

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

Submission name	Last edited	Edited by	Status
Medicaid Medical Loss Ratio MLR & Remittance Calculation	03/27/2026	Hector Vazquez	Submitted





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	First Medical Statewide All Populations 10/01/2024 to 09/30/2025	Comprehensive MCO	N/A	N/A
 Complete	2	MMM Multi Health Statewide All Populations 10/01/2024 to 09/30/2025	Comprehensive MCO	N/A	N/A
 Complete	3	Plan de Salud Menonita Statewide All Populations 10/01/2024 to 09/30/2025	Comprehensive MCO	N/A	N/A
 Complete	4	Triple SSS Statewide All Populations 10/01/2024 to 09/30/2025	Comprehensive MCO	N/A	N/A

Medicaid Medical Loss Ratio (MLR) & Remittances

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

First Medical

Statewide

All Populations

10/01/2024 to 09/30/2025

1. Medical Loss Ratio Numerator

Number	Indicator	Response
1.1	Incurred claims (optional)	\$1,097,822,741.83
1.2	Activities that improve health care quality (optional)	\$9,736,346.16
1.3	MLR numerator	\$1,107,559,087.99
N/A	Medical Loss Ratio numerator explanation (optional)	Not answered, optional
1.4	Non-claims costs (not included in numerator) (optional)	\$41,303,515.93

2. Medical Loss Ratio Denominator

Number	Indicator	Response
2.1	Premium revenue (optional)	\$1,142,474,558.94
2.2	Federal, State, and local taxes and licensing and regulatory fees (optional)	\$0
2.3	MLR denominator	\$1,142,474,558.94
N/A	Medical Loss Ratio denominator explanation (optional)	Not answered, optional

3. MLR Calculation

Number	Indicator	Response
3.1	Member months	3,081,942
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	103.2%
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)	92%
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)	103.2%
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	10/01/2024
O.	MLR reporting period end date	09/30/2025
4.7	Is the remittance period the same as the MLR reporting period? (optional)	Yes
4.9	Remittance methodology qualitative response	ASES receives premium (capitation) data from managed care organizations and uses this information to identify and calculate MLR remittances attributable to the Adult Expansion Group (Section 1902(a)(10)(A)(i)(VIII)), with population classification based on Medicaid eligibility criteria as defined in the State Plan.

The remittances are allocated between the Federal and Commonwealth share using the FMAP rate applicable to the original capitation payments, applying the enhanced FMAP under Section 1905(y). When remittances relate to multiple periods, amounts are prorated based on the underlying capitation payments and corresponding FMAP rates.

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

MMM Multi Health Statewide All Populations 10/01/2024 to 09/30/2025

1. Medical Loss Ratio Numerator

Number	Indicator	Response
1.1	Incurred claims (optional)	\$2,054,128,667.38
1.2	Activities that improve health care quality (optional)	\$19,280,333.14
1.3	MLR numerator	\$2,073,409,000.52
N/A	Medical Loss Ratio numerator explanation (optional)	Not answered, optional
1.4	Non-claims costs (not included in numerator) (optional)	\$29,254,676.78

2. Medical Loss Ratio Denominator

Number	Indicator	Response
2.1	Premium revenue (optional)	\$2,226,828,743.61
2.2	Federal, State, and local taxes and licensing and regulatory fees (optional)	\$0
2.3	MLR denominator	\$2,226,828,743.61
N/A	Medical Loss Ratio denominator explanation (optional)	Not answered, optional

3. MLR Calculation

Number	Indicator	Response
3.1	Member months	3,369,711
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	107.4%
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)	92%
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)	Not answered, optional
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	10/01/2024
O.	MLR reporting period end date	09/30/2025
4.7	Is the remittance period the same as the MLR reporting period? (optional)	Yes
4.9	Remittance methodology qualitative response	ASES receives premium (capitation) data from managed care organizations and uses this information to identify and calculate MLR remittances attributable to the Adult Expansion Group (Section 1902(a)(10)(A)(i)(VIII)), with population classification based on Medicaid eligibility criteria as defined in the State Plan.

The remittances are allocated between the Federal and Commonwealth share using the FMAP rate applicable to the original capitation payments, applying the enhanced FMAP under Section 1905(y). When remittances relate to multiple periods, amounts are prorated based on the underlying capitation payments and corresponding FMAP rates.

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

Plan de Salud Menonita

Statewide

All Populations

10/01/2024 to 09/30/2025

1. Medical Loss Ratio Numerator

Number	Indicator	Response
1.1	Incurred claims (optional)	\$614,560,018.06
1.2	Activities that improve health care quality (optional)	\$5,145,506.59
1.3	MLR numerator	\$619,705,524.65
N/A	Medical Loss Ratio numerator explanation (optional)	Not answered, optional
1.4	Non-claims costs (not included in numerator) (optional)	\$25,250,079.24

2. Medical Loss Ratio Denominator

Number	Indicator	Response
2.1	Premium revenue (optional)	\$649,691,019.93
2.2	Federal, State, and local taxes and licensing and regulatory fees (optional)	Not answered, optional
2.3	MLR denominator	\$649,691,019.93
N/A	Medical Loss Ratio denominator explanation (optional)	Not answered, optional

3. MLR Calculation

Number	Indicator	Response
3.1	Member months	1,790,090
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	104.8%
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)	92%
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)	104.8%
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	10/01/2024
O.	MLR reporting period end date	09/30/2025
4.7	Is the remittance period the same as the MLR reporting period? (optional)	Yes
4.9	Remittance methodology qualitative response	ASES receives premium (capitation) data from managed care organizations and uses this information to identify and calculate MLR remittances attributable to the Adult Expansion Group (Section 1902(a)(10)(A)(i)(VIII)), with population classification based on Medicaid eligibility criteria as defined in the State Plan.

The remittances are allocated between the Federal and Commonwealth share using the FMAP rate applicable to the original capitation payments, applying the enhanced FMAP under Section 1905(y). When remittances relate to multiple periods, amounts are prorated based on the underlying capitation payments and corresponding FMAP rates.

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

**Triple SSS
Statewide
All Populations
10/01/2024 to 09/30/2025**

1. Medical Loss Ratio Numerator

Number	Indicator	Response
1.1	Incurred claims (optional)	\$1,673,598,625.29
1.2	Activities that improve health care quality (optional)	\$14,582,219.19
1.3	MLR numerator	\$1,688,180,844.48
N/A	Medical Loss Ratio numerator explanation (optional)	Not answered, optional
1.4	Non-claims costs (not included in numerator) (optional)	Not answered, optional

2. Medical Loss Ratio Denominator

Number	Indicator	Response
2.1	Premium revenue (optional)	\$1,730,161,811.84
2.2	Federal, State, and local taxes and licensing and regulatory fees (optional)	\$0
2.3	MLR denominator	\$1,730,161,811.84
N/A	Medical Loss Ratio denominator explanation (optional)	Not answered, optional

3. MLR Calculation

Number	Indicator	Response
3.1	Member months	5,018,689
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	102.5%
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)	92%
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)	Not answered, optional
4.6.1	Remittance dollar amount owed for MLR reporting period	\$102.50
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	10/01/2024
O.	MLR reporting period end date	09/30/2025
4.7	Is the remittance period the same as the MLR reporting period? (optional)	Yes
4.9	Remittance methodology qualitative response	ASES receives premium (capitation) data from managed care organizations and uses this information to identify and calculate MLR remittances attributable to the Adult Expansion Group (Section 1902(a)(10)(A)(i)(VIII)), with population classification based on Medicaid eligibility criteria as defined in the State Plan.

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