



**Auditee: Managed Care of North America, Inc.,
d/b/a MCNA Dental Plans**

**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

Managed Care of North America, Inc., d/b/a MCNA Dental Plans (the “Company”) is a prepaid limited health service organization licensed by the Florida Office of Insurance Regulation. 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 dental insurance coverage to Medicare and 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 1, 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
- ASR Exhibit
- Medical Loss Ratio (“MLR”) Exhibit – Dental

We conducted the performance audit in accordance with *Government Auditing Standards (“GAS”)* 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. 4.2	Administrative services based on corporate allocations	\$ 576,855

- 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
 - 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
 - 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 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
 - 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.

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 Revenue and Expense Schedule – Summary, 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.

OTHER MATTERS

Benefits Expenses – Line 2.11 Dental Services Other FFS

We noted the Dental Services Other FFS Line 2.11 total is a negative balance of \$363,569. See page 15 of the report. Per discussion with the client, this line is used as an offset to the other benefit expense lines as opposed to the individual impacted lines. Based on our audit procedures, this amount is not significant, and an adjustment is not required.

LTC Related-Party Summary – Line 1.1

We noted the client did not include the name, affiliation, and payment methodology of the vendor at Line 1.1 of the LTC Related-Party Summary. See page 17 of the report.

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

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Managed Care of North America
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

		JANUARY - MARCH (Q1)					
		Medicaid Only/Dual Eligible		Dual Eligible 21+		Medically Needy 0-20	Medically Needy 21+
		Total	0-20 Years	Medicaid Only 21+ Years	Years	Years	Years
MEMBER MONTHS		3,678,853.00	2,058,350.00	1,353,547.00	171,479.00	15,960.00	79,517.00
REVENUES							
Revenues	1.1 Capitation	26,259,976.02	20,652,869.05	4,784,856.64	501,697.24	84,477.55	236,075.54
	1.2 ACA § 9010 related payments	-	-	-	-	-	-
	1.3 Other Revenue	-	-	-	-	-	-
	1.4 Total Revenue	26,259,976.02	20,652,869.05	4,784,856.64	501,697.24	84,477.55	236,075.54
		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	5,220,105.70	4,196,595.13	921,779.25	64,083.13	13,989.29	23,658.90
	2.2 Dental Services Preventive FFS	5,008,500.08	4,980,856.44	9,978.00	343.25	17,230.98	91.41
	2.3 Dental Services Restorative FFS	3,970,964.15	3,930,673.21	23,561.06	281.24	16,398.42	50.22
	2.4 Dental Services Endodontics FFS	855,486.39	840,739.46	13,513.88	19.32	1,213.73	-
	2.5 Dental Services Periodontics FFS	15,749.49	14,391.32	1,095.45	-	172.32	90.40
	2.6 Dental Services Prosthodontics FFS	717,436.56	3,944.05	568,782.36	122,283.56	-	22,426.59
	2.7 Dental Services Prosthodontics, fixed FFS	947.83	947.83	-	-	-	-
	2.8 Dental Services Oral and Maxillofacial Surgery FFS	2,854,806.10	1,317,356.19	1,337,072.04	142,812.25	6,336.94	51,228.68
	2.9 Dental Services Orthodontics FFS	576,194.26	573,421.89	2,058.18	-	714.19	-
	2.10 Dental Services Adjunctive General Services FFS	1,244,515.68	993,395.86	205,829.39	37,886.19	3,838.86	3,565.38
	2.11 Dental Services Other FFS	989.36	943.16	46.20	-	-	-
	2.12 Dental Expanded Benefits FFS	2,110,595.74	573.49	1,944,698.19	125,320.09	88.39	39,915.58
	2.13 Dental Services Paid through Subcapitation	-	-	-	-	-	-
	2.14 Ending IBNP for Dental Services	909.81	679.20	202.64	19.87	2.42	5.68
	2.15 Dental Settlements/AP	-	-	-	-	-	-
2.16 Total Dental Services	22,577,201.15	16,854,517.23	5,028,616.64	493,048.90	59,985.54	141,032.84	

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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: Managed Care of North America
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

Total Before and After Reinsurance	3.1 Total Dental Services Paid Directly FFS	22,576,291.34	16,853,838.03	5,028,414.00	493,029.03	59,983.12	141,027.16
	3.2 Total Dental Services Paid through Subcapitation	-	-	-	-	-	-
	3.3 Total Dental Services Paid Directly -- IBNP	909.81	679.20	202.64	19.87	2.42	5.68
	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	22,577,201.15	16,854,517.23	5,028,616.64	493,048.90	59,985.54	141,032.84
	3.8 Reinsurance Premiums	-	-	-	-	-	-
	3.9 Reinsurance Recoveries	-	-	-	-	-	-
	3.10 Net cost of Reinsurance	-	-	-	-	-	-
	3.11 Grand Total Medical Benefit Expense Net of Reinsurance	22,577,201.15	16,854,517.23	5,028,616.64	493,048.90	59,985.54	141,032.84
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		JANUARY - MARCH (Q1)					
		Total	Health Plan	Corporate			
Administrative Expenses	4.1 Salaries & Benefits	781,587.07	781,587.07	-			
	4.2 Administrative Services	589,221.00	430,789.32	158,431.68			
	4.3 Information Systems	2,464,831.51	2,464,831.51	-			
	4.4 Marketing Expenses	9,829.43	9,829.43	-			
	4.5 General Administration	398,279.91	398,279.91	-			
	4.6 Compliance/Regulatory	1.15	1.15	-			
	4.7 Total Administrative Expenses	4,243,750.07	4,085,318.39	158,431.68			
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	26,820,951.22						
7.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(560,975.20)						
8.0 Income Tax Expense	441,070.08						
9.0 Net Underwriting Gain (Loss)	(1,002,045.28)						

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Managed Care of North America
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

		APRIL - JUNE (Q2)					
		Medicaid Only/Dual Eligible		Dual Eligible 21+		Medically Needy 0-20	Medically Needy 21+
		Total	0-20 Years	Medicaid Only 21+ Years	Years	Years	Years
MEMBER MONTHS		3,554,349.00	2,022,846.00	1,267,822.00	168,180.00	15,951.00	79,550.00
REVENUES							
Revenues	1.1 Capitation	25,580,848.61	20,281,736.84	4,483,264.62	492,196.04	85,366.44	238,284.67
	1.2 ACA § 9010 related payments	-	-	-	-	-	-
	1.3 Other Revenue	-	-	-	-	-	-
	1.4 Total Revenue	25,580,848.61	20,281,736.84	4,483,264.62	492,196.04	85,366.44	238,284.67
		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	4,974,724.49	3,999,529.40	866,799.41	67,764.98	15,270.39	25,360.31
	2.2 Dental Services Preventive FFS	4,646,957.08	4,624,163.92	5,456.43	35.15	17,261.05	40.53
	2.3 Dental Services Restorative FFS	4,091,238.54	4,054,184.69	19,889.27	2,313.32	14,672.29	178.97
	2.4 Dental Services Endodontics FFS	852,964.40	843,334.19	5,238.91	-	4,108.90	282.40
	2.5 Dental Services Periodontics FFS	29,932.25	27,563.67	1,471.40	870.00	27.18	-
	2.6 Dental Services Prosthodontics FFS	796,045.66	738.96	661,665.25	110,772.02	-	22,869.43
	2.7 Dental Services Prosthodontics, fixed FFS	854.22	854.22	-	-	-	-
	2.8 Dental Services Oral and Maxillofacial Surgery FFS	2,911,101.54	1,320,062.39	1,410,401.68	128,787.92	6,401.26	45,448.29
	2.9 Dental Services Orthodontics FFS	561,872.56	559,901.42	1,279.45	-	691.69	-
	2.10 Dental Services Adjunctive General Services FFS	1,237,019.62	968,848.93	207,957.60	51,611.71	3,444.70	5,156.68
	2.11 Dental Services Other FFS	(389,671.34)	(388,430.69)	(1,289.83)	-	(93.82)	143.00
	2.12 Dental Expanded Benefits FFS	2,164,133.50	5,809.74	1,953,081.85	158,516.37	65.29	46,660.25
	2.13 Dental Services Paid through Subcapitation	-	-	-	-	-	-
	2.14 Ending IBNP for Dental Services	20,142.36	14,746.48	4,725.00	479.38	56.94	134.55
	2.15 Dental Settlements/AP	-	-	-	-	-	-
	2.16 Total Dental Services	21,897,314.88	16,031,307.32	5,136,676.42	521,150.85	61,905.87	146,274.41

(continued)

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

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

Health Plan: Managed Care of North America
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

Total Before and After Reinsurance	3.1	Total Dental Services Paid Directly FFS	21,877,172.52	16,016,560.84	5,131,951.42	520,671.47	61,848.93	146,139.86
	3.2	Total Dental Services Paid through Subcapitation	-	-	-	-	-	-
	3.3	Total Dental Services Paid Directly -- IBNP	20,142.36	14,746.48	4,725.00	479.38	56.94	134.55
	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	21,897,314.88	16,031,307.32	5,136,676.42	521,150.85	61,905.87	146,274.41
	3.8	Reinsurance Premiums	-	-	-	-	-	-
	3.9	Reinsurance Recoveries	-	-	-	-	-	-
	3.10	Net cost of Reinsurance	-	-	-	-	-	-
	3.11	Grand Total Medical Benefit Expense Net of Reinsurance	21,897,314.88	16,031,307.32	5,136,676.42	521,150.85	61,905.87	146,274.41
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		APRIL - JUNE (Q2)						
		Total	Health Plan	Corporate				
Administrative Expenses	4.1	Salaries & Benefits	792,042.59	792,042.59	-			
	4.2	Administrative Services	730,221.91	578,133.15	152,088.76			
	4.3	Information Systems	2,381,413.83	2,381,413.83	-			
	4.4	Marketing Expenses	1,494.10	1,494.10	-			
	4.5	General Administration	332,530.44	332,530.44	-			
	4.6	Compliance/Regulatory	229.07	229.07	-			
	4.7	Total Administrative Expenses	4,237,931.94	4,085,843.18	152,088.76			
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	26,135,246.82						
7.0	Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(554,398.21)						
8.0	Income Tax Expense	(212,332.67)						
9.0	Net Underwriting Gain (Loss)	(342,065.54)						

(continued)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Managed Care of North America
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

		JULY - SEPTEMBER (Q3)					
		Medicaid Only/Dual Eligible		Dual Eligible 21+		Medically Needy 0-20	Medically Needy 21+
		Total	0-20 Years	Medicaid Only 21+ Years	Years	Years	Years
MEMBER MONTHS		3,222,288.00	1,904,657.00	1,066,559.00	161,067.00	14,233.00	75,772.00
REVENUES							
Revenues	1.1 Capitation	23,515,231.35	19,006,293.96	3,739,509.21	469,392.45	75,331.21	224,704.52
	1.2 ACA § 9010 related payments	-	-	-	-	-	-
	1.3 Other Revenue	-	-	-	-	-	-
	1.4 Total Revenue	23,515,231.35	19,006,293.96	3,739,509.21	469,392.45	75,331.21	224,704.52
		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	5,007,752.01	4,157,718.22	762,715.61	55,165.31	11,694.53	20,458.34
	2.2 Dental Services Preventive FFS	4,654,644.23	4,640,204.15	2,327.22	-	12,075.71	37.15
	2.3 Dental Services Restorative FFS	4,030,450.20	4,006,427.03	12,153.65	444.88	11,085.76	338.88
	2.4 Dental Services Endodontics FFS	892,869.92	881,935.45	5,583.26	-	5,351.21	-
	2.5 Dental Services Periodontics FFS	28,921.03	28,735.52	107.88	-	77.63	-
	2.6 Dental Services Prosthodontics FFS	777,693.53	5,556.08	652,469.70	104,263.31	-	15,404.44
	2.7 Dental Services Prosthodontics, fixed FFS	4,215.32	246.32	3,969.00	-	-	-
	2.8 Dental Services Oral and Maxillofacial Surgery FFS	2,848,030.47	1,433,262.69	1,218,235.58	142,603.85	12,002.17	41,926.18
	2.9 Dental Services Orthodontics FFS	570,234.52	567,721.07	442.79	-	2,070.66	-
	2.10 Dental Services Adjunctive General Services FFS	1,206,422.66	986,005.89	183,621.57	27,250.66	4,331.26	5,213.28
	2.11 Dental Services Other FFS	1,303.39	1,303.39	-	-	-	-
	2.12 Dental Expanded Benefits FFS	1,879,628.08	11,813.12	1,679,255.89	142,120.80	124.55	46,313.72
	2.13 Dental Services Paid through Subcapitation	-	-	-	-	-	-
	2.14 Ending IBNP for Dental Services	66,046.95	50,422.70	13,632.92	1,422.88	177.35	391.09
	2.15 Dental Settlements/AP	-	-	-	-	-	-
	2.16 Total Dental Services	21,968,212.31	16,771,351.63	4,534,515.07	473,271.69	58,990.83	130,083.08

(continued)

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

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

Health Plan: Managed Care of North America
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

Total Before and After Reinsurance	3.1 Total Dental Services Paid Directly FFS	21,902,165.36	16,720,928.93	4,520,882.15	471,848.81	58,813.48	129,691.99
	3.2 Total Dental Services Paid through Subcapitation	-	-	-	-	-	-
	3.3 Total Dental Services Paid Directly -- IBNP	66,046.95	50,422.70	13,632.92	1,422.88	177.35	391.09
	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	21,968,212.31	16,771,351.63	4,534,515.07	473,271.69	58,990.83	130,083.08
	3.8 Reinsurance Premiums	-	-	-	-	-	-
	3.9 Reinsurance Recoveries	-	-	-	-	-	-
	3.10 Net cost of Reinsurance	-	-	-	-	-	-
	3.11 Grand Total Medical Benefit Expense Net of Reinsurance	21,968,212.31	16,771,351.63	4,534,515.07	473,271.69	58,990.83	130,083.08
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		JULY - SEPTEMBER (Q3)					
		Total	Health Plan	Corporate			
Administrative Expenses	4.1 Salaries & Benefits	708,053.93	708,053.93	-			
	4.2 Administrative Services	664,374.55	523,768.02	140,606.53			
	4.3 Information Systems	2,158,932.96	2,158,932.96	-			
	4.4 Marketing Expenses	1,580.87	1,580.87	-			
	4.5 General Administration	348,524.28	348,524.28	-			
	4.6 Compliance/Regulatory	-	-	-			
	4.7 Total Administrative Expenses	3,881,466.59	3,740,860.06	140,606.53			
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	25,849,678.90						
7.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(2,334,447.55)						
8.0 Income Tax Expense	(99,819.50)						
9.0 Net Underwriting Gain (Loss)	(2,234,628.05)						

(continued)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Managed Care of North America
 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		2,956,275.00	1,772,697.00	944,338.00	159,006.00	11,662.00	68,572.00
REVENUES							
Revenues	1.1 Capitation	21,768,359.91	18,087,864.73	2,997,785.43	450,829.51	57,218.19	174,662.05
	1.2 ACA § 9010 related payments	-	-	-	-	-	-
	1.3 Other Revenue	-	-	-	-	-	-
	1.4 Total Revenue	21,768,359.91	18,087,864.73	2,997,785.43	450,829.51	57,218.19	174,662.05
		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	4,768,691.62	4,025,165.51	666,135.28	48,416.02	11,244.73	17,730.08
	2.2 Dental Services Preventive FFS	4,484,417.93	4,471,738.09	645.19	-	12,009.27	25.38
	2.3 Dental Services Restorative FFS	4,074,178.18	4,059,522.12	3,752.20	115.70	10,788.16	-
	2.4 Dental Services Endodontics FFS	1,007,346.40	1,000,444.14	844.37	-	6,057.89	-
	2.5 Dental Services Periodontics FFS	30,424.66	29,857.61	352.63	55.00	159.42	-
	2.6 Dental Services Prosthodontics FFS	734,320.15	2,045.50	597,217.70	121,978.83	-	13,078.12
	2.7 Dental Services Prosthodontics, fixed FFS	1,331.06	1,331.06	-	-	-	-
	2.8 Dental Services Oral and Maxillofacial Surgery FFS	2,615,447.11	1,428,084.69	1,040,708.93	93,957.58	10,041.38	42,654.53
	2.9 Dental Services Orthodontics FFS	534,374.34	532,208.56	62.78	-	2,103.00	-
	2.10 Dental Services Adjunctive General Services FFS	1,308,241.31	1,090,815.43	186,631.20	21,564.93	3,639.25	5,590.50
	2.11 Dental Services Other FFS	2,635.74	2,608.62	27.12	-	-	-
	2.12 Dental Expanded Benefits FFS	1,452,843.09	10,241.50	1,324,788.36	82,618.73	231.50	34,963.00
	2.13 Dental Services Paid through Subcapitation	-	-	-	-	-	-
	2.14 Ending IBNP for Dental Services	220,470.51	174,725.69	40,089.67	3,868.28	590.40	1,196.46
	2.15 Dental Settlements/AP	-	-	-	-	-	-
	2.16 Total Dental Services	21,234,722.10	16,828,788.52	3,861,255.43	372,575.07	56,865.00	115,238.07

(continued)

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

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

Health Plan: Managed Care of North America

Reporting Period: 12/31/2023

Paid Through: 3/31/2024

Summary

Total Before and After Reinsurance	3.1 Total Dental Services Paid Directly FFS	21,014,251.59	16,654,062.83	3,821,165.76	368,706.79	56,274.60	114,041.61
	3.2 Total Dental Services Paid through Subcapitation	-	-	-	-	-	-
	3.3 Total Dental Services Paid Directly -- IBNP	220,470.51	174,725.69	40,089.67	3,868.28	590.40	1,196.46
	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	21,234,722.10	16,828,788.52	3,861,255.43	372,575.07	56,865.00	115,238.07
	3.8 Reinsurance Premiums	-	-	-	-	-	-
	3.9 Reinsurance Recoveries	-	-	-	-	-	-
	3.10 Net cost of Reinsurance	-	-	-	-	-	-
	3.11 Grand Total Medical Benefit Expense Net of Reinsurance	21,234,722.10	16,828,788.52	3,861,255.43	372,575.07	56,865.00	115,238.07
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees		OCTOBER - DECEMBER (Q4)					
		Total	Health Plan	Corporate			
Administrative Expenses	4.1 Salaries & Benefits	657,601.99	657,601.99	-			
	4.2 Administrative Services	654,714.25	528,986.04	125,728.21			
	4.3 Information Systems	1,980,704.25	1,980,704.25	-			
	4.4 Marketing Expenses	6,891.55	6,891.55	-			
	4.5 General Administration	376,647.77	376,647.77	-			
	4.6 Compliance/Regulatory	-	-	-			
	4.7 Total Administrative Expenses	3,676,559.81	3,550,831.60	125,728.21			
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	24,911,281.91						
7.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(3,142,922.00)						
8.0 Income Tax Expense	(199,983.52)						
9.0 Net Underwriting Gain (Loss)	(2,942,938.48)						

(continued)

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

DENTAL -- REVENUE AND EXPENSE SCHEDULE - SUMMARY

Health Plan: Managed Care of North America
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

			TOTAL (TO DATE)					
		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
MEMBER MONTHS		(7,041.00)	13,404,724.00	7,758,550.00	4,632,266.00	659,732.00	57,806.00	303,411.00
REVENUES								
Revenues	1.1 Capitation	(62,846.69)	97,061,569.20	78,028,764.58	16,005,415.90	1,914,115.24	302,393.39	873,726.78
	1.2 ACA § 9010 related payments	-	-	-	-	-	-	-
	1.3 Other Revenue	-	-	-	-	-	-	-
	1.4 Total Revenue	(62,846.69)	97,061,569.20	78,028,764.58	16,005,415.90	1,914,115.24	302,393.39	873,726.78
			TOTAL (TO DATE)					
BENEFIT EXPENSES		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
Dental	2.1 Dental Services Diagnostic FFS	155,231.93	20,126,505.75	16,379,008.26	3,217,429.55	235,429.44	52,198.94	87,207.63
	2.2 Dental Services Preventive FFS	124,631.67	18,919,150.99	18,716,962.60	18,406.84	378.40	58,577.01	194.47
	2.3 Dental Services Restorative FFS	164,784.20	16,331,615.27	16,050,807.05	59,356.18	3,155.14	52,944.63	568.07
	2.4 Dental Services Endodontics FFS	43,087.80	3,651,754.91	3,566,453.24	25,180.42	19.32	16,731.73	282.40
	2.5 Dental Services Periodontics FFS	6,080.81	111,108.24	100,548.12	3,027.36	925.00	436.55	90.40
	2.6 Dental Services Prosthodontics FFS	23,964.83	3,049,460.73	12,284.59	2,480,135.01	459,297.72	-	73,778.58
	2.7 Dental Services Prosthodontics, fixed FFS	193.74	7,542.17	3,379.43	3,969.00	-	-	-
	2.8 Dental Services Oral and Maxillofacial Surgery FFS	126,331.41	11,355,716.63	5,498,765.96	5,006,418.23	508,161.60	34,781.75	181,257.68
	2.9 Dental Services Orthodontics FFS	25,442.18	2,268,117.86	2,233,252.94	3,843.20	-	5,579.54	-
	2.10 Dental Services Adjunctive General Services FFS	144,438.27	5,140,637.54	4,039,066.11	784,039.76	138,313.49	15,254.07	19,525.84
	2.11 Dental Services Other FFS	21,173.83	(363,569.02)	(383,575.52)	(1,216.51)	-	(93.82)	143.00
	2.12 Dental Expanded Benefits FFS	109,800.49	7,717,000.90	28,437.85	6,901,824.29	508,575.99	509.73	167,852.55
	2.13 Dental Services Paid through Subcapitation	-	-	-	-	-	-	-
	2.14 Ending IBNP for Dental Services	(494,190.99)	(186,621.36)	240,574.08	58,650.23	5,790.41	827.12	1,727.79
	2.15 Dental Settlements/AP	-	-	-	-	-	-	-
	2.16 Total Dental Services	450,970.17	88,128,420.61	66,485,964.71	18,561,063.56	1,860,046.51	237,747.25	532,628.41

(continued)

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

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

Health Plan: Managed Care of North America
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

Total Before and After Reinsurance	3.1 Total Dental Services Paid Directly FFS	945,161.16	88,315,041.97	66,245,390.63	18,502,413.33	1,854,256.10	236,920.13	530,900.62
	3.2 Total Dental Services Paid through Subcapitation	-	-	-	-	-	-	-
	3.3 Total Dental Services Paid Directly -- IBNP	(494,190.99)	(186,621.36)	240,574.08	58,650.23	5,790.41	827.12	1,727.79
	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	450,970.17	88,128,420.61	66,485,964.71	18,561,063.56	1,860,046.51	237,747.25	532,628.41
	3.8 Reinsurance Premiums	-	-	-	-	-	-	-
	3.9 Reinsurance Recoveries	-	-	-	-	-	-	-
	3.10 Net cost of Reinsurance	-	-	-	-	-	-	-
	3.11 Grand Total Medical Benefit Expense Net of Reinsurance	450,970.17	88,128,420.61	66,485,964.71	18,561,063.56	1,860,046.51	237,747.25	532,628.41
Administrative Expenses, Government-Mandated Assessments, Taxes, and Fees			TOTAL (TO DATE)					
	Year Adjustments		Total	Health Plan	Corporate			
Administrative Expenses	4.1 Salaries & Benefits	-	2,939,285.58	2,939,285.58	-			
	4.2 Administrative Services	-	2,638,531.71	2,061,676.53	576,855.18			
	4.3 Information Systems	-	8,985,882.55	8,985,882.55	-			
	4.4 Marketing Expenses	-	19,795.95	19,795.95	-			
	4.5 General Administration	-	1,455,982.40	1,455,982.40	-			
	4.6 Compliance/Regulatory	-	230.22	230.22	-			
	4.7 Total Administrative Expenses	-	16,039,708.41	15,462,853.23	576,855.18			
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	450,970.17	104,168,129.02						
7.0 Underwriting Gain / (Loss) --- AKA Pre-tax Earnings from Operations	(513,816.86)	(7,106,559.82)						
8.0 Income Tax Expense	-	(71,065.61)						
9.0 Net Underwriting Gain (Loss)	(513,816.86)	(7,035,494.21)						

(continued)

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

DENTAL -- RELATED-PARTY TRANSACTION SCHEDULE - SUMMARY

Health Plan: Managed Care of North America
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024

Summary

EXPENSES	Vendor Name	Affiliation	Payment Methodology	JANUARY - MARCH (Q1)		APRIL - JUNE (Q2)		JULY - SEPTEMBER (Q3)		OCTOBER - DECEMBER (Q4)		PRIOR YEAR ADJUSTMENTS	TOTAL (TO DATE)	
				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 Vendor #1	Parent			158,432		152,089		140,607		125,728		-	576,855
	8.2 Vendor #2	Sister Company			2,464,832		2,381,414		2,158,933		1,980,704		-	8,985,883
	8.3 Vendor #3												-	-
	8.4 Vendor #4												-	-
	8.5 Vendor #5												-	-
	8.6 Total Administrative Expense					2,623,263		2,533,503		2,299,539		2,106,432	-	9,562,738
9 Grand Total					2,623,263		2,533,503		2,299,539		2,106,432	-	9,562,738	

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: Managed Care of North America
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024
 Plan Type: Dental

		JANUARY - MARCH (Q1)	APRIL - JUNE (Q2)	JULY - SEPTEMBER (Q3)	OCTOBER - DECEMBER	Prior Year Adjustments	TOTAL (TO DATE)
		Dental	Dental	Dental	Dental	Dental	Total
REVENUES							
1.1	Total Revenue from Revenue & Expense Schedules	26,259,976	25,580,849	23,515,231	21,768,360	(62,847)	97,061,569
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	26,259,976	25,580,849	23,515,231	21,768,360	(62,847)	97,061,569
EXPENSES							
Benefit Expenses							
2.1	Total Benefits Paid through FFS and Subcapitation During the Year	22,576,291	21,877,173	21,902,165	21,014,252	945,161	88,315,042
2.2	Incurred but not Paid (IBNP) Ending Balance	910	20,142	66,047	220,471	(494,191)	(186,621)
2.3	Settlements/AP						-
2.4	Total Benefit Expense before Reinsurance	22,577,201	21,897,315	21,968,212	21,234,722	450,970	88,128,421
2.5	Net Cost of Reinsurance						-
2.6	Total Benefit Expense after Reinsurance	22,577,201	21,897,315	21,968,212	21,234,722	450,970	88,128,421
Administrative Expenses							
3.1	Total Administrative Expenses from Revenue & Expense Schedule	4,243,750	4,237,932	3,881,467	3,676,560	-	16,039,708
3.2	Less: Compliance/Regulatory	(1)	(229)	-	-	-	(230)
3.3	Less: Lobbying/Political expenses	(13,960)	(13,744)	(17,971)	(13,387)	-	(59,063)
3.4	Less: Cash-value of Executive Bonuses Above Base Salary						-
3.5	Less: Other Non-allowed expenses	(251)	-	-	-	-	(251)
3.6	Administrative Expense Subject to ASR	4,229,538	4,223,959	3,863,495	3,663,173	-	15,980,164
4.0	Actuarially-sound Administrative Expense Maximum						18,444,769
5.0	Administrative Expenses Subject to ASR						15,980,164
6.0	Total Benefit and Administrative Expense subject to ASR						104,108,585
Income and ASR							
7.1	Pre-tax Income						(7,047,016)
7.2	Pre-tax Income as a Percent of Revenue						-7.3%
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: Managed Care of North America
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024
 Plan Type: Dental

Dental Administrative Expense Maximum		CALENDAR YEAR TOTAL (January 1 to September 30)	
1.0	Plan Enrollment		1,100,667
	Dental Administrative Maximum (PMPM Per Milliman Report)	1.34	
1.1	Member Months		10,455,490
1.2	Total Dental Administrative Maximum		14,010,357

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: Managed Care of North America
 Reporting Period: 12/31/2023
 Paid Through: 3/31/2024
 Plan Type: Dental

Dental Administrative Expense Maximum		CALENDAR YEAR TOTAL (TO DATE)
1.0	Plan Enrollment	1,017,659
	Dental Administrative Maximum (PMPM Per Milliman Report)	1.50
1.1	Member Months	2,956,275
1.2	Total Dental Administrative Maximum	4,434,413

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: Managed Care of North America
 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)	For Annual Report Only	Difference
		Dental	Dental	Dental	Dental	Dental	Total	Annual Financial Statement [1]	
REVENUES									
1.1	Total Revenue from Revenue & Expense Schedules	26,259,976	25,580,849	23,515,231	21,768,360	(62,847)	97,061,569	\$ -	97,061,569
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	Revenue Subject to MLR	26,259,976	25,580,849	23,515,231	21,768,360	(62,847)	97,061,569	\$ -	97,061,569
EXPENSES									
Benefit Expenses									
2.1	Total Benefits Paid through FFS During the Year	22,576,291	21,877,173	21,902,165	21,014,252	945,161	88,315,042	\$ -	88,315,042
2.2	Total Benefits Paid through Subcapitation During the Year						-		-
2.3	Incurred but not Paid (IBNP) Ending Balance	910	20,142	66,047	220,471	(494,191)	(186,621)		(186,621)
2.4	Incurred but not Paid (IBNP) Ending Balance-Subcontractors						-		-
2.5	Settlements/AP						-		-
2.6	Total Benefit Expense before Reinsurance	22,577,201	21,897,315	21,968,212	21,234,722	450,970	88,128,421	\$ -	88,128,421
2.7	Net Cost of Reinsurance						-		-
2.8	Total Benefit Expense after Reinsurance	22,577,201	21,897,315	21,968,212	21,234,722	450,970	88,128,421		88,128,421
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	28,220	27,346	27,378	26,268	-	109,212		109,212
4.2	Activities to Prevent Hospital Readmissions						-		-
4.3	Improve Patient Safety and Reducing Medical Errors	28,220	27,346	27,378	26,268	-	109,212		109,212
4.4	Wellness and Health Promotion Activities	11,288	10,939	10,951	10,507	-	43,685		43,685
4.5	Health Information Technology (HIT) expenses related to Health Improvement	45,153	43,754	43,804	42,029	-	174,740		174,740
4.6	Total of Defined Expenses incurred for Improving Health Care Quality.	112,881	109,386	109,511	105,071	-	436,849		436,849
5.0	Deductible Fraud and Abuse Detection/Recovery Expenses						-		-
6.0	Preliminary Medical Loss Ratio: MLR	86%	86%	94%	98%	-718%	91%		91%
Annual Credibility Adjustment (For Annual only)									
7.1	Member Months for Managed Care Plan (MM)						13,411,765		
7.2	Number of Member Months where MM is rounded down to the nearest annual						13,411,765		
7.3	Number of Member Months where MM is rounded up to the nearest annual Me						13,411,765		
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%	0.0%	0.0%
7.7	Calculated MLR						91%	0%	91%
7.8	Final MLR (Apply Credibility Adjustment)						91.2%	0.0%	91.2%