



Auditee: Liberty Dental Plan 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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REPORT



PLAN AND PERFORMANCE AUDIT OVERVIEW

Liberty Dental Plan of Florida, Inc. (the “Company”) is a prepaid licensed health service organization (PLHSO) which arranges for dental care to a defined enrolled population for a predetermined, prepaid periodic fee.

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 1, 2024 to August 30, 2024, and our results, reported herein, are as of August 30, 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
- ASR 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	\$ 10,886,170
Dental Revenue and Expense Schedule – Summary, Line No. 4.2	Administrative Services based on corporate allocations	\$ 1,298,755
Dental Revenue and Expense Schedule – Summary, Line No. 4.3	Information Systems based on corporate allocations	\$ 1,695,725
Dental Revenue and Expense Schedule – Summary, Line No. 4.5	General Administration based on corporate allocations	\$ 7,771,646
MLR Exhibit, Line No. 4.1	Improve Health Outcomes based on other entity allocations	\$ 1,333,664
MLR Exhibit, Line No. 4.4	Wellness and Health Promotion Activities based on other entity allocations	\$ 1,659,474
MLR Exhibit, Line No. 4.5	Health Information Technology (HIT) expenses related to Health Improvement based on other entity allocations	\$ 180,862

- 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
 - Verified the mathematical accuracy
 - Performed walk-throughs of transaction processes significant to generating information included in the ASR Schedules
 - Inspected quarterly and annual reconciliations of amounts in the ASR Schedules to the Company's general ledger or other summarized amounts from detailed accounting records
 - Inspected the reconciliation of the Company's audited statutory-basis financial statements to the Company's general ledger
 - Inspected a reconciliation of the Plan's reported capitation 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
 - Based on the population being tested and the desired results, the methodology of compliance sampling outlined in *AICPA Audit and Accounting Guide-GAS-Chapter 11*, was followed for sample selections. The results of our test were not projected to the total population for any applicable adjustments identified in the report.
 - Inspected a reconciliation of the Plan's reported sub-capitation payments of 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 section, the audit objective has been met. The Plan prepared the Dental Related Party Transaction Schedule – Summary, Achieved Savings Rebate Exhibit, and Medical Loss Ratio Exhibit – Dental 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 for the year ended December 31, 2023 pursuant to Florida Statute 409.967(3) and the annual ASR financial report instructions.

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

	Reported Annual Amount	Exception Number 1	Total Adjustments	Adjusted Annual Amount
MEMBER MONTHS	17,262,452	-	-	17,262,452
REVENUES				
1.1 Capitation	\$ 135,227,179	\$ -	\$ -	\$ 135,227,179
1.2 ACA § 9010 related payments	-	-	-	-
1.3 Other Revenue	-	-	-	-
1.4 Total Revenue	\$ 135,227,179	\$ -	\$ -	\$ 135,227,179
BENEFIT EXPENSES				
2.1 Dental Services Diagnostic FFS	\$ 25,545,304		\$ -	\$ 25,545,304
2.2 Dental Services Preventive FFS	24,626,864	-	-	24,626,864
2.3 Dental Services Restorative FFS	23,066,615	-	-	23,066,615
2.4 Dental Services Endodontics FFS	5,979,556	-	-	5,979,556
2.5 Dental Services Periodontics FFS	67,435	-	-	67,435
2.6 Dental Services Prosthodontics FFS	1,955,002	-	-	1,955,002
2.7 Dental Services Prosthodontics, fixed FFS	8,379	-	-	8,379
2.8 Dental Services Oral and Maxillofacial Surgery FFS	11,848,288			11,848,288
2.9 Dental Services Orthodontics FFS	3,008,827	-	-	3,008,827
2.10 Dental Services Adjunctive General Services FFS	6,318,189			6,318,189
2.11 Dental Services Other FFS	2,469			2,469
2.12 Dental Expanded Benefits FFS	5,461,933		-	5,461,933
2.13 Dental Services Paid through Subcapitation	2,106,000	-	-	2,106,000
2.14 Ending IBNP for Dental Services	148,956	-	-	148,956
2.15 Dental Settlements/AP	2,140,880			2,140,880
2.16 Total Dental Services	112,284,696	-	-	112,284,696
3.1 Total Dental Services Paid Directly FFS	107,888,860	-	-	107,888,860
3.2 Total Dental Services Paid through Subcapitation	2,106,000			2,106,000
	148,956	-	-	148,956
3.3 Total Dental Services Paid Directly -- IBNP	2,140,880	-	-	2,140,880
3.4 Total Dental Services Paid by Settlements/AP	(609,096)	-	-	(609,096)
3.5 TPL & Fraud/Abuse Recoveries	-	-	-	-
3.6 Premium Deficiency Reserve	-	-	-	-
3.7 Subtotal Benefit Expense before Reinsurance	111,675,600	-	-	111,675,600
3.8 Reinsurance Premiums	-	-	-	-
3.9 Reinsurance Recoveries	-	-	-	-
3.10 Net cost of Reinsurance	-	-	-	-
3.11 Grand Total Medical Benefit Expense Net of Reinsurance	\$ 111,675,600	\$ -	\$ -	\$ 111,675,600

(Continued)

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

	Reported Annual Amount	Exception Number 1	Total Adjustments	Adjusted Annual Amount
Administrative Expenses, Assessments, Taxes, and Fees				
4.1	\$ 24,448,650	\$ -	\$ -	\$ 24,448,650
4.2	1,298,755	-	-	1,298,755
4.3	1,695,725	-	-	1,695,725
4.4	-	-	-	-
4.5	8,122,579	-	-	8,122,579
4.6	-	-	-	-
4.7	35,565,709	-	-	35,565,709
5.1	819,858	-	-	819,858
5.2	-	-	-	-
5.3	-	-	-	-
5.4	-	-	-	-
5.5	-	-	-	-
5.6	-	-	-	-
5.7	819,858	-	-	819,858
6.0	148,061,167	-	-	148,061,167
7.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	-	-	(12,833,988)
8.0	-	(2,650,218)	(2,650,218)	(2,650,218)
9.0	\$ (12,833,988)	\$ 2,650,218	\$ 2,650,218	\$ (10,183,769)

ADJUSTMENT SUMMARY

Adjustment No. 01: Revenue and Expense Schedule Summary line 8.0

Condition

The Plan failed to report Income Tax Expense on line 8.0 of the Dental Revenue and Expense Schedule Summary. Line 8.0 of the Dental Revenue and Expense Schedule Summary should report \$254,294 in Quarter 1, \$312,241 in Quarter 2, \$1,452,623 in Quarter 3, \$630,108 in Quarter 4 and \$1,583 in the prior period adjustment column.

Refer to the Adjustments to Amounts Reported in the Dental Revenue and Expense Summary table.

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

The Plan failed to report Income Tax Expense on line 8.0 of the Dental Revenue and Expense Schedule Summary Line 8.0.

Effect

Dental Revenue and Expense- Summary line 8.0 needs to be adjusted to reflect proper presentation.

OTHER MATTER

Claims Lag

The Plan did not prepare the claims lag exhibit in accordance with ASR financial report instructions. The Plan submitted two versions of the claims lag for the year ended December 31, 2023. The first improperly included dental settlements from line 2.15 of the ASR – Dental Revenue and Expense Schedule. The second version correctly categorized services but failed to include required data from the prior calendar year.

Dental Related-Party Summary

The affiliation and payment methodology columns of the Dental Related-Party Summary was not completed.

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.

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 30, 2024



EXHIBITS



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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 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			4,752,059.03	2,887,605.14	1,577,537.66	188,436.01	16,282.80	82,197.41
REVENUES								
Revenues	1.1	Capitation	38,424,287.27	31,158,126.37	6,278,496.69	618,748.76	96,401.59	272,513.86
	1.2	ACA § 9010 related payments	-	-	-	-	-	-
	1.3	Other Revenue	-	-	-	-	-	-
	1.4	Total Revenue	38,424,287.27	31,158,126.37	6,278,496.69	618,748.76	96,401.59	272,513.86
			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	7,129,941.13	6,220,665.99	826,870.03	51,556.95	15,677.96	15,170.20
	2.2	Dental Services Preventive FFS	6,571,362.65	6,554,178.95	-	-	17,183.70	-
	2.3	Dental Services Restorative FFS	6,033,055.27	6,013,398.80	-	-	19,656.47	-
	2.4	Dental Services Endodontics FFS	1,637,630.58	1,622,841.68	-	-	14,788.90	-
	2.5	Dental Services Periodontics FFS	16,014.91	15,904.05	-	-	110.86	-
	2.6	Dental Services Prosthodontics FFS	497,525.25	3,198.94	413,666.34	74,598.51	-	6,061.46
	2.7	Dental Services Prosthodontics, fixed FFS	2,695.96	2,695.96	-	-	-	-
	2.8	Dental Services Oral and Maxillofacial Surgery FFS	3,204,532.78	1,724,977.39	1,326,655.46	120,648.05	4,353.91	27,897.97
	2.9	Dental Services Orthodontics FFS	830,749.88	827,204.79	77.00	-	3,468.09	-
	2.10	Dental Services Adjunctive General Services FFS	1,625,319.37	1,292,425.18	282,525.21	41,610.10	3,181.11	5,577.77
	2.11	Dental Services Other FFS	2,505.60	2,505.60	-	-	-	-
	2.12	Dental Expanded Benefits FFS	1,537,541.53	-	1,408,970.97	109,983.69	-	18,586.87
	2.13	Dental Services Paid through Subcapitation	560,250.00	557,360.00	-	-	2,890.00	-
	2.14	Ending IBNP for Dental Services	-	-	-	-	-	-
	2.15	Dental Settlements/AP	504,225.14	503,403.12	-	-	822.02	-
	2.16	Total Dental Services	30,153,350.05	25,340,760.45	4,258,765.01	398,397.30	82,133.02	73,294.27

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

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

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 Paid Through: 3/31/2024

			Medicaid Only/Dual					
			Total	Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years
Summary								
Total Before and After Reinsurance	3.1	Total Dental Services Paid Directly FFS	29,088,874.91	24,279,997.33	4,258,765.01	398,397.30	78,421.00	73,294.27
	3.2	Subcapitation	560,250.00	557,360.00	-	-	2,890.00	-
	3.3	Total Dental Services Paid Directly -- IBNP	-	-	-	-	-	-
	3.4	Total Dental Services Paid by Settlements/AP	504,225.14	503,403.12	-	-	822.02	-
	3.5	TPL & Fraud/Abuse Recoveries	(139,956.97)	(123,499.60)	(13,413.26)	(1,307.01)	(1,519.88)	(217.22)
	3.6	Premium Deficiency Reserve	-	-	-	-	-	-
	3.7	Reinsurance	30,013,393.08	25,217,260.85	4,245,351.75	397,090.29	80,613.14	73,077.05
	3.8	Reinsurance Premiums	-	-	-	-	-	-
	3.9	Reinsurance Recoveries	-	-	-	-	-	-
	3.10	Net cost of Reinsurance	-	-	-	-	-	-
	3.11	Reinsurance	30,013,393.08	25,217,260.85	4,245,351.75	397,090.29	80,613.14	73,077.05
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JANUARY - MARCH (Q1)					
			Total	Health Plan	Corporate			
Administrative Expenses	4.1	Salaries & Benefits	6,326,032.64	3,590,972.13	2,735,060.51			
	4.2	Administrative Services	336,051.81	-	336,051.81			
	4.3	Information Systems	490,276.38	-	490,276.38			
	4.4	Marketing Expenses	-	-	-			
	4.5	General Administration	2,256,729.06	96,584.08	2,160,144.98			
	4.6	Compliance/Regulatory	-	-	-			
	4.7	Total Administrative Expenses	9,409,089.88	3,687,556.21	5,721,533.67			
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	5.1	State Premium tax	232,959.45					
	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	232,959.45						
6.0	Grand Total Expenses	39,655,442.41						
7.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(1,231,155.14)						
8.0	Income Tax Expense	-						
9.0	Net Underwriting Gain (Loss)	(1,231,155.14)						

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

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

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 Paid Through: 3/31/2024

Summary

			APRIL - JUNE (Q2)					
			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			4,576,647.20	2,811,356.47	1,481,827.08	184,199.99	16,298.37	82,965.29
REVENUES								
Revenues	1.1	Capitation	36,253,556.70	29,549,589.42	5,749,981.42	592,487.12	93,781.85	267,716.89
	1.2	ACA § 9010 related payments	-	-	-	-	-	-
	1.3	Other Revenue	-	-	-	-	-	-
	1.4	Total Revenue	36,253,556.70	29,549,589.42	5,749,981.42	592,487.12	93,781.85	267,716.89
			APRIL - JUNE (Q2)					
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	6,492,383.86	5,661,317.19	754,172.95	50,322.94	12,931.98	13,638.80
	2.2	Dental Services Preventive FFS	6,193,607.42	6,180,550.51	-	-	13,056.91	-
	2.3	Dental Services Restorative FFS	5,842,336.09	5,829,124.94	-	-	13,211.15	-
	2.4	Dental Services Endodontics FFS	1,543,550.39	1,538,536.43	-	-	5,013.96	-
	2.5	Dental Services Periodontics FFS	17,122.94	17,041.51	-	-	81.43	-
	2.6	Dental Services Prosthodontics FFS	557,019.92	3,772.68	469,367.82	74,504.57	-	9,374.85
	2.7	Dental Services Prosthodontics, fixed FFS	980.48	980.48	-	-	-	-
	2.8	Dental Services Oral and Maxillofacial Surgery FFS	3,014,437.42	1,661,151.80	1,235,345.43	94,900.15	4,501.90	18,538.14
	2.9	Dental Services Orthodontics FFS	817,589.18	815,657.12	77.00	-	1,855.06	-
	2.10	Dental Services Adjunctive General Services FFS	1,610,879.47	1,284,661.46	290,974.94	29,153.31	2,722.82	3,366.94
	2.11	Dental Services Other FFS	-	-	-	-	-	-
	2.12	Dental Expanded Benefits FFS	1,507,050.57	-	1,374,812.19	111,892.68	-	20,345.70
	2.13	Dental Services Paid through Subcapitation	554,940.00	552,105.00	-	-	2,835.00	-
	2.14	Ending IBNP for Dental Services	5,659.58	4,730.32	832.28	72.80	11.01	13.17
	2.15	Dental Settlements/AP	451,583.78	450,418.75	-	-	1,165.03	-
	2.16	Total Dental Services	28,609,141.10	24,000,048.19	4,125,582.61	360,846.45	57,386.25	65,277.60

(Continued)

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

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

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 Paid Through: 3/31/2024

			Medicaid Only/Dual					
			Total	Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years
Summary								
Total Before and After Reinsurance	3.1	Total Dental Services Paid Directly FFS	27,596,957.74	22,992,794.12	4,124,750.33	360,773.65	53,375.21	65,264.43
	3.2	Total Dental Services Paid through Subcapitation	554,940.00	552,105.00	-	-	2,835.00	-
	3.3	Total Dental Services Paid Directly -- IBNP	5,659.58	4,730.32	832.28	72.80	11.01	13.17
	3.4	Total Dental Services Paid by Settlements/AP	451,583.78	450,418.75	-	-	1,165.03	-
	3.5	TPL & Fraud/Abuse Recoveries	(128,889.07)	(109,168.76)	(15,711.74)	(3,105.18)	(831.27)	(72.12)
	3.6	Premium Deficiency Reserve	-	-	-	-	-	-
	3.7	Subtotal Benefit Expense before Reinsurance	28,480,252.03	23,890,879.43	4,109,870.87	357,741.27	56,554.98	65,205.48
	3.8	Reinsurance Premiums	-	-	-	-	-	-
	3.9	Reinsurance Recoveries	-	-	-	-	-	-
	3.10	Net cost of Reinsurance	-	-	-	-	-	-
	3.11	Reinsurance	28,480,252.03	23,890,879.43	4,109,870.87	357,741.27	56,554.98	65,205.48
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			APRIL - JUNE (Q2)					
			Total	Health Plan	Corporate			
Administrative Expenses	4.1	Salaries & Benefits	6,436,015.03	3,156,980.58	3,279,034.45			
	4.2	Administrative Services	227,675.29	-	227,675.29			
	4.3	Information Systems	423,819.51	-	423,819.51			
	4.4	Marketing Expenses	-	-	-			
	4.5	General Administration	1,977,697.81	93,080.74	1,884,617.07			
	4.6	Compliance/Regulatory	-	-	-			
	4.7	Total Administrative Expenses	9,065,207.64	3,250,061.32	5,815,146.32			
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	5.1	State Premium tax	219,798.71					
	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	219,798.71						
6.0	Grand Total Expenses	37,765,258.38						
7.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(1,511,701.68)						
8.0	Income Tax Expense							
9.0	Net Underwriting Gain (Loss)	(1,511,701.68)						

(Continued)

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

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

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 Paid Through: 3/31/2024

Summary

			JULY - SEPTEMBER (Q3)					
			Total	Medicaid Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years
MEMBER MONTHS			4,130,958.92	2,613,231.20	1,247,618.44	176,633.66	14,630.12	78,845.49
REVENUES								
Revenues	1.1	Capitation	29,375,113.94	24,342,508.17	4,227,077.44	503,577.22	74,614.31	227,336.80
	1.2	ACA § 9010 related payments	-	-	-	-	-	-
	1.3	Other Revenue	-	-	-	-	-	-
	1.4	Total Revenue	29,375,113.94	24,342,508.17	4,227,077.44	503,577.22	74,614.31	227,336.80
			JULY - SEPTEMBER (Q3)					
BENEFIT EXPENSES			Total	Medicaid 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	6,239,612.00	5,528,294.64	638,294.40	49,355.77	11,660.58	12,006.61
	2.2	Dental Services Preventive FFS	6,113,580.40	6,101,246.36	-	-	12,334.04	-
	2.3	Dental Services Restorative FFS	5,648,847.45	5,636,688.37	-	-	12,159.08	-
	2.4	Dental Services Endodontics FFS	1,454,444.92	1,452,055.35	-	-	2,389.57	-
	2.5	Dental Services Periodontics FFS	17,127.63	16,646.61	-	-	481.02	-
	2.6	Dental Services Prosthodontics FFS	453,106.91	4,781.16	382,225.82	58,991.83	-	7,108.10
	2.7	Dental Services Prosthodontics, fixed FFS	2,540.76	2,540.76	-	-	-	-
	2.8	Dental Services Oral and Maxillofacial Surgery FFS	2,778,821.87	1,603,615.19	1,041,379.07	87,273.96	6,852.18	39,701.47
	2.9	Dental Services Orthodontics FFS	723,830.11	721,042.67	-	-	2,787.44	-
	2.10	Dental Services Adjunctive General Services FFS	1,528,040.80	1,262,235.70	234,237.42	22,409.63	3,353.21	5,804.84
	2.11	Dental Services Other FFS	-	-	-	-	-	-
	2.12	Dental Expanded Benefits FFS	1,261,930.57	-	1,135,911.84	105,102.73	-	20,916.00
	2.13	Dental Services Paid through Subcapitation	512,275.00	509,705.00	-	-	2,570.00	-
	2.14	Ending IBNP for Dental Services	5,691.78	4,869.40	724.74	68.24	11.34	18.06
	2.15	Dental Settlements/AP	731,905.53	730,227.51	-	-	1,678.02	-
	2.16	Total Dental Services	27,471,755.73	23,573,948.72	3,432,773.29	323,202.16	56,276.48	85,555.08

(Continued)

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

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

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 Paid Through: 3/31/2024

			Medicaid Only/Dual					
			Total	Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years
Summary								
Total Before and After Reinsurance	3.1	Total Dental Services Paid Directly FFS	26,221,883.42	22,329,146.81	3,432,048.55	323,133.92	52,017.12	85,537.02
	3.2	Total Dental Services Paid through Subcapitation	512,275.00	509,705.00	-	-	2,570.00	-
	3.3	Total Dental Services Paid Directly -- IBNP	5,691.78	4,869.40	724.74	68.24	11.34	18.06
	3.4	Total Dental Services Paid by Settlements/AP	731,905.53	730,227.51	-	-	1,678.02	-
	3.5	TPL & Fraud/Abuse Recoveries	(104,785.80)	(91,397.26)	(10,224.61)	(1,279.45)	(635.90)	(1,248.58)
	3.6	Premium Deficiency Reserve	-	-	-	-	-	-
	3.7	Subtotal Benefit Expense before Reinsurance	27,366,969.93	23,482,551.46	3,422,548.68	321,922.71	55,640.58	84,306.50
	3.8	Reinsurance Premiums	-	-	-	-	-	-
	3.9	Reinsurance Recoveries	-	-	-	-	-	-
	3.10	Net cost of Reinsurance	-	-	-	-	-	-
	3.11	Reinsurance	27,366,969.93	23,482,551.46	3,422,548.68	321,922.71	55,640.58	84,306.50
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			JULY - SEPTEMBER (Q3)					
			Total	Health Plan	Corporate			
Administrative Expenses	4.1	Salaries & Benefits	6,050,437.60	3,504,364.81	2,546,072.79			
	4.2	Administrative Services	251,148.61	-	251,148.61			
	4.3	Information Systems	356,489.66	-	356,489.66			
	4.4	Marketing Expenses	-	-	-			
	4.5	General Administration	2,204,788.95	84,035.64	2,120,753.31			
	4.6	Compliance/Regulatory	-	-	-			
	4.7	Total Administrative Expenses	8,862,864.81	3,588,400.44	5,274,464.36			
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	5.1	State Premium tax	178,095.96					
	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	178,095.96					
6.0	Grand Total Expenses	36,407,930.70						
7.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(7,032,816.76)						
8.0	Income Tax Expense	-						
9.0	Net Underwriting Gain (Loss)	(7,032,816.76)						

(Continued)

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

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

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 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			3,802,786.40	2,429,930.87	1,112,021.65	176,990.12	12,157.50	71,686.25
REVENUES								
Revenues	1.1	Capitation	31,174,221.52	26,324,058.84	4,029,449.71	550,285.28	66,637.90	203,789.79
	1.2	ACA § 9010 related payments	-	-	-	-	-	-
	1.3	Other Revenue	-	-	-	-	-	-
	1.4	Total Revenue	31,174,221.52	26,324,058.84	4,029,449.71	550,285.28	66,637.90	203,789.79
			OCTOBER - DECEMBER (Q4)					
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	5,676,993.23	5,046,667.40	561,981.09	45,809.83	10,150.17	12,384.74
	2.2	Dental Services Preventive FFS	5,711,535.75	5,699,101.19	-	-	12,434.56	-
	2.3	Dental Services Restorative FFS	5,545,192.93	5,534,800.55	-	-	10,392.38	-
	2.4	Dental Services Endodontics FFS	1,337,623.98	1,335,204.13	-	-	2,419.85	-
	2.5	Dental Services Periodontics FFS	16,735.69	16,709.69	-	-	26.00	-
	2.6	Dental Services Prosthodontics FFS	439,688.49	4,059.16	361,818.04	69,364.72	-	4,446.57
	2.7	Dental Services Prosthodontics, fixed FFS	2,162.24	2,162.24	-	-	-	-
	2.8	Dental Services Oral and Maxillofacial Surgery FFS	2,838,650.93	1,612,359.02	1,055,239.38	146,763.17	3,604.76	20,684.60
	2.9	Dental Services Orthodontics FFS	635,415.63	634,033.67	-	-	1,381.96	-
	2.10	Dental Services Adjunctive General Services FFS	1,521,616.81	1,258,642.61	221,926.21	32,814.65	2,350.04	5,883.30
	2.11	Dental Services Other FFS	-	-	-	-	-	-
	2.12	Dental Expanded Benefits FFS	1,153,438.44	-	1,032,119.06	102,227.55	-	19,091.83
	2.13	Dental Services Paid through Subcapitation	478,535.00	476,485.00	-	-	2,050.00	-
	2.14	Ending IBNP for Dental Services	71,749.19	61,166.23	9,158.35	1,124.52	123.07	177.02
	2.15	Dental Settlements/AP	449,860.91	449,174.90	-	-	686.01	-
	2.16	Total Dental Services	25,879,199.22	22,130,565.79	3,242,242.13	398,104.44	45,618.80	62,668.06

(Continued)

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

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

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 Paid Through: 3/31/2024

			Medicaid Only/Dual					
			Total	Eligible 0-20 Years	Medicaid Only 21+ Years	Dual Eligible 21+ Years	Medically Needy 0-20 Years	Medically Needy 21+ Years
Summary								
Total Before and After Reinsurance	3.1	Total Dental Services Paid Directly FFS	24,879,054.12	21,143,739.66	3,233,083.78	396,979.92	42,759.72	62,491.04
	3.2	Total Dental Services Paid through Subcapitation	478,535.00	476,485.00	-	-	2,050.00	-
	3.3	Total Dental Services Paid Directly -- IBNP	71,749.19	61,166.23	9,158.35	1,124.52	123.07	177.02
	3.4	Total Dental Services Paid by Settlements/AP	449,860.91	449,174.90	-	-	686.01	-
	3.5	TPL & Fraud/Abuse Recoveries	(71,882.30)	(65,983.88)	(3,529.98)	(1,500.83)	(88.20)	(779.41)
	3.6	Premium Deficiency Reserve	-	-	-	-	-	-
	3.7	Subtotal Benefit Expense before Reinsurance	25,807,316.92	22,064,581.91	3,238,712.15	396,603.61	45,530.60	61,888.65
	3.8	Reinsurance Premiums	-	-	-	-	-	-
	3.9	Reinsurance Recoveries	-	-	-	-	-	-
	3.10	Net cost of Reinsurance	-	-	-	-	-	-
	3.11	Reinsurance	25,807,316.92	22,064,581.91	3,238,712.15	396,603.61	45,530.60	61,888.65
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			OCTOBER - DECEMBER (Q4)					
			Total	Health Plan	Corporate			
Administrative Expenses	4.1	Salaries & Benefits	5,636,165.20	3,310,163.06	2,326,002.14			
	4.2	Administrative Services	483,879.62	-	483,879.62			
	4.3	Information Systems	425,139.36	-	425,139.36			
	4.4	Marketing Expenses	-	-	-			
	4.5	General Administration	1,683,362.72	77,231.62	1,606,131.10			
	4.6	Compliance/Regulatory	-	-	-			
	4.7	Total Administrative Expenses	8,228,546.90	3,387,394.68	4,841,152.22			
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	5.1	State Premium tax	189,003.63					
	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	189,003.63					
6.0	Grand Total Expenses	34,224,867.45						
7.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(3,050,645.93)						
8.0	Income Tax Expense	-						
9.0	Net Underwriting Gain (Loss)	(3,050,645.93)						

(Continued)

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

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

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 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			-	17,262,451.55	10,742,123.69	5,419,004.83	726,259.79	59,368.80	315,694.44
REVENUES									
Revenues	1.1	Capitation	-	135,227,179.43	111,374,282.80	20,285,005.26	2,265,098.38	331,435.65	971,357.34
	1.2	ACA § 9010 related payments	-	-	-	-	-	-	-
	1.3	Other Revenue	-	-	-	-	-	-	-
	1.4	Total Revenue	-	135,227,179.43	111,374,282.80	20,285,005.26	2,265,098.38	331,435.65	971,357.34
			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	6,373.47	25,545,303.69	22,456,945.22	2,781,318.47	197,045.49	50,420.69	53,200.35
	2.2	Dental Services Preventive FFS	36,777.96	24,626,864.18	24,535,077.01	-	-	55,009.21	-
	2.3	Dental Services Restorative FFS	(2,817.11)	23,066,614.63	23,014,012.66	-	-	55,419.08	-
	2.4	Dental Services Endodontics FFS	6,306.51	5,979,556.38	5,948,637.59	-	-	24,612.28	-
	2.5	Dental Services Periodontics FFS	433.60	67,434.77	66,301.86	-	-	699.31	-
	2.6	Dental Services Prosthodontics FFS	7,661.50	1,955,002.07	15,811.94	1,627,078.02	277,459.63	-	26,990.98
	2.7	Dental Services Prosthodontics, fixed FFS	-	8,379.44	8,379.44	-	-	-	-
	2.8	Dental Services Oral and Maxillofacial Surgery FFS	11,844.72	11,848,287.72	6,602,103.40	4,658,619.34	449,585.33	19,312.75	106,822.18
	2.9	Dental Services Orthodontics FFS	1,242.05	3,008,826.85	2,997,938.25	154.00	-	9,492.55	-
	2.10	Dental Services Adjunctive General Services FFS	32,332.85	6,318,189.30	5,097,964.95	1,029,663.78	125,987.69	11,607.18	20,632.85
	2.11	Dental Services Other FFS	(37.00)	2,468.60	2,505.60	-	-	-	-
	2.12	Dental Expanded Benefits FFS	1,971.43	5,461,932.54	-	4,951,814.06	429,206.65	-	78,940.40
	2.13	Dental Services Paid through Subcapitation	-	2,106,000.00	2,095,655.00	-	-	10,345.00	-
	2.14	Ending IBNP for Dental Services	65,855.39	148,955.94	70,765.96	10,715.38	1,265.56	145.41	208.25
	2.15	Dental Settlements/AP	3,305.00	2,140,880.36	2,133,224.28	-	-	4,351.08	-
	2.16	Total Dental Services	171,250.37	112,284,696.47	95,045,323.16	15,059,363.05	1,480,550.35	241,414.54	286,795.01

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

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

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 Paid Through: 3/31/2024

Summary			Prior Year Adjustments	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
Total Before and After Reinsurance	3.1	Total Dental Services Paid Directly FFS	102,089.98	107,888,860.17	90,745,677.92	15,048,647.67	1,479,284.79	226,573.05	286,586.76
	3.2	Total Dental Services Paid through Subcapitation	-	2,106,000.00	2,095,655.00	-	-	10,345.00	-
	3.3	Total Dental Services Paid Directly -- IBNP	65,855.39	148,955.94	70,765.96	10,715.38	1,265.56	145.41	208.25
	3.4	Total Dental Services Paid by Settlements/AP	3,305.00	2,140,880.36	2,133,224.28	-	-	4,351.08	-
	3.5	TPL & Fraud/Abuse Recoveries	(163,582.05)	(609,096.19)	(390,049.50)	(42,879.59)	(7,192.47)	(3,075.25)	(2,317.33)
	3.6	Premium Deficiency Reserve	-	-	-	-	-	-	-
	3.7	Subtotal Benefit Expense before Reinsurance	7,668.32	111,675,600.28	94,655,273.66	15,016,483.46	1,473,357.88	238,339.29	284,477.68
	3.8	Reinsurance Premiums	-	-	-	-	-	-	-
	3.9	Reinsurance Recoveries	-	-	-	-	-	-	-
	3.10	Net cost of Reinsurance	-	-	-	-	-	-	-
	3.11	Reinsurance	7,668.32	111,675,600.28	94,655,273.66	15,016,483.46	1,473,357.88	238,339.29	284,477.68
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees				TOTAL (TO DATE)					
			Prior Calendar Year Adjustments	Total	Health Plan	Corporate			
Administrative Expenses	4.1	Salaries & Benefits	-	24,448,650.46	13,562,480.58	10,886,169.88			
	4.2	Administrative Services	-	1,298,755.32	-	1,298,755.32			
	4.3	Information Systems	-	1,695,724.90	-	1,695,724.90			
	4.4	Marketing Expenses	-	-	-	-			
	4.5	General Administration	-	8,122,578.54	350,932.07	7,771,646.46			
	4.6	Compliance/Regulatory	-	-	-	-			
	4.7	Total Administrative Expenses	-	35,565,709.23	13,913,412.66	21,652,296.57			
Government-Mandated Assessments, Taxes, and Fees Other Than Income Taxes	5.1	State Premium tax	-	819,857.76					
	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	-	819,857.76					
6.0	Grand Total Expenses	7,668.32	148,061,167.26						
7.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(7,668.32)	(12,833,987.83)						
8.0	Income Tax Expense								
9.0	Net Underwriting Gain (Loss)	(7,668.32)	(12,833,987.83)						

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

DENTAL -- RELATED-PARTY TRANSACTION SCHEDULE - SUMMARY

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 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 Liberty Dental Plan Corporation			4,752,059	5,721,534	4,576,647.20	5,815,146	4,130,958.92	5,274,464	3,802,786	4,841,152	-	17,262,451.55	21,652,297
	8.2 Vendor #2			-	-	-	-	-	-	-	-	-	-	-
	8.3 Vendor #3			-	-	-	-	-	-	-	-	-	-	-
	8.4 Vendor #4			-	-	-	-	-	-	-	-	-	-	-
	8.5 Vendor #5			-	-	-	-	-	-	-	-	-	-	-
	8.6 Total Administrative Expense				5,721,534	5,815,146	5,274,464	4,841,152	-	-	-	-		21,652,297
9.0 Grand Total				5,721,534	5,815,146	5,274,464	4,841,152	-	-	-	-		21,652,297	

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

ACHIEVED SAVINGS REBATE EXHIBIT

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 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	38,424,287	36,253,557	29,375,114	31,174,222		135,227,179
1.2	Federal Taxes and Assessments- ACA § 9010						-
1.3	State Insurance, Premium and other Taxes	(232,697)	(220,456)	(178,102)	(189,010)	269	(819,995)
1.4	Regulatory Authority Licenses and Fees						-
1.5	Less: Financial Incentive Payments Outside of Capitation Rate						-
1.6	Revenue Subject to ASR	38,191,590	36,033,101	29,197,012	30,985,212	269	134,407,184
EXPENSES							
Benefit Expenses							
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	29,509,168	28,023,009	26,629,373	25,285,707	(61,492)	109,385,764
2.2	Incurred but not Paid (IBNP) Ending Balance	-	5,660	5,692	71,749	65,855	148,956
2.3	Settlements/AP	504,225	451,584	731,906	449,861	3,305	2,140,880
2.4	Total Benefit Expense before Reinsurance	30,013,393	28,480,252	27,366,970	25,807,317	7,668	111,675,600
2.5	Net Cost of Reinsurance						-
2.6	Total Benefit Expense after Reinsurance	30,013,393	28,480,252	27,366,970	25,807,317	7,668	111,675,600
Administrative Expenses							
3.1	Total Administrative Expenses from Revenue & Expense Schedule	9,409,090	9,065,208	8,862,865	8,228,547		35,565,709
3.2	Less: Compliance/Regulatory						-
3.3	Less: Lobbying/Political expenses						-
3.4	Less: Cash-value of Executive Bonuses Above Base Salary						-
3.5	Less: Other Non-allowed expenses						-
3.6	Administrative Expense Subject to ASR	9,409,090	9,065,208	8,862,865	8,228,547	-	35,565,709
4.0	Actuarially-sound Administrative Expense Maximum						23,740,131
5.0	Administrative Expenses Subject to ASR						23,740,131
6.0	Total Benefit and Administrative Expense subject to ASR						135,415,731
Calculation of Pre-Tax Income and ASR							
7.1	Pre-tax Income						(1,008,547)
7.2	Pre-tax Income as a Percent of Revenue						-0.8%
7.3	Preliminary Achieved Savings Rebate						

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

ACHIEVED SAVINGS REBATE - ACTUARIALLY-SOUND ADMINISTRATIVE MAXIMUM CALCULATION

January 1 through September 30 of the Calendar Year

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 Paid Through: 3/31/2024
 Plan Type: Dental

Dental Administrative Expense Maximum		CALENDAR YEAR TOTAL (January 1 to September 30)	
1.0	Plan Enrollment Dental Administrative Maximum (PMPM Per Milliman Report)	1.34	1,232,432
1.1	Member Months		13,459,665
1.2	Total Dental Administrative Maximum		18,035,951

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 through December 31 of the Calendar Year**

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Reporting Period: 5/1/2024
 Paid Through: 3/31/2024
 Plan Type: Dental

Dental Administrative Expense Maximum		CALENDER YEAR TOTAL (TO DATE)	
1.0	Plan Enrollment		1,232,432
	Dental Administrative Maximum (PMPM Per Milliman Report)	1.50	
1.1	Member Months		3,802,786
1.2	Total Dental Administrative Maximum		5,704,180

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 - DENTAL

Health Plan: LIBERTY Dental Plan of Florida, Inc.
 Calendar Year: 2023
 Reporting Period: 5/1/2024
 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	38,424,287	36,253,557	29,375,114	31,174,222	-	135,227,179	
1.2	Federal Taxes and Assessments- ACA § 9010	-	-	-	-	-	-	
1.3	State Insurance, Premium and other Taxes	(232,697)	(220,456)	(178,102)	(189,010)	406	(819,858)	
1.4	Regulatory Authority Licenses and Fees						-	
1.5	Revenue Subject to MLR	38,191,590	36,033,101	29,197,012	30,985,212	406	134,407,322	
EXPENSES								
Benefit Expenses								
2.1	Total Benefits Paid through FFS During the Year	28,948,918	27,468,069	26,117,098	24,807,172	(61,492)	107,279,764	
2.2	Total Benefits Paid through Subcapitation During the Year	560,250	554,940	512,275	478,535	-	2,106,000	
2.3	Incurred but not Paid (IBNP) Ending Balance	-	5,660	5,692	71,749	65,855	148,956	
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractors						-	
2.5	Settlements/AP	504,225	451,584	731,906	449,861	3,305	2,140,880	
2.6	Total Benefit Expense before Reinsurance	30,013,393	28,480,252	27,366,970	25,807,317	7,668	111,675,600	
2.7	Net Cost of Reinsurance						-	
2.8	Total Benefit Expense after Reinsurance	30,013,393	28,480,252	27,366,970	25,807,317	7,668	111,675,600	
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	308,221	362,852	340,704	321,887		1,333,664	
4.2	Activities to Prevent Hospital Readmissions						-	
4.3	Improve Patient Safety and Reducing Medical Errors						-	
4.4	Wellness and Health Promotion Activities	380,271	498,083	362,349	418,772		1,659,474	
4.5	Health Information Technology (HIT) expenses related to Health Improvement	46,595	45,776	45,213	43,278		180,862	
4.6	Total of Defined Expenses incurred for improving Health Care Quality.	735,087	906,712	748,266	783,936	-	3,174,001	
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses	-	-	-	-	-	-	
6.0	Preliminary Medical Loss Ratio: MLR	81%	82%	96%	86%	1887%	85%	
Annual Credibility Adjustment								
7.1	Member Months for Managed Care Plan (MM)							17,262,451.55
7.2	Number of Member Months where MM is rounded down to the nearest annual Member Months (MMa)							17,262,451.00
7.3	Number of Member Months where MM is rounded up to the nearest annual Member Months (MMb)							17,262,452.00
7.4	Credibility Adjustment Factor for MMa (CAa)							0.0%
7.5	Credibility Adjustment Factor for MMb (CAb)							0.0%
7.6	Credibility Adjustment Calculation							0.0%
7.7	Calculated MLR							85%
7.8	Final MLR (Apply Credibility Adjustment)							85.4%