

The background features a blurred medical scene with a green overlay. A large white cross is centered over a person's head. Various medical icons are scattered throughout, including a syringe, a pill, a virus, a stethoscope, and a group of people. A white diagonal line runs from the bottom left towards the top right, separating the background from the text area.

AmeriHealth Caritas Louisiana, Inc.
Medicaid Managed Care Programs
Report on Adjusted Medical Loss Ratio
With Independent Accountant's Report Thereon
For the Calendar Year Ending December 31, 2020
Paid through April 30, 2021



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State of Louisiana
Louisiana Department of Health
Baton Rouge, Louisiana

Independent Accountant's Report

We have examined the accompanying Adjusted Medical Loss Ratio of Amerihealth Caritas Louisiana, Inc. for the calendar year ending December 31, 2020. Amerihealth Caritas Louisiana, Inc.'s management is responsible for presenting the Medical Loss Ratio (MLR) Reporting in accordance with the criteria set forth in Healthy Louisiana's MLR Reporting Guide, the Code of Federal Regulations (CFR) 42 § 438.8, and other applicable federal guidance (criteria). This criteria was used to prepare the Adjusted Medical Loss Ratio. Our responsibility is to express an opinion on the Adjusted Medical Loss Ratio based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the Adjusted Medical Loss Ratio is in accordance with the criteria, in all material respects. An examination involves performing procedures to obtain evidence about the Adjusted Medical Loss Ratio. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risk of material misstatement of the Adjusted Medical Loss Ratio, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

The accompanying Adjusted Medical Loss Ratio was prepared for the purpose of complying with the criteria, and is not intended to be a complete presentation in conformity with accounting principles generally accepted in the United States of America.

The Other Non-Claims Costs amount reported on the Adjusted Medical Loss Ratio Rebate Calculation has not be subjected to the procedures applied in the examination, and accordingly, we express no opinion on it.

In our opinion the above referenced accompanying Adjusted Medical Loss Ratio is presented in accordance with the above referenced criteria, in all material respects, and the Adjusted Medical Loss Ratio Percentage Achieved exceeds the Centers for Medicare & Medicaid Services (CMS) requirement of eighty-five percent (85%) for the calendar year ending December 31, 2020.

This report is intended solely for the information and use of the Louisiana Department of Health, Mercer, and Amerihealth Caritas Louisiana Inc. and is not intended to be and should not be used by anyone other than these specified parties.

Myers and Stauffer LC
Atlanta, Georgia
March 25, 2022



Adjusted Medical Loss Ratio for the Calendar Year Ending December 31, 2020 Paid Through April 30, 2021

Adjusted Medical Loss Ratio for the Calendar Year Ending December 31, 2020 Paid Through April 30, 2021				
Line #	Line Description	Reported Amounts	Adjustment Amounts	Adjusted Amounts
Expenses				
1	Total Incurred Claims	\$ 1,029,885,728	\$ -	\$ 1,029,885,728
	<i>Adjustments to Incurred Claims</i>			
2	Deductions:			
2a	Prescription drug rebates	\$ 1,429,890	\$ -	\$ 1,429,890
2b	Prompt pay discounts	\$ -	\$ -	\$ -
2c	Overpayment recoveries received from providers	\$ 2,321,159	\$ -	\$ 2,321,159
3	Inclusions:			
3a	Incentive and bonus payments made to providers	\$ 58,070,544	\$ -	\$ 58,070,544
3b	Fraud reduction expenses	\$ -	\$ -	\$ -
4	Optional Inclusion: Value-Added Services	\$ 5,665,168	\$ -	\$ 5,665,168
5	Exclusions:			
5a	Non-Claims Costs	\$ 4,335,053	\$ -	\$ 4,335,053
5b	Prior year MLR rebates paid to LDH	\$ -	\$ -	\$ -
5c	Payments to delegated vendors exceeding amount paid to providers	\$ -	\$ -	\$ -
5d	Spread pricing amounts paid to PBM	\$ -	\$ -	\$ -
5e	Reinsurance premiums exceeding reinsurance recoveries	\$ -	\$ -	\$ -
6	Other: Incurred claims assumed	\$ -	\$ -	\$ -
7	Adjusted Incurred Claims	\$ 1,085,535,339	\$ -	\$ 1,085,535,339
	<i>Health Care Quality Improvement (HCQI) Expenses</i>			
8	HCQI administrative expenses	\$ 13,443,430	\$ -	\$ 13,443,430
9	Exclusions to HCQI	\$ -	\$ -	\$ -
	<i>Health Information Technology (HIT) Expenses</i>			
10	HIT administrative expenses	\$ 2,544,498	\$ -	\$ 2,544,498
11	Exclusions to HIT expenses	\$ -	\$ -	\$ -
12	External Quality Review (EQR) related expenses	\$ -	\$ -	\$ -
13	Adjusted Incurred Claims and Adjusted HCQI, HIT and EQR Expenses	\$ 1,101,523,267	\$ -	\$ 1,101,523,267
14	Less: Adjustment for 50% or more of Medical expenses attributed to new enrollees	\$ -	\$ -	\$ -
15	Add: Prior Year New Enrollee Medical Expenditures deferred to current year from line 34 below	\$ -	\$ -	\$ -
16	Total Adjusted MLR Numerator	\$ 1,101,523,267	\$ -	\$ 1,101,523,267
	<i>Non-Claims Cost (For reporting purposes only, not included in Numerator)</i>			
17	Non-Claims Cost (Excluding amounts reported on lines 18 and 19)	\$ 91,892,278	\$ -	\$ 91,892,278
18	Program Integrity Activities [42 CFR §438.608(a)(1) through (5), (7), (8) and (b)]. (Must reconcile to the detail amounts on the Program Integrity Cost tab)	\$ 2,365,401	\$ -	\$ 2,365,401
19	Adjustments to Non-Claims Cost including amounts removed in the line 5 exclusions. (Excluding any related party profit)	\$ 4,335,053	\$ -	\$ 4,335,053
20	Total Adjusted Non-Claim Cost	\$ 98,592,732	\$ -	\$ 98,592,732
Revenues				
21	Healthy Louisiana Premium Revenue	\$ 1,287,651,164	\$ -	\$ 1,287,651,164
	<i>Revenue Adjustments</i>			
22	Less: Health Insurance Provider Fee (HIPF)	\$ 21,926,809	\$ -	\$ 21,926,809
23	Less: Premium tax component of reported revenue	\$ 67,784,635	\$ -	\$ 67,784,635
24	Less: Other taxes and licensing and regulatory fees	\$ 4,147,385	\$ -	\$ 4,147,385
25	Net Annual MLR Revenue	\$ 1,193,792,336	\$ -	\$ 1,193,792,336
26	Less: Adjustment for 50% or more of TOTAL capitation attributed to new enrollees (net of premium tax component)	\$ -	\$ -	\$ -
27	Add: Adjustment for 50% or more of TOTAL capitation attributed to new enrollees (net of premium tax component) deferred from prior year from line 29 below	\$ -	\$ -	\$ -
28	Total Adjusted MLR Denominator	\$ 1,193,792,336	\$ -	\$ 1,193,792,336



Adjusted Medical Loss Ratio for the Calendar Year Ending December 31, 2020 Paid Through April 30, 2021

Adjusted Medical Loss Ratio for the Calendar Year Ending December 31, 2020 Paid Through April 30, 2021				
Line #	Line Description	Reported Amounts	Adjustment Amounts	Adjusted Amounts
MLR Calculation				
29	MLR Percentage Achieved	92.3%	0.0%	92.3%
30	MLR Percentage Requirement for Rebate Calculation	85.0%	0.0%	85.0%
31	Percentage Below 85% Requirement	0.0%	0.0%	0.0%
32	Dollar Amount of Rebate Requirement	\$ -	\$ -	\$ -
Reconciliation of Prior Year New Enrollee Capitation Exclusion				
33	Prior year new enrollee capitation adjustment exclusion (net of premium tax)			\$ -
34	Less: Prior year incurred claims for excluded New Enrollees			\$ -
35	Total Net Adjustment for New Enrollees from prior years			\$ -
36	MLR Member Months			2,566,455
Credibility Adjustment Applied				
37	MLR Percentage Achieved			92.3%
38	Credibility Adjustment			0.0%
39	Adjusted MLR Percentage Achieved			92.3%
40	MLR Percentage Requirement for Rebate Calculation			85.0%
41	Percentage Below 85% Requirement			0.0%
42	Dollar Amount of Rebate Requirement			\$ -