

State of Illinois, Department of Healthcare and Family Services Molina Healthcare Medicaid MLR Report Calendar Year 2018						
1. Numerator		Formula	EUM Submission	Adjustments	Adjusted Value	Adjustment Notes
1.1	Incurring Claims		\$ 568,510,856	\$ 0	\$ 568,510,856	
1.2	Quality Improvement	Healthcare Quality Improvement	\$ 22,736,215	\$ 0	\$ 22,736,215	
1.3 Total Numerator		[Incurring Claims + Quality Improvement]	\$ 591,247,071	\$ 0	\$ 591,247,071	
2. Denominator		Formula	EUM Submission	Adjustments	Adjusted Value	
2.1	Premium Revenue		\$ 720,927,368	\$ 0	\$ 720,927,368	
2.2	Taxes and Fees	Taxes, Fees, and Assessments	\$ 21,427,943	\$ 0	\$ 21,427,943	
2.3 Total Denominator		[Premiums - Taxes and Fees]	\$ 699,499,425	\$ 0	\$ 699,499,425	
3. Credibility Adjustment		Formula			Credibility	
3.1	Member Months				2,407,676	
3.2	Credibility				Fully Credible	
3.3 Credibility Adjustment					0.00%	
4. MLR Calculation		Formula			MLR	
4.1	Unadjusted MLR	[Total Numerator / Total Denominator]			84.52%	
4.2	Credibility Adjustment				0.00%	
4.3 Adjusted MLR		[Unadjusted MLR + Credibility Adjustment]			84.52%	
5. Remittance Calculation		Formula			Remittance Information	
5.1	Is Plan Membership Above the Minimum Credibility Value?				Yes	
5.2	MLR Standard				85.00%	
5.3	Adjusted MLR				84.52%	
5.4 Meets MLR Standard					No	
5.5 Remittance Amount Due to State		[(MLR Standard - Adjusted MLR) * Denominator]				\$ 3,357,597

Notes

- 1 - Rounded to two decimals, per MLR Guarantee Provision.
- 2 - CY 2018 results reflect MLRs reported based on claims paid through Q2 2020. Estimates for IBNR are included.
- 3 - Revenue is net capitation paid through June 2020 and includes Government Provider Risk Pool payments and uncollected member copays.
- 4 - Reported HIF revenue and taxes for fee year 2018 (data year 2017) were excluded.

Schedule of included items from Encounter Utilization Monitoring Evaluation Period 3 Submission Molina Healthcare			
Incurred Claims			
File	Tab	Column(s)	Amount
Appendix A	Benefit Expense	Direct Paid + Encounter Rejections + Non Encounterable + Ineligible	555,422,975
Appendix A	Benefit Expense	Subcapitated Proxy Paid + Encounter Rejections	25,245,561
Appendix B	Other Claims	All Columns	2,240,270
Appendix A	IBNR	Non-Subcap Reserves + Subcap Reserves + Pending Settlements	4,157,220
Appendix B	Recoveries	Recov Gross Rx Rebates	(4,264,043)
Appendix B	Recoveries	Recov Gross NonRx	-
Appendix B	Recoveries	Recov Gross Rx	-
Appendix B	Non Benefit Expense	Pharmacy Spread Admin + Pharmacy Spread HCQI	(14,291,127)
Total Incurred Claims			568,510,856
Revenue Calculation			
File	Tab	Description	Amount
Capitation 820		Net Capitation	717,017,856
CY2019 EP4 NSPS		Waived Copays	4,309,507
Appendix B	Revenue	Accrued Government Provider Risk Pool	(399,996)
Total Revenue			720,927,368
Reported Taxes			
File		Description	Amount
Schedule of MCO Taxes		Federal & State Tax	\$ 21,024,366
Schedule of MCO Taxes		Exam and Regulatory Fees Assessments	403,577
Total Reported Taxes			\$ 21,427,943
Adjustments to MLR			-