”). One Care is contracted with CMS to provide managed care services as a Dual Eligible Subset Special Needs Plan (“D-SNP”). One Care is limited to only enroll members who are dually eligible for both Medicaid and Medicare and in the service areas covered under the AHCCCS agreement. One Care's CMS contract expired on December 31, 2021 and was not renewed. One Care elected not to submit a bid with CMS for the 2022 plan year. The AHCCCS required D-SNP companion plan for Care1st will be operated by its related party, Bridgeway Health Solutions of Arizona, Inc., under contract H5590-009.

AHCCCS Agreement

On March 13, 2018, the Company announced that it received a contract award from the AHCCCS Complete Care (“ACC”) program effective October 1, 2018. The original contract term was for five years, with two one year options for renewal. During 2020, AHCCCS revised the ACC term of contract to include an additional two-year extension through September 30, 2027. Under the contract, the Arizona Plan will provide physical and limited behavioral health services to eligible enrollees in the Central and North geographic service areas. As part of AHCCCS’ approval of the merger agreement between Centene Corporation and WellCare, AHCCCS required transition of the Central membership. Members who did not select a plan during open enrollment were auto assigned to the Centene ACC health plan, Arizona Complete Health-Complete Care Plan. The effective date of the membership transition is October 1, 2021. On November 15, 2021, the Company received a contract award from AHCCCS for an ACC-RBHA (“Regional Behavioral Health Agreement”) Contract under the Competitive Contract Expansion (“CCE”) effective October 1, 2022.

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

As submitted and approved by AHCCCS, Care1st Health Plan Arizona, Inc. was merged with Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan on October 1, 2024. Immediately following the merger of Health Net Access, Inc. and Care 1st Health Plan Arizona, Inc., Health Net Access, Inc. merged with Bridgeway Health Solutions of Arizona, Inc. dba Arizona Complete Health-Complete Care Plan. At that time, all membership and operations were transitioned to Bridgeway Health Solutions of Arizona, Inc., as well as the associated revenue and expenses.

The Financial Accounting Standards Board ("FASB") sets generally accepted accounting principles ("GAAP") in the United States of America to ensure consistent reporting. References to GAAP are to the Financial Accounting Standards Codification ("FASB ASC").

Note 2. BASIS OF PRESENTATION AND SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Presentation

The accompanying combined financial statements are prepared on the basis of accounting principles generally accepted in the United States of America ("GAAP").

B. Principles of Combination

The accompanying combined financial statements of the Company have been prepared on a combined basis for entities under common control with all significant intercompany transactions and accounts being eliminated.

C. Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates. Material estimates particularly susceptible to change in the near term include revenue recognition (including the reconciliation settlements described below), health care service costs, including the medical claims payable, and income taxes.

D. Cash and Cash Equivalents

Cash includes cash deposits in banks and cash equivalents. Cash equivalents include all highly liquid investments with maturities of three months or less when purchased. Accounts at each institution are insured in limited amounts by the Federal Deposit Insurance Corporation ("FDIC"). At September 30, 2024 and 2023, cash and cash equivalents consisted of cash and money market accounts.

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

E. Investments

Short-term investments include securities with maturities greater than three months to one year. Long-term investments include securities with maturities greater than one year.

Short-term and long-term investments are classified as available-for-sale and are carried at fair value. To calculate realized gains and losses on the sale of investments, the Company uses the specific amortized cost of each investment sold. Realized gains and losses are recorded in net investment income.

Unrealized gains and losses on available-for-sale investments are recognized as direct increases or decreases in other comprehensive income. For the years ended September 30, 2024 and 2023, the Company recognized unrealized losses of \$10,086 and \$434, respectively, net of tax effect, on available-for-sale investments which have been recorded in the accompanying combined statements of comprehensive income. Cost of investments sold is recognized using the specific identification method.

Investment securities in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the near term could materially affect account balances and the amounts reported in the accompanying combined financial statements.

The Company evaluates available-for-sale debt securities on a regular basis and records an allowance for credit losses, if necessary. Evidence of a credit related loss may include rating agency actions, adverse conditions specifically related to the security, or failure of the issuer of the security to make scheduled payments. The Company recognizes an allowance when evidence demonstrates that the decline in fair value is credit related. Some portion or all of the allowance for credit losses may need to be reversed in future periods. A reversal of the allowance for credit losses should not exceed the allowance amount initially recognized.

F. Funds Receivable/Held for the Benefit of Members

The Company receives certain Part D prospective subsidy payments from CMS for MA and PDP members as a fixed monthly per member amount, based on the estimated costs of providing prescription drug benefits over the plan year, as reflected in the bids. Approximately nine to ten months subsequent to the end of the plan year, or later in the case of the coverage gap discount subsidy, a settlement payment is made between CMS and the Company based on the difference between the prospective payments and actual claims experience. The subsidy components under Part D, which are recorded as a component of prepaid expenses and other or accounts payable and accrued expenses on the Combined Balance Sheet, are described below:

Low-Income Cost Sharing Subsidy ("LICS") - For qualifying low-income subsidy members, CMS reimburses the Company for all or a portion of the low income subsidy member's deductible, coinsurance and co-payment amounts above the out-of-pocket threshold.

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

Catastrophic Reinsurance Subsidy - CMS reimburses the Company for 80% of the drug costs after a member reaches his or her out-of-pocket catastrophic threshold through a catastrophic reinsurance subsidy.

Coverage Gap Discount Subsidy ("CGDS") - CMS provides monthly prospective payments for pharmaceutical manufacturer discounts made available to members.

Catastrophic reinsurance subsidies and LICS subsidies represent cost reimbursements under the Medicare PDP. The Company is fully reimbursed by CMS for costs incurred for these contract elements and, accordingly, there is no insurance risk to the Company. Therefore, amounts received for these subsidies are not considered premium revenue, and are reported, net of the subsidy benefits paid, as deposits. Costs incurred over deposits received are recorded as assets and deposits received in excess of costs incurred are recorded as liabilities on the combined financial statements. Historically, the settlement payments between us and CMS have not been materially different from our estimates.

CGDS advance payments are recorded as assets on the combined financial statements. Receivables are set up for manufacturer invoiced amounts. Manufacturer payments reduce the receivable as payments are received. After the end of the contract year, during the Medicare Part D payment reconciliation process for the CGDS, CMS will perform a cost-based reconciliation to ensure the Medicare Part D sponsor is paid for gap discounts advanced at the point of sale, based on accepted Prescription Drug Event data.

G. Premium Revenue and Premiums Receivable

Premium revenues are primarily derived from the Company's contracts with the State of Arizona and CMS. The premiums received are typically a fixed rate based on a membership category. The Company assumes the economic risk of funding its customers' health care and related administrative costs. Membership and category eligibility are periodically reconciled with the various programs and such reconciliations could result in adjustments to revenue. Premium revenues are recognized in the period in which eligible individuals are entitled to receive health care benefits. Premium billings may be subsequently adjusted to reflect changes in membership as a result of retroactive terminations, additions or other changes. Health care premium payments received in advance for a service period are recorded as unearned premiums. The Company recognizes revenue on retroactive healthcare premium adjustments that result in a benefit, generally when the amounts are determinable and collectability is reasonably assured in premium revenue.

Arizona AHCCCS Specific Revenue Recognition

Delivery supplemental payments are intended by AHCCCS to cover the costs of maternity care for deliveries during a prospective enrollment period. Such premiums are recognized in the month the delivery occurs.

Reinsurance revenues are recorded net of uncollectible amounts pursuant to the AHCCCS contract. Acute reinsurance revenue is recognized as a percentage of expenses incurred by members whose medical costs exceed a stated deductible per member per contract year. Catastrophic reinsurance revenue is recognized as the actual costs paid by the Arizona Plan. These revenues are

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

included as an offset of other medical expenses. The Company recorded \$9,323 and \$8,978 of reinsurance revenues in healthcare services, net for the years ended September 30, 2024 and 2023, respectively. The Company recorded \$1,402 and \$1,687 of reinsurance receivable as of September 30, 2024 and 2023, respectively, which is recorded as a component of other receivables from government partners, non-current on the Combined Balance Sheets.

Prior period coverage capitation premiums are payments received from AHCCCS for the period of time, prior to the member's enrollment, during which a member is eligible for covered services. Such premiums are recognized upon receipt.

Value Based Purchasing/Alternative Payment Model

AHCCCS subjects 1% of funded gross prospective capitation of AHCCCS Complete Care ("ACC") in Arizona to measurements based on each contractor's performance on selected Quality Management Performance Measures as determined by AHCCCS. The program is an effort to encourage activity for AHCCCS contractors in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings. As of September 30, 2024 and 2023, the Company accrued \$1,578 and \$3,985, respectively as receivables and \$1,892 and \$4,075 as liabilities for the alternative payment model. This represents the portion of the 1% the Company estimates as a potential repayment to AHCCCS based on the results of the performance measures. The change in the accrual is recorded as an offset to capitation premium revenue for the years ended September 30, 2024 and 2023.

H. Premium Deficiency Reserve

Premium deficiency reserves are recognized when expected incurred costs, claim adjustment expenses, and administration costs exceed the premiums to be collected for the remainder of a contract period. No premium deficiency reserve was recorded at September 30, 2024 and 2023, based on the Company's expectation regarding the profitability of contracts in force at September 30, 2024 and 2023. The Company considered anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the combined statements of income.

I. Other Receivables / Payables to Government Partners

AHCCCS limits financial risk and gain to its contractors. Profits and losses by defined risk code groupings are annually reconciled as defined for each contract year ending in the month of September. In accordance with the reconciliations, profits and losses are generally limited to a defined percentage of the net capitation received for the specified risk code groupings. Profits or losses in excess of the corridor are reimbursed to, or recovered from, AHCCCS by the contractor. Accordingly, as of September 30, 2024 and 2023, the Company recorded a payable of \$51,874 and \$72,035, respectively, as a component of other payables to government partners. Generally, the final reconciliation and settlement is anticipated to take place approximately 15 months after the end of the contract year.

The Company's Medicaid contract with AHCCCS includes a provision whereby the Company is required to expend a minimum

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

of 85% of the premiums received on allowable medical benefits expense as defined in the contract (“Financial Visibility Standards - Acute Care”). The Company is also required to spend at most 10% of premiums received related to administrative expenses as defined in the same section of the contract.

For CYE 2023, the profit corridor calculation was renamed ACC-RBHA Tiered Reconciliation and modified to include revenue and expenses for the SMI and Crisis membership. Under both calculations, there is a no payback between 0% and 2% profit, 50% payback corridor between 2% and 6% profit, and all profit above 6% of net settlement revenue must be paid back, making a maximum possible gain of 4% of settlement revenue. Maximum losses are capped at 2%. For CYE 2023 and CYE 2024, the Company is accruing paybacks of \$49,644, and \$2,229; all place the plan in the full payback corridor.

There were two additional settlements with AHCCCS. During 2024 a Covid-19 vaccine settlement of \$118 as well as an \$544 ACC fixed administration settlement. These amounts were recorded as a component of other receivables from government partners on the Combined Balance Sheets.

Medicare Risk Corridor

At September 30, 2024 and 2023, there was a no balance due from CMS.

Medicare Minimum Medical Loss Ratio

The Patient Protection and Affordable Care Act, amended by the Health Care and Education Reconciliation Act of 2010 (collectively, the “ACA”), established a minimum medical loss ratio (“MLR”) for MA and Part D prescription drug program (“Part D plans”), requiring plans to spend not less than 85% of premiums on medical and pharmacy benefits. The rules implementing the minimum MLR impose financial and other penalties for failing to achieve the minimum MLR, including requirements to refund to CMS shortfalls in amounts spent on medical benefits and termination of a plan’s MA contract for prolonged failure to achieve the minimum MLR. The MLR is determined by adding a plan’s spending for clinical services, prescription drugs and other direct patient benefits, plus its total spending on quality improvement activities and dividing the total by earned premiums (after subtracting specific identified taxes and other fees). No payable balance was recorded at September 30, 2024 and 2023.

J. Goodwill and Other Intangible Assets, net

Acquisitions typically result in goodwill, which represents the excess of the acquisition cost over the fair value of net assets acquired. Goodwill is assigned to reporting units, which we determined to be the same as our operating segments. Refer to Note 10, Goodwill and Other Intangible Assets, Net for additional discussion.

We test goodwill for impairment at the reporting unit level at least annually, or more frequently if events or changes in circumstances indicate that it would be more likely than not that the fair value of a reporting unit is below its carrying value. Such events or circumstances could include a significant adverse change in business climate, an adverse action or assessment by a regulator, unanticipated competition and the testing for recoverability of a significant asset group within a reporting unit,

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

among others. To determine whether goodwill is impaired, we compare an estimate of the fair value of the applicable reporting unit to its carrying value, including goodwill. If the carrying value exceeds the estimated fair value, we compare the implied fair value of the applicable goodwill to its carrying value to measure the amount of goodwill impairment, if any. We perform our annual goodwill impairment test based on our financial position and results of operations each year. The annual impairment tests are based on an evaluation of estimated future discounted cash flows. The estimated discounted cash flows are based on the best information available to us at the time, including supportable assumptions and projections we believe are reasonable. Our discounted cash flow estimates use discount rates that correspond to a weighted-average cost of capital consistent with a market-participant view. The discount rates are consistent with those used for investment decisions and take into account the operating plans and strategies of our operating segments. Certain other key assumptions utilized, including changes in membership, premium, health care costs, operating expenses, fees, assessments and taxes and effective tax rates, are based on estimates consistent with those utilized in our annual budgeting and planning process that we believe are reasonable. However, if we do not achieve the results reflected in the assumptions and estimates, our goodwill impairment evaluations could be adversely affected, and we may impair a portion of our goodwill, which would adversely affect our operating results in the period of impairment. Impairments, if any, would be classified as a direct charge against the combined statements of income. Based on the results of our impairment testing in 2024, we determined that the fair value of each reporting unit substantially exceeded its carrying value and no further goodwill impairment assessment was necessary. As discussed in Note 1, the Company was required to transition central membership to an affiliate under common control of Centene Corporation. The central membership was a portion of the reporting unit with goodwill. The Company used relative fair value based on premium revenue to determine the portion of goodwill transferred. The difference between the carrying amount of net assets transferred and proceeds received, which was zero, was considered an equity transfer to Centene Corporation since the central membership was transferred to an affiliate under common control of Centene Corporation.

K. Health Care Services/Medical Claims Payable

The Company contracts with various providers, including medical groups, to provide professional care to certain of its enrollees on a capitated or fixed fee per member per month basis. Additionally, the Company also contracts with hospitals, physicians, and other providers of health care, pursuant to discounted fee-for-service arrangements, hospital per diem arrangements, and case rate arrangements, under which providers bill the Company for each individual service provided to enrollees.

Amounts incurred related to prior periods represents the change in medical claims payable attributable to the difference between the original estimate of incurred claims for prior periods and the revised estimate. In developing the revised estimate, there have been no changes in the approach used to determine the key actuarial assumptions, which are the completion factor and medical cost trend. Medical claims payable are estimated under actuarial standards of practice and GAAP. The majority of the medical claims payable balance held at each year-end is associated with the most recent months' incurred services because these are the services for which the fewest claims have been paid. The degree of uncertainty in the estimates of incurred claims is greater for the most recent months' incurred services. Revised estimates for prior periods are determined in each month based on the most recent updates of paid claims for prior periods.

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

L. Hospital Assessment Payable

Hospital assessment payable consists of amounts payable to hospitals, physicians, and ambulance providers to compensate them for serving Medicaid members. These amounts are a component of the premium revenue earned under the Company's at-risk contract with the Department and are made on a pass-through basis. The Company records hospital assessment revenue and expense within premium income and general administrative expenses, respectively.

M. Reserves for Contingent Liabilities

In the course of the Company's operations, the Company is involved on a routine basis in various disputes with members, health care providers, and other entities, as well as audits by government agencies and elected officials that relate to the Company's services and/or business practices that expose the Company to potential losses.

The Company recognizes an estimated loss, which may represent damages, assessment of regulatory fines or penalties, settlement costs, future legal expenses, or a combination of the foregoing, as appropriate, from such loss contingencies when it is both probable that a loss will be incurred and that the amount of the loss can be reasonably estimated. The Company's loss estimates are based in part on an analysis of potential results, the stage of the proceedings, consultation with outside counsel, and any other relevant information available.

N. Concentrations of Credit Risk

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of cash equivalents and receivables from AHCCCS, primarily including capitation and supplement receivables, reinsurance receivables and reconciliation receivables. All cash equivalents are managed within established guidelines, which provide diversity among issuers. Concentration of credit risk with respect to the receivables from AHCCCS is high due to the single payer comprising the Company's customer base. However, since the single payer is the state government, the risk is mitigated. The receivables from providers are due from many providers such that a risk of concentration is not considered to be material.

Substantially all of the Company's revenue is earned in Arizona from its contracts with AHCCCS. Failure to renew these contracts would have a significant impact on the Company's operations.

O. Net Investment Income Earned

Net investment income earned but not yet collected is recorded as investment income due and accrued in the Combined Balance sheets. Investment income included in the accompanying combined statements of income is comprised of interest and dividends

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

earned on the Company's invested assets, on cash and cash equivalents and net realized gains and losses on the sale of investments.

P. Comprehensive Income

Comprehensive income includes all changes in stockholder's equity (except those arising from transactions with stockholders) and includes net income and net unrealized appreciation (depreciation), after tax, on investments available-for-sale.

Q. Reinsurance

AHCCCS provides a stop-loss reinsurance program for the Company for partial reimbursement of reinsurable covered medical services incurred for members. The program includes a deductible, which varies based on the Company's enrollment and the eligibility category of the members. AHCCCS reimburses the Company based on a coinsurance amount for reinsurable covered services incurred above the deductible. Coinsurance percentages vary by nature of the claim for Medicaid claims.

R. Medical Expenses

The Company contracts with various healthcare providers for the provision of certain medical care to its members. Medical claims are submitted by providers and processed in accordance with the terms of the contract. Additionally, the Company compensates some providers on a capitation basis. The amount of the capitation payments and the frequency of the distributions to the provider are based on contractual arrangements.

The cost of other healthcare services provided or contracted for is accrued in the period in which it is provided to a member based in part on estimates, including an accrual for medical services provided but not reported.

S. Income Taxes

The Company accounts for income taxes using *FASB ASC 740, Income Taxes*. Under *FASB ASC 740*, deferred federal and state income taxes are provided on an asset and liability method whereby deferred income tax assets are recognized for deductible temporary differences and operating loss and tax credit carryforwards and deferred income tax liabilities are recognized for taxable temporary differences. Temporary differences are the difference between the reported amounts of assets and liabilities and their tax bases. Valuation allowances are established when necessary to reduce deferred income tax assets to the extent they are not realizable based on the Company's deductible temporary difference reversals, taxable income in its carryback period, and the existence of taxable temporary differences. Deferred income tax assets and liabilities are adjusted for the effects of changes in tax laws and rates on the date of enactment.

Deferred tax assets and liabilities are recorded for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled.

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

Valuation allowances are provided when it is considered more likely than not that deferred tax assets will not be realized. In determining if a deductible temporary difference or net operating loss can be realized, the Company considers future reversals of existing taxable temporary differences, future taxable income, taxable income in prior carryback periods and tax planning strategies.

The Company evaluates its uncertain tax positions, if any, on a continual basis through review of its policies and procedures, review of its regular tax filings, and discussions with outside experts.

T. Medicaid Premium Taxes

The Company is subject to a 2% premium tax on all Title XIX/XXI payments received from AHCCCS for premiums, reinsurance and reconciliations. Total premium tax expense for the years ended September 30, 2024 and 2023 was \$12,175 and \$10,853, respectively.

U. Recently Issued Accounting Pronouncements

There have been no recently issued accounting pronouncements by the Financial Accounting Standards Board ("FASB") that are expected to have a material impact on the Company's combined financial position, results of operations or cash flows.

CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)

Note 3. INVESTMENTS

Investments have been classified as available-for-sale according to management's intent. The amortized cost of investments and their approximate fair values at September 30, 2024 and 2023 are as follows:

September 30, 2024				
	Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
Government	\$ 4,546	\$ —	\$ (348)	\$ 4,198
Asset-Backed	15,713	114	(525)	15,303
Mortgage-backed	34,381	48	(1,925)	32,504
Municipal bonds	3,727	—	(312)	3,415
Corporate bonds	130,438	1,998	(5,471)	126,965
Total	<u>\$ 188,806</u>	<u>\$ 2,161</u>	<u>\$ (8,581)</u>	<u>\$ 182,385</u>

September 30, 2023				
	Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
Government	\$ 4,540	\$ —	\$ (640)	\$ 3,900
Asset-Backed	13,684	45	(1,228)	12,501
Mortgage-backed	41,816	—	(4,492)	37,324
Municipal bonds	4,138	—	(651)	3,487
Corporate bonds	111,669	—	(12,655)	99,014
Total	<u>\$ 175,847</u>	<u>\$ 45</u>	<u>\$ (19,666)</u>	<u>\$ 156,226</u>

The Company's mortgage-backed securities are primarily issued by the Federal National Mortgage Association, Government National Mortgage Association or Federal Home Loan Mortgage Corporation, which carry implicit or explicit guarantees of the U.S. government.

The following is a summary of maturities of available-for-sale investments as of September 30, 2024 and 2023:

At September 30, 2024		
	Amortized Cost	Fair Value
Due in one year or less	\$ 5,839	\$ 5,727
Due after one year through five years	88,800	85,375
Due after five years through ten years	55,427	54,654
Due after ten years	38,740	36,629
Total	<u>\$ 188,806</u>	<u>\$ 182,385</u>

For each security in an unrealized position, the Company assesses whether it intends to sell the security or if it is more likely than not the Company will be required to sell the security before recovery of the amortized-cost basis for reasons such as liquidity, contractual, or regulatory purposes. If the security meets this criterion, the decline in fair value is recorded in earnings.

CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)

The Company does not intend to sell these securities prior to maturity and it is not likely that the Company will be required to sell these securities prior to maturity, therefore, the Company did not record an impairment for these securities.

In addition, the Company monitors available-for-sale debt securities for credit losses. Certain investments have experienced a decline in fair value due to changes in credit quality, market interest rates and/or general economic conditions. The Company recognizes an allowance when evidence demonstrates that the decline in fair value is credit related. Evidence of a credit related loss may include rating agency actions, adverse conditions specifically related to the security, or failure of the issuer of the security to make scheduled payments.

The fair value of available-for-sale investments with gross unrealized losses by investment type and length of time that individual securities have been in a continuous unrealized loss position were as follows as of September 30, 2024 and 2023:

September 30, 2024						
Decline for less than 12 months			Decline for greater than 12 months			
Amortized			Amortized			
Cost	Fair Value	Difference	Cost	Fair Value	Difference	
Government	\$ -	\$ -	\$ -	\$ 4,546	\$ 4,198	\$ 348
Asset-Backed	-	-	-	10,398	9,873	525
Mortgage-backed	-	-	-	31,932	30,006	1,925
Municipal bonds	-	-	-	3,727	3,415	312
Corporate bonds	2,000	2,000	-	78,411	72,941	5,471
Total	\$ 2,000	\$ 2,000	\$ -	\$ 129,014	\$ 120,433	\$ 8,581

September 30, 2023						
Decline for less than 12 months			Decline for greater than 12 months			
Amortized			Amortized			
Cost	Fair Value	Difference	Cost	Fair Value	Difference	
Government	\$ -	\$ -	\$ -	\$ 4,540	\$ 3,900	\$ 640
Asset-Backed	646	579	67	11,110	9,949	1,161
Mortgage-backed	2,674	2,596	78	39,142	34,728	4,414
Municipal bonds	-	-	-	4,138	3,487	651
Corporate bonds	28,959	28,015	944	82,460	70,749	11,711
Total	\$ 32,279	\$ 31,190	\$ 1,089	\$ 141,390	\$ 122,813	\$ 18,577

Proceeds from investments sold, matured, or repaid during 2024 and 2023 were \$7,232 and \$17,301, respectively. The net realized losses on the sale of investments for the years ended September 30, 2024 and 2023 were \$26 and \$972, respectively, which is a component of net investment income on the combined statements of income.

Net investment income for the years ended September 30, 2024 and 2023 was \$7,535 and \$7,711, respectively.

Note 4. REGULATORY REQUIREMENTS

In accordance with its contracts with AHCCCS, the Company is required to maintain certain minimum financial reporting and viability measures. The Company must meet a minimum capitalization requirement based on the number of members enrolled

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

as well as various quarterly financial viability standards and performance guidelines. As of September 30, 2024, the Company was in compliance with the requirements for both the AHCCCS Complete Care contract and the RBHA contract.

The Company executed two Surety Bond contracts to perform services related to the Company's health plan contracts with AHCCCS for both its Care1st and One Care entities. The Surety Bond executed by Care1st in the amount of \$45,000 is renewed through September 30, 2025. The Surety Bond executed by One Care, for the amount of \$5,000 is renewed through December 31, 2024.

Note 5. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements*, establishes a common definition for fair value under US GAAP and expands disclosures about such fair value measurements. FASB ASC 820 also establishes a hierarchy for ranking the quality and reliability of the information used to determine fair values.

FASB ASC 820 requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories:

Level input	Input definition
Level I	Unadjusted quoted market prices in active markets for identical assets or liabilities.
Level II	Unadjusted quoted prices in active markets for similar assets or liabilities, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.
Level III	Unobservable inputs for the asset or liability.

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

The following table summarizes the valuation of the Company's assets subject to recurring fair value measurement by the above FASB ASC 820 categories as of September 30, 2024 and 2023 for assets measured at fair value:

2024				
	Level I	Level II	Level III	Total
Cash and cash equivalents	\$ 9,015	\$ -	\$ -	\$ 9,015
Government bonds	4,198	-	-	4,198
Asset-backed	-	15,303	-	15,303
Mortgage-backed	-	32,504	-	32,504
Municipal Bonds	-	3,415	-	3,415
Corporate bonds	-	126,965	-	126,965
Total assets at fair value	<u>\$ 13,213</u>	<u>\$ 178,187</u>	<u>\$ -</u>	<u>\$ 191,400</u>

2023				
	Level I	Level II	Level III	Total
Cash and cash equivalents	\$ 88,774	\$ -	\$ -	\$ 88,774
Government bonds	3,900	-	-	3,900
Asset-backed	-	12,501	-	12,501
Mortgage-backed	-	37,324	-	37,324
Municipal Bonds	-	3,487	-	3,487
Corporate bonds	-	99,014	-	99,014
Total assets at fair value	<u>\$ 92,674</u>	<u>\$ 152,326</u>	<u>\$ -</u>	<u>\$ 245,000</u>

The Company utilizes matrix pricing services to estimate fair value for securities which are not actively traded on the measurement date. The Company designates these securities as Level II fair value measurements.

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

Note 6. UNPAID CLAIMS

The following table summarizes the change in medical claims liability:

	For the Year Ended September 30, 2024	For the Year Ended September 30, 2023
Gross claims payable at October 1,	\$ 53,491	\$ 41,285
Reinsurance recoverable	(1,687)	(1,674)
Balance at October 1, net	51,804	39,611
 Incurred related to current year	 568,720	 470,617
Incurred related to prior year	(15,077)	(6,637)
Total incurred	553,643	463,980
 Paid related to current year	 519,102	 416,815
Paid related to prior year	38,307	34,972
Total paid	557,409	451,787
 Balance at September 30, net	 48,038	 51,804
Reinsurance recoverable at September 30,	1,402	1,687
Gross claims payable balance at September 30,	<u>\$ 49,440</u>	<u>\$ 53,491</u>

The incurred amounts related to prior years represent the variation between the Company's estimated expense for prior years' claims and the actual amounts required to satisfy such claims. For the years ended September 30, 2024 and 2023, the Company experienced approximately \$15,077 and \$6,637, respectively, of favorable development.

Changes in estimates of incurred claims for prior years are primarily attributable to reserving under moderately adverse conditions. Changes in medical utilization and cost trends and the effect of medical management initiatives may also contribute to changes in medical claim liability estimates. Management believes that the amount of medical claims liability is reasonable and adequate to cover the Company's liability for unpaid claims as of September 30, 2024 and 2023.

Incurred claims and allocated claim adjustment expenses, total IBNR plus expected development on reported claims and cumulative claims data as of September 30, 2024 are included in the following table. For claims frequency information summarized below, a claim is defined as the financial settlement of a single medical event in which remuneration was paid to the servicing provider. Total IBNR plus the expected development on reported claims represents estimates for claims incurred but not reported, development on reported claims, and estimates for the costs necessary to process unpaid claims at the end of each period. The Company estimates its liability using actuarial methods that are commonly used by health insurance actuaries and meet Actuarial Standards of Practice. These actuarial methods consider factors such as historical data for payment patterns, cost trends, product mix, seasonality, utilization of healthcare services and other relevant factors.

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

Incurred and paid claims development at September 30, 2024 is as follows, net of reinsurance:

Cumulative incurred claims for the years ended September 30

	2022	2023	2024
	(unaudited)	(unaudited)	
Claim years:			
2022	\$347,850	\$341,213	\$340,387
2023		470,617	456,365
2024			568,720
Total incurred claims			<u>\$1,365,472</u>

Cumulative paid claims for the years ended September 30

	2022	2023	2024
	(unaudited)	(unaudited)	
Claim years:			
2022	\$306,950	\$341,523	\$341,625
2023		416,815	455,021
2024			519,386
Total paid claims			<u>\$1,316,032</u>

Medical claims liability \$49,440

Incurred claims and allocated claim adjustment expenses, total IBNR plus expected development on reported claims and cumulative claims data at September 30, 2024 are included in the following table. For claims frequency information summarized below, a claim is defined as the financial settlement of a single medical event in which remuneration was paid to the servicing provider. Total IBNR plus the expected development on reported claims represents estimates for claims incurred but not reported, development on reported claims, and estimates for the costs necessary to process unpaid claims at the end of each period. The Company estimates its liability using actuarial methods that are commonly used by health insurance actuaries and meet Actuarial Standards of Practice. These actuarial methods consider factors such as historical data for payment patterns, cost trends, product mix, seasonality, utilization of healthcare services and other relevant factors. Information is summarized as follows:

	September 30, 2024		
	Incurred claims and allocated claim adjustment expenses	Total IBNR plus expected development on reported claims	Cumulative paid claims
Claim year:			
2022	\$ 340,387	\$ (1,238)	\$ 1,134
2023	456,365	1,344	1,570
2024	568,720	49,333	1,577

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

Note 7. INCOME TAXES

The income tax provision consisted of the following components for the years ended September 30, 2024 and 2023:

	2024	2023
Current Provision		
Federal	\$ 7,257	\$ 7,170
State	\$ 1,515	\$ 956
Total current provision	<u>\$ 8,772</u>	<u>\$ 8,126</u>
Deferred Provision		
Deferred Federal and State	<u>\$ (1,621)</u>	<u>\$ (1,311)</u>
Total provision (benefit) for income taxes	<u>\$ 7,151</u>	<u>\$ 6,815</u>

The reconciliation of the tax provision at the U.S. Federal Statutory Rate to the provision for income taxes includes state income taxes, tax exempt interest, and other items.

The tax effects of temporary differences that give rise to deferred tax assets and liabilities include loss reserves, deferred intercompany transfers, net unrealized gain on investments, and other items for the years ended September 30, 2024 and 2023. Gross deferred tax assets totaled \$2,780 and \$5,350 and gross deferred tax liabilities totaled \$16,186 and \$17,261 at September 30, 2024 and 2023, respectively.

At September 30, 2024 and 2023, the Company had no operating loss or tax credit carryforwards available for tax purposes.

Valuation allowances are provided when it is considered more likely than not that deferred tax assets will not be realized. The realization of the deferred tax asset is dependent upon the Company's ability to generate sufficient taxable income in future periods. Based on historical results and the prospects for current operations, management anticipates that it is more likely than not that future taxable income will be sufficient for the realization the remaining deferred tax assets.

The Company maintains a reserve for uncertain tax positions that may be challenged by a tax authority. The Company's reserve for uncertain tax positions totaled \$384 and \$347 at September 30, 2024 and 2023, respectively. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date. Related interest and penalties are treated as income tax expense under the Company's accounting policy. The total amount of interest and penalties, net of related tax benefits, recognized in the Combined statements of Income for the periods ended September 30, 2024 and 2023, is \$29 and \$23, respectively. The total amount of interest and penalties, net of related tax benefits, recognized in the combined balance sheets at September 30, 2024 and 2023 is \$74 and \$45, respectively. As of September 30, 2024, the Company's 2020 through 2022 tax returns remain open for federal examination and the 2023 return has not been filed.

The Company's federal income tax return is consolidated with Centene and its affiliates.

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

The method of allocation among companies is subject to a written agreement whereby allocation is made primarily on a separate company basis using the percentage method pursuant to provisions of IRC Sections §1502 and §1552 and Treasury Regulations §1.1502 and §1.1552. This percentage method allocates a tax asset (i.e., intercompany receivable) for any benefit derived by the consolidated group for the member's losses or credits that offset consolidated taxable income. In accordance with the tax sharing agreement, each member shall pay to Parent or receive from the Parent the amount of tax liability or benefit reported on each member's proforma federal income tax return within 90 days of the date Parent files its consolidated federal income tax return.

Note 8. RELATED PARTY TRANSACTIONS

Dividends

The Company paid cash dividends totaling \$23,000 and \$0 to its parent company, Centene, for the years ended September 30, 2024 and 2023, respectively.

Capital Contributions

During the years ended September 30, 2024 and 2023, the Company received a capital contribution of \$0 and \$20,000, respectively, from its Parent Company, Centene.

The Company's amounts due (to) from related parties are as follows at September 30, 2024 and 2023:

Affiliate	Expense		Amounts due from (to)		Services Provided
	2024	2023	2024	2023	
Centene Management Company	\$ 38,866	\$ -	\$ 1,508	\$ -	General management
Comprehensive Health Management Inc.	-	44,014	5	(34,772)	General management
Envolve Dental, Inc.	9,620	8,359	(875)	(729)	Dental vendor
Centene Pharmacy Services, Inc.	-	9,862	50	(19)	Pharmacy benefits management
Care1st HP Administrative Services	-	-	24	-	Administrative services
	<u>\$ 48,486</u>	<u>\$ 62,235</u>	<u>\$ 712</u>	<u>\$ (35,520)</u>	

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

Note 9. COMMITMENTS AND CONTINGENCIES

From time to time, the Company may be involved in litigation arising in the ordinary course of operations. While the results of litigation cannot be predicted with certainty, management is of the opinion, after reviewing these matters with legal counsel, that the final outcome of such litigation, if any, will not have a material adverse effect on the Company's financial position.

Healthcare Regulation

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Company is in compliance with fraud and abuse laws and regulations, as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future review and interpretation as well as regulatory actions unknown or unasserted at this time.

Health reform legislation at both the federal and state levels continues to evolve. Changes continue to impact existing and future laws and rules. Such changes may impact the way the Company does business, restrict revenue and enrollment growth in certain products and market segments, restrict premium growth rates for certain products and market segments, increase medical, administration and capital costs, and expose the Company to increased risk of loss or further liabilities. The Company's operating results, financial position and cash flows could be adversely impacted by such changes.

Note 10. GOODWILL AND OTHER INTANGIBLE ASSETS, NET

On May 1, 2017, Care1st completed the acquisition of certain assets, including Arizona Medicaid membership and certain provider contracts, from Phoenix Health Plan. The transaction resulted in \$8,330 of goodwill and \$4,600 of other intangible assets for Medicaid business. This Medicaid business was part of the membership transferred to Arizona Complete Health-Complete Care Plan as disclosed in Note 1. As a result, in 2021 a portion of goodwill was transferred to Centene Corporation along with the entire amount of other intangible assets.

At September 30, 2024 and 2023, the gross and net carrying amount of goodwill was \$3,610 and \$3,610.

Note 11. RISKS AND UNCERTAINTIES

The Company's profitability depends in large part on accurately predicting and effectively managing medical service costs. The Company continually reviews its premium and benefit structure to reflect its underlying claims experience and revised actuarial data; however, several factors could adversely affect the medical service costs. Certain of these factors, which include changes in healthcare practices, inflation, new technologies, major epidemics, natural disasters, and malpractice litigation, are beyond

**CARE1ST HEALTH PLAN ARIZONA, INC.
AND ONE CARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
NOTES TO COMBINED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(\$ THOUSANDS)**

any health plan's control and could adversely affect the Company's ability to accurately predict and effectively control healthcare costs. Costs in excess of those anticipated could have a material adverse effect on the Company's results of operations.

Note 12. SUBSEQUENT EVENTS

The Company has evaluated subsequent events for potential recognition and/or disclosure through May 20, 2025, the date the combined financial statements are available to be issued.

**CARE 1ST HEALTH PLAN ARIZONA, INC.
AND ONECARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
SUPPLEMENTAL DETAILED BALANCE SHEET INFORMATION
AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2024**

ASSETS	Care1st	One Care	Eliminations	Combined
Current assets:				
Cash and cash equivalents	\$ 7,146	\$ 1,869	\$ -	\$ 9,015
Investments - short-term	11,407	149	-	11,556
Other receivables from government partners	4,782	-	-	4,782
Premiums receivable	1,779	-	-	1,779
Due from affiliates	14	698	-	712
Prepaid expenses and other receivables	1,781	88	-	1,869
Total current assets	<u>\$ 26,909</u>	<u>\$ 2,804</u>	<u>\$ -</u>	<u>\$ 29,713</u>
Other assets				
Other receivables from government partners	1,402	-	-	1,402
Investments - long-term	161,540	\$ 9,289	\$ -	\$ 170,829
Goodwill	3,610	-	-	3,610
Other assets	404	-	-	404
Deferred tax assests	-	198	(198)	-
Total assets	<u>\$ 193,865</u>	<u>\$ 12,291</u>	<u>\$ (198)</u>	<u>\$ 205,958</u>
Liabilities and Stockholder's Equity	Care1st	One Care	Eliminations	Combined
Current liabilities:				
Medical claims payable	\$ 49,362	\$ 78	\$ -	\$ 49,440
Accounts payable and accrued expenses	1,645	-	-	1,645
Other payables to government partners	53,765	-	-	53,765
Income tax payable	3,558	102	-	3,660
Other current liabilities	3,123	1,130	-	4,253
Total current liabilities	<u>111,453</u>	<u>1,310</u>	<u>-</u>	<u>112,763</u>
Long-term liabilities:				
Deferred tax liability - net	13,604	-	(198)	13,406
Other long-term liabilities	725	11	-	736
Total long-term liabilities	<u>14,329</u>	<u>11</u>	<u>(198)</u>	<u>14,142</u>
Stockholder's equity:				
Common stock, (\$0 par value – 2,000 shares authorized, issued and outstanding	-	-	-	-
Additional paid-in capital	19,618	13,000	-	32,618
Retained earnings	22,645	(2,030)	-	20,615
Accumulated other comprehensive income	25,820	-	-	25,820
Total stockholder's equity	<u>68,083</u>	<u>10,970</u>	<u>-</u>	<u>79,053</u>
Total liabilities and stockholder's equity	<u>\$ 193,865</u>	<u>\$ 12,291</u>	<u>\$ (198)</u>	<u>\$ 205,958</u>

See preceding combined financial statements and auditors' report

**CARE 1ST HEALTH PLAN ARIZONA, INC.
AND ONECARE BY CARE1ST HEALTH PLAN ARIZONA, INC.
SUPPLEMENTAL DETAILED INCOME STATEMENT INFORMATION
AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2024**

	<u>Care1st</u>	<u>One Care</u>	<u>Combined</u>
Revenues:			
Net premium revenue	\$ 632,877	\$ 281	\$ 633,158
Operating Expenses:			
Healthcare services, net	554,300	(657)	\$ 553,643
Selling, general and administrative expenses	46,736	89	46,825
Premium tax expense	12,175	-	12,175
Total operating expenses	<u>613,211</u>	<u>(568)</u>	<u>612,643</u>
Income from operations	19,666	849	20,515
Net investment income	7,330	205	7,535
Income before income taxes	26,996	1,054	28,050
Income tax expense	6,921	230	7,151
Net income	<u>\$ 20,075</u>	<u>\$ 824</u>	<u>\$ 20,899</u>

See preceding combined financial statements and auditors' report

Paragraph 3.05: NTXX/XXI: Contract Year Income Statement

actor Name: Arizona Complete Health
As of: 9/30/2024

Member Months	NTXX/XXI Crisis	NTXX/XXI SMI Services	NTXX/XXI Other	Housing Trust Fund	MHBG SED	MHBG SMI	MHBG FEPI/SEMI	SUPTRS	Other Federal	County	PASRR	Total NTXX/XXI	Mgmt & Gen	Grand Total
00999 Total Member Months														
REVENUE														
40205-01 Non-Title XX/XXI Revenue*	2,344,032	7,188,690	696,808	0	1,330,493	1,189,725	362,549	4,840,376	6,950,442	0	1,800	24,904,916	3,050,041	27,954,957
40210-01 Specialty and Other Grants*	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40215-01 Non-Title XX/XXI Profit Limit	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40305-01 Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40310-01 Other Income*	0	0	0	0	0	0	0	0	0	0	0	0	0	0
49999 TOTAL REVENUE	2,344,032	7,188,690	696,808	0	1,330,493	1,189,725	362,549	4,840,376	6,950,442	0	1,800	24,904,916	3,050,041	27,954,957
EXPENSES														
Behavioral Health (BH) Medical Expenses:														
60105-01 Counseling	0	1,240,168	161,151	0	358,474	276,294	8,267	783,086	0	0	0	2,827,440	0	2,827,440
60105-05 Assessment, Evaluation and Screening	0	486,489	48,869	0	156,688	163,375	9,645	404,514	0	0	0	1,269,580	0	1,269,580
60105-10 Other Professional	0	(16)	0	0	4,046	(2)	0	116,325	0	0	0	120,353	0	120,353
60199 Total Treatment Services	0	1,726,641	210,020	0	519,209	439,667	17,912	1,303,925	0	0	0	4,217,374	0	4,217,374
Rehabilitation Services														
60205-01 Living Skills Training	0	622,875	91,389	0	178,628	18,858	9,493	130,768	0	0	0	1,052,011	0	1,052,011
60205-05 Cognitive Rehabilitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60205-10 Health Promotion	0	7,970	0	0	866	464	0	16,883	0	0	0	26,183	0	26,183
60205-15 Supported Employment Services	0	49,833	612	0	3,712	36,700	0	103,080	0	0	0	193,936	0	193,936
60299 Total Rehabilitation Services	0	680,678	92,001	0	183,206	56,023	9,493	250,731	0	0	0	1,272,131	0	1,272,131
Medical Services														
60305-01 Medication Services	0	5,261	22,217	0	(249)	24	0	67,877	0	0	0	95,129	0	95,129
60305-05 Medical Management	0	277,238	30,531	0	39,613	46,244	1,505	(178,365)	0	0	0	216,767	0	216,767
60305-10 Laboratory, Radiology and Medical Imaging	0	8,588	2	0	1,584	549	0	11,226	0	0	0	21,948	0	21,948
60305-15 Electro-Convulsive Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60399 Total Medical Services	0	291,087	52,750	0	40,948	46,816	1,505	(99,263)	0	0	0	333,844	0	333,844
Support Services														
60405-01 Case Management	0	1,396,206	62,590	0	225,703	233,737	10,904	399,429	0	0	0	2,328,569	0	2,328,569
60405-05 Personal Care Services	0	49,393	0	0	0	18,735	0	91	0	0	0	68,219	0	68,219
60405-10 Family Support	0	2,396	2,924	0	3,987	15,449	395	2,265	0	0	0	27,417	0	27,417
60405-15 Peer Support	0	507,471	0	0	407	11,413	0	85,586	0	0	0	604,877	0	604,877
60405-20 Therapeutic Foster Care	0	0	0	0	27,756	0	0	0	0	0	0	27,756	0	27,756
60405-21 Adult Behavioral Health Therapeutic Home	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60405-25 Unskilled Respite Care	0	1,449	28,242	0	12,722	114	0	1,045	0	0	0	43,572	0	43,572
60405-30 Supported Housing*	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60405-40 Transportation	0	320,991	2,620	0	22,712	48,386	0	114,818	0	0	0	509,527	0	509,527
60499 Total Support Services	0	2,277,906	96,375	0	293,287	327,835	11,299	603,234	0	0	0	3,609,937	0	3,609,937
Crisis Intervention Services														
60505-01 Crisis Intervention - Mobile	537,178	305,566	179,182	0	0	0	0	89,440	0	0	0	1,111,366	0	1,111,366
60505-05 Crisis Intervention - Stabilization	1,611,412	172,344	11,346	0	8,420	0	34	538,315	0	0	0	2,341,837	0	2,341,837
60505-10 Crisis Intervention - Telephone	400,324	30,290	78	0	0	0	0	852	0	0	0	431,554	0	431,554
60599 Total Crisis Intervention Services	2,548,914	508,199	190,607	0	8,420	0	0	628,617	0	0	0	3,884,756	0	3,884,756
Inpatient Services														
60605-01 Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60605-05 Sub acute Facility	0	380,730	0	0	798	110,320	(48)	90,305	0	0	0	582,065	0	582,065
60605-10 Residential Treatment Center (RTC)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60605-15 Inpatient Services, Professional	0	76,620	0	0	4	26,792	0	11,873	0	0	0	115,290	0	115,290
60699 Total Inpatient Services	0	457,350	0	0	763	137,112	(48)	102,179	0	0	0	697,355	0	697,355
Residential Services														
60705-01 Behavioral Health Residential Facilities	0	547,366	0	0	11,503	21,695	0	665,872	0	0	0	1,246,436	0	1,246,436
60705-10 Room and Board	0	113,917	0	0	0	4,730	0	104,231	0	0	0	222,878	0	222,878
60799 Total Residential Services	0	661,283	0	0	11,503	26,424	0	770,103	0	0	0	1,469,314	0	1,469,314
Behavioral Health Day Program														
60805-01 Supervised Day Program	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60805-05 Therapeutic Day Program	0	30	0	0	0	0	0	0	0	0	0	30	0	30
60805-10 Medical Day Program	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60899 Total Behavioral Health Day Program	0	30	0	0	0	0	0	0	0	0	0	30	0	30
HIV Services														
60905-05 HIV	0	0	0	0	0	0	0	151,119	0	0	0	151,119	0	151,119
60999 Total HIV Services	0	0	0	0	0	0	0	151,119	0	0	0	151,119	0	151,119
BH Pharmacy Expenses														
61005-01 BH Pharmacy Expense	0	1,644,958	2,213	0	12,690	0	0	86,927	0	0	0	1,746,788	0	1,746,788
61099 Total Pharmacy Expense	0	1,644,958	2,213	0	12,690	0	0	86,927	0	0	0	1,746,788	0	1,746,788
61100-01 PPC BH Title X	0	0	0	0	0	0	0	0	0	0	0	0	0	0
61105-01 Other BH Service Expenses Not Reported Above*	4,025	575	0	0	0	43,521	281,516	396,676	6,394,407	1,800	0	7,122,520	2,814,972	9,937,492
61205-01 BH FQHC/RHC Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
61299 Subtotal BH Medical Expenses	2,552,939	8,248,706	643,966	0	1,070,025	1,077,397	321,678	4,194,249	6,394,407	1,800	0	24,505,167	2,814,972	27,320,139
61305-01 Specialty and Other Grant Expenses*	0	0	0	0	0	0	0	0	0	0	0	0	0	0
61399 Total BH Medical Expenses	2,552,939	8,248,706	643,966	0	1,070,025	1,077,397	321,678	4,194,249	6,394,407	1,800	0	24,505,167	2,814,972	27,320,139
Less:														
70105-01 Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70205-02 Third Party Liability	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70305-01 Claims Overpayment Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70310-05 Pharmacy Rebates	0	0	0	0	0	0	0	(287)	0	0	0	(287)	0	(287)
70310-10 Pharmacy Performance Guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85999 Total Net Medical Expense*	2,552,939	8,248,706	643,966	0	1,070,025	1,077,397	321,678	4,193,961	6,394,407	1,800	0	24,504,879	2,814,972	27,319,851
Administrative Expenses:														
80105-01 Compensation	63,405	187,112	26,333	0	41,300	34,398	17,232	140,212	337,226	0	0	847,218	143,715	990,933
80205-01 Occupancy	1,903	5,510	806	0	1,242	1,059	521	4,156	10,059	0	0	25,255	4,373	29,628
80305-01 Depreciation	10,571	31,257	4,381	0	6,884	5,719	2,871	23,407	56,258	0	0	141,348	23,926	165,274
80405-01 Care Management/Care Coordination	16,512	56,614	4,491	0	7,244	5,878	0	29,264	0	0	0	120,004	0	120,004
80505-01 Professional and Outside Services	29,937	90,760	11,497	0	18,100	15,611	7,159	65,642	129,791	0	0	368,497	53,822	422,319
80605-01 Office Supplies and Equipment	2,612	8,237	997	0	1,681	1,274	690	5,997	14,083	0	0	35,572	5,578	41,150
80705-01 Travel	670	2,041	269	0	435	348	180	1,513	3,601	0	0	9,057	1,484	10,541
80805-01 Repair and Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
80905-01 Bank Service Charge	462	1,363	192	0	301	251	126	1,022	2,458	0	0	6,176	1,049	7,224
81005-01 Insurance	853	2,815	258	0	412	339	137	1,572	994	0	0	7,381	435	7,816
81105-01 Marketing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
81205-01 Interest Expense	227	859	80	0	127	73	0	522	0	0	0	1,888	0	1,888
81305-01 Pharmacy Benefit Manager Expenses	7,500	30,111	3,407	0	5,037	2,757	0	21,876	0	0	0	70,690	0	70,690
81405-														

	NTXIX/XXI Crisis	NTXIX/XXI SMI Services	NTXIX/XXI Other	Housing Trust Fund	MHBG SED	MHBG SMI	MHBG FEP/EMSI	SUPTRS	Other Federal	County	PASRR	Total NTXIX/XXI	Mgmt & Gen	Grand Total
Disclosure of NTXIX/XXI Other, Other Federal and Mgmt & Gen AHCCCS Revenue reported on line 40205-01														
SUDS			66,865									\$ 66,865		\$ 66,865
Children's Behavioral Health Services Fund (CBHSF)			422,847									\$ 422,847		\$ 422,847
SLRRF			207,096									\$ 207,096		\$ 207,096
SOR III Year 1									770,807			\$ 770,807		\$ 770,807
SOR III Year 2									3,355,944			\$ 3,355,944		\$ 3,355,944
MHBG BSCA SMI CRISIS									46,743			\$ 46,743		\$ 46,743
MHBG BSCA FEP									7,515			\$ 7,515		\$ 7,515
MHBG TA									1,914			\$ 1,914		\$ 1,914
MHBG ARPA SED									384,358			\$ 384,358		\$ 384,358
MHBG CRRSAA SMI									151,342			\$ 151,342		\$ 151,342
MHBG CRRSAA SED									319,400			\$ 319,400		\$ 319,400
MHBG CRRSAA FEP									229			\$ 229		\$ 229
MHBG ARPA SED CRISIS									516,803			\$ 516,803		\$ 516,803
MHBG ARPA SMI									43,165			\$ 43,165		\$ 43,165
MHBG ARPA FEP									304,165			\$ 304,165		\$ 304,165
MHBG ARPA SMI HOUSING									83,424			\$ 83,424		\$ 83,424
SUBG ARPA									929,877			\$ 929,877		\$ 929,877
SUBG ARPA PHH									34,758			\$ 34,758		\$ 34,758
Title 36									0			\$ 0	3,050,041	\$ 3,050,041
Total NTXIX/XXI Other and Other Federal Column	\$ 0	\$ 0	\$ 696,808	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 6,950,442	\$ 0	\$ 0	\$ 7,647,250	\$ 3,050,041	\$ 10,697,291
Disclosure of Specialty and Other Grants Reported on line 40210-01														
												\$ 0		\$ 0
												\$ 0		\$ 0
												\$ 0		\$ 0
Total Specialty and Other Grants	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Disclosure of Other Income Reported on line 40310-01														
												\$ 0		\$ 0
												\$ 0		\$ 0
												\$ 0		\$ 0
Total Other Income	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Disclosure of Supported Housing Reported on line 60405-30														
Rental Subsidy												\$ 0		\$ 0
Management Fees												\$ 0		\$ 0
Utility Payments												\$ 0		\$ 0
Repair & Maintenance												\$ 0		\$ 0
Damages												\$ 0		\$ 0
Deposits												\$ 0		\$ 0
Start UP												\$ 0		\$ 0
Eviction Prevention												\$ 0		\$ 0
Housing Trust Fund - Construction/Improvements												\$ 0		\$ 0
												\$ 0		\$ 0
Total Supported Housing	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Disclosure of Non-Title XIX/XXI Other Services Reported on line 61105-01														
MHBG-FEP							281,516					\$ 281,516		\$ 281,516
MHBG TA									1,761			\$ 1,761		\$ 1,761
SOR III Year 1									472,075			\$ 472,075		\$ 472,075
SOR III Year 2									3,324,535			\$ 3,324,535		\$ 3,324,535
MHBG ARPA SED									353,609			\$ 353,609		\$ 353,609
MHBG CRRSAA SMI									139,235			\$ 139,235		\$ 139,235
MHBG CRRSAA SED									293,848			\$ 293,848		\$ 293,848
MHBG CRRSAA FEP									211			\$ 211		\$ 211
MHBG ARPA SED CRISIS									475,458			\$ 475,458		\$ 475,458
MHBG ARPA SMI									39,712			\$ 39,712		\$ 39,712
MHBG ARPA FEP									279,832			\$ 279,832		\$ 279,832
MHBG ARPA SMI HOUSING									76,750			\$ 76,750		\$ 76,750
MHBG BSCA SMI CRISIS									43,003			\$ 43,003		\$ 43,003
MHBG BSCA FEP									6,914			\$ 6,914		\$ 6,914
SUBG ARPA									855,486			\$ 855,486		\$ 855,486
SUBG ARPA PHH									31,977			\$ 31,977		\$ 31,977
PRN Program									43,521			\$ 43,521		\$ 43,521
Outreach						43,521						\$ 43,521		\$ 43,521
Oxford House									74,497			\$ 74,497		\$ 74,497
PASRR									322,180			\$ 322,180		\$ 322,180
Crisis Mobile Team Incentive											1,800	\$ 1,800		\$ 1,800
Title 36	4,025	575										\$ 0	2,814,972	\$ 2,814,972
Total Other Services	\$ 4,025	\$ 575	\$ 0	\$ 0	\$ 0	\$ 43,521	\$ 281,516	\$ 396,676	\$ 6,394,407	\$ 0	\$ 1,800	\$ 7,122,520	\$ 2,814,972	\$ 9,937,492
Disclosure of Specialty and Other Grants Reported on line 61305-01														
												\$ 0		\$ 0
												\$ 0		\$ 0
												\$ 0		\$ 0
Total Specialty and Other Grants Expenses	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Disclosure of Non-Title XIX/XXI Other Admin Expenses Reported on line 83005- 01														
Data processing	143	408	61	0	93	80	39	309	751	0	0	\$ 1,884	330	\$ 2,214
EE meetings, training, seminars	59	170	25	0	39	34	16	129	313	0	0	\$ 785	137	\$ 923
EOP / EOB processing fees	45	128	19	0	29	25	12	97	235	0	0	\$ 589	103	\$ 692
Printing	31	69	4	0	11	13	10	18	156	0	0	\$ 313	69	\$ 382
Physician credentialing	21	60	9	0	14	12	6	45	109	0	0	\$ 275	48	\$ 323
Sanction	0	0	0	0	0	0	0	0	0	0	0	\$ 0	0	\$ 0
Total Non-Title XIX/XXI Other Admin Expenses	\$ 299	\$ 835	\$ 119	\$ 0	\$ 186	\$ 164	\$ 83	\$ 597	\$ 1,564	\$ 0	\$ 0	\$ 3,847	\$ 687	\$ 4,534
Disclosure of Non-Title XIX/XXI Encounter Valuation Reported on line 83105-01														
												\$ 0		\$ 0
												\$ 0		\$ 0
												\$ 0		\$ 0
Total Non-Title XIX/XXI Encounter Valuation Sanctions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Disclosure of Administrative Expenses from Specialty and Other Grants Reported on line 83205-01														
												\$ 0		\$ 0
												\$ 0		\$ 0
												\$ 0		\$ 0
Total Adm Expenses from Specialty and Other Grants E	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0