



Table of Contents

Table of Contents	1
Independent Accountant's Report	2
Adjusted Medical Loss Ratio for the Calendar Year Ended December 31, 2022 Paid	
Through April 30, 2022	4



State of Louisiana Louisiana Department of Health Baton Rouge, Louisiana

Independent Accountant's Report

We have examined the Medical Loss Ratio Report of United Healthcare of Louisiana, Inc. (health plan) for the calendar year ended December 31, 2022. The health plan's management is responsible for presenting information contained in the Medical Loss Ratio Report in accordance with the criteria set forth in 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.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements related to our engagement.

The accompanying Adjusted Medical Loss Ratio was prepared from information contained in the Medical Loss Ratio Report 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 been subjected to the procedures applied in the examination. In accordance with CFR 42 § 438.8, reporting of the Other Non-Claims Costs is required. Any adjustments to the Other Non-Claims Costs were determined without testing as the procedure was outside of the scope of our examination, and accordingly, we express no opinion on it.

In our opinion, the Adjusted Medical Loss Ratio is presented in accordance with the criteria, in all material respects, and the Adjusted Medical Loss Ratio exceeds the Centers for Medicare & Medicaid Services (CMS) requirement of 85 percent for the Expansion and Non-Expansion populations for calendar year ended December 31, 2022.



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

Myers and Stauffer LC Atlanta, Georgia April 4, 2024



	Adjusted Medical Loss Ratio for the Calendar Year Ended I Non-Expansion Po			id Through April 30,	2023		
Line #	Line Description	Reported Amounts		Adjustment Amounts	Adjusted Amounts		
Numerato	or .						
1	Total Incurred Claims	\$	1,457,732,398	\$ -	\$	1,457,732,398	
	Adjustments to Incurred Claims						
2	Deductions:						
2a	Prescription drug rebates	\$	1,070,717	\$ -	\$	1,070,717	
2b	Prompt pay discounts	\$	-	\$ -	\$	-	
2c	Overpayment recoveries received from providers	\$	2,078,861	\$ -	\$	2,078,861	
3	Inclusions:						
3a	Incentive and bonus payments made to providers	\$	117,461,434	\$ -	\$	117,461,434	
3b	Fraud reduction expenses	\$	1,383,664	\$ -	\$	1,383,664	
4	Optional Inclusion: Value-Added Services	\$	6,015,526	\$ -	\$	6,015,526	
5	Exclusions:		· ·				
5a	Non-Claims Costs	\$	4,003,935	\$ -	\$	4,003,935	
5b	Prior year MLR rebates paid to LDH	\$	-	\$ -	\$	-	
5c	Payments delegated vendors exceeding amount paid to providers	\$	3,044,096	\$ -	\$	3,044,096	
5d	Spread pricing amounts paid to PBM	\$	-	\$ -	\$	-	
5e	Reinsurance premiums exceeding reinsurance recoveries	\$	1,285,564	\$ -	\$	1,285,564	
6	Other: Incurred claims assumed	\$	-	\$ -	\$	-	
7	Adjusted Incurred Claims	\$	1,571,109,849	\$ -	\$	1,571,109,849	
	Health Care Quality Improvement (HCQI) Expenses						
8	HCQI administrative expenses	\$	20,357,135	\$ -	\$	20,357,135	
9	Exclusions to HCQI	\$	1,130,665	\$ -	\$	1,130,665	
	Health Information Technology (HIT) Expenses						
10	HIT administrative expenses	\$	5,379,649	\$ -	\$	5,379,649	
11	Exclusions to HIT expenses	\$	63,247	\$ -	\$	63,247	
12	External Quality Review (EQR) related expenses	\$	-	\$ -	\$	-	
13	Adjusted Incurred Claims and Adjusted HCQI, HIT and EQR Expenses	\$	1,595,652,721	\$ -	\$	1,595,652,721	
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 33 below	\$	-	\$ -	\$	-	
16	Total Adjusted MLR Numerator	\$	1,595,652,721	\$ -	\$	1,595,652,721	
	Non-Claims Costs (For reporting purposes only, not included in Numerator)						
17	Non-Claims Cost (Excluding amounts reported on lines 18 and 19)	\$	54,393,063	\$ -	\$	54,393,063	
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)	\$	18,650,224	\$ -	\$	18,650,224	
19	Adjustments to Non-Claims including amounts removed in the line 5 exclusions. (Excluding any related party profit)	\$	8,843,841	\$ -	\$	8,843,841	
20	Total Adjusted Non-Claims Cost*	\$	81,887,128	\$ -	\$	81,887,128	

	Adjusted Medical Loss Ratio for the Calendar Year Ended Non-Expansion Po			id Through April 30, 2	2023	
Line #	Line Description	Re	ported Amounts	Adjustment Amounts	Ad	justed Amounts
Denomina	ator					
21	Healthy Louisiana Premium Revenue	\$	1,714,783,698	\$ -	\$	1,714,783,698
	Revenue Adjustments					
22	Less: Premium tax component of reported revenue	\$	88,314,618	\$ -	\$	88,314,618
23	Less: Other taxes and licensing and regulatory fees	\$	220,190	\$ -	\$	220,190
24	Net Annual MLR Revenue	\$	1,626,248,890	\$ -	\$	1,626,248,890
25	Less: Adjustment for 50% or more of TOTAL capitation attributed to new enrollees (net of premium tax component)	\$	-	\$ -	\$	-
26	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	\$	-	\$ -	\$	-
27	Total Adjusted MLR Denominator	\$	1,626,248,890	\$ -	\$	1,626,248,890
MLR Calcu	ulation					
28	MLR Percentage Achieved		98.1%	0.0%		98.1%
29	MLR Percentage Requirement for Rebate Calculation		85.0%	0.0%		85.0%
30	Percentage Below 85% Requirement		0.0%	0.0%		0.0%
31	Dollar Amount of Rebate Requirement	\$	-	\$ -	\$	-

Reconciliation of Prior Year New Enrollee Capitation Exclusion							
32	Prior year new enrollee capitation adjustment exclusion (net of premium tax)	\$	-	\$	-	\$	-
33	Less: Prior year incurred claims for excluded New Enrollees	\$	-	\$	-	\$	-
34	Total Net Adjustment for New Enrollees from prior years	\$	-	\$	-	\$	-

35	MLR Member Months	3,802,629	-	3,802,629

Credibility Adjustment Applied						
36	MLR Percentage Achieved	0.0%	0.0%	0.0%		
37	Credibility Adjustment	0.0%	0.0%	0.0%		
38	Adjusted MLR Percentage Achieved	0.0%	0.0%	0.0%		
39	MLR Percentage Requirement for Rebate Calculation	85.0%	0.0%	85.0%		
40	Percentage Below 85% Requirement	85.0%	0.0%	85.0%		
41	Dollar Amount of Rebate Requirement	0.0%	0.0%	0.0%		

^{*}The Non-Claims Costs line has not been subjected to the procedures applied in the examination, including testing for allowability of expenses or appropriate allocation to the Medicaid line of business. Adjustments identified during the course of the examination were not tested to determine any impact on Non-Claims Costs. Accordingly, we express no opinion on the Non-Claims Costs line.



	Adjusted Medical Loss Ratio for the Calendar Year Ended I Expansion Popul			na Through April 30, a	2023	
Line #	Line Description	Re	ported Amounts	Adjustment Amounts	Ac	ljusted Amounts
Numerate	or					
1	Total Incurred Claims	\$	1,459,952,637	\$ -	\$	1,459,952,637
	Adjustments to Incurred Claims					
2	Deductions:					
2a	Prescription drug rebates	\$	1,613,780	\$ -	\$	1,613,780
2b	Prompt pay discounts	\$	-	\$ -	\$	-
2c	Overpayment recoveries received from providers	\$	-	\$ -	\$	-
3	Inclusions:					
3a	Incentive and bonus payments made to providers	\$	93,458,000	\$ -	\$	93,458,000
3b	Fraud reduction expenses	\$	1,415,119	\$ -	\$	1,415,119
4	Optional Inclusion: Value-Added Services	\$	11,532,142	\$ -	\$	11,532,142
5	Exclusions:					
5a	Non-Claims Costs	\$	2,042,391	\$ -	\$	2,042,391
5b	Prior year MLR rebates paid to LDH	\$	-	\$ -	\$	-
5c	Payments delegated vendors exceeding amount paid to providers	\$	2,853,213	\$ -	\$	2,853,213
5d	Spread pricing amounts paid to PBM	\$	-	\$ -	\$	-
5e	Reinsurance premiums exceeding reinsurance recoveries	\$	1,371,350	\$ -	\$	1,371,350
6	Other: Incurred claims assumed	\$	-	\$ -	\$	-
7	Adjusted Incurred Claims	\$	1,558,477,164	\$ -	\$	1,558,477,164
	Health Care Quality Improvement (HCQI) Expenses					
8	HCQI administrative expenses	\$	17,429,925	\$ -	\$	17,429,925
9	Exclusions to HCQI	\$	835,465	\$ -	\$	835,465
	Health Information Technology (HIT) Expenses					
10	HIT administrative expenses	\$	5,125,769	\$ -	\$	5,125,769
11	Exclusions to HIT expenses	\$	49,177	\$ -	\$	49,177
12	External Quality Review (EQR) related expenses	\$	-	\$ -	\$	-
13	Adjusted Incurred Claims and Adjusted HCQI, HIT and EQR Expenses	\$	1,580,148,216	\$ -	\$	1,580,148,216
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 33 below	\$	-	\$ -	\$	-
16	Total Adjusted MLR Numerator	\$	1,580,148,216	\$ -	\$	1,580,148,216
	Non-Claims Costs (For reporting purposes only, not included in Numerator)					
17	Non-Claims Cost (Excluding amounts reported on lines 18 and 19)	\$	54,314,701	\$ -	\$	54,314,70
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)	\$	17,761,410	\$ -	\$	17,761,410
19	Adjustments to Non-Claims including amounts removed in the line 5 exclusions. (Excluding any related party profit)	\$	6,680,824	\$ -	\$	6,680,824
20	Total Adjusted Non-Claims Cost*	\$	78,756,935	\$ -	Ś	78,756,935

	Expansion Popu	lation				
Line #	Line Description	Re	ported Amounts	Adjustment Amounts	Adjus	sted Amounts
Denomina	ator					
21	Healthy Louisiana Premium Revenue	\$	1,857,306,464	\$ -	\$	1,857,306,46
	Revenue Adjustments					
22	Less: Premium tax component of reported revenue	\$	96,037,254	\$ -	\$	96,037,25
23	Less: Other taxes and licensing and regulatory fees	\$	15,909,823	\$ -	\$	15,909,82
24	Net Annual MLR Revenue	\$	1,745,359,387	\$ -	\$	1,745,359,38
25	Less: Adjustment for 50% or more of TOTAL capitation attributed to new enrollees (net of premium tax component)	\$	-	\$ -	\$	-
26	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	\$	-	\$ -	\$	-
27	Total Adjusted MLR Denominator	\$	1,745,359,387	\$ -	\$	1,745,359,38
1LR Calcu 28	MLR Percentage Achieved		90.5%	0.0%		90.5
			00 59/	0.09/		00.5
29	MLR Percentage Requirement for Rebate Calculation		85.0%	0.0%		85.0
30	Percentage Below 85% Requirement		0.0%	0.0%		0.0
31	Dollar Amount of Rebate Requirement	\$	-	\$ -	\$	-
teconcilia	ation of Prior Year New Enrollee Capitation Exclusion					
32	Prior year new enrollee capitation adjustment exclusion (net of premium tax)	\$	-	\$ -	\$	-
33	Less: Prior year incurred claims for excluded New Enrollees	\$	-	\$ -	\$	-
34	Total Net Adjustment for New Enrollees from prior years	\$	-	\$ -	\$	-
35	MLR Member Months		2,461,130	-		2,461,13
redibility	y Adjustment Applied					
36	MLR Percentage Achieved		0.0%	0.0%		0.0
37	Credibility Adjustment		0.0%	0.0%		0.0

Dollar Amount of Rebate Requirement 0.0% 0.0% 0.0% *The Non-Claims Costs line has not been subjected to the procedures applied in the examination, including testing for allowability of expenses or appropriate allocation to the Medicaid line of business. Adjustments identified during the course of the examination were not tested to determine any impact on Non-Claims Costs. Accordingly, we express no opinion on the Non-Claims Costs line.

0.0%

85.0%

85.0%

38

39

Adjusted MLR Percentage Achieved

Percentage Below 85% Requirement

MLR Percentage Requirement for Rebate Calculation

0.0%

0.0%

0.0%

0.0%

85.0%