



ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2011  
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc

NAIC Group Code 2838 (Current Period) , (Prior Period) NAIC Company Code 95655 Employer's ID Number 311471229

Organized under the Laws of Ohio , State of Domicile or Port of Entry Ohio

Country of Domicile US

Licensed as business type:  
Life, Accident and Health [ ] Property/Casualty [ ] Hospital, Medical and Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Other [ ]  
Health Maintenance Organization [ X ] Is HMO Federally Qualified? Yes (X) No ( )

Incorporated/Organized August 6, 1996 Commenced Business April 1, 1997

Statutory Home Office 6150 East Broad Street, EE320, Columbus, Ohio 43213 (Street and Number, City or Town, State and Zip Code)

Main Administrative Office 6150 East Broad Street, EE320, Columbus, Ohio 43213 6145463211 (Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 6150 East Broad Street, EE320, Columbus, Ohio 43213 (Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 6150 East Broad Street, EE320, Columbus, Ohio 43213 (Street and Number, City or Town, State and Zip Code)  
6145463211 (Area Code) (Telephone Number)

Internet Website Address www.medigold.com

Statutory Statement Contact Veronica Szydowski 6145463211 (Name) (Area Code) (Telephone Number) (Extension)  
vszydowski@mchs.com 6145463131 (E-Mail Address) (Fax Number)

OFFICERS

Jacqueline Primeau (Chairperson)  
Greg Wise (Interim President & CEO)  
Veronica Szydowski (COO/CFO)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Sister Barbara Hahl, CSC  
Claus von Zychlin  
Paula Autry  
Daniel Wendorff, MD  
Barry Fagan, MD

State of Ohio }  
County of Franklin } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Jacqueline Primeau Chairperson Greg Wise Interim President & CEO Veronica Szydowski COO/CFO

Subscribed and sworn to before me this day of  
a. Is this an original filing? Yes (X) No ( )  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0299998 - Premiums due and unpaid not individually listed .....	2,655,190					2,655,190
0299999 - TOTAL - Group .....	2,655,190					2,655,190
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15) .....	2,655,190					2,655,190

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
0199999 - Pharmaceutical Rebate Receivables	301,505	308,372	322,600	2,712,064	2,712,064	932,477
	301,505	308,372	322,600	2,712,064	2,712,064	932,477
Claim Overpayment Receivables						
0299999 - Claim Overpayment Receivables	4,134	4,579	6,687	107,758	107,758	15,400
	4,134	4,579	6,687	107,758	107,758	15,400
0799999 - Gross Health Care Receivables	305,639	312,951	329,287	2,819,822	2,819,822	947,877

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0599999 - Unreported claims and other claim reserves .....						21,197,158
0799999 - Total claims unpaid .....						21,197,158

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1  Name of Affiliate	2  1 - 30 Days	3  31 - 60 Days	4  61 - 90 Days	5  Over 90 Days	6  Nonadmitted	Admitted	
						7  Current	8  Non-Current
0299999 - Receivables not individually listed .....	48,327					48,327	
0399999 - TOTAL gross amounts receivable .....	48,327					48,327	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0299999 - Payables not individually listed .....		1,502,075 .....	1,502,075 .....	
0399999 - TOTAL gross payables .....		1,502,075 .....	1,502,075 .....	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Mount Carmel Health Plan , Inc

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1  Direct Medical Expense Payment	2  Column 1 as a Percentage of of Total Payments	3  Total Members Covered	4  Column 3 as a Percentage of Total Members	5  Column 1 Expenses Paid to Affiliated Providers	6  Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....						
4. Total capitation payments .....						
Other Payments:						
5. Fee-for-service .....	11,290,333	3.977	X X X	X X X		11,290,333
6. Contractual fee payments .....	272,567,148	96.023	X X X	X X X	84,639,058	187,928,090
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. Total other payments .....	283,857,481	100.000	X X X	X X X	84,639,058	199,218,423
13. Total (Line 4 plus Line 12) .....	283,857,481	100%	X X X	X X X	84,639,058	199,218,423

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1  NAIC Code	2  Name of Intermediary	3  Capitation Paid	4  Average Monthly Capitation	5  Intermediary's Total Adjusted Capital	6  Intermediary's Authorized Control Level RBC
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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Mount Carmel Health Plan , Inc

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	159,340		159,340		159,340	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total .....	159,340		159,340		159,340	





ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Mount Carmel Health Plan , Inc

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION    Mount Carmel Health Plan , Inc

2.    Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

**BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2011**

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1.    Prior Year .....	27,286							27,286		
2.    First Quarter .....	29,219							29,219		
3.    Second Quarter .....	29,098							29,098		
4.    Third Quarter .....	29,168							29,168		
5.    Current Year .....	29,213							29,213		
6.    Current Year Member Months .....	350,259							350,259		
Total Member Ambulatory Encounters for Year:										
7.    Physician .....										
8.    Non-Physician .....										
9.    Total .....										
10.   Hospital Patient Days Incurred .....										
11.   Number of Inpatient Admissions .....	6,464							6,464		
12.   Health Premiums Written (b) .....	343,840,775							343,840,775		
13.   Life Premiums Direct .....										
14.   Property/Casualty Premiums Written .....										
15.   Health Premiums Earned .....	340,863,947							340,863,947		
16.   Property/Casualty Premiums Earned .....										
17.   Amount Paid for Provision of Health Care Services .....	281,457,131							281,457,131		
18.   Amount Incurred for Provision of Health Care Services .....	283,857,481							283,857,481		

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .... 343,840,775 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Mount Carmel Health Plan , Inc

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION    Mount Carmel Health Plan , Inc

2.    Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

**BUSINESS IN THE STATE OF GRAND TOTAL   DURING THE YEAR 2011**

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1.   Prior Year .....	27,286							27,286		
2.   First Quarter .....	29,219							29,219		
3.   Second Quarter .....	29,098							29,098		
4.   Third Quarter .....	29,168							29,168		
5.   Current Year .....	29,213							29,213		
6.   Current Year Member Months .....	350,259							350,259		
Total Member Ambulatory Encounters for Year:										
7.   Physician .....										
8.   Non-Physician .....										
9.   Total .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....	6,464							6,464		
12. Health Premiums Written (b) .....	343,840,775							343,840,775		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	340,863,947							340,863,947		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	281,457,131							281,457,131		
18. Amount Incurred for Provision of Health Care Services .....	283,857,481							283,857,481		

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .... 343,840,775 .

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Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health  
**NONE**

**Page 31**

Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses  
**NONE**

**Page 32**

Sch. S, Pt. 3, Sn. 2, Reinsurance Ceded Accident and Health  
**NONE**

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Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies  
**NONE**

Sch. S, Pt. 4, Bank Footnote  
**NONE**

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Sch. S, Pt. 5, Five-Year Exhibit of Reinsurance Ceded Business  
**NONE**

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Sch. S, Pt. 6, Restatement of Balance Sheet  
**NONE**



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
2838	Mount Carmel Health Syste	13123	25-1912781				Mount Carmel Health Insurance Company			Mount Carmel Health System	Ownership	100.000		
2838	Mount Carmel Health Syste	95655	31-1471229				Mount Carmel Health Plan, Inc			Mount Carmel Health System	Ownership	100.000		

Asterisk	Explanation
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SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95655 .....	31-1471299	Mout Carmel Health Plan .....						(91,599,111)			(91,599,111)	
.....	31-1147122	Mount Carmal Health System .....						91,599,111			91,599,111	
95655 .....	31-1471299	Mount Carmel Health Plan .....						642,547			642,547	
13123 .....	25-1912781	Mount Carmel Health Insurance Company .....						(642,547)			(642,547)	
9999999 - CONTROL TOTALS		.....										

If the nature of the transactions reported in Part 2 requires explanation , report such in the following explanatory note:

.....  
.....  
.....  
.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 460:		
2. Will an actuarial opinion be filed by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 440:		
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 390:		
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 390:		
	APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 350:		
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 285:		
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 210:		
	JUNE FILING	
8. Will an audited financial report be filed by June 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 220:		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state . However , in the event that your domiciliary state waives the filing requirement , your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason , enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

JUNE FILING	RESPONSE
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 221:	

AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 222:	

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason , enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

MARCH FILING	RESPONSE
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION:	
BARCODE:	
Document Identifier 360:	



12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	

BARCODE:	9 5 6 5 5 2 0 1 1 2 0 5 0 0 0 0 0
Document Identifier 205:	



13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	

BARCODE:	9 5 6 5 5 2 0 1 1 2 0 7 0 0 0 0 0
Document Identifier 207:	



14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
EXPLANATION:	

BARCODE:	9 5 6 5 5 2 0 1 1 4 2 0 0 0 0 0 0
Document Identifier 420:	



15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	

BARCODE:	9 5 6 5 5 2 0 1 1 3 7 1 0 0 0 0 0
Document Identifier 371:	



16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	

BARCODE:	9 5 6 5 5 2 0 1 1 3 7 0 0 0 0 0 0
Document Identifier 370:	





SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

MARCH FILING	RESPONSE
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION:	

BARCODE: Document Identifier 365:	956552011365000000
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18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
EXPLANATION:	

BARCODE: Document Identifier 224:	956552011224000000
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19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
EXPLANATION:	

BARCODE: Document Identifier 225:	956552011225000000
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20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
EXPLANATION:	

BARCODE: Document Identifier 226:	956552011226000000
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APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
EXPLANATION:	

BARCODE: Document Identifier 306:	956552011306000000
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22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	

BARCODE: Document Identifier 211:	956552011211000000
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23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
EXPLANATION:	


BARCODE: Document Identifier 213:	956552011213000000
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24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
EXPLANATION:	

BARCODE: Document Identifier 216:	956552011216000000
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

APRIL FILING		RESPONSE
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?		NO
EXPLANATION:		
BARCODE:		
Document Identifier 217:	<div>95655201121700000000</div> 	

AUGUST FILING		
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?		NO
EXPLANATION:		
BARCODE:		
Document Identifier 223:	<div>95655201122300000000</div> 	

Health

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