

**State of Illinois, Department of Healthcare and Family Services  
Blue Cross/Blue Shield of Illinois  
Medicaid MLR Report Calendar Year 2018**

1. Numerator	Formula	EUM Submission	Adjustments	Adjusted Value	Adjustment Notes
1.1 Incurred Claims		\$ 1,826,565,408	\$ 0	\$ 1,826,565,408	
1.2 Quality Improvement	Healthcare Quality Improvement	\$ 76,538,735	\$ 0	\$ 76,538,735	
<b>1.3 Total Numerator</b>	[Incurred Claims + Quality Improvement]	<b>\$ 1,903,104,142</b>	<b>\$ 0</b>	<b>\$ 1,903,104,142</b>	
2. Denominator	Formula	EUM Submission	Adjustments	Adjusted Value	
2.1 Premium Revenue		\$ 1,961,322,813	\$ 0	\$ 1,961,322,813	
2.2 Taxes and Fees	Taxes, Fees, and Assessments	\$ 30,122,004	\$ (27,568,743)	\$ 2,553,261	Removal of reported HIF
<b>2.3 Total Denominator</b>	[Premiums - Taxes and Fees]	<b>\$ 1,931,200,809</b>	<b>\$ 27,568,743</b>	<b>\$ 1,958,769,552</b>	
3. Credibility Adjustment	Formula			Credibility	
3.1 Member Months				5,146,729	
3.2 Credibility				Fully Credible	
<b>3.3 Credibility Adjustment</b>				<b>0.00%</b>	
4. MLR Calculation	Formula			MLR	
4.1 Unadjusted MLR	[Total Numerator / Total Denominator]			97.16%	
4.2 Credibility Adjustment				0.00%	
<b>4.3 Adjusted MLR</b>	[Unadjusted MLR + Credibility Adjustment]			<b>97.16%</b>	
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				97.16%	
<b>5.4 Meets MLR Standard</b>				<b>Yes</b>	
<b>5.5 Remittance Amount Due to State</b>	[(MLR Standard - Adjusted MLR) * Denominator]			<b>\$ 0</b>	

**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 Blue Cross/Blue Shield of Illinois			
Incurred Claims			
File	Tab	Column(s)	Amount
Appendix A	Benefit Expense	Direct Paid + Encounter Rejections + Non Encounterable + Ineligible	1,834,315,359
Appendix A	Benefit Expense	Subcapitated Proxy Paid + Encounter Rejections	-
Appendix B	Other Claims	All Columns	4,232,803
Appendix A	IBNR	Non-Subcap Reserves + Subcap Reserves + Pending Settlements	7,425,573
Appendix B	Recoveries	Recov Gross Rx Rebates	(13,136,517)
Appendix B	Recoveries	Recov Gross NonRx	(1,864,810)
Appendix B	Recoveries	Recov Gross Rx	(4,407,000)
Appendix B	Non Benefit Expense	Pharmacy Spread Admin + Pharmacy Spread HCQI	-
<b>Total Incurred Claims</b>			<b>1,826,565,408</b>
Revenue Calculation			
File	Tab	Description	Amount
Capitation 820		Net Capitation	1,955,053,539
CY2019 EP4	NSPS	Waived Copays	2,808,597
Appendix B	Revenue	Accrued Government Provider Risk Pool	3,460,678
<b>Total Revenue</b>			<b>1,961,322,813</b>
Reported Taxes			
File	Description		Amount
Schedule of MCO Taxes	HIF		27,568,743
Schedule of MCO Taxes	Misc		1,497
<b>Total Reported Taxes</b>			<b>\$ 27,570,240</b>
<b>Adjustments to MLR</b>			<b>(27,568,743)</b>