

State of Illinois, Department of Healthcare and Family Services IlliniCare Health Plan Medicaid MLR Report Calendar Year 2018					
1. Numerator	Formula	EUM Submission	Adjustments	Adjusted Value	Adjustment Notes
1.1 Incurred Claims		\$ 1,315,917,665	\$ 0	\$ 1,315,917,665	
1.2 Quality Improvement	Healthcare Quality Improvement	\$ 63,038,361	\$ 0	\$ 63,038,361	
<b>1.3 Total Numerator</b>	[Incurred Claims + Quality Improvement]	<b>\$ 1,378,956,026</b>	<b>\$ 0</b>	<b>\$ 1,378,956,026</b>	
2. Denominator	Formula	EUM Submission	Adjustments	Adjusted Value	
2.1 Premium Revenue		\$ 1,600,133,996	\$ 0	\$ 1,600,133,996	
2.2 Taxes and Fees	Taxes, Fees, and Assessments	\$ 22,660,877	\$ 0	\$ 22,660,877	
<b>2.3 Total Denominator</b>	[Premiums - Taxes and Fees]	<b>\$ 1,577,473,119</b>	<b>\$ 0</b>	<b>\$ 1,577,473,119</b>	
3. Credibility Adjustment	Formula			Credibility	
3.1 Member Months				3,662,519	
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]			87.42%	
4.2 Credibility Adjustment				0.00%	
<b>4.3 Adjusted MLR</b>	[Unadjusted MLR + Credibility Adjustment]			<b>87.42%</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				87.42%	
<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 IlliniCare Health Plan			
Incurred Claims			
File	Tab	Column(s)	Amount
Appendix A	Benefit Expense	Direct Paid + Encounter Rejections + Non Encounterable + Ineligible	1,310,658,851
Appendix A	Benefit Expense	Subcapitated Proxy Paid + Encounter Rejections	56,034,547
Appendix B	Other Claims	All Columns	5,744,974
Appendix A	IBNR	Non-Subcap Reserves + Subcap Reserves + Pending Settlements	9,404,890
Appendix B	Recoveries	Recov Gross Rx Rebates	(7,234,385)
Appendix B	Recoveries	Recov Gross NonRx	-
Appendix B	Recoveries	Recov Gross Rx	(5,615,550)
Appendix B	Non Benefit Expense	Pharmacy Spread Admin + Pharmacy Spread HCQI	(53,075,662)
<b>Total Incurred Claims</b>			<b>1,315,917,665</b>
Revenue Calculation			
File	Tab	Description	Amount
Capitation 820		Net Capitation	1,601,000,118
CY2019 EP4	NSPS	Waived Copays	1,946,035
Appendix B	Revenue	Accrued Government Provider Risk Pool	(2,812,157)
<b>Total Revenue</b>			<b>1,600,133,996</b>
Reported Taxes			
File		Description	Amount
Schedule of MCO Taxes		Federal & State Tax	\$ 22,660,877
<b>Total Reported Taxes</b>			<b>\$ 22,660,877</b>
<b>Adjustments to MLR</b>			<b>-</b>