

Amending schedules to reflect Ohio Department of Insurance comments and NAIC data validation notification.



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2015**  
**OF THE CONDITION AND AFFAIRS OF THE**

**HealthSpan Integrated Care**

NAIC Group Code	00000 (Current Period)	00000 (Prior Period)	NAIC Company Code	95204	Employer's ID Number	34-0922268
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]	Hospital, Medical & Dental Service or Indemnity [ ]		
	Dental Service Corporation [ ]		Vision Service Corporation [ ]	Health Maintenance Organization [ ]		
	Other [ ]		Is HMO, Federally Qualified? Yes [ X ] No [ ]			
Incorporated/Organized	03/29/1962		Commenced Business	10/27/1976		
Statutory Home Office	1001 Lakeside Ave. Suite 1200 (Street and Number)		Cleveland, OH, US 44114-1153 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1001 Lakeside Ave. Suite 1200 (Street and Number)		Cleveland, OH, US 44114-1153 (Area Code) (Telephone Number)			
Mail Address	1001 Lakeside Ave. Suite 1200 (Street and Number or P.O. Box)		Cleveland, OH, US 44114-1153 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1001 Lakeside Ave. Suite 1200 (Street and Number)		Cleveland, OH, US 44114-1153 (Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	Healthspan.org					
Statutory Statement Contact	Felicia Browning (Name)		216-479-5510 (Area Code) (Telephone Number) (Extension)			
	Felicia.browning@mercy.com (E-Mail Address)		(Fax Number)			

**OFFICERS**

Name	Title	Name	Title
Allan Greenberg #	President	Dave Nowiski	Treasurer

**OTHER OFFICERS**

<b>DIRECTORS OR TRUSTEES</b>			
Jeffrey J Copeland	Robert Campbell	William Franks	Allan Calonge
Walid Sidani MD			

State of ..... Ohio.....  
ss  
County of ..... Cuyahoga.....

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.

Allan Greenberg President	Dave Nowiski Treasurer	a. Is this an original filing? Yes [ ] No [ X ]
Subscribed and sworn to before me this day of _____		b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____
		2 07/13/2016



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HealthSpan Integrated Care

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

REPORT FOR: 1. CORPORATION

HealthSpan Integrated Care

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2015						NAIC Company Code	95204	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	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 .....		74,819	8,522	44,220				6,000	16,077			
2. First Quarter .....		68,845	7,497	39,598				5,939	15,811			
3. Second Quarter .....		66,738	7,060	38,178				5,948	15,552			
4. Third Quarter .....		63,748	6,119	36,308				5,917	15,404			
5. Current Year .....		62,249	5,568	35,419				5,930	15,332			
6. Current Year Member Months .....		791,660	80,148	452,823				71,545	187,144			
Total Member Ambulatory Encounters for Year:												
7. Physician .....		826,881	55,406	321,141				82,257	368,077			
8. Non-Physician .....		108,212	8,475	47,524				9,924	42,289			
9. Total .....		935,093	63,881	368,665	0	0	0	92,181	410,366	0	0	
10. Hospital Patient Days Incurred .....		0										
11. Number of Inpatient Admissions .....		6,231	480	2,349				549	2,853			
12. Health Premiums Written (b) .....		362,250,963	13,176,785	185,593,732				36,785,513	126,694,933			
13. Life Premiums Direct .....		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		362,250,963	13,176,785	185,593,732				36,785,513	126,694,933			
16. Property/Casualty Premiums Earned .....		0										
17. Amount Paid for Provision of Health Care Services .....		376,376,508	28,944,412	189,124,267				42,164,277	116,143,552			
18. Amount Incurred for Provision of Health Care Services .....		362,451,155	31,889,803	181,424,054				39,104,596	110,032,702			

(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 \$ .....126,694,933



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

REPORT FOR: 1. CORPORATION

HealthSpan Integrated Care

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(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2015						NAIC Company Code	95204	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9			
			2	3									
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid			
Total Members at end of:													
1. Prior Year .....		74,819	8,522	44,220	0	0	0	6,000	16,077	0		0	
2. First Quarter .....		68,845	7,497	39,598	0	0	0	5,939	15,811	0		0	
3. Second Quarter .....		66,738	7,060	38,178	0	0	0	5,948	15,552	0		0	
4. Third Quarter .....		63,748	6,119	36,308	0	0	0	5,917	15,404	0		0	
5. Current Year .....		62,249	5,568	35,419	0	0	0	5,930	15,332	0		0	
6. Current Year Member Months .....		791,660	80,148	452,823	0	0	0	71,545	187,144	0		0	
Total Member Ambulatory Encounters for Year:													
7. Physician .....		826,881	55,406	321,141	0	0	0	82,257	368,077	0		0	
8. Non-Physician .....		108,212	8,475	47,524	0	0	0	9,924	42,289	0		0	
9. Total .....		935,093	63,881	368,665	0	0	0	92,181	410,366	0		0	
10. Hospital Patient Days Incurred .....		0	0	0	0	0	0	0	0	0		0	
11. Number of Inpatient Admissions .....		6,231	480	2,349	0	0	0	549	2,853	0		0	
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14. Property/Casualty Premiums Written .....		0	0	0	0	0	0	0	0	0		0	
15. Health Premiums Earned .....		362,250,963	13,176,785	185,593,732	0	0	0	36,785,513	126,694,933	0		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 .....		376,376,508	28,944,412	189,124,267	0	0	0	42,164,277	116,143,552	0		0	
18. Amount Incurred for Provision of Health Care Services .....		362,451,155	31,889,803	181,424,054	0	0	0	39,104,596	110,032,702	0		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 \$ .....126,694,933