

State of Illinois, Department of Healthcare and Family Services Harmony Health Plan Medicaid MLR Report Calendar Year 2018					
1. Numerator	Formula	EUM Submission	Adjustments	Adjusted Value	Adjustment Notes
1.1 Incurred Claims		\$ 563,962,979	\$ (8,018,819)	\$ 555,944,160	Removal of some IBNR
1.2 Quality Improvement	Healthcare Quality Improvement	\$ 27,027,186	\$ 0	\$ 27,027,186	
1.3 Total Numerator	[Incurred Claims + Quality Improvement]	\$ 590,990,165	\$ (8,018,819)	\$ 582,971,346	
2. Denominator	Formula	EUM Submission	Adjustments	Adjusted Value	
2.1 Premium Revenue		\$ 693,695,974	\$ 0	\$ 693,695,974	Removal of reported HIF
2.2 Taxes and Fees	Taxes, Fees, and Assessments	\$ 8,796,028	\$ (6,851,172)	\$ 1,944,856	
2.3 Total Denominator	[Premiums - Taxes and Fees]	\$ 684,899,946	\$ 6,851,172	\$ 691,751,118	
3. Credibility Adjustment	Formula			Credibility	
3.1 Member Months				2,628,744	
3.2 Credibility				Fully Credible	
3.3 Credibility Adjustment				0.00%	
4. MLR Calculation	Formula			MLR	
4.1 Unadjusted MLR	[Total Numerator / Total Denominator]			84.27%	
4.2 Credibility Adjustment				0.00%	
4.3 Adjusted MLR	[Unadjusted MLR + Credibility Adjustment]			84.27%	
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				84.27%	
5.4 Meets MLR Standard				No	
5.5 Remittance Amount Due to State	[(MLR Standard - Adjusted MLR) * Denominator]			\$ 5,049,783	

- 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 Harmony Health Plan			
Incurred Claims			
File	Tab	Column(s)	Amount
Appendix A	Benefit Expense	Direct Paid + Encounter Rejections + Non Encounterable + Ineligible	507,916,172
Appendix A	Benefit Expense	Subcapitated Proxy Paid + Encounter Rejections	37,144,314
Appendix B	Other Claims	All Columns	7,664,198
Appendix A	IBNR	Non-Subcap Reserves + Subcap Reserves + Pending Settlements	15,957,820
Appendix B	Recoveries	Recov Gross Rx Rebates	(4,213,725)
Appendix B	Recoveries	Recov Gross NonRx	-
Appendix B	Recoveries	Recov Gross Rx	(505,801)
Appendix B	Non Benefit Expense	Pharmacy Spread Admin + Pharmacy Spread HCQI	-
Total Incurred Claims			563,962,979
Adjustments to MLR			(8,018,819)
IBNR			Disallow part of IBNR
Revenue Calculation			
File	Tab	Description	Amount
Capitation 820		Net Capitation	692,554,318
Appendix B	Revenue	Accrued Government Provider Risk Pool	1,141,656
Total Revenue			693,695,974
Reported Taxes			
File		Description	Amount
Schedule of MCO Taxes		Federal & State Tax	\$ 1,251,062
Schedule of MCO Taxes		HIF	6,851,172
Schedule of MCO Taxes		Misc	693,794
Total Reported Taxes			\$ 8,796,028
Adjustments to MLR			(6,851,172)