

Cash flow flip between line 7 and 16.2 for change receivable from parent. This also flows through to 5 year historical on cash flow from operations.



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Buckeye Health Plan Community Solutions, Inc.

(Name)

NAIC Group Code 01295 (Current Period) , 01295 (Prior Period) NAIC Company Code 16112 Employer's ID Number 47-5664342

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 No

Incorporated/Organized 11/04/2015 Commenced Business 01/01/2018

Statutory Home Office 4349 Easton Way, Suite 200 (Street and Number) Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)

Main Administrative Office 7700 Forsyth Boulevard (Street and Number) 314-725-4477 (Area Code) (Telephone Number)
Saint Louis, MO, US 63105 (City or Town, State, Country and Zip Code)

Mail Address 7700 Forsyth Boulevard (Street and Number or P.O. Box) Saint Louis, MO, US 63105 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7700 Forsyth Boulevard (Street and Number) 314-725-4477 (Area Code) (Telephone Number) (Extension)
Saint Louis, MO, US 63105 (City or Town, State, Country and Zip Code)

Internet Web Site Address www.centene.com
Statutory Statement Contact Shaun O'Rourke (Name) 314-349-3805 (Area Code) (Telephone Number) (Extension)
shaunt.orourke@centene.com (E-Mail Address) 314-725-4658 (Fax Number)

OFFICERS

Name <u>Steven Bradley Province</u> , <u>Jeffrey Alan Schwanek</u> ,	Title President and CEO Treasurer	Name <u>Joel Benjamin Samson #</u> , <u>Tricia Lynn Dinkelman</u> ,	Title Secretary Vice President of Tax
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OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>Megan Rebecca Flaskamper</u>	<u>Tricia Lynn Dinkelman</u>	<u>Steven Bradley Province</u>
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State of
County of
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. 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.

Steven Bradley Province
President and CEO

Joel Benjamin Samson
Secretary

Jeffrey Alan Schwanek
Treasurer

a. Is this an original filing? Yes No

b. If no:

1. State the amendment number
2. Date filed
3. Number of pages attached

2

04/07/2021
2

Subscribed and sworn to before me this
day of ,

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Health Plan Community Solutions, Inc.

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance		25,015,767	17,871,398
2. Net investment income		30,843	161,282
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		25,046,610	18,032,680
5. Benefit and loss related payments		19,537,362	16,662,604
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions		2,773,656	1,729,895
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		336,041	(361,945)
10. Total (Lines 5 through 9)		22,647,059	18,030,554
11. Net cash from operations (Line 4 minus Line 10)		2,399,551	2,126
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:		410,000	0
12.1 Bonds		0	0
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	0
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		410,000	0
13. Cost of investments acquired (long-term only):		7,034,375	0
13.1 Bonds		0	0
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		0	0
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		7,034,375	0
14. Net increase (decrease) in contract loans and premium notes		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		(6,624,375)	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):		0	0
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		1,000,000	3,000,000
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders		0	0
16.6 Other cash provided (applied)		0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		1,000,000	3,000,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		(3,224,824)	3,002,126
19. Cash, cash equivalents and short-term investments:		6,349,427	3,347,301
19.1 Beginning of year		3,124,603	6,349,427
19.2 End of year (Line 18 plus Line 19.1)			

FIVE - YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	11,787,048	8,625,201	7,199,507	1,700,050	0
2. Total liabilities (Page 3, Line 24)	6,046,579	5,127,993	4,184,997	50	0
3. Statutory minimum capital and surplus requirement	1,700,000	2,128,630	1,700,000	1,700,000	0
4. Total capital and surplus (Page 3, Line 33)	5,740,469	3,497,208	3,014,510	1,700,000	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	25,027,295	18,436,873	9,222,510	0	0
6. Total medical and hospital expenses (Line 18)	21,420,198	16,367,131	9,675,758	0	0
7. Claims adjustment expenses (Line 20)	344,963	269,048	164,093	0	0
8. Total administrative expenses (Line 21)	2,892,855	1,880,118	1,006,790	0	0
9. Net underwriting gain (loss) (Line 24)	2,355,669	(616,685)	(3,073,260)	0	0
10. Net investment gain (loss) (Line 27)	52,872	161,464	48,853	0	0
11. Total other income (Lines 28 plus 29)	(14,684)	(12,583)	(5,317)	0	0
12. Net income or (loss) (Line 32)	2,222,769	(485,203)	(2,705,620)	0	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	2,399,551	2,126	856,740	50	0
Risk-Based Capital Analysis					
14. Total adjusted capital	5,740,469	3,497,208	3,014,510	1,700,000	0
15. Authorized control level risk-based capital	1,381,950	1,064,315	779,247	2,550	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	2,253	1,923	1,145	0	0
17. Total members months (Column 6, Line 7)	26,881	21,593	11,185	0	0
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	85.6	88.8	104.9	0.0	0.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.4	1.4	.1.7	0.0	0.0
22. Total underwriting deductions (Line 23)	90.6	103.3	133.3	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	9.4	(3.3)	(33.3)	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	2,131,901	1,666,259	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	2,082,995	2,156,714	0	0	0
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - *Accounting Changes and Correction of Errors*? Yes No

If no, please explain