HEALTH NET ACCESS, INC. d/b/a
ARIZONA COMPLETE HEALTH – COMPLETE CARE PLAN

Financial Statements

Year Ended December 31, 2019

(With Independent Auditors' Report Thereon)

HEALTH NET ACCESS, INC. d/b/a
ARIZONA COMPLETE HEALTH – COMPLETE CARE PLAN

Financial Statements

Year Ended December 31, 2019

Table of Contents

	Page(s)
Independent Auditors' Report	1–2
Financial Statements:	
Balance Sheet	3
Statement of Operations	4
Statement of Comprehensive Income (Loss)	5
Statement of Stockholder's Equity	6
Statement of Cash Flows	7
Notes to Financial Statements	8–26
Supplemental Information	
Schedule 1 – Contract Balance Sheet	27
Schedule 2 – Contract Statement of Operations	28
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*	29–30

KPMG LLP
Suite 900
10 South Broadway
St. Louis, MO 63102-1761

Independent Auditors' Report

The Board of Directors and Stockholder
Health Net Access, Inc. d/b/a Arizona Complete Health – Complete Care Plan:

Report on the Financial Statements

We have audited the accompanying financial statements of Health Net Access, Inc. d/b/a Arizona Complete Health – Complete Care Plan (Health Net Access, Inc.), which comprise the balance sheet as of December 31, 2019, and the related statement of operations, comprehensive income (loss), stockholder's equity, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with 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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Health Net Access, Inc. as of December 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with U.S. generally accepted accounting principles.

KPMG LLP, a Delaware limited liability partnership and a member firm of
the KPMG global organization of independent member firms affiliated with
KPMG International Limited, a private English company limited by guarantee.

Other Matters

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 December 31, 2018 and prior on page 21 be presented to supplement the basic financial statements. Such information, although not a part of the basic 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 financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, 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.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information included in Schedule 1 – Contract Balance Sheet – December 31, 2019 and Schedule 2 – Contract Statement of Operations – December 31, 2019, is presented for purposes of additional analysis. 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 financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated August 21, 2020 on our consideration of Health Net Access, Inc.'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 Health Net Access, Inc.'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 Health Net Access, Inc.'s internal control over financial reporting and compliance.

KPMG LLP

St. Louis, Missouri
August 21, 2020, except as to paragraph 3 of Note 11, which is as of December 1, 2020

HEALTH NET ACCESS, INC. d/b/a
ARIZONA COMPLETE HEALTH – COMPLETE CARE PLAN
(A Wholly Owned Subsidiary of Centene Corporation)

Balance Sheet

December 31, 2019

Assets

Current assets:	
Cash and cash equivalents	$ 62,616,588
Capitation and supplement receivables	8,242,327
Reinsurance receivables	17,468,660
Provider receivables	72,225,620
Pharmacy receivables	1,456,878
Short-term investments	8,744,623
Reconciliation receivables	1,012,704
Income taxes receivable	742,098
Amounts due from affiliates	20,798,857
Prepaid expenses and other current assets	1,191,699
Total current assets	194,500,054
Long-term investments	71,493,777
Net deferred tax asset	1,197,187
Total assets	$ 267,191,018

Liabilities and Stockholder's Equity

Current liabilities:	
Medical claims payable	$ 172,293,416
Reconciliation payables	5,743,027
Amounts due to affiliates	4,920,110
Payables to providers	3,935,503
Alternative payment model liability	374,958
Other current liabilities	5,566,542
Total current liabilities	192,833,556
Income taxes payable	1,038,286
Reconciliation payables	3,313,880
Payables to providers	970,468
Alternative payment model liability	1,773,485
Total liabilities	199,929,675
Stockholder's equity:	
Common stock (no par value, 100 shares authorized, issued, and outstanding)	—
Additional paid-in capital	99,500,000
Retained deficit	(33,767,554)
Accumulated other comprehensive income	1,528,897
Total stockholder's equity	67,261,343
Total liabilities and stockholder's equity	$ 267,191,018

See accompanying notes to financial statements.

HEALTH NET ACCESS, INC. d/b/a
ARIZONA COMPLETE HEALTH – COMPLETE CARE PLAN
(A Wholly Owned Subsidiary of Centene Corporation)

Statement of Operations

Year ended December 31, 2019

Revenue:	
Capitation premiums	$ 1,241,974,667
Other revenue	60,518,797
Delivery supplement	26,031,672
Total revenue	1,328,525,136
Expenses:	
Health care services:	
Hospitalization	227,846,678
Medical compensation	250,140,559
Other medical services	739,150,719
Less: reinsurance recoveries	(28,580,313)
Total health care services, net of reinsurance recoveries	1,188,557,643
Premium tax expense	26,274,474
Administrative	122,535,693
Interest	2,531,756
Total operating expenses	1,339,899,566
Loss from operations	(11,374,430)
Investment and other income, net	4,582,063
Loss before income tax benefit	(6,792,367)
Income tax benefit	(1,580,286)
Net Loss	$ (5,212,081)

See accompanying notes to financial statements.

HEALTH NET ACCESS, INC. d/b/a
ARIZONA COMPLETE HEALTH – COMPLETE CARE PLAN
(A Wholly Owned Subsidiary of Centene Corporation)

Statement of Comprehensive Income

Year ended December 31, 2019

Net Loss	$	(5,212,081)
Unrealized gain on available-for-sale investments, net of tax		1,902,783
Comprehensive loss	$	(3,309,298)

See accompanying notes to financial statements.

HEALTH NET ACCESS, INC. d/b/a
ARIZONA COMPLETE HEALTH – COMPLETE CARE PLAN
(A Wholly Owned Subsidiary of Centene Corporation)

Statement of Stockholder's Equity

Year ended December 31, 2019

		Common stock	Additional paid-in capital	Accumulated other comprehensive (loss) income	Retained deficit	Total stockholder's equity
Balance, December 31, 2018	$	—	59,500,000	(373,886)	(28,555,473)	30,570,641
Comprehensive income:						
Contributed capital		—	40,000,000	—	—	40,000,000
Net loss		—	—	—	(5,212,081)	(5,212,081)
Change in unrealized gain on investments, net of tax		—	—	1,902,783	—	1,902,783
Balance, December 31, 2019	$	—	99,500,000	1,528,897	(33,767,554)	67,261,343

See accompanying notes to financial statements.

HEALTH NET ACCESS, INC. d/b/a
ARIZONA COMPLETE HEALTH – COMPLETE CARE PLAN
(A Wholly Owned Subsidiary of Centene Corporation)

Statement of Cash Flows

Year ended December 31, 2019

Cash flows from operating activities:		
Net loss	$	(5,212,081)
Adjustments to reconcile net loss to net cash (used in) provided by operating activities:		
Changes in assets and liabilities:		
Capitation and supplement receivables		(5,756,888)
Health insurer fee receivable		5,194,088
Reinsurance receivables		(13,167,143)
Reconciliation receivables and payables		2,266,323
Provider receivables		(58,445,863)
Pharmacy receivables		4,009,696
Income taxes receivable from affiliate		9,763,687
Prepaid expenses and other current assets		733,535
Due to/from affiliates		(9,851,186)
Medical claims payable		22,105,628
Payable to providers		(1,752,728)
Unrecognized tax benefit liability		(800,458)
Other current liabilities		1,049,859
Alternative payment model liability		55,180
Net cash used in operating activities		(49,808,351)
Cash flows from investing activities:		
Purchases of investments		(48,801,349)
Proceeds from investments		7,716,417
Net cash used in investing activities		(41,084,932)
Cash flows from financing activities:		
Contributed capital proceeds		40,000,000
Net cash provided by financing activities		40,000,000
Net change in cash and cash equivalents		(50,893,283)
Cash and cash equivalents, beginning of period		113,509,871
Cash and cash equivalents, end of period	$	62,616,588
Supplemental disclosure of cash flow information:		
Income taxes received	$	1,978,634

See accompanying notes to financial statements.

(1) Company, Operations, and Significant Accounting Policies

(a) Nature of Operations

Health Net Access, Inc. dba Arizona Complete Health – Complete Care Plan (the “Company” or the “Plan”) was incorporated in Arizona on April 23, 2013, and commenced operations on October 1, 2013. The Company is a wholly owned subsidiary of Health Net, Inc. (“HNI” or “Parent”). HNI is a wholly owned subsidiary of Centene Corporation (“Centene”).

The Company is regulated by the Arizona Health Care Cost Containment System (“AHCCCS”), Arizona’s Medicaid program. AHCCCS is approved by the Secretary of Health and Human Services and the Centers for Medicare and Medicaid Services, as a Section 1115 of the Social Security Act, Waiver Demonstration Program, which gives Arizona additional flexibility to design and improve its program, while still receiving Federal Medicaid funding.

Effective October 1, 2013, the Company became a contractor for AHCCCS, by entering into a prepaid capitated contract, pursuant to Arizona Revised Statutes Title 36 Chapter 29, and thereby started to administer acute health care services to qualified Medicaid members in Maricopa County, Arizona, in accordance with AHCCCS statute and rules, and federal law and regulations.

In March 2018, the Company was selected to provide physical and behavioral healthcare services through the AHCCCS Complete Care program in the Central and Southern regions of Arizona. The AHCCCS Complete Care program integrates physical and behavioral health care contracts under managed care plans for the majority of the AHCCCS members. The integrated delivery model offers a more cohesive health care system for members incentivizing quality health care outcomes with value based purchasing, and leverages health information technology for improved care coordination. The Company began administering the AHCCCS Complete Care contract on October 1, 2018. The contract is a three-year agreement, with the possibility of two two-year extensions.

Effective October 1, 2018, Cenpatico of Arizona, Inc. d/b/a Cenpatico Integrated Care (“Cenpatico”), a related party under common control, received approval from AHCCCS to assign the remaining term of the Southern Arizona Regional Behavioral Health Authority (“RBHA”) contract to the Company. The Company began administering the Cenpatico RBHA contract on October 1, 2018. Under the RBHA contract, the Company is responsible for managing and maintaining an organized, comprehensive integrated healthcare delivery system for the benefit of eligible members within its geographic service area through September 30, 2021. Pursuant to the assignment of the RBHA contract from Cenpatico, the Company is obligated only for the activities under the contract effective October 1, 2018 and forward. Obligations under the contract for periods prior to October 1, 2018 are the responsibility of Cenpatico.

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

The significant accounting policies followed by the Company are as follows:

(b) Basis of Presentation

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

(c) Management's 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"). As of December 31, 2019, cash and cash equivalents consisted of cash and money market accounts.

(e) Revenue Recognition

Revenue includes the following amounts:

Prospective Capitation – Prospective capitation premiums are based on multi-year contracts with AHCCCS to provide care to Medicaid recipients.

Prior Period Coverage ("PPC") Capitation – PPC capitation premiums cover eligible health care costs of members related to the period prior to their enrollment in the Plan. Such premiums are recognized upon receipt.

Delivery Supplement – Delivery supplement premiums are intended to cover the costs of maternity care for deliveries during the prospective enrollment period. Such premiums are recognized in the period the delivery occurs.

Reconciliation Settlements – AHCCCS has risk sharing programs which include reconciliation settlements, which impact revenue, and are due to, or from, AHCCCS, based on predetermined profit/(loss) thresholds before income tax.

Non-Title XIX/XXI Revenue – Non-Title XIX/XXI revenue is accrued and recognized based on the current AHCCCS Allocation Schedule and as documented by Contractor Expenditure Reports.

Effective October 1, 2018, under the AHCCCS Complete Care contract, if the profit is less than or equal to 2% of the prospective capitation revenues, then the Company's share is 100%. If the profit is between 2% and 6%, then the Company's share is 50% of the amount over 2%, for a maximum of 4% of total profits. If the profit is over 6%, then the Company's share of the profits over 6% is 0%, for a maximum share of 4% of total profits. If the losses are in excess of 2%, then the Company's share over

(Continued)

2% of the losses is 0%, for a maximum share of 2% of total losses. Profits in excess of the percentages set forth above will be recouped by AHCCCS and losses in excess of the percentages set forth above will be paid to the Company.

AHCCCS contract revenue is also limited by the terms of the RBHA contract to a maximum profit percentage of 4%.

Revenue is recognized in the month in which the related enrollees are entitled to health care services. All of the Company's revenue is earned in Arizona from its Medicaid contracts with AHCCCS.

Capitation and supplement receivables due from AHCCCS are stated at the amount management expects to collect. The Company establishes an allowance for doubtful accounts, if necessary, based upon factors including credit risk, historical trends, and other information. As of December 31, 2019, capitation and supplement receivables due from AHCCCS are considered by management to be fully collectible and, accordingly, an allowance for doubtful accounts has not been provided.

Estimated reconciliation settlement balances are recorded as a net receivable or payable on the balance sheets by risk population. A summary of the balances as of December 31, 2019 for all open contract years is as follows. It is expected that a final settlement with AHCCCS will not be reached until over a year after the end of the specific contract year.

		Reconciliation Receivable	Reconciliation Payable
Prospective	$	—	9,056,907
Prior period coverage		1,012,704	—
Over 106% of federal poverty level		—	—
Total		1,012,704	9,056,907
Less current portion		(1,012,704)	(5,743,027)
Non-current portion	$	—	3,313,880

Reconciliation receivables due from AHCCCS are stated at the amount management expects to collect. The Company establishes an allowance for doubtful accounts, if necessary, based upon factors including credit risk, historical trends, and other information. As of December 31, 2019, reconciliation receivables due from AHCCCS are considered by management to be fully collectible and, accordingly, an allowance for doubtful accounts has not been provided.

(f) Health Care Services

The cost of health care services is recognized in the period in which services are provided and includes an estimate of the cost of services that have been incurred but not yet reported. Such costs include payments to primary care physicians, specialists, hospitals, outpatient care facilities, pharmaceuticals, and other medical services and the costs associated with managing the extent of such care. The

Company's health care costs can also include, from time to time, remediation of certain claims as a result of periodic reviews by various regulatory agencies.

The Company estimates the amount of the provision for health care service costs incurred but not reported and the unpaid loss adjustment expenses using standard actuarial methodologies based upon historical data, including the period between the date services are rendered and the date claims are received and paid, denied claim activity, expected medical cost inflation, seasonality patterns, and changes in membership. The estimates for service costs incurred but not reported are made on an accrual basis and adjusted in future periods as required. Any adjustments to the prior period estimates are included in the current period. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amounts of claims and losses paid are dependent on future developments, management is of the opinion that the recorded medical claims payable is adequate to cover such costs.

Under the RBHA contract, the Company contracts with various at-risk providers for the provision of a full range of integrated healthcare services to eligible adults and children for Title XIX, Title XXI and Non-Title XIX programs, and physical healthcare services to Seriously Mentally Ill Title XIX eligible adults. Health care services are purchased under fee-for-service or block purchase arrangements. Fee-for-service contract expenses are accrued as incurred. Healthcare services provided under block purchase arrangements are accrued based upon contract terms. From time to time, the Company amends their provider contracts. The effects of these amendments are recorded in the period in which the amendment was executed.

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.

(g) Expense Allocation

Certain direct, indirect and administrative expenses are incurred which benefit more than one program. Such common expenses are allocated based upon an AHCCCS approved cost allocation plan as

submitted by the Company, which is primarily based upon enrollment, claims and costs by lines of business.

(h) Premium Deficiency Reserve

The Company assesses the profitability of contracts for providing health care services when operating results or forecasts indicate probable future losses. Losses are determined by comparing anticipated premiums to the total of estimated health care related costs, less reinsurance recoveries, if any, and the cost of maintaining the contracts. Losses, if any, would be recognized in the period the loss is determined and classified as health care services expenses. No premium deficiency reserve was recorded at December 31, 2019.

(i) 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. Reinsurance is stated at the actual and estimated amounts due to the Company pursuant to the applicable AHCCCS contract. Reinsurance under the AHCCCS Complete Care contract is subject to a $35,000 deductible for claims effective October 1, 2018. All claims are subject to a 75% coinsurance, except catastrophic and transplant claims which are 85% coinsurance, for the year ended December 31, 2019.

To be eligible for reinsurance billing, qualified healthcare expenses must be incurred during the contract year. Reinsurance is recorded based on actual billed reinsurance claims and expected reinsurance for claims not yet paid. Reinsurance is subject to review by AHCCCS, and as a result, there is at least a reasonable possibility that recorded reinsurance will change by a material amount in the near future.

Reinsurance receivables represent the expected payment from AHCCCS to the Company for certain enrollees whose qualifying medical expenses paid by the Company were in excess of specified deductible limits. Reinsurance receivables are stated at the amount management expects to collect. Balances that are still outstanding after management has used reasonable collection efforts are written off. Management considers reinsurance receivables to be fully collectible as of December 31, 2019 and, accordingly, an allowance for doubtful accounts is not considered necessary.

(j) Pharmacy Receivables

Pharmacy receivables include rebates the Company expects to receive from its pharmacy benefit manager, a related party under common control, based on the volume of drugs purchased. The Company records a receivable and a reduction of other medical services expenses for estimated rebates due based on purchase information. Pharmaceutical rebates totaled approximately $3,057,000 for the year ended December 31, 2019, which are included as reductions in other medical services expenses in the accompanying statement of operations. Pharmacy rebates receivable totaled $1,456,878 at December 31, 2019. Additionally, pharmacy receivables include balances due to the Company from the pharmacy benefit manager for routine monthly services provided based on timing

and amounts of payments. Such receivables totaled $1,193,192 at December 31, 2019, which are included as amounts due from affiliates on the balance sheet.

As of December 31, 2019, management believes the pharmacy receivable balances are fully collectible and accordingly, an allowance has not been established.

(k) Provider Receivables

In the normal course of business, provider receivables are created through advances or claims overpayments. Starting in 2018 and throughout 2019, pursuant to an AHCCCS initiative to ensure those behavioral health providers transitioning from a block payment model to a fee-for-service model would have an adequate cash position through the transition, the Company increased its advanced funding to certain providers. Those providers experiencing significant cash flow deficiencies (less than 60 days cash on hand) were able to request up to the entire quarter's expected claims funding. Amounts due from providers are expected to be collected within one year. Provider receivables may be recouped through withholding payments in future periods. Provider receivables are stated at the amount management expects to collect. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to earnings and a credit to provider receivables. As of December 31, 2019, management believes the provider receivable balances are fully collectible and accordingly, an allowance has not been established.

(l) 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.

Investments, which consist of debt securities are classified, and accounted for, as available-for-sale investments. Government, corporate and asset-backed bonds, notes, and certificates are classified as available-for-sale when the Company anticipates that the securities could be sold in response to rate changes, prepayment risk, liquidity, availability of and the yield on alternative investments, and other market and economic factors. Unrealized gains and losses on available-for-sale investments are recognized as direct increases or decreases in other comprehensive income. For the year ended December 31, 2019, the Company recognized $1,902,783 of unrealized gains, net of tax effect, on available-for-sale investments which have been recorded in the accompanying statement 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 financial statements.

Investments that experience a decline in value that is judged to be other than temporary are written down to fair value and a realized loss is recorded. To calculate realized gains and losses on the sale of investments, the Company uses the specific amortized cost of each investment sold.

(m) 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 year ended December 31, 2019 was $26,274,474. At December 31, 2019, premium taxes receivable, resulting from overpayments of premium taxes by the Company, totaled $776,214 and are included in prepaid expenses and other current assets in the accompanying balance sheet.

(n) 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.

(o) Payable to Providers

The contracts with certain providers allow for the providers to earn certain value based incentives on performance pursuant to defined contract stipulations which are evaluated regularly by the Company. The estimates calculated by management for the incentives expected to be earned by providers are recorded as a liability in the period of performance of the providers. The contracts with certain providers also require a monthly review of provider performance to estimate amounts due to providers for changes in membership, changes in the blended per member per month rate and any wrap services provided to unassigned members. These estimates are recorded as a liability in the period of performance of the providers. For 2019, they total $3,935,503 of short term payables, and $970,468 of long term payables, and are included on the payable to providers lines in the financials.

(p) Alternative Payment Model Liability

AHCCCS subjects 1% of funded gross prospective capitation of AHCCCS Complete Care (ACC) contractors 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 December 31, 2019, the Company accrued $374,958 of short term and $1,773,485 of long term liabilities, based on the expected settlement date with AHCCCS, 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 year ended December 31, 2019.

(q) Medicaid Risk Adjustment

AHCCCS at times performs a review of the Medicaid program rates for its enrollees and assesses the appropriateness of rates applied to services for those enrollees, specific to the ACC contract. This risk adjustment of capitation payments modifies revenue to contractors based on the health status of the contractors' covered population relative to the average health status of the overall population. AHCCCS prospectively applied risk adjustment to monthly ACC capitation rates for the entirety of calendar year 2019. Risk adjustment factors were updated quarterly. Risk adjustment was based on each managed care organization (MCO)'s utilization compared to the all MCO average, separately for each rate cell and region.

(r) 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, its surplus, 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 statutory 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.

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.

For the year ended December 31, 2019, the Company files a consolidated federal income tax return with Centene and its other subsidiaries. In accordance with the group's tax allocation agreement, the subsidiaries reimburse or recover from Centene their portion of the income taxes as calculated on a separate company basis.

The Company's policy is to classify income tax penalties and interest as income tax expense in its financial statements. During the year ended December 31, 2019, the Company incurred no penalties or interest.

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.

(Continued)

(s) 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.

(t) Fair Value Measurements

FASB ASC 820, *Fair Value Measurements,* establishes a common definition for fair value to be applied to accounting principles generally accepted in the United States of America requiring use of fair value, establishes a framework for measuring fair value, 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 1: Unadjusted quoted market prices in active markets for identical assets or liabilities.

Level 2: 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 3: Unobservable inputs for the asset or liability.

(u) Recently Issued Accounting Pronouncements

In December 2019, the FASB issued an ASU which simplifies the accounting for income taxes by removing certain exceptions to the general principles in ASC Topic 740. The ASU also clarifies and amends certain areas of ASC Topic 740 to improve consistent application of and simplify the generally accepted accounting principles within Topic 740. The guidance is effective for annual and interim periods beginning after December 15, 2020. The Company is currently evaluating the potential impact of the ASU on the Company's consolidated financial position, results of operations and cash flows.

The Company has determined that there are no other recently issued accounting pronouncements that will have a material impact on its financial position, results of operations or cash flows.

(2) Contract Performance Bonds

In accordance with the terms of its contracts with AHCCCS, the Company is required to post performance bonds with AHCCCS equal to 100% of the first monthly AHCCCS payment to the Company each contract

year based on gross capitation payments, as specified in each contract. The amount of each bond is subject to adjustment as certain conditions change and its method of calculation is specified in the contracts. The actual amount is reset each year upon expiration. The performance bonds must be maintained to guarantee payment of the Company's obligations under the contracts.

In compliance with its contracts, the Company secured performance bonds for the AHCCCS Complete Care and RBHA contracts. Each performance bond covers the Company through September 30, 2020. The performance bond requirement for the AHCCCS Complete Care contract was met through the purchase of a surety bond in the amount of $79,594,084 and the performance bond requirement for the RBHA contract was met through the purchase of a surety bond in the amount of $32,967,130. The performance bonds cover the minimum coverage requirements for the applicable contracts.

(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 December 31, 2019 are as follows:

		Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
Asset-backed	$	16,530,337	96,029	(19,372)	16,606,994
Mortgage-backed		6,341,914	86,013	(17,754)	6,410,173
Corporate bonds		41,619,152	1,233,302	(14,704)	42,837,750
Municipal bonds		13,717,569	636,372	(458)	14,353,483
Total	$	78,208,972	2,051,716	(52,288)	80,208,400

The following is a summary of maturities of available-for-sale investments as of December 31, 2019:

		Amortized Cost	Fair Value
Amounts maturing in:			
One year or less	$	7,422,560	7,451,995
After one year through five years		23,574,887	24,056,886
After five years through ten years		28,049,427	29,271,197
After ten years		19,192,098	19,458,322
Total	$	78,238,972	80,238,400

The Company regularly evaluates its investments for impairment. The Company considers factors affecting the issuer, factors affecting the industry the issuer operates within, and general debt and equity market trends. The Company considers the length of time an investment's fair value has been below carrying value, the severity of the decline, the near term prospects for recovery to cost, and the Company's intent

and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other than temporary, the related investment is written down to its estimated fair value through a charge to realized losses on investments. For the year ended December 31, 2019, there were no other than temporary impairments of investments.

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 December 31, 2019:

	Decline for less than 12 months			Decline for greater than 12 months		
	Amortized Cost	Fair Value	Difference	Amortized Cost	Fair Value	Difference
Asset-backed	$ 1,352,711	1,348,624	4,087	2,320,106	2,304,821	15,285
Mortgage-backed	1,828,362	1,810,608	17,754	—	—	—
Corporate bonds	2,503,740	2,489,036	14,704	—	—	—
Municipal bonds	223,732	223,274	458	—	—	—
Total	$ 5,908,545	5,871,542	37,003	2,320,106	2,304,821	15,285

Proceeds from investments sold, matured, or repaid during 2019 were $7,716,417. The net realized gains on the sale of investments for the year ended December 31, 2019 were $52,924.

Net investment income for the year ended December 31, 2019 was as follows:

Investment income:	
Cash and cash equivalents	$ 2,409,785
Investments	2,172,278
Net investment income	$ 4,582,063

(4) Fair Value Measurements

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 December 31, 2019.

	Level I	Level II	Level III	Total
Cash and cash equivalents	$ 62,616,588	—	—	62,616,588
Investments available for sale:				
Short-term investments	—	8,744,623	—	8,744,623
Long-term investments	—	71,493,777	—	71,493,777
Total assets at fair value	$ 62,616,588	80,238,400	—	142,854,988

The fair value of the above investments are measured using quoted market prices multiplied by the quantity held when quoted market prices are observable. If quoted market prices are not available, fair value is determined using one, or a combination, of the following methods (1) matrix pricing for similar instruments, (2) quoted prices for recent trading activity of assets with similar characteristics, or (3) using an income approach valuation technique that considers, among other things, rates currently observed in publicly traded debt markets for debt of similar terms to companies with comparable credit risk and a credit value adjustment to consider the likelihood of counterparty nonperformance, after consideration of the impact of collateralization and netting agreements, if applicable.

The Company has no other assets or liabilities subject to recurring fair value measurement at December 31, 2019.

(5) Income Taxes

Significant components for the income tax provision (benefit) are as follows for the year ended December 31, 2019:

Current provision (benefit):		
Federal	$	(613,810)
State and local		(289,308)
Total current provision (benefit)		(903,118)
Deferred benefit		(677,171)
Total provision (benefit) for income taxes	$	(1,580,289)

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 net unrealized gain/(loss) on investments, discounted loss reserves, unearned premiums, allowance for doubtful accounts, loss reserves transition, prepaid insurance, and other items for the year ended December 31, 2019. Gross deferred tax assets totaled $1,801,974 at December 31, 2019, and gross deferred tax liabilities totaled $604,787 at December 31, 2019.

As of December 31, 2019, 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 valuation allowance adjustment to gross deferred tax assets as of December 31, 2019 was $0. 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 $1,371,933 for the year ended December 31, 2019. 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 statement of operations for the period ending December 31, 2019 is $119,243. As of December 31, 2019, Health Net is under federal examination for tax years 2014 through its final return in 2016. Additionally, Centene's tax returns are under federal examination for tax years 2014 through 2017.

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

(6) Medical Claims Liability

The following table summarizes the change in medical claims liability:

		2019
Balance at January 1	$	150,187,788
Incurred related to current year		1,209,934,093
Incurred related to prior year		(21,376,450)
Total incurred		1,188,557,643
Paid related to current year		1,046,622,316
Paid related to prior year		119,829,699
Total paid		1,166,452,015
Balance at December 31	$	172,293,416

The incurred amounts related to prior years represent the variation between the Company's estimated expenses for prior years' claims and the actual amounts required to satisfy such claims. During 2019 the Company experienced $21,376,450 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 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 December 31, 2019.

Incurred and paid claims development as of December 31, 2019 is as follows, net of reinsurance:

Cumulative incurred claims for the year ended December 31,				
Claim year		**2018**		**2019**
		(unaudited)		
2018	$	433,023,095		411,646,645
2019				1,209,934,093
Total incurred claims			$	1,621,580,738

Cumulative paid claims for the ended December 31,				
Claim year		**2018**		**2019**
		(unaudited)		
2018	$	282,835,307		402,665,006
2019				1,046,622,316
Total payment of incurred claims			$	1,449,287,322
Medical claims liability			$	172,293,416

Incurred claims and allocated claim adjustment expenses, total IBNR plus expected development on reported claims and cumulative claims data as of December 31, 2019 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:

	December 31, 2019		
	Incurred claims and allocated claim adjustment expenses	Total IBNR plus expected development on reported claims	Cumulative number of paid claims
2018	$ 411,646,645	12,684,799	1,245,316
2019	1,209,934,093	148,400,960	6,364,313

(7) Related Party Transactions

The Company relies on affiliate services to conduct its business in order to achieve cost savings. The Company does nevertheless exercise ultimate control over its assets and operations and retains the ultimate authority and responsibility regarding its powers, duties, and responsibilities. The Company's transactions, amounts due (to), and amounts due from related parties in exchange for services provided for the year ended December 31, 2019 are as follows:

	Amounts due (to) from		
Affiliate	ACC 2019	RBHA 2019	Total 2019
Centene Management Company LLC	$ 995,721	(313,261)	682,460
Bankers Rsrv-Reinsurance	—	(69,316)	(69,316)
HN Pharmaceutical Services	882,962	310,230	1,193,192
Envolve People Care, Inc.	(184,121)	106,906	(77,215)
Cenpatico Integrated Care	—	18,491,221	18,491,221
Envolve Vision, Inc.	(1,146,602)	(17,673)	(1,164,275)
Envolve Dental, Inc.	(3,189,138)	11,816	(3,177,322)
	$ (2,641,178)	18,519,923	15,878,745

On April 1, 2016, the Company and Centene Management Company ("CMC") entered into a management agreement whereby CMC agrees to manage the general and administrative function of the Company inclusive of payroll, facilities, and other administrative expenses. The management fee is based on the variable degree of management services required to support the differing categories of membership covered by the Company and the size of the Company's operations. The fee can be modified each month to account for net revenue earned in excess or below the specified percentages and to comply with the AHCCCS financial viability standards (see Note 10). The management agreement is in effect for one year with automatic one year extensions unless the agreement is terminated as elected by either party or for matters of default as defined in the management agreement. The Company recorded management fees

per the management agreement of $103,282,521 for the year ended December 31, 2019. This amount is included in administrative expenses in the accompanying statement of operations.

The Company is a party to a Claims Administration Service Agreement with Health Net Pharmaceutical Services (“HNPS”), an affiliated company wholly owned by HNI which is wholly owned by Centene. HNPS provides pharmacy benefit management services to eligible enrollees. The Company incurred expense to HNPS of $163,424,944, net of rebates, for these services for the year ended December 31, 2019, which are included in other medical services in the accompanying statement of operations. Claims encounters are submitted to AHCCCS to substantiate these payments. HNPS also receives an administration fee from the Company for administering pharmacy claims processing. For the year ended December 31, 2019, these administration fees totaled $4,442,575 and are included in administrative expenses in the accompanying statement of operations.

Envolve Vision, Inc., an affiliated company wholly owned by Envolve Holdings, Inc. which is wholly owned by Centene, provides a vision network and manages the vision benefits for eligible enrollees pursuant to an agreement with the Company that was established on July 1, 2016. The Company incurred expense to Envolve Vision, Inc. of $3,223,140 for these services during the year ended December 31, 2019. These amounts are included in other medical services in the accompanying statement of operations.

Envolve Dental, Inc., an affiliated company wholly owned by Envolve Holdings, Inc. which is wholly owned by Centene, provides dental services for eligible enrollees pursuant to an agreement with the Company that was established on October 1, 2016. The Company incurred expense to Envolve Dental, Inc. of $25,307,929 for these services during the year ended December 31, 2019. These amounts are included in other medical services in the accompanying statement of operations.

Envolve PeopleCare, Inc., an affiliated company wholly owned by Envolve Holdings, Inc. which is wholly owned by Centene, provides disease management, nurse triage, and call center services to eligible enrollees through a contract with HNI that was established July 1, 2016. The Company incurred expense to HNI related to the services provided by Envolve PeopleCare, Inc. of $2,571,943 during the year ended December 31, 2019. These amounts are included in other medical services in the accompanying statement of operations.

Cenpatico Integrated Care, Inc., an affiliate of the Company under common ownership, provided physical and behavioral health services to the seriously mentally ill and other defined populations within the Southern regions prior to October 1, 2018. Effective this date, these populations moved to the Health Net Access, Inc. entity. Amounts due to/from Cenpatico Integrated Care, Inc. represent timing of cash settlements from transactions that have taken place in the ordinary course of business.

(8) Commitments and Contingencies

(a) Liability Insurance

The Company, through Centene, maintains professional and general liability insurance. The professional liability coverage is written on a claims made basis and insures losses up to $15,000,000 with a self-insured retention of $5,000,000. There is an umbrella policy over the professional liability coverage with a limit of $15,000,000. The general liability insurance is written on an occurrence basis and insures losses up to $1,000,000 per claim and $2,000,000 in the aggregate. There is also an

umbrella policy over the general liability insurance with a limit of $25,000,000. Claims reported endorsement (tail coverage) is available if the professional policy is not renewed to cover claims incurred but not reported. The Company anticipates that renewal coverage will be available at the expiration of the current policy. The Company participates in the above policy with its affiliates. Per claim and aggregate limits are applicable to all covered entities as a group.

(b) Litigation

Periodically, the Company may be involved in litigation and claims arising in the normal course of operations. In the opinion of management based on consultation with legal counsel, losses, if any, from these matters are covered by insurance or are immaterial.

(c) 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.

(d) Community Reinvestment Program

Effective October 1, 2018, the Company approved a Community Reinvestment program, as described in their contract with AHCCCS. Under the program, the Company will place a minimum of 6% of its after tax profits into the program. For the year ended December 31, 2019, the Company had met or exceeded that amount. The program funds community projects that enhance the lives of people in the communities in the Company's geographic service areas.

For the year ended December 31, 2019, the Company approved amounts that resulted in appropriations of approximately $871,000 to be spent on various community projects. During the year ended December 31, 2019, the Company spent approximately $549,000 of the appropriated funds. At December 31, 2019, the Company has recorded a liability for unspent community reinvestment program funds of approximately $322,000, which is included in other current liabilities in the accompanying balance sheet.

(Continued)

(9) Risks and Uncertainties

The Company's profitability depends in large part on accurately predicting and effectively managing healthcare 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 healthcare costs. Certain of these factors, which include changes in healthcare practices, inflation, new technologies, major epidemics, natural disasters, and malpractice litigation, are beyond 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.

(10) Contract 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 as well as various quarterly financial viability standards and performance guidelines. As of December 31, 2019, the Company was in compliance with the requirements for the AHCCCS Complete Care contract and not in compliance with the requirements for the RBHA contract.

The RBHA contract is limited by the terms of its contract with AHCCCS to profit that can be earned under the various programs, generally up to 4%. The Company is subject to a profit risk corridor calculation that calculates a return of premium to the extent certain financial ratios are not met by program types. For the year ended December 31, 2019, the Company did not exceed the profit limits as stipulated in the contracts with AHCCCS.

Under the RHBA contract, the Company is required to meet quarterly and contract year end minimum encounter submission percentages or be subject to sanction by AHCCCS. Typically, the Company has up to eight months after fiscal year end to submit encounters related to the fiscal year. As of December 31, 2019, the Company anticipates meeting the required encounter threshold for the year ended September 30, 2020. Accordingly, as of December 31, 2019, the Company has not recorded a liability associated with an encounter sanction.

On December 28, 2018, the Company submitted a self-imposed corrective action plan ("CAP") to AHCCCS. The CAP focused on the Company's challenges surrounding the implementation of a single provider network database specifically with respect to provider contracts, provider loads, and claims payment. In January 2019, the Company was notified by AHCCCS that the Company was not in compliance with their contract relative to the Company's failure to successfully implement the provider network database it elected to pursue for its provider network, resulting in non-compliance with certain provisions and safeguards for provider claims payments standards. As a result of this non-compliance, AHCCCS imposed a $125,000 monetary sanction, which was paid during 2019.

Should the Company be in default of any material obligations under its contracts with AHCCCS, AHCCCS may, at its discretion, in addition to other remedies, either adjust the amount of future payment or withhold future payment until they have received satisfactory resolution of the default or exception. In addition, although it has not expressed an intention to do so, AHCCCS has the right to terminate the contracts in whole or in part without cause by giving the Company 90 days written notice. Further, if monies are not appropriated by the state or are not otherwise available, the contracts with AHCCCS may be cancelled upon written notice until such monies are so appropriated or available.

For the year ended December 31, 2019, the Company recorded expenses for sanctions from AHCCCS of approximately $1,303,000 which are included in administrative expenses in the statement of operations. The Company has estimated sanctions to be paid of approximately $1,303,000 for contract years 2017 and 2018. The sanctions expected to be received from AHCCCS relate primarily to noncompliance with certain contract requirements and performance measures for contract years 2017 through 2018. If the Company were to be subject to additional sanctions or its contracts with AHCCCS were terminated or not renewed, this would have a material adverse impact on the Company's business, its reputation, results of operations, cash flows or financial condition.

(11) Subsequent Events

In connection with the preparation of the financial statements, the Company evaluated subsequent events after the financial statement date of December 31, 2019 through August 21, 2020, which is the date the financial statements were available to be issued. The Company is monitoring the current COVID-19 pandemic. Due to market volatility and economic measures taken to contain the virus there may be impact to our operations and financial position, however we are unable to estimate those impacts, if any, at this time.

On March 27, 2020, H.R. 748, the Coronavirus Aid, Relief, and Economic Security Act, "the CARES ACT", was signed into legislation which includes tax provisions relevant to businesses that during 2020 could impact taxes related to 2018 and 2019. The Company is required to recognize the effect on the financial statements in the period the law was enacted, which is 2020. At this time for 2018 and 2019, the Company does not expect the impact of the CARES ACT on the Company's financial position or results of operations to be material.

In August 2020, the Company identified potential claim recoveries from certain providers due to claim reviews and alerted AHCCCS of the estimated impacts. Management is currently evaluating claims but estimates approximately $12.1 million in overpayments to providers in 2019. Management is currently finalizing analysis and working with providers for settlements. Based on the estimated overpayments, the Company would owe an estimated additional $4.7 million to AHCCCS under profit corridor calculations.

SUPPLEMENTAL INFORMATION

Schedule 1

HEALTH NET ACCESS, INC. d/b/a
ARIZONA COMPLETE HEALTH – COMPLETE CARE PLAN

Supplemental Information

Contract Balance Sheet

December 31, 2019

Assets		ACC Contract	RBHA Contract	Total
Current assets:				
Cash and cash equivalents	$	56,812,521	5,804,067	62,616,588
Capitation and supplement receivables		4,647,150	3,595,177	8,242,327
Reinsurance receivables		17,468,660	—	17,468,660
Provider receivables		46,872,901	25,352,719	72,225,620
Pharmacy receivables		1,314,240	142,638	1,456,878
Short-term investments		8,744,623	—	8,744,623
Reconciliation receivables		1,012,704	—	1,012,704
Income taxes receivable		371,457	370,641	742,098
Amounts due from affiliates		1,878,683	18,920,174	20,798,857
Prepaid expenses and other current assets		985,678	206,021	1,191,699
Total current assets		140,108,617	54,391,437	194,500,054
Long-term investments		71,493,777	—	71,493,777
Net deferred tax asset		625,328	571,859	1,197,187
Total assets	$	212,227,722	54,963,296	267,191,018

Liabilities and Stockholder's Equity		ACC Contract	RBHA Contract	Total
Current liabilities:				
Medical claims payable	$	124,843,575	47,449,841	172,293,416
Reconciliation payables		5,743,027	—	5,743,027
Amounts due to affiliates		4,519,861	400,249	4,920,110
Payable to providers		2,698,906	1,236,597	3,935,503
Alternative payment model liability		374,958	—	374,958
Other current liabilities		2,153,420	3,413,122	5,566,542
Total current liabilities		140,333,747	52,499,809	192,833,556
Income taxes payable		779,041	259,245	1,038,286
Reconciliation payables		3,313,880	—	3,313,880
Payable to providers		740,987	229,481	970,468
Alternative payment model liability		1,773,485	—	1,773,485
Total liabilities		146,941,140	52,988,535	199,929,675
Total stockholder's equity		65,286,582	1,974,761	67,261,343
Total liabilities and stockholder's equity	$	212,227,722	54,963,296	267,191,018

See accompanying independent auditors' report.

Schedule 2

HEALTH NET ACCESS, INC. d/b/a
ARIZONA COMPLETE HEALTH – COMPLETE CARE PLAN

Supplemental Information

Contract Statement of Operations

Year ended December 31, 2019

	ACC Contract	RBHA Contract	Total
Revenue:			
Capitation premiums	$ 864,413,543	377,561,124	1,241,974,667
Other revenue	10,876,954	49,641,843	60,518,797
Delivery supplement	26,031,672	—	26,031,672
Total revenue	901,322,169	427,202,967	1,328,525,136
Expenses:			
Health care services:			
Hospitalization	176,429,529	51,417,149	227,846,678
Medical compensation	207,224,361	42,916,198	250,140,559
Other medical services	460,991,188	278,159,531	739,150,719
Less: reinsurance (recoveries) expense	(28,902,711)	322,398	(28,580,313)
Total health care services, net of reinsurance recoveries	815,742,367	372,815,276	1,188,557,643
Premium tax	18,618,525	7,655,949	26,274,474
Administrative	82,062,082	40,473,611	122,535,693
Interest	1,891,032	640,724	2,531,756
Total operating expenses	918,314,006	421,585,560	1,339,899,566
(Loss) income from operations	(16,991,837)	5,617,407	(11,374,430)
Investment and other income, net	4,582,063	—	4,582,063
(Loss) income before income tax benefit	(12,409,774)	5,617,407	(6,792,367)
Income tax (benefit) expense	(2,577,343)	997,057	(1,580,286)
Net (loss) income	$ (9,832,431)	4,620,350	(5,212,081)

See accompanying independent auditors' report.

KPMG LLP
Suite 900
10 South Broadway
St. Louis, MO 63102-1761

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 Board of Directors and Stockholder
Health Net Access, Inc. d/b/a Arizona Complete Health – Complete Care Plan:

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 financial statements of Health Net Access, Inc. d/b/a Arizona Complete Health – Complete Care Plan (Health Net Access, Inc.), which comprise the balance sheet as of December 31, 2019, and the related statements of operations, comprehensive income (loss), stockholder's equity, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated August 21, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Health Net Access, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Health Net Access, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Health Net Access, 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 may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Health Net Access, Inc.'s 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 determination of financial statement amounts. 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*.

KPMG LLP, a Delaware limited liability partnership and a member firm of
the KPMG global organization of independent member firms affiliated with
KPMG International Limited, a private English company limited by guarantee.

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 the Health Net Access, 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 the Health Net Access, Inc.'s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

KPMG LLP

St. Louis, Missouri
August 21, 2020