

**Subsequent to the filing of the Annual Statement, the Company discovered an overstatement in claims unpaid related to dental business. As directed by the Ohio Department of Insurance, the Annual Statement has been amended.**



## HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2013  
OF THE CONDITION AND AFFAIRS OF THE

### UnitedHealthcare Community Plan of Ohio, Inc.

NAIC Group Code 0707 NAIC Company Code 12323 Employer's ID Number 56-2451429  
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes  No

Incorporated/Organized 03/29/2004 Commenced Business 10/01/2005

Statutory Home Office 9200 Worthington Road OH020-1000, Westerville, OH, US 43082  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 9700 Health Care Lane MN017-E900  
(Street and Number) Minnetonka, MN, US 55343, 952-979-6171  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 9700 Health Care Lane MN017-E900, Minnetonka, MN, US 55343  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 9700 Health Care Lane MN017-E900  
(Street and Number) Minnetonka, MN, US 55343, 952-979-6171  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.uhccommunityplan.com  
Statutory Statement Contact Stephen Wells, 608-783-8610  
(Name) stephen\_j\_wells@uhc.com, 952-979-7825  
(E-mail Address) (Area Code) (Telephone Number) (FAX Number)

#### OFFICERS

President	<u>Tracy Lynn Davidson</u>	Treasurer	<u>Robert Worth Oberrender</u>
Secretary	<u>Christina Regina Palme-Krizak</u>	Chief Financial Officer	<u>Dale Ray Moore</u>

#### OTHER

Michelle Marie Huntley Assistant Secretary

#### DIRECTORS OR TRUSTEES

<u>Richard Gordon Dunlop</u>	<u>Joseph Gilbert Gaudio</u>	<u>Bror Olof Hultgren</u>
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State of \_\_\_\_\_ State of \_\_\_\_\_ State of \_\_\_\_\_  
County of \_\_\_\_\_ County of \_\_\_\_\_ County of \_\_\_\_\_

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. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Tracy Lynn Davidson  
President

Christina Regina Palme-Krizak  
Secretary

Dale Ray Moore  
Chief Financial Officer

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_

a. Is this an original filing?..... Yes  No

b. If no,

1. State the amendment number..... 1

2. Date filed..... 05/05/2014

3. Number of pages attached..... 45

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

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

## Aging Analysis of Unpaid Claim

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
OptumRx, Inc.	5,722,903	0	0	0	0	5,722,903
0199999. Individually listed claims unpaid	5,722,903	0	0	0	0	5,722,903
0299999. Aggregate accounts not individually listed- uncovered	0	0	0	0	0	0
0399999. Aggregate accounts not individually listed-covered	5,984,248	153,061	244,758	260,623	1,240,686	7,883,376
0499999. Subtotals	11,707,151	153,061	244,758	260,623	1,240,686	13,606,279
0599999. Unreported claims and other claim reserves						60,129,989
0699999. Total amounts withheld						0
0799999. Total claims unpaid						73,736,268
0899999 Accrued medical incentive pool and bonus amounts						1,007,825



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

UnitedHealthcare Community Plan of Ohio, Inc.

2. Westerville, OH

(LOCATION)

NAIC Group Code	0707	BUSINESS IN THE STATE OF	Ohio		DURING THE YEAR				NAIC Company Code	12323	
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year		115,096	0	0	0	0	0	0	0	115,096	0
2. First Quarter		114,999	0	0	0	0	0	0	0	114,999	0
3. Second Quarter		114,595	0	0	0	0	0	0	0	114,595	0
4. Third Quarter		165,769	0	0	0	0	0	0	0	165,769	0
5. Current Year		167,699	0	0	0	0	0	0	0	167,699	0
6. Current Year Member Months		1,679,642	0	0	0	0	0	0	0	1,679,642	0
<b>Total Member Ambulatory Encounters for Year:</b>											
7 Physician		1,682,813	0	0	0	0	0	0	0	1,682,813	0
8. Non-Physician		576,030	0	0	0	0	0	0	0	576,030	0
9. Total		2,258,843	0	0	0	0	0	0	0	2,258,843	0
10. Hospital Patient Days Incurred		82,208	0	0	0	0	0	0	0	82,208	0
11. Number of Inpatient Admissions		15,282	0	0	0	0	0	0	0	15,282	0
12. Health Premiums Written (b)		671,779,056	0	0	0	0	0	0	0	671,779,056	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		671,402,589	0	0	0	0	0	0	0	671,402,589	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		484,359,079	0	0	0	0	0	0	0	484,359,079	0
18. Amount Incurred for Provision of Health Care Services		513,923,986	0	0	0	0	0	0	0	513,923,986	0

(a) For health business: number of persons insured under PPO managed care products ..... 0 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 0



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UnitedHealthcare Community Plan of Ohio, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

UnitedHealthcare Community Plan of Ohio, Inc.

2. Westerville, OH

(LOCATION)

NAIC Group Code	0707	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				NAIC Company Code	12323	
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year .....		115,096	0	0	0	0	0	0	0	115,096	0
2. First Quarter .....		114,999	0	0	0	0	0	0	0	114,999	0
3. Second Quarter .....		114,595	0	0	0	0	0	0	0	114,595	0
4. Third Quarter .....		165,769	0	0	0	0	0	0	0	165,769	0
5. Current Year .....		167,699	0	0	0	0	0	0	0	167,699	0
6. Current Year Member Months .....		1,679,642	0	0	0	0	0	0	0	1,679,642	0
<b>Total Member Ambulatory Encounters for Year:</b>											
7 Physician .....		1,682,813	0	0	0	0	0	0	0	1,682,813	0
8. Non-Physician .....		576,030	0	0	0	0	0	0	0	576,030	0
9. Total .....		2,258,843	0	0	0	0	0	0	0	2,258,843	0
10. Hospital Patient Days Incurred .....		82,208	0	0	0	0	0	0	0	82,208	0
11. Number of Inpatient Admissions .....		15,282	0	0	0	0	0	0	0	15,282	0
12. Health Premiums Written (b) .....		671,779,056	0	0	0	0	0	0	0	671,779,056	0
13. Life Premiums Direct .....		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....		671,402,589	0	0	0	0	0	0	0	671,402,589	0
16. Property/Casualty Premiums Earned .....		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....		484,359,079	0	0	0	0	0	0	0	484,359,079	0
18. Amount Incurred for Provision of Health Care Services.....		513,923,986	0	0	0	0	0	0	0	513,923,986	0

(a) For health business: number of persons insured under PPO managed care products ..... 0 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 0

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	212,907,361	0	212,907,361
2. Accident and health premiums due and unpaid (Line 15) .....	18,279,690	0	18,279,690
3. Amounts recoverable from reinsurers (Line 16.1) .....	588,044	(588,044)	0
4. Net credit for ceded reinsurance .....	XXX	2,326,809	2,326,809
5. All other admitted assets (Balance) .....	10,818,408	0	10,818,408
6. Total assets (Line 28) .....	242,593,503	1,738,765	244,332,268
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	71,932,541	1,803,727	73,736,268
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,007,825	0	1,007,825
9. Premiums received in advance (Line 8) .....	855,808	0	855,808
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	37,908,716	(64,962)	37,843,754
15. Total liabilities (Line 24) .....	111,704,891	1,738,765	113,443,656
16. Total capital and surplus (Line 33) .....	130,888,612	XXX	130,888,612
17. Total liabilities, capital and surplus (Line 34) .....	242,593,503	1,738,765	244,332,268
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	1,803,727		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	588,044		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	2,391,771		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	64,962		
30. Total ceded reinsurance payables/offsets .....	64,962		
31. Total net credit for ceded reinsurance .....	2,326,809		