



Auditee: DentaQuest of Florida, Inc.

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

Annual Achieved Savings Rebate Financial Report

For the Year Ended December 31, 2023



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PLAN AND PERFORMANCE AUDIT OVERVIEW

DentaQuest of Florida, Inc. (the “Company”) is licensed through the Florida Office of Insurance Regulation as a prepaid limited health service organization to provide prepaid limited dental health care services within the State of Florida, and as a discount medical plan organization to provide access to members to discounted health and wellness services. The Company is a wholly-owned subsidiary of DentaQuest, LLC. The Company provides health care services under contracts with the State of Florida Agency for Health Care Administration (the “Agency”) and the Centers for Medicaid & Medicare Services. The Company provides health and pharmacy insurance coverage to Medicaid eligible members.

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

At the request of the Agency, we conducted a performance audit of selected schedules and exhibits of the annual Achieved Savings Rebate (“ASR”) financial report of the Plan for the year ended December 31, 2023.

Carr, Riggs and Ingram, LLC (“CRI”) was engaged under Contract No. MED217 dated October 28, 2021. This report presents the objective, scope, methodology and results of the performance audit. Our work was performed during the period from March 27, 2024 to August 29, 2024, and our results, reported herein, are as of August 29, 2024.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

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

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

- Dental Revenue and Expense Schedule – Summary
- Dental Related Party Transaction Schedule – Summary
- Achieved Savings Rebate Exhibit
- Medical Loss Ratio (“MLR”) Exhibit – Dental

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

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

Scope

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

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

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

- Adjudication of dental benefits claims in accordance with the Plan’s fee schedules or contracts with providers. As documented in the following “Methodology” section, we tested a representative sample of claims included in reported fee for service dental benefit expenses, reviewed supporting documentation to determine the claim was allowable under the SMMC contract, the amount reported was actually paid, and the claim was properly classified by rate-cell and quarter. We did not evaluate whether the claims were paid in accordance with the Plan’s contractual arrangements with respective providers.
- Tests of completeness of underlying data from subcapitation providers related to reporting incurred claims and IBNP in relation to lines 2.2 and 2.4 on the MLR exhibit, respectively. For any incurred claims we tested a representative sample of claims to determine the claim was allowable under the SMMC contract. We did not evaluate whether the claims were paid in accordance with the Plan’s contractual arrangements with respective providers. IBNP amounts provided by subcapitated providers were reconciled to supporting documentation. IBNP amounts were not tested for valuation/measurement.
- Tests of underlying data related to reported amounts allocated within the company between lines of business, including but not limited to allocations included in dental benefits, administrative expenses, defined expenses improving health care quality, federal income taxes, and net investment income. We obtained an understanding of the allocation methodology used by the Plan, evaluated whether the allocation seemed reasonable and recalculated the allocation methodology.
- Tests of underlying data or transactions related to reported amounts allocated from a parent or other related entity, including but not limited to allocations included in dental benefits, administrative expenses, defined expenses improving health care quality, federal income taxes, and net investment income. We obtained an understanding of the allocation methodology used by the Plan, evaluated whether the allocations comply with administrative service or related party transaction agreements, if any, and agreed amounts to internal documentation. Reported amounts allocated by a parent or other entity include the following amounts.

ASR Schedule and Line No.	Description	Calendar Year Total
Dental Revenue and Expense Schedule – Summary, Line No. 4.1	Salaries & Benefits based on corporate allocations	\$ 10,229,371
Dental Revenue and Expense Schedule – Summary, Line No. 4.2	Administrative Services based on corporate allocations	\$ 1,550,389
Dental Revenue and Expense Schedule – Summary, Line No. 4.3	Information Systems based on corporate allocations	\$ 1,254,870
Dental Revenue and Expense Schedule – Summary, Line No. 4.4	Marketing Expenses based on corporate allocations	\$ 286,649
Dental Revenue and Expense Schedule – Summary, Line No. 4.5	General Administration based on corporate allocations	\$ 7,254,114
Dental Revenue and Expense Schedule – Summary, Line No. 4.6	Compliance/Regulatory based on corporate allocations	\$ 158,437

(Continued)

ASR Schedule and Line No.	Description	Calendar Year Total
MLR Exhibit, Line No. 4.1	Improve Health Outcomes based on corporate allocations	\$ 800,399
MLR Exhibit, Line No. 4.2	Activities to Prevent Hospital Readmissions based on corporate allocations	\$ 12,576
MLR Exhibit, Line No. 4.4	Wellness and Health Promotion Activities based on corporate allocations	\$ 21,804
MLR Exhibit, Line No. 4.5	Health Information Technology (HIT) expenses related to Health Improvement based on corporate allocations	\$ 74,773

- Testing or applying any audit procedures to the Annual Financial Statement section of the MLR Exhibit.

Methodology

We performed the following procedures for the performance audit, as applicable:

Planning Procedures

- Communicated with the Agency and Plan management regarding the audit objectives, scope and timing of the performance audit
- Developed an understanding of the Plan and its environment, including internal control within the context of the audit objective
- Performed risk assessments related to the preparation of the annual ASR financial report
- Reviewed the Company's audited statutory-basis financial statements for the year ended December 31, 2023 and the Annual Statement submitted to the Florida Office of Insurance Regulation

Substantive Procedures

- Dental Revenue and Expense Schedule – Summary
 - Performed walk-throughs of transaction processes significant to generating information included in the ASR Schedules
 - Verified the mathematical accuracy
 - Inspected quarterly and annual reconciliations of amounts in the ASR Schedules to the Company's general ledger or other summarized amounts from detailed accounting records
 - Inspected the reconciliation of the Company's audited statutory-basis financial statements to the Company's general ledger
 - Inspected a reconciliation of the Plan's reported capitation revenue received to monthly capitation reports and cash receipts

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

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

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

RESULTS

Based upon the previously defined objective and the completion of the procedures outlined in the scope and methodology sections, the audit objective has been met. The Plan prepared the Dental Related Party Transaction Schedule – Summary for the year ended December 31, 2023 pursuant to Florida Statute 409.967(3) and the annual ASR financial report instructions. The Plan did not prepare the Dental Revenue and Expense Schedule – Summary, the ASR Exhibit, and the MLR Exhibit – Dental for the year ended December 31, 2023 pursuant to Florida Statute 409.967(3) and the annual ASR financial report instructions.

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

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

	Reported Annual Amount	Adjustment Number 1	Total Adjustments	Adjusted Annual Amount
MEMBER MONTHS	21,546,880	-	-	21,546,880
REVENUES				
Revenues				
1.1 Capitation	\$ 165,866,249	\$ 51,954	\$ 51,954	\$ 165,918,203
1.2 ACA § 9010 related payments	-	-	-	-
1.3 Other Revenue	-	-	-	-
1.4 Total Revenue	\$ 165,866,249	\$ 51,954	\$ 51,954	\$ 165,918,203
BENEFIT EXPENSES				
Dental				
2.1 Dental Services Diagnostic FFS	\$ 34,767,247	\$ -	\$ -	\$ 34,767,247
2.2 Dental Services Preventive FFS	33,048,335	-	-	33,048,335
2.3 Dental Services Restorative FFS	31,213,536	-	-	31,213,536
2.4 Dental Services Endodontics FFS	7,623,174	-	-	7,623,174
2.5 Dental Services Periodontics FFS	164,973	-	-	164,973
2.6 Dental Services Prosthodontics FFS	1,876,408	-	-	1,876,408
2.7 Dental Services Prosthodontics, fixed FFS	1,969	-	-	1,969
2.8 Dental Services Oral and Maxillofacial Surgery FFS	17,217,507	-	-	17,217,507
2.9 Dental Services Orthodontics FFS	3,162,327	-	-	3,162,327
2.10 Dental Services Adjunctive General Services FFS	9,747,025	-	-	9,747,025
2.11 Dental Services Other FFS	-	-	-	-
2.12 Dental Expanded Benefits FFS	7,363,965	-	-	7,363,965
2.13 Dental Services Paid through Subcapitation	6,680,609	-	-	6,680,609
2.14 Ending IBNP for Dental Services	(37,763)	-	-	(37,763)
2.15 Dental Settlements/AP	-	-	-	-
2.16 Total Dental Services	152,829,312	-	-	152,829,312

(Continued)

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

		Reported	Adjustment	Total	Adjusted
		Annual Amount	Number	Adjustments	Annual Amount
			1		
Total Before and After Reinsurance	3.1 Total Dental Services Paid Directly FFS	146,186,466	-	-	146,186,466
	3.2 Total Dental Services Paid through Subcapitation	6,680,609	-	-	6,680,609
	3.3 Total Dental Services Paid Directly -- IBNP	(37,763)	-	-	(37,763)
	3.4 Total Dental Services Paid by Settlements/AP	-	-	-	-
	3.5 TPL & Fraud/Abuse Recoveries	-	-	-	-
	3.6 Premium Deficiency Reserve	-	-	-	-
	3.7 Subtotal Benefit Expense before Reinsurance	-	-	-	-
	3.8 Reinsurance Premiums	152,829,312	-	-	152,829,312
	3.9 Reinsurance Recoveries	-	-	-	-
	3.10 Net cost of Reinsurance	-	-	-	-
	3.11 Grand Total Medical Benefit Expense Net of Reinsurance	\$ 152,829,312	\$ -	\$ -	\$ 152,829,312

(Continued)

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

		Reported Annual Amount	Adjustment Number 1		Total Adjustments	Adjusted Annual Amount
Administrative Expenses, Assessments, Taxes, and Fees						
Administrative Expenses	4.1 Salaries & Benefits	\$ 10,229,371	\$ -	\$ -	\$ -	\$ 10,229,371
	4.2 Administrative Services	1,550,389	-	-	-	1,550,389
	4.3 Information Systems	1,254,870	-	-	-	1,254,870
	4.4 Marketing Expenses	286,649	-	-	-	286,649
	4.5 General Administration	7,254,114	-	-	-	7,254,114
	4.6 Compliance/Regulatory	158,437	-	-	-	158,437
	4.7 Total Administrative Expenses	20,733,830	-	-	-	20,733,830
Government- Mandated Assessments, Taxes, and Fees Other Than Income Taxes	5.1 State Premium tax	-	-	-	-	-
	5.2 Department of Insurance Assessments	-	-	-	-	-
	5.3 Section 9010 Health Insurance Providers Fee	-	-	-	-	-
	5.4 Other 1	-	-	-	-	-
	5.5 Other 2	-	-	-	-	-
	5.6 Other 3	-	-	-	-	-
	5.7 Total	-	-	-	-	-
6.0 Grand Total Expenses	<u>173,563,142</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>173,563,142</u>	
7.0 Underwriting Gain / (Loss) --- AKA Pre-tax						
Earnings from Operations	<u>(7,696,893)</u>	<u>51,954</u>	<u>51,954</u>	<u>-</u>	<u>(7,644,939)</u>	
8.0 Income Tax Expense	<u>(1,625,061)</u>	<u>10,910</u>	<u>10,910</u>	<u>-</u>	<u>(1,614,151)</u>	
9.0 Net Underwriting Gain (Loss)	<u><u>\$ (6,071,832)</u></u>	<u><u>\$ 41,044</u></u>	<u><u>\$ 41,044</u></u>	<u><u>\$ -</u></u>	<u><u>\$ (6,030,788)</u></u>	

Tax rate used for tax-effect of adjustments	21.0%
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Adjustments to the Amounts Reported in the Annual Achieved Savings Rebate Exhibit

	Reported Annual Amount	Adjustment Number 1	Total Adjustments	Adjusted Annual Amount
REVENUES				
1.1 Total Revenue from Revenue & Expense Schedules	\$ 165,866,249	\$ 51,954	\$ 51,954	\$ 165,918,203
1.2 Federal Taxes and Assessments- ACA § 9010	-	-	-	-
1.3 State Insurance, Premium and other Taxes	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-
1.5 Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-
1.6 Revenue Subject to ASR	<u>165,866,249</u>	<u>51,954</u>	<u>51,954</u>	<u>165,918,203</u>
EXPENSES				
Benefit Expenses				
2.1 Total Benefits Paid through FFS and Subcapitation During the Year	152,867,075	-	-	152,867,075
2.2 Incurred but not Paid (IBNP) Ending Balance	(37,763)	-	-	(37,763)
2.3 Settlements/AP	-	-	-	-
2.4 Total Benefit Expense before Reinsurance	<u>152,829,312</u>	<u>-</u>	<u>-</u>	<u>152,829,312</u>
2.5 Net Cost of Reinsurance	-	-	-	-
2.6 Total Benefit Expense after Reinsurance	<u>152,829,312</u>	<u>-</u>	<u>-</u>	<u>152,829,312</u>
Administrative Expenses				
3.1 Total Administrative Expenses from Revenue & Expense Schedule	20,733,830	-	-	20,733,830
3.2 Less: Compliance/Regulatory	(158,437)	-	-	(158,437)
3.3 Less: Lobbying/Political expenses	-	-	-	-
3.4 Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-
3.5 Less: Other Non-allowed expenses	<u>(1,140,340)</u>	<u>-</u>	<u>-</u>	<u>(1,140,340)</u>
3.6 Administrative Expense Subject to ASR	19,435,053	-	-	19,435,053
4.0 Actuarially-sound Administrative Expense Maximum	<u>25,425,318</u>	<u>-</u>	<u>-</u>	<u>25,425,318</u>
5.0 Administrative Expenses Subject to ASR	<u>19,435,053</u>	<u>-</u>	<u>-</u>	<u>19,435,053</u>
6.0 Total Benefit and Administrative Expense subject to ASR	<u>172,264,365</u>	<u>-</u>	<u>-</u>	<u>172,264,365</u>
Calculation of Pre-Tax Income and ASR				
7.1 Pre-tax Income	<u>\$ (6,398,116)</u>	<u>\$ 51,954</u>	<u>\$ 51,954</u>	<u>\$ (6,346,162)</u>
7.2 Pre-tax Income as a Percent of Revenue	-3.9%			-3.8%
7.3 Preliminary Achieved Savings Rebate	\$ -	\$ -	\$ -	\$ -

Adjustments to the Amounts Reported in the Medical Loss Ratio Exhibit

	Reported Annual Amount	Adjustment Number 1	Total Adjustments	Adjusted Annual Amount
REVENUES				
1.1 Total Revenue from Revenue & Expense Schedules	\$ 165,866,249	\$ 51,954	\$ 51,954	\$ 165,918,203
1.2 Federal Taxes and Assessments- ACA § 9010	1,625,061	(10,910)	(10,910)	1,614,151
1.3 State Insurance, Premium and other Taxes	-	-	-	-
1.4 Regulatory Authority Licenses and Fees	-	-	-	-
1.6 Revenue Subject to MLR	167,491,310	41,044	41,044	167,532,354
EXPENSES				
Benefit Expenses				
2.1 Total Benefits Paid through FFS During the Year	146,186,466	-	-	146,186,466
2.2 Total Benefits Paid through Subcapitation During the Year	6,680,609	-	-	6,680,609
2.3 Incurred but not Paid (IBNP) Ending Balance	(37,763)	-	-	(37,763)
2.4 Incurred but not Paid (IBNP) Ending Balance-Subcontractors	-	-	-	-
2.5 Settlements/AP	-	-	-	-
2.6 Total Benefit Expense before Reinsurance	152,829,312	-	-	152,829,312
2.7 Net Cost of Reinsurance	-	-	-	-
2.8 Total Benefit Expense after Reinsurance	152,829,312	-	-	152,829,312
Florida-Specific Contributions				
3.1 Funds to Graduate Medical Education institutions	-	-	-	-
3.2 Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-
3.3 Total Florida-Specific Contributions	-	-	-	-
Improving Health Care Quality Expenses Incurred				
4.1 Improve Health Outcomes	800,399	-	-	800,399
4.2 Activities to Prevent Hospital Readmissions	12,576	-	-	12,576
4.3 Improve Patient Safety and Reducing Medical Errors	-	-	-	-
4.4 Wellness and Health Promotion Activities	21,804	-	-	21,804
4.5 Health Information Technology (HIT) expenses related to Health Improvement	74,773	-	-	74,773
4.6 Total of Defined Expenses incurred for improving Health Care Quality.	909,552	-	-	909,552
5.0 Deductible Fraud and Abuse Detection/Recovery Expenses	-	-	-	-
6.0 Preliminary Medical Loss Ratio: MLR	92%			92%

ADJUSTMENT SUMMARY

Adjustment No. 01: Exclusion of Subcapitation Expenses

Condition: The capitation revenue amounts for quarters 1-4 were understated in total by \$146,116 and the prior year adjustment column was overstated by the \$94,162 in the Annual ASR submission for a net understatement of \$51,954.

Criteria: The ASR exhibits and schedules should be presented pursuant to Florida Statute 409.967(3), the Agency's annual ASR financial report instructions and the Agency's verbal and written clarifications to the annual ASR financial report instructions.

Cause: There was a lack of understanding of the ASR financial report instructions.

Effect: The net effect of the misstatement to line 1.1 of the MMA Revenue and Expense Schedule - Summary and line 1.1 of the ASR Exhibit and line 1.1 of the MLR Exhibit is \$51,954. The prior year adjustment column was not populated resulting in a higher capitation revenues by quarter. The updated amounts by quarter are provided in the Exhibit section – Capitation Revenue Detail.

CORRECTIVE ACTION

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

OTHER MATTERS

Dental Related-Party Summary

The name, affiliation, payment methodology and member months columns of the Dental Related-Party Schedule Summary were not completed.

View of Plan Management

Plan management is in agreement with adjustments identified above.

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

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

CARR, RIGGS & INGRAM, LLC
Panama City Beach, Florida
August 29, 2024

CAPITATION REVENUE ADJUSTMENT

JANUARY - MARCH (Q1)						
	Medicaid Only/Dual Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years	
Total	45,438,219	37,511,599	6,776,307	815,235	88,392	246,686

APRIL - JUNE (Q2)						
	Medicaid Only/Dual Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years	
Total	43,814,843	36,310,290	6,377,563	788,246	88,741	250,003

JULY - SEPTEMBER (Q3)						
	Medicaid Only/Dual Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years	
Total	39,946,588	33,491,792	5,385,672	750,249	80,964	237,911

OCTOBER - DECEMBER (Q4)						
	Medicaid Only/Dual Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years	
Total	36,812,715	31,497,588	4,348,500	718,053	62,262	186,312

Prior Year Adjustments						
	Medicaid Only/Dual Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years	
Total	(94,162)	(55,254)	(112,151)	79,931	(1,506)	(5,182)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

			JANUARY - MARCH (Q1)					
			Total	Medicaid Only/Dual Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years
MEMBER MONTHS			5,920,256.29	3,621,272.02	1,888,876.04	307,608.16	17,311.34	85,188.73
REVENUES								
Revenues	1.1	Capitation	45,438,907.82	37,510,227.43	6,774,835.49	818,147.12	88,291.68	247,406.10
	1.2	ACA § 9010 related payments	-	-	-	-	-	-
	1.3	Other Revenue	-	-	-	-	-	-
	1.4	Total Revenue	45,438,907.82	37,510,227.43	6,774,835.49	818,147.12	88,291.68	247,406.10
			JANUARY - MARCH (Q1)					
BENEFIT EXPENSES			Total	Medicaid Only/Dual Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years
Dental	2.1	Dental Services Diagnostic FFS	9,647,078.86	8,645,078.80	888,036.85	89,458.02	12,653.07	11,852.12
	2.2	Dental Services Preventive FFS	9,170,480.38	9,153,169.46	-	2,020.45	15,290.47	-
	2.3	Dental Services Restorative FFS	8,138,171.27	8,121,069.39	-	4,173.32	12,928.56	-
	2.4	Dental Services Endodontics FFS	1,974,238.97	1,971,471.37	-	-	2,767.60	-
	2.5	Dental Services Periodontics FFS	44,015.52	43,042.16	-	946.49	26.87	-
	2.6	Dental Services Prosthodontics FFS	451,224.11	3,690.73	361,903.90	77,539.55	-	8,089.93
	2.7	Dental Services Prosthodontics, fixed FFS	-	-	-	-	-	-
	2.8	Dental Services Oral and Maxillofacial Surgery FFS	4,161,375.25	2,427,218.75	1,553,293.09	155,532.73	2,178.58	23,152.10
	2.9	Dental Services Orthodontics FFS	872,858.14	871,015.08	-	565.58	1,277.48	-
	2.10	Dental Services Adjunctive General Services FFS	2,378,657.36	1,882,085.99	407,116.84	83,947.17	1,946.57	3,560.79
	2.11	Dental Services Other FFS	-	-	-	-	-	-
	2.12	Dental Expanded Benefits FFS	2,050,877.96	-	1,781,755.75	251,470.62	-	17,651.59
	2.13	Dental Services Paid through Subcapitation	1,810,934.70	1,508,481.46	248,893.47	37,715.35	6,639.22	9,205.20
	2.14	Ending IBNP for Dental Services	4,261.36	3,628.97	547.02	72.94	5.38	7.05
	2.15	Dental Settlements/AP	-	-	-	-	-	-
	2.16	Total Dental Services	40,704,173.88	34,629,952.16	5,241,546.92	703,442.22	55,713.80	73,518.78

(Continued)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

Total Before and After Reinsurance	3.1	Total Dental Services Paid Directly FFS	38,888,977.82	33,117,841.73	4,992,106.43	665,653.93	49,069.20	64,306.53
	3.2	Total Dental Services Paid through Subcapitation	1,810,934.70	1,508,481.46	248,893.47	37,715.35	6,639.22	9,205.20
	3.3	Total Dental Services Paid Directly -- IBNP	4,261.36	3,628.97	547.02	72.94	5.38	7.05
	3.4	Total Dental Services Paid by Settlements/AP	-	-	-	-	-	-
	3.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-
	3.6	Premium Deficiency Reserve	-	-	-	-	-	-
	3.7	Subtotal Benefit Expense before Reinsurance	40,704,173.88	34,629,952.16	5,241,546.92	703,442.22	55,713.80	73,518.78
	3.8	Reinsurance Premiums	-	-	-	-	-	-
	3.9	Reinsurance Recoveries	-	-	-	-	-	-
	3.10	Net cost of Reinsurance	-	-	-	-	-	-
	3.11	Grand Total Medical Benefit Expense Net of Reinsurance	40,704,173.88	34,629,952.16	5,241,546.92	703,442.22	55,713.80	73,518.78
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JANUARY - MARCH (Q1)					
			Total	Health Plan	Corporate			
Administrative Expenses	4.1	Salaries & Benefits	3,126,753.85	-	3,126,753.85			
	4.2	Administrative Services	473,898.52	-	473,898.52			
	4.3	Information Systems	383,569.07	-	383,569.07			
	4.4	Marketing Expenses	87,618.44	-	87,618.44			
	4.5	General Administration	2,217,323.76	-	2,217,323.76			
	4.6	Compliance/Regulatory	48,428.61	-	48,428.61			
	4.7	Total Administrative Expenses	6,337,592.25	-	6,337,592.25			
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	5.1	State Premium tax	-					
	5.2	Department of Insurance Assessments	-					
	5.3	Section 9010 Health Insurance Providers Fee	-					
	5.4	Other 1	-					
	5.5	Other 2	-					
	5.6	Other 3	-					
	5.7	Total	-					
6.0	Grand Total Expenses	47,041,766.13						
7.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(1,602,858.31)						
8.0	Income Tax Expense	(336,600.25)						
9.0	Net Underwriting Gain (Loss)	(1,266,258.06)						

(Continued)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

			APRIL - JUNE (Q2)					
			Medicaid Only/Dual	Medicaid Only	Dual Eligible 21+	Medically Needy	Medically Needy	
			Total	Eligible 0-20 Years	21+ Years	0-20 Years	21+ Years	
MEMBER MONTHS			5,661,027.21	3,484,728.47	1,777,631.74	296,337.34	17,090.27	85,239.39
REVENUES								
Revenues	1.1	Capitation	43,801,919.68	36,299,477.80	6,353,074.96	810,585.64	88,482.04	250,299.24
	1.2	ACA § 9010 related payments	-	-	-	-	-	-
	1.3	Other Revenue	-	-	-	-	-	-
	1.4	Total Revenue	43,801,919.68	36,299,477.80	6,353,074.96	810,585.64	88,482.04	250,299.24
			APRIL - JUNE (Q2)					
			Medicaid Only/Dual	Medicaid Only	Dual Eligible 21+	Medically Needy	Medically Needy	
			Total	Eligible 0-20 Years	21+ Years	0-20 Years	21+ Years	
BENEFIT EXPENSES								
Dental	2.1	Dental Services Diagnostic FFS	8,817,764.66	7,902,802.57	805,199.36	83,447.20	11,992.93	14,322.60
	2.2	Dental Services Preventive FFS	8,339,399.79	8,325,614.93	-	2,147.76	11,637.10	-
	2.3	Dental Services Restorative FFS	7,949,359.09	7,930,417.82	-	4,867.48	14,073.79	-
	2.4	Dental Services Endodontics FFS	1,949,171.70	1,940,751.72	-	822.70	7,597.28	-
	2.5	Dental Services Periodontics FFS	38,846.75	38,806.62	-	40.13	-	-
	2.6	Dental Services Prosthodontics FFS	438,076.38	3,244.65	341,803.67	86,976.75	-	6,051.31
	2.7	Dental Services Prosthodontics, fixed FFS	492.64	492.64	-	-	-	-
	2.8	Dental Services Oral and Maxillofacial Surgery FFS	4,027,412.72	2,340,921.55	1,457,896.29	183,073.13	3,490.55	42,031.20
	2.9	Dental Services Orthodontics FFS	796,977.52	794,950.82	-	710.32	1,316.38	-
	2.10	Dental Services Adjunctive General Services FFS	2,334,167.84	1,829,712.89	381,379.72	112,076.39	2,982.54	8,016.30
	2.11	Dental Services Other FFS	-	-	-	-	-	-
	2.12	Dental Expanded Benefits FFS	1,926,736.51	-	1,654,131.33	254,267.87	-	18,337.31
	2.13	Dental Services Paid through Subcapitation	1,828,909.13	1,542,192.78	238,649.74	36,117.66	5,477.08	6,471.87
	2.14	Ending IBNP for Dental Services	25,081.24	21,306.78	3,178.38	498.93	36.36	60.79
	2.15	Dental Settlements/AP	-	-	-	-	-	-
	2.16	Total Dental Services	38,472,395.97	32,671,215.77	4,882,238.49	765,046.32	58,604.01	95,291.38

(Continued)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

Total Before and After Reinsurance	3.1	Total Dental Services Paid Directly FFS	36,618,405.60	31,107,716.21	4,640,410.37	728,429.73	53,090.57	88,758.72
	3.2	Total Dental Services Paid through Subcapitation	1,828,909.13	1,542,192.78	238,649.74	36,117.66	5,477.08	6,471.87
	3.3	Total Dental Services Paid Directly -- IBNP	25,081.24	21,306.78	3,178.38	498.93	36.36	60.79
	3.4	Total Dental Services Paid by Settlements/AP	-	-	-	-	-	-
	3.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-
	3.6	Premium Deficiency Reserve	-	-	-	-	-	-
	3.7	Subtotal Benefit Expense before Reinsurance	38,472,395.97	32,671,215.77	4,882,238.49	765,046.32	58,604.01	95,291.38
	3.8	Reinsurance Premiums	-	-	-	-	-	-
	3.9	Reinsurance Recoveries	-	-	-	-	-	-
	3.10	Net cost of Reinsurance	-	-	-	-	-	-
	3.11	Grand Total Medical Benefit Expense Net of Reinsurance	38,472,395.97	32,671,215.77	4,882,238.49	765,046.32	58,604.01	95,291.38
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			APRIL - JUNE (Q2)					
			Total	Health Plan	Corporate			
Administrative Expenses	4.1	Salaries & Benefits	2,606,964.53	-	2,606,964.53			
	4.2	Administrative Services	395,117.96	-	395,117.96			
	4.3	Information Systems	319,804.82	-	319,804.82			
	4.4	Marketing Expenses	73,052.81	-	73,052.81			
	4.5	General Administration	1,848,717.45	-	1,848,717.45			
	4.6	Compliance/Regulatory	40,377.88	-	40,377.88			
	4.7	Total Administrative Expenses	5,284,035.45	-	5,284,035.45			
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	5.1	State Premium tax	-					
	5.2	Department of Insurance Assessments	-					
	5.3	Section 9010 Health Insurance Providers Fee	-					
	5.4	Other 1	-					
	5.5	Other 2	-					
	5.6	Other 3	-					
	5.7	Total	-					
6.0	Grand Total Expenses	43,756,431.42						
7.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	45,488.26						
8.0	Income Tax Expense	9,552.53						
9.0	Net Underwriting Gain (Loss)	35,935.73						

(Continued)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

			JULY - SEPTEMBER (Q3)					
			Medicaid Only/Dual	Medicaid Only	Dual Eligible 21+	Medically Needy	Medically Needy	
			Total	Eligible 0-20 Years	21+ Years	0-20 Years	21+ Years	
MEMBER MONTHS			5,233,723.65	3,293,103.98	1,547,796.71	290,291.57	17,216.81	85,314.58
REVENUES								
Revenues	1.1	Capitation	39,932,464.72	33,480,993.52	5,357,691.25	776,519.89	80,205.19	237,054.87
	1.2	ACA § 9010 related payments	-	-	-	-	-	-
	1.3	Other Revenue	-	-	-	-	-	-
	1.4	Total Revenue	39,932,464.72	33,480,993.52	5,357,691.25	776,519.89	80,205.19	237,054.87
			JULY - SEPTEMBER (Q3)					
BENEFIT EXPENSES			Total	Medicaid Only/Dual Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years
Dental	2.1	Dental Services Diagnostic FFS	8,565,428.15	7,754,905.24	707,413.25	79,304.23	12,302.57	11,502.86
	2.2	Dental Services Preventive FFS	8,070,053.37	8,057,381.65	-	1,717.77	10,953.95	-
	2.3	Dental Services Restorative FFS	7,653,661.82	7,641,323.08	-	1,955.90	10,382.84	-
	2.4	Dental Services Endodontics FFS	1,888,795.61	1,886,009.01	-	70.30	2,716.30	-
	2.5	Dental Services Periodontics FFS	41,959.01	41,488.60	-	290.13	180.28	-
	2.6	Dental Services Prosthodontics FFS	502,060.84	3,628.12	397,173.40	96,638.71	-	4,620.61
	2.7	Dental Services Prosthodontics, fixed FFS	984.20	984.20	-	-	-	-
	2.8	Dental Services Oral and Maxillofacial Surgery FFS	4,551,702.28	2,946,447.93	1,428,917.99	135,385.29	5,989.13	34,961.94
	2.9	Dental Services Orthodontics FFS	754,099.48	750,333.29	-	447.67	3,318.52	-
	2.10	Dental Services Adjunctive General Services FFS	2,525,218.83	2,032,543.29	406,513.33	78,613.16	3,344.67	4,204.38
	2.11	Dental Services Other FFS	-	-	-	-	-	-
	2.12	Dental Expanded Benefits FFS	1,805,957.13	-	1,548,360.04	236,423.04	-	21,174.05
	2.13	Dental Services Paid through Subcapitation	1,585,188.98	1,356,738.45	185,514.02	32,170.33	4,923.35	5,842.83
	2.14	Ending IBNP for Dental Services	85,462.92	73,134.98	10,549.80	1,482.79	115.62	179.73
	2.15	Dental Settlements/AP	-	-	-	-	-	-
	2.16	Total Dental Services	38,030,572.62	32,544,917.84	4,684,441.83	664,499.32	54,227.23	82,486.40

(Continued)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

Total Before and After Reinsurance	3.1	Total Dental Services Paid Directly FFS	36,359,920.72	31,115,044.41	4,488,378.01	630,846.20	49,188.26	76,463.84
	3.2	Total Dental Services Paid through Subcapitation	1,585,188.98	1,356,738.45	185,514.02	32,170.33	4,923.35	5,842.83
	3.3	Total Dental Services Paid Directly -- IBNP	85,462.92	73,134.98	10,549.80	1,482.79	115.62	179.73
	3.4	Total Dental Services Paid by Settlements/AP	-	-	-	-	-	-
	3.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-
	3.6	Premium Deficiency Reserve	-	-	-	-	-	-
	3.7	Subtotal Benefit Expense before Reinsurance	38,030,572.62	32,544,917.84	4,684,441.83	664,499.32	54,227.23	82,486.40
	3.8	Reinsurance Premiums	-	-	-	-	-	-
	3.9	Reinsurance Recoveries	-	-	-	-	-	-
	3.10	Net cost of Reinsurance	-	-	-	-	-	-
	3.11	Grand Total Medical Benefit Expense Net of Reinsurance	38,030,572.62	32,544,917.84	4,684,441.83	664,499.32	54,227.23	82,486.40
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JULY - SEPTEMBER (Q3)					
			Total	Health Plan	Corporate			
Administrative Expenses	4.1	Salaries & Benefits	2,343,419.38	-	2,343,419.38			
	4.2	Administrative Services	355,174.42	-	355,174.42			
	4.3	Information Systems	287,474.87	-	287,474.87			
	4.4	Marketing Expenses	65,667.71	-	65,667.71			
	4.5	General Administration	1,661,825.56	-	1,661,825.56			
	4.6	Compliance/Regulatory	36,295.96	-	36,295.96			
	4.7	Total Administrative Expenses	4,749,857.90	-	4,749,857.90			
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	5.1	State Premium tax	-					
	5.2	Department of Insurance Assessments	-					
	5.3	Section 9010 Health Insurance Providers Fee	-					
	5.4	Other 1	-					
	5.5	Other 2	-					
	5.6	Other 3	-					
	5.7	Total	-					
6.0	Grand Total Expenses	42,780,430.52						
7.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(2,847,965.80)						
8.0	Income Tax Expense	(598,072.82)						
9.0	Net Underwriting Gain (Loss)	(2,249,892.98)						

(Continued)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

			OCTOBER - DECEMBER (Q4)					
			Total	Medicaid Only/Dual Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years
MEMBER MONTHS			4,731,872.37	2,996,721.61	1,363,784.64	280,535.30	13,766.99	77,063.83
REVENUES								
Revenues	1.1	Capitation	36,692,957.21	31,396,259.01	4,312,861.10	740,978.30	59,282.00	183,576.80
	1.2	ACA § 9010 related payments	-	-	-	-	-	-
	1.3	Other Revenue	-	-	-	-	-	-
	1.4	Total Revenue	36,692,957.21	31,396,259.01	4,312,861.10	740,978.30	59,282.00	183,576.80
BENEFIT EXPENSES								
Dental	2.1	Dental Services Diagnostic FFS	7,668,389.90	6,918,541.37	655,102.73	70,325.48	12,510.54	11,909.78
	2.2	Dental Services Preventive FFS	7,392,548.18	7,377,613.35	-	1,867.34	13,067.49	-
	2.3	Dental Services Restorative FFS	7,414,642.76	7,396,441.39	-	6,150.38	12,050.99	-
	2.4	Dental Services Endodontics FFS	1,803,389.54	1,799,340.13	-	1,512.10	2,537.31	-
	2.5	Dental Services Periodontics FFS	39,635.85	38,971.63	-	500.00	164.22	-
	2.6	Dental Services Prosthodontics FFS	469,926.53	5,338.60	376,716.15	84,334.66	-	3,537.12
	2.7	Dental Services Prosthodontics, fixed FFS	492.64	492.64	-	-	-	-
	2.8	Dental Services Oral and Maxillofacial Surgery FFS	4,452,791.14	2,722,180.26	1,513,349.82	174,895.80	9,262.92	33,102.34
	2.9	Dental Services Orthodontics FFS	707,163.42	705,595.93	-	722.34	845.15	-
	2.10	Dental Services Adjunctive General Services FFS	2,488,176.05	1,957,068.77	408,076.81	110,238.31	4,742.34	8,049.82
	2.11	Dental Services Other FFS	-	-	-	-	-	-
	2.12	Dental Expanded Benefits FFS	1,556,324.41	-	1,287,854.09	249,135.19	-	19,335.13
	2.13	Dental Services Paid through Subcapitation	1,455,576.16	1,241,929.82	171,001.94	33,145.79	4,325.04	5,173.57
	2.14	Ending IBNP for Dental Services	214,606.53	182,586.79	26,774.77	4,417.21	348.37	479.39
	2.15	Dental Settlements/AP	-	-	-	-	-	-
	2.16	Total Dental Services	35,663,663.11	30,346,100.68	4,438,876.31	737,244.60	59,854.37	81,587.15

(Continued)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

Total Before and After Reinsurance	3.1	Total Dental Services Paid Directly FFS	33,993,480.42	28,921,584.07	4,241,099.60	699,681.60	55,180.96	75,934.19
	3.2	Total Dental Services Paid through Subcapitation	1,455,576.16	1,241,929.82	171,001.94	33,145.79	4,325.04	5,173.57
	3.3	Total Dental Services Paid Directly -- IBNP	214,606.53	182,586.79	26,774.77	4,417.21	348.37	479.39
	3.4	Total Dental Services Paid by Settlements/AP	-	-	-	-	-	-
	3.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-
	3.6	Premium Deficiency Reserve	-	-	-	-	-	-
	3.7	Subtotal Benefit Expense before Reinsurance	35,663,663.11	30,346,100.68	4,438,876.31	737,244.60	59,854.37	81,587.15
	3.8	Reinsurance Premiums	-	-	-	-	-	-
	3.9	Reinsurance Recoveries	-	-	-	-	-	-
	3.10	Net cost of Reinsurance	-	-	-	-	-	-
	3.11	Grand Total Medical Benefit Expense Net of Reinsurance	35,663,663.11	30,346,100.68	4,438,876.31	737,244.60	59,854.37	81,587.15
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			OCTOBER - DECEMBER (Q4)					
			Total	Health Plan	Corporate			
Administrative Expenses	4.1	Salaries & Benefits	2,152,233.33	-	2,152,233.33			
	4.2	Administrative Services	326,197.78	-	326,197.78			
	4.3	Information Systems	264,021.46	-	264,021.46			
	4.4	Marketing Expenses	60,310.26	-	60,310.26			
	4.5	General Administration	1,526,246.81	-	1,526,246.81			
	4.6	Compliance/Regulatory	33,334.79	-	33,334.79			
	4.7	Total Administrative Expenses	4,362,344.43	-	4,362,344.43			
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	5.1	State Premium tax	-					
	5.2	Department of Insurance Assessments	-					
	5.3	Section 9010 Health Insurance Providers Fee	-					
	5.4	Other 1	-					
	5.5	Other 2	-					
	5.6	Other 3	-					
	5.7	Total	-					
6.0	Grand Total Expenses	40,026,007.54						
7.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(3,333,050.33)						
8.0	Income Tax Expense	(699,940.57)						
9.0	Net Underwriting Gain (Loss)	(2,633,109.76)						

(Continued)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

			TOTAL (TO DATE)						
			Prior Year Adjustments	Medicaid Only/Dual Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years	
			Total						
MEMBER MONTHS			-	21,546,879.52	13,395,826.08	6,578,089.13	1,174,772.37	65,385.41	332,806.53
REVENUES									
Revenues	1.1	Capitation	-	165,866,249.43	138,686,957.76	22,798,462.80	3,146,230.95	316,260.91	918,337.01
	1.2	ACA § 9010 related payments	-	-	-	-	-	-	-
	1.3	Other Revenue	-	-	-	-	-	-	-
	1.4	Total Revenue	-	165,866,249.43	138,686,957.76	22,798,462.80	3,146,230.95	316,260.91	918,337.01
			Prior Year Adjustments	Medicaid Only/Dual Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years	
BENEFIT EXPENSES									
Dental	2.1	Dental Services Diagnostic FFS	68,585.74	34,767,247.31	31,221,327.98	3,055,752.19	322,534.93	49,459.11	49,587.36
	2.2	Dental Services Preventive FFS	75,853.18	33,048,334.90	32,913,779.39	-	7,753.32	50,949.01	-
	2.3	Dental Services Restorative FFS	57,700.82	31,213,535.76	31,089,251.68	-	17,147.08	49,436.18	-
	2.4	Dental Services Endodontics FFS	7,578.41	7,623,174.23	7,597,572.23	-	2,405.10	15,618.49	-
	2.5	Dental Services Periodontics FFS	515.63	164,972.76	162,309.01	-	1,776.75	371.37	-
	2.6	Dental Services Prosthodontics FFS	15,119.98	1,876,407.84	15,902.10	1,477,597.12	345,489.67	-	22,298.97
	2.7	Dental Services Prosthodontics, fixed FFS	-	1,969.48	1,969.48	-	-	-	-
	2.8	Dental Services Oral and Maxillofacial Surgery FFS	24,225.11	17,217,506.50	10,436,768.49	5,953,457.19	648,886.95	20,921.18	133,247.58
	2.9	Dental Services Orthodontics FFS	31,228.35	3,162,326.91	3,121,895.12	-	2,445.91	6,757.53	-
	2.10	Dental Services Adjunctive General Services FFS	20,805.06	9,747,025.14	7,701,410.94	1,603,086.70	384,875.03	13,016.12	23,831.29
	2.11	Dental Services Other FFS	-	-	-	-	-	-	-
	2.12	Dental Expanded Benefits FFS	24,069.05	7,363,965.06	-	6,272,101.21	991,296.72	-	76,498.08
	2.13	Dental Services Paid through Subcapitation	-	6,680,608.97	5,649,342.51	844,059.17	139,149.13	21,364.69	26,693.47
	2.14	Ending IBNP for Dental Services	(367,175.47)	(37,763.45)	280,657.52	41,049.97	6,471.86	505.72	726.95
	2.15	Dental Settlements/AP	-	-	-	-	-	-	-
	2.16	Total Dental Services	(41,494.14)	152,829,311.41	130,192,186.45	19,247,103.55	2,870,232.45	228,399.40	332,883.70

(Continued)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY (continued)

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

Total Before and After Reinsurance	3.1	Total Dental Services Paid Directly FFS	325,681.33	146,186,465.89	124,262,186.42	18,361,994.41	2,724,611.46	206,528.99	305,463.28
	3.2	Total Dental Services Paid through Subcapitation	-	6,680,608.97	5,649,342.51	844,059.17	139,149.13	21,364.69	26,693.47
	3.3	Total Dental Services Paid Directly -- IBNP	(367,175.47)	(37,763.45)	280,657.52	41,049.97	6,471.86	505.72	726.95
	3.4	Total Dental Services Paid by Settlements/AP	-	-	-	-	-	-	-
	3.5	TPL & Fraud/Abuse Recoveries	-	-	-	-	-	-	-
	3.6	Premium Deficiency Reserve	-	-	-	-	-	-	-
	3.7	Subtotal Benefit Expense before Reinsurance	(41,494.14)	152,829,311.41	130,192,186.45	19,247,103.55	2,870,232.45	228,399.40	332,883.70
	3.8	Reinsurance Premiums	-	-	-	-	-	-	-
	3.9	Reinsurance Recoveries	-	-	-	-	-	-	-
	3.10	Net cost of Reinsurance	-	-	-	-	-	-	-
	3.11	Grand Total Medical Benefit Expense Net of Reinsurance	(41,494.14)	152,829,311.41	130,192,186.45	19,247,103.55	2,870,232.45	228,399.40	332,883.70
			TOTAL (TO DATE)						
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			Prior Calendar	Total	Health Plan	Corporate			
			Year Adjustments						
Administrative Expenses	4.1	Salaries & Benefits	-	10,229,371.09	-	10,229,371.09			
	4.2	Administrative Services	-	1,550,388.68	-	1,550,388.68			
	4.3	Information Systems	-	1,254,870.22	-	1,254,870.22			
	4.4	Marketing Expenses	-	286,649.22	-	286,649.22			
	4.5	General Administration	-	7,254,113.58	-	7,254,113.58			
	4.6	Compliance/Regulatory	-	158,437.24	-	158,437.24			
	4.7	Total Administrative Expenses	-	20,733,830.03	-	20,733,830.03			
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	5.1	State Premium tax	-	-	-	-			
	5.2	Department of Insurance Assessments	-	-	-	-			
	5.3	Section 9010 Health Insurance Providers Fee	-	-	-	-			
	5.4	Other 1	-	-	-	-			
	5.5	Other 2	-	-	-	-			
	5.6	Other 3	-	-	-	-			
	5.7	Total	-	-	-	-			
6.0	Grand Total Expenses	(41,494.14)	173,563,141.44						
7.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	41,494.14	(7,696,892.01)						
8.0	Income Tax Expense	-	(1,625,061.10)						
9.0	Net Underwriting Gain (Loss)	41,494.14	(6,071,830.91)						

(Continued)

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

DENTAL -- RELATED-PARTY TRANSACTION SCHEDULE - SUMMARY

Health Plan: DentaQuest of Florida, Inc. (DQT)

Reporting Period: 12/31/2023

Paid Through: 3/31/2024

Summary

			JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		PRIOR YEAR ADJUSTMENTS	TOTAL (TO DATE)		
EXPENSES	Vendor Name	Affiliation	Payment Methodology	MM	Amount	MM	Amount	MM	Amount	MM	Amount	Amount	MM	Amount
Dental	4.1 Vendor #1			-	-	-	-	-	-	-	-	-	-	-
	4.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	4.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	4.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	4.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	4.6 Total Dental													
Administrative Expense	8.1 DentaQuest, LLC	Parent	Intercompany settlement	3.0	6,337,592		5,284,035		4,749,858		4,362,344	-	3.0	20,733,829
	8.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	8.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	8.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	8.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	8.6 Total Administrative Expense													
9.0 Grand Total														

Notes

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

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

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

ACHIEVED SAVINGS REBATE EXHIBIT

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Plan Type: Dental

		JANUARY - MARCH (Q1)	APRIL - JUNE (Q2)	JULY - SEPTEMBER (Q3)	OCTOBER - DECEMBER (Q4)	Prior Year Adjustments	TOTAL (TO DATE)
		Dental	Dental	Dental	Dental	Dental	Total
REVENUES							
1.1	Total Revenue from Revenue & Expense Schedules	45,438,908	43,801,920	39,932,465	36,692,957	-	165,866,250
1.2	Federal Taxes and Assessments- ACA § 9010	-	-	-	-	-	-
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-
1.5	Less: Financial Incentive Payments Outside of Capitation Rate	-	-	-	-	-	-
1.6	Revenue Subject to ASR	45,438,908	43,801,920	39,932,465	36,692,957	-	165,866,250
EXPENSES							
Benefit Expenses							
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	40,699,913	38,447,315	37,945,110	35,449,057	325,681	152,867,076
2.2	Incurred but not Paid (IBNP) Ending Balance	4,261	25,081	85,463	214,607	(367,175)	(37,763)
2.3	Settlements/AP	-	-	-	-	-	-
2.4	Less: Premium Deficiency Reserve and other Reserve Account Contributions	-	-	-	-	-	-
2.5	Total Benefit Expense before Reinsurance	40,704,174	38,472,396	38,030,573	35,663,664	(41,494)	152,829,313
2.6	Net Cost of Reinsurance	-	-	-	-	-	-
2.7	Total Benefit Expense after Reinsurance	40,704,174	38,472,396	38,030,573	35,663,664	(41,494)	152,829,313
Administrative Expenses							
3.1	Total Administrative Expenses from Revenue & Expense Schedule	6,337,592	5,284,035	4,749,858	4,362,344	-	20,733,829
3.2	Less: Compliance/Regulatory	(48,429)	(40,378)	(36,296)	(33,335)	-	(158,438)
3.3	Less: Lobbying/Political expenses	-	-	-	-	-	-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary	-	-	-	-	-	-
3.5	Less: Other Non-allowed expenses	-	(1,122,161)	(292,248)	274,069	-	(1,140,340)
3.6	Administrative Expense Subject to ASR	6,289,163	4,121,496	4,421,314	4,603,078	-	19,435,051
4.0	Actuarially-sound Administrative Expense Maximum						25,425,318
5.0	Administrative Expenses Subject to ASR						19,435,051
6.0	Total Benefit and Administrative Expense subject to ASR						172,264,364
Calculation of Pre-Tax Income and ASR							
7.1	Pre-tax Income						(6,398,114)
7.2	Pre-tax Income as a Percent of Revenue						-3.9%
7.3	Preliminary Achieved Savings Rebate						

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

ACHIEVED SAVINGS REBATE - ACTUARIALLY-SOUND ADMINISTRATIVE MAXIMUM CALCULATION

January 1, 2023 through September 30, 2023

Health Plan: DentaQuest of Florida, Inc. (DQT)

Reporting Period: 1/1/2023-9/30/2023

Paid Through: 3/31/2024

Plan Type: Dental

Dental Administrative Expense Maximum		CALENDER YEAR TOTAL (TO DATE)
1.0	Plan Enrollment	21,546,880
	Dental Administrative Maximum (PMPM Per Milliman Report)	1.18
1.1	Member Months	16,815,007
1.2	Total Dental Administrative Maximum	19,841,708

Instructions

- Reporting Period For Q1, Q2, Q3 ASR Dental report, the reporting period is Quarter YTD
 For Q4 and Annual ASR report, the reporting period should be January 1 to September 30 of the Calendar Year
- Paid Through For Q1, Q2, Q3, Q4 ASR report, paid through date is Quarter YTD
 For Annual ASR report, paid through date is March 31 of the following Calendar Year
- Line 1.0 Report national health plan enrollment across all lines, as of December 31 of the Calendar Year
- Line 1.1 For Q1, Q2, Q3 ASR Dental Report, enter the applicable year-to-date member months for the reporting period for Dental Plan.

 For Q4 and Annual ASR Dental Report, enter the applicable year-to-date member months for the period from January 1 to September 30 for Dental Plan
- Note 1 For dental administrative maximum for the covered reporting period, please input the PMPM based on the corresponding Milliman report-Statewide Medicaid Managed Care administrative cost maximum

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

ACHIEVED SAVINGS REBATE - ACTUARIALLY-SOUND ADMINISTRATIVE MAXIMUM CALCULATION

October 1, 2023 through December 31, 2023

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Reporting Period: 10/1/2023-12/31/2023
 Paid Through: 3/31/2024
 Plan Type: Dental

Dental Administrative Expense Maximum		CALENDER YEAR TOTAL (TO DATE)
1.0	Plan Enrollment Dental Administrative Maximum (PMPM Per Milliman Report)	21,546,880 1.18
1.1	Member Months	4,731,872
1.2	Total Dental Administrative Maximum	5,583,609

Instructions

- Reporting Period: October 1 to December 31 of the Calendar Year
- Paid Through: For Q4 ASR Dental Report, paid through date is December 31.
 For Annual ASR Dental Report, paid through date is March 31 of the following Calendar Year
- Line 1.0: Report national health plan enrollment across all lines, as of December 31 of the Calendar Year
- Line 1.1: For Q4 and Annual ASR Dental Report, enter the applicable year-to-date member months for the period from October 1 to December 31 of the Calendar Year for Dental Plan
- Note 1: For dental administrative maximum for the covered reporting period, please input the PMPM based on the corresponding Milliman report-Statewide Medicaid Managed Care administrative cost maximum

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

MEDICAL LOSS RATIO EXHIBIT

Health Plan: DentaQuest of Florida, Inc. (DQT)
 Calendar Year: 12/31/2023
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024
 Plan Type: Dental

		JANUARY - MARCH (Q1)	APRIL - JUNE (Q2)	JULY - SEPTEMBER (Q3)	OCTOBER - DECEMBER (Q4)	Prior Year Adjustments	TOTAL (TO DATE)
		Dental	Dental	Dental	Dental	Dental	Total
REVENUES							
1.1	Total Revenue from Revenue & Expense Schedules	45,438,908	43,801,920	39,932,465	36,692,957	-	165,866,250
1.2	Federal Taxes and Assessments- ACA § 9010	336,600	(9,553)	598,073	699,941	-	1,625,061
1.3	State Insurance, Premium and other Taxes	-	-	-	-	-	-
1.4	Regulatory Authority Licenses and Fees	-	-	-	-	-	-
1.5	Revenue Subject to MLR	45,775,508	43,792,367	40,530,538	37,392,898	-	167,491,311
EXPENSES							
Benefit Expenses							
2.1	Total Benefits Paid through FFS During the Year	38,888,978	36,618,406	36,359,921	33,993,480	325,681	146,186,466
2.2	Total Benefits Paid through Subcapitation During the Year	1,810,935	1,828,909	1,585,189	1,455,576	-	6,680,609
2.3	Incurred but not Paid (IBNP) Ending Balance	4,261	25,081	85,463	214,607	(367,175)	(37,763)
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractors	-	-	-	-	-	-
2.5	Settlements/AP	-	-	-	-	-	-
2.6	Total Benefit Expense before Reinsurance	40,704,174	38,472,396	38,030,573	35,663,663	(41,494)	152,829,312
2.7	Net Cost of Reinsurance	-	-	-	-	-	-
2.8	Total Benefit Expense after Reinsurance	40,704,174	38,472,396	38,030,573	35,663,663	(41,494)	152,829,312
Florida-Specific Contributions							
3.1	Funds to Graduate Medical Education institutions	-	-	-	-	-	-
3.2	Contributions for the Purpose of Supporting Medicaid and Indigent Care	-	-	-	-	-	-
3.3	Total Florida-Specific Contributions	-	-	-	-	-	-
Improving Health Care Quality Expenses Incurred							
4.1	Improve Health Outcomes	207,943	199,383	192,973	200,100	-	800,399
4.2	Activities to Prevent Hospital Readmissions	3,382	2,832	3,218	3,144	-	12,576
4.3	Improve Patient Safety and Reducing Medical Errors	-	-	-	-	-	-
4.4	Wellness and Health Promotion Activities	10,980	2,330	3,043	5,451	-	21,804
4.5	Health Information Technology (HIT) expenses related to Health Improvement	74,773	-	-	-	-	74,773
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	297,078	204,545	199,234	208,695	-	909,552
5	Deductible Fraud and Abuse Detection/Recovery Expenses	-	-	-	-	-	-
6	Preliminary Medical Loss Ratio: MLR	90%	88%	94%	96%	-	92%