

The background features a blurred image of a person's face and hands, overlaid with a green semi-transparent layer. This layer contains various medical icons: a syringe, a pill, a virus, a stethoscope, a group of people, and a large cross. A dark grey diagonal shape on the right side of the page contains the text.

WELLCARE OF GEORGIA, INC.
Medicaid Managed Care Programs

Report on Adjusted Medical Loss Ratio
With Independent Accountant's Report Thereon

For the State Fiscal Year Ending June 30, 2020
Paid through November 30, 2020



**MYERS AND
STAUFFER** L.C.
CERTIFIED PUBLIC ACCOUNTANTS



Table of Contents

■ Table of Contents.....	1
■ Independent Accountant’s Report.....	2
■ Adjusted Medical Loss Ratio for the State Fiscal Year Ending June 30, 2020 Paid Through November 30, 2020.....	4
■ Schedule of Adjustments and Comments for the State Fiscal Year Ending June 30, 2020.....	6
■ Appendix A: Credibility Adjustment.....	13



State of Georgia
Georgia Department of Community Health
Atlanta, Georgia

Independent Accountant's Report

We have examined the accompanying Adjusted Medical Loss Ratio of WellCare of Georgia, Inc. for the state fiscal year ending June 30, 2020. WellCare of Georgia, Inc.'s management is responsible for presenting the Medical Loss Ratio (MLR) Reporting 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.

Appendix A includes a description and explanation of the credibility adjustment applied to the Adjusted Medical Loss Ratio for Peach State Health Plan. This credibility adjustment was applied in accordance with 42 CFR 438.8(h), and the amounts discussed in Appendix A were calculated using formulas presented in the Centers for Medicare & Medicaid Services (CMS) federal guidance. The application of the credibility adjustment depends upon evidence about the Adjusted Medical Loss Ratio and proper calculation of the CMS credibility adjustment formula. We believe that the evidence we obtained and the calculation of the CMS credibility adjustment formula 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 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 is presented for purposes of additional analysis. Such information has not been 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 does exceed the Centers for Medicare & Medicaid Services (CMS) requirement of eighty-five percent (85%) for Low Income Medicaid and Breast and Cervical Cancer (LIM + BBC) population for the state fiscal year ending June 30, 2020. The Adjusted Medical Loss Ratio Percentage Achieved does not exceed the Centers for Medicare & Medicaid Services (CMS) requirement of eighty-five percent (85%) for the Peachcare for Kids[®] (PCK) and Planning for Healthy Babies (P4HB) populations the state fiscal year ending June 30, 2020.

This report is intended solely for the information and use of the Georgia Department of Community Health, Deloitte, and WellCare of Georgia, 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
November 8, 2022



WELLCARE OF GEORGIA, INC.
ADJUSTED MEDICAL LOSS RATIO

Adjusted Medical Loss Ratio for the State Fiscal Year Ending June 30, 2020 Paid Through November 30, 2020

Adjusted Medical Loss Ratio for the State Fiscal Year Ending June 30, 2020 Paid Through November 30, 2020			
GF Medicaid (excluding PCK) + P4HB			
Line Description	As-Filed Amounts	Adjustment Amounts	Adjusted Amounts
Reporting Requirement	SFY2020		
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$ 1,075,468,221	\$ 965,754	\$ 1,076,433,975
42 CFR 438.8(k) (1) (ii) Expenditures on quality improving activities.	\$ 36,902,971	\$ (2,545,455)	\$ 34,357,516
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$ 148,629,224	\$ 1,579,649	\$ 150,208,873
42 CFR 438.8(k) (1) (v) Premium revenue.	\$ 1,385,372,850	\$ (69,530,110)	\$ 1,315,842,740
42 CFR 438.8(k) (1) (vi) Taxes, licensing and regulatory fees.	\$ 73,304,126	\$ (31,290)	\$ 73,272,836
42 CFR 438.8(k) (1) (viii) Any credibility adjustment applied.	0.0%	1.7%	1.7%
42 CFR 438.8(k) (1) (ix) The calculated MLR.	84.8%	4.6%	89.4%
42 CFR 438.8(k) (1) (x) Any remittance owed to the State, if applicable.	\$ 15,446,943	\$ (18,236,464)	\$ (2,789,521)
42 CFR 438.8(k)(1) (xiii) The number of member months.	5,384,044	0	5,384,044
LIM + BCC			
Line Description	As-Filed Amounts	Adjustment Amounts	Adjusted Amounts
Reporting Requirement	SFY2020		
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$ 1,073,004,410	\$ 981,926	\$ 1,073,986,336
42 CFR 438.8(k) (1) (ii) Expenditures on quality improving activities.	\$ 36,811,014	\$ (2,554,095)	\$ 34,256,919
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$ 147,939,618	\$ 1,592,721	\$ 149,532,339
42 CFR 438.8(k) (1) (v) Premium revenue.	\$ 1,381,288,250	\$ (69,530,110)	\$ 1,311,758,140
42 CFR 438.8(k) (1) (vi) Taxes, licensing and regulatory fees.	\$ 72,843,647	\$ (34,061)	\$ 72,809,586
42 CFR 438.8(k) (1) (viii) Any credibility adjustment applied.	0.0%	0.0%	0.0%
42 CFR 438.8(k) (1) (ix) The calculated MLR.	84.8%	4.6%	89.5%
42 CFR 438.8(k) (1) (x) Any remittance owed to the State, if applicable.	\$ 15,446,943	\$ (18,236,464)	\$ (2,789,521)
42 CFR 438.8(k)(1) (xiii) The number of member months.	5,221,115	0	5,221,115



WELLCARE OF GEORGIA, INC.
ADJUSTED MEDICAL LOSS RATIO

Adjusted Medical Loss Ratio for the State Fiscal Year Ending June 30, 2020 Paid Through November 30, 2020

Adjusted Medical Loss Ratio for the State Fiscal Year Ending June 30, 2020 Paid Through November 30, 2020			
PCK			
Line Description	As-Filed Amounts	Adjustment Amounts	Adjusted Amounts
Reporting Requirement	SFY2020		
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$ 76,966,549	\$ 2,866,701	\$ 79,833,250
42 CFR 438.8(k) (1) (ii) Expenditures on quality improving activities.	\$ 2,809,627	\$ (185,572)	\$ 2,624,055
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$ 15,716,593	\$ (2,681,029)	\$ 13,035,564
42 CFR 438.8(k) (1) (v) Premium revenue.	\$ 106,434,230	\$ (1,151,099)	\$ 105,283,131
42 CFR 438.8(k) (1) (vi) Taxes, licensing and regulatory fees.	\$ 6,175,866	\$ 77,572	\$ 6,253,438
42 CFR 438.8(k) (1) (viii) Any credibility adjustment applied.	0.0%	0.0%	0.0%
42 CFR 438.8(k) (1) (ix) The calculated MLR.	79.6%	3.7%	83.3%
42 CFR 438.8(k) (1) (x) Any remittance owed to the State, if applicable.	\$ 5,694,079	\$ (3,728,571)	\$ 1,965,508
42 CFR 438.8(k)(1) (xiii) The number of member months.	545,737	0	545,737
P4HB			
Line Description	As-Filed Amounts	Adjustment Amounts	Adjusted Amounts
Reporting Requirement	SFY2020		
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$ 2,463,811	\$ (16,172)	\$ 2,447,639
42 CFR 438.8(k) (1) (ii) Expenditures on quality improving activities.	\$ 91,957	\$ 8,640	\$ 100,597
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$ 689,606	\$ (13,072)	\$ 676,534
42 CFR 438.8(k) (1) (v) Premium revenue.	\$ 4,084,600	\$ -	\$ 4,084,600
42 CFR 438.8(k) (1) (vi) Taxes, licensing and regulatory fees.	\$ 460,479	\$ 2,771	\$ 463,250
42 CFR 438.8(k) (1) (viii) Any credibility adjustment applied.	0.0%	1.7%	1.7%
42 CFR 438.8(k) (1) (ix) The calculated MLR.	70.5%	1.5%	72.0%
42 CFR 438.8(k) (1) (x) Any remittance owed to the State, if applicable.	\$ -	\$ -	\$ -
42 CFR 438.8(k)(1) (xiii) The number of member months.	162,929	0	162,929



Schedule of Adjustments and Comments for the State Fiscal Year Ending June 30, 2020

During our examination, we noted certain matters involving costs that in our determination did not meet the definitions of allowable medical expenses and other operational matters that are presented for your consideration.

Adjustment #1 – To adjust medical claims expenses to verified lag tables

The health plan reported medical expenses of \$799,624,826 for LIM+BCC, \$46,965,813 for PCK, and \$1,917,821 for the P4HB population on the MLR; however, the plan provided lag detail for their Medical expenses that supported \$799,648,247 for LIM+BCC, \$46,965,997 for PCK, and \$1,894,219 for the P4HB population. This variance between the medical expense lag amounts and the reported MLR amounts is shown below. The claim expense was adjusted to the health plan support for each population to ensure consistency. The MLR numerator reporting requirements are addressed in the Georgia Department of Community Health’s MLR Reporting Guide and the Medicaid Care Final Rule 42 CFR § 438.8(f).

Proposed Adjustment – LIM+BCC	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$23,421

Proposed Adjustment – PCK	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$184

Proposed Adjustment – P4HB	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	(\$23,603)

Adjustment #2 – To adjust third party claims expense reported for physical therapy, occupational therapy, and speech therapy to the net claim amount reported on the certification statement provided by the vendor and to reclassify these amounts to non-claims costs.

The health plan reported a net claims amount that excluded administrative expenses, taxes, profit, and health quality improvement for physical therapy, occupational therapy, and speech therapy of \$6,693,369 for LIM+BCC, \$958,938 for PCK, and (\$118) for P4HB. The physical therapy, occupational therapy, and speech therapy vendor provided a certification statement that reported incurred claims



SCHEDULE OF ADJUSTMENTS AND COMMENTS

totaling \$8,556,492 for LIM+BCC, \$1,314,410 for PCK, and \$20,900 for P4HB. The variances between the net claims amounts reported on the MLR and the vendor certification statements are noted below along with the reclassification of these amounts to non-claims costs. The MLR numerator reporting requirements are addressed in the Georgia Department of Community Health's MLR Reporting Guide and the Medicaid Care Final Rule 42 CFR § 438.8(f).

Proposed Adjustment – LIM+BCC	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$1,863,123
42 CFR 438.8(k) (1) (iv) Non-claims costs.	(\$1,863,123)

Proposed Adjustment – PCK	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$355,472
42 CFR 438.8(k) (1) (iv) Non-claims costs.	(\$355,472)

Proposed Adjustment – P4HB	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$21,018
42 CFR 438.8(k) (1) (iv) Non-claims costs.	(\$21,018)

Adjustment #3 – To adjust third party claims expense for dental to the net claim amount reported on the certification statement provided by the vendor and to reclassify these amounts to non-claims costs.

The health plan reported a net claims amount that excluded administrative expenses, taxes, profit, and health quality improvement for dental of \$60,100,294 for LIM+BCC, \$6,093,908 for PCK, and \$953 for P4HB. The Dental vendor provided a certification statement that reported incurred claims totaling \$59,056,294 for LIM+BCC, \$8,473,832 for PCK, and \$494 for P4HB. The variances between the net claims amounts reported on the MLR and the vendor certification statements are noted below along with the reclassification of these amounts to non-claims costs. The MLR numerator reporting requirements are addressed in the Georgia Department of Community Health's MLR Reporting Guide and the Medicaid Care Final Rule 42 CFR § 438.8(f).

Proposed Adjustment – LIM+BCC	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	(\$1,044,001)
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$1,044,001



SCHEDULE OF ADJUSTMENTS AND COMMENTS

Proposed Adjustment – PCK	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$2,379,924
42 CFR 438.8(k) (1) (iv) Non-claims costs.	(\$2,379,924)

Proposed Adjustment – P4HB	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	(\$459)
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$459

Adjustment #4 – To adjust third party claims expense for vision to the net claim amount reported on the certification statement provided by the vendor and to reclassify these amounts to non-claims costs.

The health plan reported a net claims amount that excluded administrative expenses, taxes, profit, and health quality improvement for vision of \$4,887,546 for LIM+BCC, \$503,617 for PCK, and \$13,755 for P4HB. The Vision vendor provided a certification statement that reported incurred claims totaling \$5,092,898 for LIM+BCC, \$634,822 for PCK, and \$0 for P4HB. The variances between the net claims amount reported on the MLR and the vendor certification statement are noted below along with the reclassification of these amounts to non-claims costs. The MLR numerator reporting requirements are addressed in the Georgia Department of Community Health’s MLR Reporting Guide and the Medicaid Care Final Rule 42 CFR § 438.8(f).

Proposed Adjustment – LIM+BCC	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$205,353
42 CFR 438.8(k) (1) (iv) Non-claims costs.	(\$205,353)

Proposed Adjustment – PCK	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$131,205
42 CFR 438.8(k) (1) (iv) Non-claims costs.	(\$131,205)

Proposed Adjustment – P4HB	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	(\$13,755)
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$13,755



SCHEDULE OF ADJUSTMENTS AND COMMENTS

Adjustment #5 – To remove non-allowable Health Care Quality Improvement (HCQI) expenses and to reclassify to non-claims costs.

The health plan reported the following HCQI amounts for LIM+BCC, PCK, and P4HB respectively: \$34,857,563, \$2,683,572, \$91,957. Based on the job descriptions and allocation amounts provided by the health plan for the positions that were included in the HCQI amount filed for each population, Myers and Stauffer determined the job descriptions contained items that are not allowable for HCQI according to 45 CFR § 158.150. The allowable HCQI amounts for LIM+BCC, PCK, and P4HB respectively are \$34,223,566, \$2,619,277, and \$100,597. The variances between the as-filed amounts and the verified amounts are detailed below along with the reclassification to non-claims costs. The MLR numerator reporting requirements are addressed in the Georgia Department of Community Health's MLR Reporting Guide and the Medicaid Care Final Rule 42 CFR § 438.8(f).

Proposed Adjustment – LIM+BCC	
Line Description	Amount
42 CFR 438.8(k) (1) (ii) Expenditures on quality improving activities.	(\$633,997)
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$633,997

Proposed Adjustment – PCK	
Line Description	Amount
42 CFR 438.8(k) (1) (ii) Expenditures on quality improving activities.	(\$64,295)
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$64,295

Proposed Adjustment – P4HB	
Line Description	Amount
42 CFR 438.8(k) (1) (ii) Expenditures on quality improving activities.	\$8,640
42 CFR 438.8(k) (1) (iv) Non-claims costs.	(8,640)

Adjustment #6 – To remove vendor reported QIA amounts from the reported HCQI and to reclassify these amounts to non-claims costs.

The health plan reported the following QIA amounts from the HCQI vendors for LIM+BCC and PCK respectively: \$1,920,098 and \$121,277. The documentation received from the health plan was not sufficient to verify that these amounts met the requirements of HCQI; therefore, Myers and Stauffer reclassified these amounts to non-claims costs. The MLR numerator reporting requirements are addressed in the Georgia Department of Community Health's MLR Reporting Guide and the Medicaid Care Final Rule 42 CFR § 438.8(f).



SCHEDULE OF ADJUSTMENTS AND COMMENTS

Proposed Adjustment – LIM+BCC	
Line Description	Amount
42 CFR 438.8(k) (1) (ii) Expenditures on quality improving activities.	(\$1,920,098)
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$1,920,098

Proposed Adjustment – PCK	
Line Description	Amount
42 CFR 438.8(k) (1) (ii) Expenditures on quality improving activities.	(\$121,277)
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$121,277

Adjustment #7 – To adjust for variance in verified Nurse Line and BH Crisis Lines expense and to reclassify these amounts to non-claims costs.

The health plan reported capitation payment amounts for Nurse Line for LIM+BCC and P4HB respectively: \$446,875 and \$13,755. The plan provided detail for these amounts supporting \$365,043 for LIM+BCC and \$11,382 for P4HB. Similarly for BH Crisis Line, the health plan reported \$101,747 for LIM+BCC. The supporting detail from the plan supports \$120,478 for LIM+BCC. The variance between the amounts reported for BH Crisis and Nurse Line on the MLR and the supporting detail for these amounts are noted below along with the reclassification to non-claims costs. The MLR numerator reporting requirements are addressed in the Georgia Department of Community Health’s MLR Reporting Guide and the Medicaid Care Final Rule 42 CFR § 438.8(f).

Proposed Adjustment – LIM+BCC	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	(\$63,101)
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$63,101

Proposed Adjustment – P4HB	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	(\$2,373)
42 CFR 438.8(k) (1) (iv) Non-claims costs.	\$2,373



SCHEDULE OF ADJUSTMENTS AND COMMENTS

Adjustment #8 – To adjust state premium taxes to verified amount

The health plan reported the following state premium tax amounts for LIM+BCC, PCK, and P4HB respectively: \$30,332,283, \$2,335,733, \$89,321. The plan also provided detail support for tax allocation across populations. Based on the detail provided, Myers and Stauffer calculated state premium taxes of \$31,115,947 for LIM+BCC, \$2,380,168 for PCK, and \$92,092 for P4HB. The variance between the as-filed and verified tax amounts are shown below. The MLR denominator reporting requirements are addressed in the Georgia Department of Community Health’s MLR Reporting Guide and the Medicaid Care Final Rule 42 CFR § 438.8(f).

Proposed Adjustment – LIM+BCC	
Line Description	Amount
42 CFR 438.8(k) (1) (vi) Taxes, licensing and regulatory fees.	\$783,664

Proposed Adjustment – PCK	
Line Description	Amount
42 CFR 438.8(k) (1) (vi) Taxes, licensing and regulatory fees.	\$44,435

Proposed Adjustment – P4HB	
Line Description	Amount
42 CFR 438.8(k) (1) (vi) Taxes, licensing and regulatory fees.	\$2,771

Adjustment #9 – To adjust medical claims lag table amounts to verified transaction detail

The health plan reported the following medical expenses for LIM+BCC, PCK, and P4HB respectively: \$56,053,484, \$4,474,468, and \$147,083 based on lag tables. The submitted transaction detail supported amounts of \$56,050,615 for LIM+BCC, \$4,474,384 for PCK, and \$150,082 for P4HB. The variance between the lag table amounts and the detail transaction log amounts is noted below for medical claims. The MLR numerator reporting requirements are addressed in the Georgia Department of Community Health’s MLR Reporting Guide and the Medicaid Care Final Rule 42 CFR § 438.8(f).

Proposed Adjustment – LIM+BCC	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	(\$2,869)

Proposed Adjustment – PCK	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	(\$84)



SCHEDULE OF ADJUSTMENTS AND COMMENTS

Proposed Adjustment – P4HB	
Line Description	Amount
42 CFR 438.8(k) (1) (i) Total incurred claims.	\$2,999

Adjustment #10 – To adjust premium revenue and premium taxes to verified State data

The health plan reported premium revenue of \$1,381,288,250 for LIM+BCC and \$106,434,230 for PCK, and premium tax of \$30,332,283 for LIM+BCC and \$2,335,733 for PCK. Per the state's actuary data, the verified premium revenue amounts are \$1,381,288,250 for LIM+BCC and \$106,434,231 for PCK. The verified premium tax amounts are \$29,514,558 for LIM+BCC and \$2,368,870 for PCK. The variances between the State data and the Plan data were due to a retroactive rate adjustment that took place subsequent to the filing of the MLR report and are noted below. The MLR denominator reporting requirements are addressed in the Georgia Department of Community Health's MLR Reporting Guide and the Medicaid Care Final Rule 42 CFR § 438.8(f).

Proposed Adjustment – LIM+BCC	
Line Description	Amount
42 CFR 438.8(k) (1) (v) Premium revenue.	(\$69,530,110)
42 CFR 438.8(k) (1) (v) Taxes, licensing and regulatory fees.	(\$817,725)

Proposed Adjustment – PCK	
Line Description	Amount
42 CFR 438.8(k) (1) (v) Premium revenue.	(\$1,151,099)
42 CFR 438.8(k) (1) (v) Taxes, licensing and regulatory fees.	\$33,137



Appendix A: Credibility Adjustment

Credibility Adjustment Overview:

The credibility adjustment for the MLR was introduced and described in 42 CFR 438.8(h). A CMO's MLR is dependent upon accurate estimates regarding items such as unit cost, frequency of health care use, and the health of the enrollees. These estimates are more likely to be accurate for CMO's with a larger number of member months, and less likely to be accurate for a CMO with a fewer number of member months. Random variations around the estimates disproportionately affect plans with fewer member months.

The CMO's with few member months will have more difficulty in using the actuary's assumptions to accurately calculate a target MLR percentage because of random variations between the actuary's assumptions and what is actually experienced. The credibility adjustment is used to account for random variations in the MLR that have a disproportionate effect on plans with fewer member months.

42 CFR 438.8(b) divides plans into three categories: Fully-credible (They will not receive any credibility adjustment), Partially-credible (They will be receive a partial credibility adjustment), and Non-credible (They will automatically meet the target MLR Standard).

Impact of the Credibility Adjustment on WellCare of Georgia, Inc.:

WellCare of Georgia, Inc. did not have the credibility adjustment applied on their as filed 2020 MLR. Based on 42 CFR 438.8, it was determined that a partial credibility adjustment should have been applied to the 2020 MLR for the Planning for Healthy Babies (P4HB) population. Myers and Stauffer applied a partial credibility adjustment in the Adjusted Medical Loss Ratio for the period ending June 30, 2020 paid through November 30, 2020.

WellCare of Georgia Inc.'s P4HB population had 162,929 member months. This is shown on the Adjusted Medical Loss Ratio on page 4 of this report. After calculation of the credibility adjustment based on the guidelines in 42 CFR 438.8(h) and the CMCS Informational Bulletin "Medical Loss Ratio (MLR) Credibility Adjustments" dated July 31, 2017, WellCare of Georgia Inc. received a credibility adjustment of 1.7%. This is included on the Adjusted Medical Loss Ratio on page 5 of this report. WellCare of Georgia Inc.'s P4HB adjusted MLR percentage achieved after the credibility adjustment is 72.0%. This is included on the Adjusted Medical Loss Ratio on page 5 of this report.