

**State of Illinois, Department of Healthcare and Family Services
Meridian Health Plan
Medicaid MLR Report Calendar Year 2018**

1. Numerator	Formula	EUM Submission	Adjustments	Adjusted Value	Adjustment Notes
1.1 Incurred Claims		\$ 2,085,066,520	\$ 0	\$ 2,085,066,520	
1.2 Quality Improvement	Healthcare Quality Improvement	\$ 58,717,422	\$ 0	\$ 58,717,422	
1.3 Total Numerator	[Incurred Claims + Quality Improvement]	\$ 2,143,783,942	\$ 0	\$ 2,143,783,942	
2. Denominator	Formula	EUM Submission	Adjustments	Adjusted Value	
2.1 Premium Revenue		\$ 2,241,467,653	\$ 0	\$ 2,241,467,653	
2.2 Taxes and Fees	Taxes, Fees, and Assessments	\$ (8,912,380)	\$ (23,166,574)	\$ (32,078,954)	Removal of reported HIF
2.3 Total Denominator	[Premiums - Taxes and Fees]	\$ 2,250,380,033	\$ 23,166,574	\$ 2,273,546,607	
3. Credibility Adjustment	Formula			Credibility	
3.1 Member Months				6,619,101	
3.2 Credibility				Fully Credible	
3.3 Credibility Adjustment				0.00%	
4. MLR Calculation	Formula			MLR	
4.1 Unadjusted MLR	[Total Numerator / Total Denominator]			94.29%	
4.2 Credibility Adjustment				0.00%	
4.3 Adjusted MLR	[Unadjusted MLR + Credibility Adjustment]			94.29%	
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				94.29%	
5.4 Meets MLR Standard				Yes	
5.5 Remittance Amount Due to State [(MLR Standard - Adjusted MLR) * Denominator]				\$ 0	

- 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 Meridian Health Plan			
Incurred Claims			
File	Tab	Column(s)	Amount
Appendix A	Benefit Expense	Direct Paid + Encounter Rejections + Non Encounterable + Ineligible	1,983,711,452
Appendix A	Benefit Expense	Subcapitated Proxy Paid + Encounter Rejections	70,153,984
Appendix B	Other Claims	All Columns	10,030,650
Appendix A	IBNR	Non-Subcap Reserves + Subcap Reserves + Pending Settlements	27,511,581
Appendix B	Recoveries	Recov Gross Rx Rebates	-
Appendix B	Recoveries	Recov Gross NonRx	(4,438,918)
Appendix B	Recoveries	Recov Gross Rx	(1,902,228)
Appendix B	Non Benefit Expense	Pharmacy Spread Admin + Pharmacy Spread HCQI	-
Total Incurred Claims			2,085,066,520
Revenue Calculation			
File	Tab	Description	Amount
Capitation 820		Net Capitation	2,228,929,645
CY2019 EP4	NSPS	Waived Copays	15,066,000
Appendix B	Revenue	Accrued Government Provider Risk Pool	(2,527,992)
Total Revenue			2,241,467,653
Reported Taxes			
File		Description	Amount
Schedule of MCO Taxes		Federal & State Tax	\$ (31,079,459)
Schedule of MCO Taxes		HIF	\$ 23,166,574
Schedule of MCO Taxes		Deferred Tax	\$ (650,803)
Schedule of MCO Taxes		Exam and Regulatory Fees Assessments	147,997
Schedule of MCO Taxes		Misc	(496,689)
Total Reported Taxes			\$ (8,912,380)
Adjustments to MLR			(23,166,574)