

Puerto Rico: Medicaid Medical Loss Ratio (MLR) & Remittances

Submission name	Last edited	Edited by	Status
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Section Information for Primary Contact

Information for Primary Contact

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E	State	Puerto Rico
F	State Agency Name	PR Health Insurance Administration
G	Version control	No, this is an initial submission

Section MLR Reporting

Medicaid Medical Loss Ratio (MLR) & Remittances

Status	#	I., J. & L., N. & O., M. MCO, PIHP, or PAHP name Program name Eligibility group & description MLR reporting period dates	K. Program type	P. Reporting period discrepancy explanation	Q. Misc notes (optional)
 Complete	1	MCS Advantage MCS Advantage Medicare Advantage Organization 01/01/2025 to 12/31/2025	Comprehensive MCO	N/A	N/A
 Complete	2	MMM Multi Health MMM Multi Health All Populations 01/01/2025 to 12/31/2025	Comprehensive MCO	N/A	N/A
 Complete	3	Triple S Advantage Triple S Advantage All Populations 01/01/2025 to 12/31/2025	Comprehensive MCO	N/A	N/A
 Complete	4	Humana Health Plan Humana Health Plan All Populations 01/01/2025 to 12/31/2025	Comprehensive MCO	N/A	N/A

Medicaid Medical Loss Ratio (MLR) & Remittances

1. Medicaid Medical Loss Ratio (MLR) & Remittances for:

MCS Advantage

MCS Advantage

Medicare Advantage Organization

01/01/2025 to 12/31/2025

1. Medical Loss Ratio Numerator

Number	Indicator	Response
1.1	Incurred claims (optional)	\$1,078,068,182.71
1.2	Activities that improve health care quality (optional)	\$8,926,369.25
1.3	MLR numerator	\$1,086,994,551.96
N/A	Medical Loss Ratio numerator explanation (optional)	Not answered, optional
1.4	Non-claims costs (not included in numerator) (optional)	\$97,758,985.78

2. Medical Loss Ratio Denominator

Number	Indicator	Response
2.1	Premium revenue (optional)	\$1,196,606,751.96
2.2	Federal, State, and local taxes and licensing and regulatory fees (optional)	\$1,675,939.28
2.3	MLR denominator	\$1,194,930,812.68
N/A	Medical Loss Ratio denominator explanation (optional)	Not answered, optional

3. MLR Calculation

Number	Indicator	Response
3.1	Member months	1,008,545
3.2	Unadjusted MLR (optional)	Not answered, optional
N/A	Unadjusted MLR explanation (optional)	Not answered, optional
3.3	Credibility adjustment (optional)	Not answered, optional
3.4	Adjusted MLR	91%
N/A	Adjusted MLR atypical range explanation (optional)	Not answered, optional

4. Remittance

Number	Indicator	Response
4.1	Does the contract include a remittance/payment requirement for being below/above a specified MLR?	Yes
4.2	What is the State minimum MLR requirement? (optional)	85%
4.3	Does the state remittance MLR calculation align with the required components and methodology outlined in 438.8(c)? (optional)	Yes
4.5	Calculated MLR for remittance purposes (optional)	91%
4.6.1	Remittance dollar amount owed for MLR reporting period	\$0
4.6.2	Payment dollar amount due to plan for MLR reporting period (optional)	Not answered, optional
N/A	Remittance explanation (optional)	Not answered, optional
N.	MLR reporting period start date	01/01/2025
O.	MLR reporting period end date	12/31/2025
4.7	Is the remittance period the same as the MLR reporting period? (optional)	Yes
4.9	Remittance methodology qualitative response	Puerto Rico determines the Federal and Commonwealth share of remittances associated with the eligibility group described under Section 1902(a)(10)(A)(i)(VIII) based on individual beneficiary eligibility data and related managed care premium payments. Medicaid eligibility is determined through the Mediti 3G

system, which provides beneficiary eligibility information to the Puerto Rico Medicaid Management Information System (PRMMIS). PRMMIS utilizes this information for enrollment, capitation payment processing, and financial reporting purposes. The remittance allocation methodology matches beneficiary-level eligibility information from Mediti 3G with the corresponding managed care premium payments recorded in PRMMIS for the applicable reporting period. The portion of the remittance attributable to beneficiaries eligible under Section 1902(a)(10)(A)(i)(VIII) is determined through specific identification of beneficiaries enrolled in that eligibility group and the related premium payments associated with those beneficiaries. Puerto Rico then applies the applicable enhanced Federal Medical Assistance Percentage (FMAP) for the Section 1902(a)(10)(A)(i)(VIII) population to determine the Federal share of the remittance, with the remaining portion representing the Commonwealth share. The methodology is consistently applied and supported through reconciliations to Mediti 3G eligibility records, PRMMIS capitation payment data, and related financial reporting records prior to reporting on the CMS-64.

2. Medicaid Medical Loss Ratio (MLR) & Remittances for:

MMM Multi Health

MMM Multi Health

All Populations

01/01/2025 to 12/31/2025

1. Medical Loss Ratio Numerator

Number	Indicator	Response
1.1	Incurred claims (optional)	\$1,731,512,698.64
1.2	Activities that improve health care quality (optional)	\$38,707,786
1.3	MLR numerator	\$1,770,220,484.64
N/A	Medical Loss Ratio numerator explanation (optional)	Not answered, optional
1.4	Non-claims costs (not included in numerator) (optional)	\$144,154,719.11

2. Medical Loss Ratio Denominator

Number	Indicator	Response
2.1	Premium revenue (optional)	\$1,942,561,075.79
2.2	Federal, State, and local taxes and licensing and regulatory fees (optional)	\$19,613,793.01
2.3	MLR denominator	\$1,922,947,282.78
N/A	Medical Loss Ratio denominator explanation (optional)	Not answered, optional

3. MLR Calculation

Number	Indicator	Response
3.1	Member months	1,219,479
3.2	Unadjusted MLR (optional)	Not answered, optional
N/A	Unadjusted MLR explanation (optional)	Not answered, optional
3.3	Credibility adjustment (optional)	Not answered, optional
3.4	Adjusted MLR	92.1%
N/A	Adjusted MLR atypical range explanation (optional)	Not answered, optional

4. Remittance

Number	Indicator	Response
4.1	Does the contract include a remittance/payment requirement for being below/above a specified MLR?	Yes
4.2	What is the State minimum MLR requirement? (optional)	85%
4.3	Does the state remittance MLR calculation align with the required components and methodology outlined in 438.8(c)? (optional)	Yes
4.5	Calculated MLR for remittance purposes (optional)	92.1%
4.6.1	Remittance dollar amount owed for MLR reporting period	\$0
4.6.2	Payment dollar amount due to plan for MLR reporting period (optional)	Not answered, optional
N/A	Remittance explanation (optional)	Not answered, optional
N.	MLR reporting period start date	01/01/2025
O.	MLR reporting period end date	12/31/2025
4.7	Is the remittance period the same as the MLR reporting period? (optional)	Yes
4.9	Remittance methodology qualitative response	Puerto Rico determines the Federal and Commonwealth share of remittances associated with the eligibility group described under Section 1902(a)(10)(A)(i)(VIII) based on individual beneficiary eligibility data and related managed care premium payments. Medicaid eligibility is determined through the Mediti 3G

system, which provides beneficiary eligibility information to the Puerto Rico Medicaid Management Information System (PRMMIS). PRMMIS utilizes this information for enrollment, capitation payment processing, and financial reporting purposes. The remittance allocation methodology matches beneficiary-level eligibility information from Mediti 3G with the corresponding managed care premium payments recorded in PRMMIS for the applicable reporting period. The portion of the remittance attributable to beneficiaries eligible under Section 1902(a)(10)(A)(i)(VIII) is determined through specific identification of beneficiaries enrolled in that eligibility group and the related premium payments associated with those beneficiaries. Puerto Rico then applies the applicable enhanced Federal Medical Assistance Percentage (FMAP) for the Section 1902(a)(10)(A)(i)(VIII) population to determine the Federal share of the remittance, with the remaining portion representing the Commonwealth share. The methodology is consistently applied and supported through reconciliations to Mediti 3G eligibility records, PRMMIS capitation payment data, and related financial reporting records prior to reporting on the CMS-64.

3. Medicaid Medical Loss Ratio (MLR) & Remittances for:

Triple S Advantage

Triple S Advantage

All Populations

01/01/2025 to 12/31/2025

1. Medical Loss Ratio Numerator

Number	Indicator	Response
1.1	Incurred claims (optional)	\$682,154,604
1.2	Activities that improve health care quality (optional)	\$11,131,453.13
1.3	MLR numerator	\$693,286,057.13
N/A	Medical Loss Ratio numerator explanation (optional)	Not answered, optional
1.4	Non-claims costs (not included in numerator) (optional)	\$62,312,080.99

2. Medical Loss Ratio Denominator

Number	Indicator	Response
2.1	Premium revenue (optional)	\$696,433,081
2.2	Federal, State, and local taxes and licensing and regulatory fees (optional)	Not answered, optional
2.3	MLR denominator	\$696,433,081
N/A	Medical Loss Ratio denominator explanation (optional)	Not answered, optional

3. MLR Calculation

Number	Indicator	Response
3.1	Member months	401,275
3.2	Unadjusted MLR (optional)	Not answered, optional
N/A	Unadjusted MLR explanation (optional)	Not answered, optional
3.3	Credibility adjustment (optional)	Not answered, optional
3.4	Adjusted MLR	99.5%
N/A	Adjusted MLR atypical range explanation (optional)	Not answered, optional

4. Remittance

Number	Indicator	Response
4.1	Does the contract include a remittance/payment requirement for being below/above a specified MLR?	Yes
4.2	What is the State minimum MLR requirement? (optional)	85%
4.3	Does the state remittance MLR calculation align with the required components and methodology outlined in 438.8(c)? (optional)	Yes
4.5	Calculated MLR for remittance purposes (optional)	99.5%
4.6.1	Remittance dollar amount owed for MLR reporting period	\$0
4.6.2	Payment dollar amount due to plan for MLR reporting period (optional)	Not answered, optional
N/A	Remittance explanation (optional)	Not answered, optional
N.	MLR reporting period start date	01/01/2025
O.	MLR reporting period end date	12/31/2025
4.7	Is the remittance period the same as the MLR reporting period? (optional)	Yes
4.9	Remittance methodology qualitative response	Puerto Rico determines the Federal and Commonwealth share of remittances associated with the eligibility group described under Section 1902(a)(10)(A)(i)(VIII) based on individual beneficiary eligibility data and related managed care premium payments. Medicaid eligibility is determined through the Mediti 3G

system, which provides beneficiary eligibility information to the Puerto Rico Medicaid Management Information System (PRMMIS). PRMMIS utilizes this information for enrollment, capitation payment processing, and financial reporting purposes. The remittance allocation methodology matches beneficiary-level eligibility information from Mediti 3G with the corresponding managed care premium payments recorded in PRMMIS for the applicable reporting period. The portion of the remittance attributable to beneficiaries eligible under Section 1902(a)(10)(A)(i)(VIII) is determined through specific identification of beneficiaries enrolled in that eligibility group and the related premium payments associated with those beneficiaries. Puerto Rico then applies the applicable enhanced Federal Medical Assistance Percentage (FMAP) for the Section 1902(a)(10)(A)(i)(VIII) population to determine the Federal share of the remittance, with the remaining portion representing the Commonwealth share. The methodology is consistently applied and supported through reconciliations to Mediti 3G eligibility records, PRMMIS capitation payment data, and related financial reporting records prior to reporting on the CMS-64.

4. Medicaid Medical Loss Ratio (MLR) & Remittances for:

Humana Health Plan

Humana Health Plan

All Populations

01/01/2025 to 12/31/2025

1. Medical Loss Ratio Numerator

Number	Indicator	Response
1.1	Incurred claims (optional)	\$336,956,082.66
1.2	Activities that improve health care quality (optional)	\$38,734,372.37
1.3	MLR numerator	\$375,690,455.03
N/A	Medical Loss Ratio numerator explanation (optional)	Not answered, optional
1.4	Non-claims costs (not included in numerator) (optional)	\$0

2. Medical Loss Ratio Denominator

Number	Indicator	Response
2.1	Premium revenue (optional)	\$380,971,918.05
2.2	Federal, State, and local taxes and licensing and regulatory fees (optional)	\$500
2.3	MLR denominator	\$380,971,418.05
N/A	Medical Loss Ratio denominator explanation (optional)	Not answered, optional

3. MLR Calculation

Number	Indicator	Response
3.1	Member months	329,121
3.2	Unadjusted MLR (optional)	Not answered, optional
N/A	Unadjusted MLR explanation (optional)	Not answered, optional
3.3	Credibility adjustment (optional)	Not answered, optional
3.4	Adjusted MLR	98.6%
N/A	Adjusted MLR atypical range explanation (optional)	Not answered, optional

4. Remittance

Number	Indicator	Response
4.1	Does the contract include a remittance/payment requirement for being below/above a specified MLR?	Yes
4.2	What is the State minimum MLR requirement? (optional)	85%
4.3	Does the state remittance MLR calculation align with the required components and methodology outlined in 438.8(c)? (optional)	Yes
4.5	Calculated MLR for remittance purposes (optional)	98.6%
4.6.1	Remittance dollar amount owed for MLR reporting period	\$0
4.6.2	Payment dollar amount due to plan for MLR reporting period (optional)	Not answered, optional
N/A	Remittance explanation (optional)	Not answered, optional
N.	MLR reporting period start date	01/01/2025
O.	MLR reporting period end date	12/31/2025
4.7	Is the remittance period the same as the MLR reporting period? (optional)	Yes
4.9	Remittance methodology qualitative response	Puerto Rico determines the Federal and Commonwealth share of remittances associated with the eligibility group described under Section 1902(a)(10)(A)(i)(VIII) based on individual beneficiary eligibility data and related managed care premium payments. Medicaid eligibility is determined through the Mediti 3G

system, which provides beneficiary eligibility information to the Puerto Rico Medicaid Management Information System (PRMMIS). PRMMIS utilizes this information for enrollment, capitation payment processing, and financial reporting purposes. The remittance allocation methodology matches beneficiary-level eligibility information from Mediti 3G with the corresponding managed care premium payments recorded in PRMMIS for the applicable reporting period. The portion of the remittance attributable to beneficiaries eligible under Section 1902(a)(10)(A)(i)(VIII) is determined through specific identification of beneficiaries enrolled in that eligibility group and the related premium payments associated with those beneficiaries. Puerto Rico then applies the applicable enhanced Federal Medical Assistance Percentage (FMAP) for the Section 1902(a)(10)(A)(i)(VIII) population to determine the Federal share of the remittance, with the remaining portion representing the Commonwealth share. The methodology is consistently applied and supported through reconciliations to Mediti 3G eligibility records, PRMMIS capitation payment data, and related financial reporting records prior to reporting on the CMS-64.
