

MEDICAL LOSS RATIO REBATE CALCULATION
OHP LINE OF BUSINESS

CONTRACTOR: **CCO Name**
 REPORTING PERIOD:
 BEGINNING DATE: **7/1/2014**
 ENDING DATE: **12/31/2015**
 DUE DATE: **6/30/2016**

Input into yellow cells only		Expansion Population	Non-Expansion Population	Total
NET PREMIUMS	1. Gross Premiums (Capitation Payments & Case Rate Revenue)	\$ -	\$ -	\$ -
	a. Reinsurance/Stop Loss Premiums Paid	-	-	-
	b. HRA Payments	-	-	-
OTHER REVENUES	c. Federal and State Taxes and Licensing or Regulatory Fees	-	-	-
	2. Net Premiums	-	-	-
	3. Other Health Care Related Revenues	-	-	-
4. TOTAL MEDICAL RELATED REVENUES		-	-	-
INCURRED MEDICAL RELATED COSTS	5. Paid Claims	-	-	-
	6. Unpaid Claim Reserve	-	-	-
	7. Incurred Medical Incentive Pools and Bonuses	-	-	-
	8. Experience Rating Refunds and Reserves for Experience Rating Refunds	-	-	-
	9. Change in Contract Reserves	-	-	-
	10. Other Incurred Medical Costs	-	-	-
	11. Total Incurred Medical Costs	-	-	-
	12. Health Care Quality Improvement Expenses Incurred	-	-	-
13. TOTAL INCURRED MEDICAL RELATED COSTS		-	-	-
14. MEDICAL LOSS RATIO		0.00%	0.00%	0.00%
15. REBATE		\$ -		

I certify that the above information is true and accurate to the best of my knowledge and belief.

Signature _____

 Name - Please Type

 Title - Please Type

 Date

MEDICAL LOSS RATIO REBATE CALCULATION

OHP LINE OF BUSINESS

Expansion Population Rate Categories: ACA 19-44; ACA 45-54; ACA 55-65

CONTRACTOR: CCO Name
 REPORTING PERIOD:
 BEGINNING DATE: 1/1/2015
 ENDING DATE: 12/31/2015

Input into yellow cells only		Expansion Population	Non-Expansion Population	Total
NET PREMIUMS	1. Gross Premiums (Capitation Payments & Case Rate Revenue)	\$ -	\$ -	\$ -
	a. Reinsurance/Stop Loss Premiums Paid	-	-	-
	b. HRA Payments	-	-	-
OTHER REVENUES	c. Federal and State Taxes and Licensing or Regulatory Fees	-	-	-
	2. Net Premiums	-	-	-
	3. Other Health Care Related Revenues	-	-	-
	4. TOTAL MEDICAL RELATED REVENUES	-	-	-
INCURRED MEDICAL RELATED COSTS	5. Paid Claims	-	-	-
	6. Unpaid Claim Reserve	-	-	-
	7. Incurred Medical Incentive Pools and Bonuses	-	-	-
	8. Experience Rating Refunds and Reserves for Experience Rating Refunds	-	-	-
	9. Change in Contract Reserves	-	-	-
	10. Other Incurred Medical Costs	-	-	-
	11. Total Incurred Medical Costs	-	-	-
	12. Health Care Quality Improvement Expenses Incurred	-	-	-
	13. TOTAL INCURRED MEDICAL RELATED COSTS	-	-	-

MEDICAL LOSS RATIO REBATE CALCULATION

OHP LINE OF BUSINESS

Expansion Population Rate Categories: ACA Adults with Children and ACA Adults without Children

CONTRACTOR: CCO Name
 REPORTING PERIOD:
 BEGINNING DATE: 7/1/2014
 ENDING DATE: 12/31/2014

Input into yellow cells only		Expansion Population	Non-Expansion Population	Total
NET PREMIUMS	1. Gross Premiums (Capitation Payments & Case Rate Revenue)	\$ -	\$ -	\$ -
	a. Reinsurance/Stop Loss Premiums Paid	-	-	-
	b. HRA Payments	-	-	-
OTHER REVENUES	c. Federal and State Taxes and Licensing or Regulatory Fees	-	-	-
	2. Net Premiums	-	-	-
	3. Other Health Care Related Revenues	-	-	-
	4. TOTAL MEDICAL RELATED REVENUES	-	-	-
INCURRED MEDICAL RELATED COSTS	5. Paid Claims	-	-	-
	6. Unpaid Claim Reserve	-	-	-
	7. Incurred Medical Incentive Pools and Bonuses	-	-	-
	8. Experience Rating Refunds and Reserves for Experience Rating Refunds	-	-	-
	9. Change in Contract Reserves	-	-	-
	10. Other Incurred Medical Costs	-	-	-
	11. Total Incurred Medical Costs	-	-	-
	12. Health Care Quality Improvement Expenses Incurred	-	-	-
	13. TOTAL INCURRED MEDICAL RELATED COSTS	-	-	-