PrimeWest Health

Minnesota Supplement Report #1

STATEMENT OF REVENUE, EXPENSES AND NET INCOME

For the year ending December 31, 2019

Public Information, Minnesota Statutes § 62D.08

NAIC #	NAIC Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	As found on page 4 of the Annual Statement	NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Stand Alone Medicare Part D	Minnesota Senior Health Options (MSHO)	SNBC (MA Only)	SNBC (Integrated)	Prepaid Medical Assistance Program (PMAP)	MSC+	MNCare	Dental Please specify if SADP or embedded	Other: Please Specify	Administrative Services Only
1	Member Months (for Jan-Dec 2019)	493590		493590						23485	25805	2065	398556	10592	33087			
REVENUES:																		
2	Net Premium Income (including $ non-health premium income)	302,877,859.00		302,877,859.00						67,624,149.00	28,750,221.00	3,440,956.00	174,347,120.00	12,639,143.00	16,076,270.00			
3	Change in unearned premium reserves and serve for rate credits	-		-														
4	Fee-for-service (net of $ medical expenses)	-		-														
5	Risk revenue	-		-														
6	Aggregate write-ins for other health care related revenues (Line 699)	-	NR	-	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
7	Aggregate write-ins for other non-health revenues (Line 799)	$6,099,455.00	NR	$6,099,455.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	$6,099,455.00
8	TOTAL REVENUES (Lines 2 through 7)	$308,977,314.00	NR	$308,977,314.00	NR	NR	NR	NR	NR	$67,624,149.00	$28,750,221.00	$3,440,956.00	$174,347,120.00	$12,639,143.00	$16,076,270.00	NR	NR	$6,099,455.00
																For Dental: Please use "Explanations" tab to clarify any overlap reporti		
EXPENSES:																		
9	Hospital/medical benefits	190,599,006.00		190,599,006.00						38,541,043.00	18,509,644.00	3,627,465.00	116,660,642.00	2,905,530.00	10,354,682.00			
10	Other professional services	39,176,192.00		39,176,192.00						16,770,328.00	2,206,138.00	290,190.00	11,139,691.00	8,076,503.00	693,342.00			
11	Outside referrals	-		-						-	-	-	-	-	-			
12	Emergency room and out-of-area	9,843,460.00		9,843,460.00						1,154,326.00	807,488.00	100,664.00	7,175,960.00	137,956.00	467,066.00			
13	Prescription drugs	41,319,746.00		41,319,746.00						3,371,044.00	4,536,300.00	409,925.00	28,789,581.00	81,479.00	4,131,417.00			
14	Aggregate write-ins for other hospital and medical expenses (Line 1499)	$5,351,608.00	NR	$5,351,608.00	NR	NR	NR	NR	NR	$1,472,505.00	$683,420.00	$171,881.00	$2,662,911.00	$168,200.00	$192,691.00	NR	NR	NR
15	Incentive Pool and Withhold Adjustments	925,142.00		925,142.00						96,000.00	163,511.00	30,000.00	565,820.00	-	69,811.00			
16	TOTAL EXPENSES (Lines 9 through 15)	$287,215,154.00	NR	$287,215,154.00	NR	NR	NR	NR	NR	$61,405,246.00	$26,906,501.00	$4,630,125.00	$166,994,605.00	$11,369,668.00	$15,909,009.00	NR	NR	NR
LESS																		
17	Net reinsurance recoveries	964,532.00		964,532.00							45,719.00		918,813.00					
18	Total hospital and medical (Lines 16 minus 17)	$286,250,622.00	NR	$286,250,622.00	NR	NR	NR	NR	NR	$61,405,246.00	$26,860,782.00	$4,630,125.00	$166,075,792.00	$11,369,668.00	$15,909,009.00	NR	NR	NR
19	Non-health claims	-		-														
20	Claims adjustment expenses	12,448,116.00		12,448,116.00						1,604,086.00	941,880.00	439,559.00	7,844,945.00	642,147.00	975,499.00			
21	General administrative expenses	12,262,917.00		7,636,445.00						984,046.00	577,807.00	269,653.00	4,812,575.00	393,932.00	598,432.00			4,626,472.00
22	Increase in reserves for life, accident and health contracts (including $ increase in reserves for life only)	(1,642,248.00)		(1,642,248.00)									(1,355,471.00)		(286,777.00)			
23	Total underwriting deductions (Lines 18 through 22)	$309,319,407.00	NR	$304,692,935.00	NR	NR	NR	NR	NR	$63,993,378.00	$28,380,469.00	$5,339,337.00	$177,377,841.00	$12,405,747.00	$17,196,163.00	NR	NR	$4,626,472.00
24	Net underwriting gain or (loss)(Lines 8 minus 23)	($342,093.00)	NR	$4,284,379.00	NR	NR	NR	NR	NR	$3,630,771.00	$369,752.00	($1,898,381.00)	($3,030,721.00)	$233,396.00	($1,119,893.00)	NR	NR	$1,472,983.00
25	Net investment income earned	482,362.00		482,362.00						107,698.00	45,788.00	5,480.00	277,664.00	20,129.00	25,603.00			
26	Net realized capital gains or (losses)	(11,403.00)		(11,403.00)						(2,546.00)	(1,082.00)	(130.00)	(6,564.00)	(476.00)	(605.00)			
27	Net investment gains or (losses)(Lines 25 plus 26)	$470,959.00	NR	$470,959.00	NR	NR	NR	NR	NR	$105,152.00	$44,706.00	$5,350.00	$271,100.00	$19,653.00	$24,998.00	NR	NR	NR
28	Net gain or (loss) from agents' or premium balances charged off	-		-														
29	Aggregate write-ins for other income or expenses (Line 2999)	-	NR	-	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
30	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	$128,866.00	NR	$4,755,338.00	NR	NR	NR	NR	NR	$3,735,923.00	$414,458.00	($1,893,031.00)	($2,759,621.00)	$253,049.00	($1,094,895.00)	NR	NR	$1,472,983.00
31	Federal and foreign income taxes incurred	-		-														
32	Net income (loss) (Lines 30 minus 31)	$128,866.00	NR	$4,755,338.00	NR	NR	NR	NR	NR	$3,735,923.00	$414,458.00	($1,893,031.00)	($2,759,621.00)	$253,049.00	($1,094,895.00)	NR	NR	$1,472,983.00

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
DETAILS OF WRITE-INS	NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Medicare Part D	Minnesota Senior Health Options (MSHO)	SNBC (MA Only)	SNBC (Integrated)	Prepaid Medical Assistance Program (PMAP)	MSC+	MNCare	Dental	Other: Please Specify	Administrative Services Only
OTHER HEALTH CARE RELATED REVENUES (Line 6)																	
0601	-		-														
0602	-		-														
0603	-		-														
0604	-		-														
0605	-		-														
0606	-		-														
0607	-		-														
0608	-		-														
0609	-		-														
0698 Summary of Remaining Write-Ins for Line 6 Overflow																	
0699 TOTALS (Lines 0601 through 0609 plus 0698) (Line 6 above)	-	NR	-	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
OTHER NON-HEALTH REVENUES (Line 7)																	
0701 TPA Services	6,099,455.00		6,099,455.00														6,099,455.00
0702	-		-														
0703	-		-														
0798 Summary of Remaining Write-Ins for Line 7 Overflow																	
0799 TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	$6,099,455.00	NR	$6,099,455.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	$6,099,455.00
OTHER MEDICAL AND HOSPITAL EXPENSES (Line 14)																	
1401 Transportation	2,705,555.00		2,705,555.00						594,239.00	333,403.00	25,432.00	1,640,552.00	15,416.00	96,513.00			
1402 DME/Medical Supplies	2,646,053.00		2,646,053.00						878,266.00	350,017.00	146,449.00	1,022,359.00	152,784.00	96,178.00			
1403	-		-														
1404	-		-														
1405	-		-														
1406	-		-														
1407	-		-														
1408	-		-														
1409	-		-														
1498 Summary of Remaining Write-Ins for Line 14 Overflow																	
1499 TOTALS (Lines 1401 through 1409 plus 1498) (Line 14 above)	$5,351,608.00	NR	$5,351,608.00	NR	NR	NR	NR	NR	$1,472,505.00	$683,420.00	$171,881.00	$2,662,911.00	$168,200.00	$192,691.00	NR	NR	NR
OTHER INCOME AND EXPENSES (Line 29)																	
OTHER INCOME																	
2901	-		-														
2902	-		-														
2903	-		-														
2904	-		-														
2905	-		-														

2918 Summary of Remaining Write-Ins for Other Income Overflow																	
2919 Subtotal of Other Income (Lines 2901 through 2918)	-	NR	-	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
OTHER EXPENSES																	
2921	-		-														
2922	-		-														
2923	-		-														
2924	-		-														
2925	-		-														
2938 Summary of Remaining Write-Ins for Other Expenses Overflow																	
2939 Subtotal of Other Expenses (Lines 2921 through 2738)	-	NR	-	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
2999 TOTALS - (Lines 2919 minus 2939) (Line 29)	-	NR	-	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

ng of Dental in other columns.