Hennepin Health
Minnesota Supplement Report #1
STATEMENT OF REVENUE, EXPENSES AND NET INCOME
For the year ending December 31, 2020
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)	334,110									25,417		289,226		19,467			
REVENUES:																		
2	Net Premium Income (including $ non-health premium income)	256,680,280									42,357,136		203,752,651		10,570,493			
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	NR	NR
7	Aggregate write-ins for other non-health revenues (Line 799)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
8	TOTAL REVENUES (Lines 2 through 7)	256,680,280	NR	NR	NR	NR	NR	NR	NR	NR	42,357,136	NR	203,752,651	NR	10,570,493	NR	NR	NR
EXPENSES:																use "Explanations"		
9	Hospital/medical benefits	147,844,478									18,084,326		124,786,021		4,974,131			
10	Other professional services	11,905,224									3,602,529		7,974,983		327,712			
11	Outside referrals																	
12	Emergency room and out-of-area	14,937,010									1,587,162		13,007,803		342,044			
13	Prescription drugs	37,682,028									6,804,752		27,729,512		3,147,765			
14	Aggregate write-ins for other hospital and medical expenses (Line 1499)	1,753,058	NR	NR	NR	NR	NR	NR	NR	NR	1,508,903	NR	413,347	NR	(169,191)	NR	NR	NR
15	Incentive Pool and Withhold Adjustments	12,400,061									5,000,000		6,849,387		550,674			
16	TOTAL EXPENSES (Lines 9 through 15)	226,521,859	NR	NR	NR	NR	NR	NR	NR	NR	36,587,672	NR	180,761,053	NR	9,173,135	NR	NR	NR
LESS																		
17	Net reinsurance recoveries	2,332,351									91,671		2,240,680		-			
18	Total hospital and medical (Lines 16 minus 17)	224,189,508	NR	NR	NR	NR	NR	NR	NR	NR	36,496,001	NR	178,520,373	NR	9,173,135	NR	NR	NR
19	Non-health claims																	
20	Claims adjustment expenses	14,279,002									1,614,687		11,936,165		728,151			
21	General administrative expenses	15,471,700									2,543,184		12,288,787		639,729			
22	Increase in reserves for life, accident and health contracts (including $ increase in reserves for life only)	(4,500,000)											(4,200,000)		(300,000)			
23	Total underwriting deductions (Lines 18 through 22)	249,440,210	NR	NR	NR	NR	NR	NR	NR	NR	40,653,871	NR	198,545,324	NR	10,241,015	NR	NR	NR
24	Net underwriting gain or (loss)(Lines 8 minus 23)	7,240,070	NR	NR	NR	NR	NR	NR	NR	NR	1,703,265	NR	5,207,327	NR	329,478	NR	NR	NR
25	Net investment income earned	479,727									79,125		380,821		19,782			
26	Net realized capital gains or (losses)																	
27	Net investment gains or (losses)(Lines 25 plus 26)	479,727	NR	NR	NR	NR	NR	NR	NR	NR	79,125	NR	380,821	NR	19,782	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	NR	NR
30	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	7,719,797	NR	NR	NR	NR	NR	NR	NR	NR	1,782,389	NR	5,588,147	NR	349,260	NR	NR	NR
31	Federal and foreign income taxes incurred																	
32	Net income (loss) (Lines 30 minus 31)	7,719,797	NR	NR	NR	NR	NR	NR	NR	NR	1,782,389	NR	5,588,147	NR	349,260	NR	NR	NR

	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	NR	NR
OTHER NON-HEALTH REVENUES (Line 7)																	
0701																	
0702																	
0703																	
0798 Summary of Remaining Write-Ins for Line 7 Overflow																	
0799 TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
OTHER MEDICAL AND HOSPITAL EXPENSES (Line 14)																	
1401 Other Medical	(9,288,944)									(791,855)		(8,106,837)		(390,252)			
1402 Transportation	7,656,235									1,458,320		6,102,007		95,909			
1403 Medical Equipment	3,385,767									842,438		2,418,177		125,152			
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)	1,753,058	NR	NR	NR	NR	NR	NR	NR	NR	1,508,903	NR	413,347	NR	(169,191)	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	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	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	NR	NR