



Bill Fraher, CPA

CAPE COD MUNICIPAL HEALTH GROUP
FINANCIAL STATEMENTS AND MANAGEMENT'S DISCUSSION AND ANALYSIS
WITH REQUIRED SUPPLEMENTARY INFORMATION
YEARS ENDED JUNE 30, 2019 and 2018
WITH INDEPENDENT AUDITOR'S REPORTS

CAPE COD MUNICIPAL HEALTH GROUP
FINANCIAL STATEMENTS AND MANAGEMENT'S DISCUSSION AND ANALYSIS
WITH REQUIRED SUPPLEMENTARY INFORMATION
Years Ended June 30, 2019 and 2018

Table of Contents

Independent Auditor's Report on:

Financial statements	i
Internal control over financial reporting and on compliance and other matters based on an audit of financial statements performed in accordance with <i>Government Auditing Standards</i>	iii

Management's Discussion and Analysis	v
--------------------------------------	---

Financial Statements:

Statement of net position	1
Statement of revenues, expenses, and changes in net position	2
Statement of cash flows	3
Notes to financial statements	4

Required Supplementary Information:

Ten Year Claims Development Information	11
---	----



Bill Fraher, CPA
1313 Washington Street
Unit 225
Boston, MA 02118
Tel: 617-699-2877
Fax: 617-830-9393
bfraher2877@aol.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Cape Cod Municipal Health Group

Report on the Financial Statements

I have audited the accompanying financial statements and the related notes of the Cape Cod Municipal Health Group (the Group), Barnstable, Massachusetts as of and for the years ended June 30, 2019 and 2018.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatements, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audits. I conducted my audits in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that I plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of a material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Group's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting principles used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinions

In my opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the Cape Cod Municipal Health Group as of June 30, 2019 and 2018, and the changes in financial position and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis on pages v through vii and the ten-year claims development information on page 10 be presented to supplement the financial statements. Such information, although not a part of the financial statements, is required by the Government Auditing Standards Board, who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic or historical context. I have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements and other knowledge obtained during the audit of the financial statements. I do not express an opinion or provide any assurance on the information because the limited procedures do not provide sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards* I have also issued my report dated February 26, 2020 on my consideration of the Group's internal control over financial reporting and on my tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Group's internal control over financial reporting and compliance.



Bill Fraher, CPA
February 26, 2020



Bill Fraher, CPA
1313 Washington Street
Unit 225
Boston, MA 02118
Tel: 617-699-2877
Fax: 617-830-9393
bfraher2877@aol.com

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors
Cape Cod Municipal Health Group

I have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements and related notes of the Cape Cod Municipal Health Group (the Group), Barnstable, Massachusetts as of and for the years ended June 30, 2019 and 2018 and have issued my report thereon dated February 26, 2020.

Internal Control over Financial Reporting

In planning and performing my audit of the financial statements, I considered the Group's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing my opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control. Accordingly, I do not express an opinion on the effectiveness of the Group's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Group's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

My consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during my audit I did not identify any deficiencies in internal control that I consider to be material weaknesses. However, material weaknesses may exist that have not been identified. I consider the deficiency described in the following paragraph to be a significant deficiency in internal control over financial reporting.

The Group's Treasurer performs or supervises all functions and controls that initiate, record and process all of the Group's transactions and financial reporting. This lack of segregation of duties is a combination of control deficiencies that I consider to be a significant deficiency.

The Group's Response to the Finding

The Group's Board intends to take this under advisement and to continue to monitor and evaluate financial reporting and internal controls on an ongoing basis and take corrective actions as necessary.

The Group's response to the finding identified during my audit is described above. The Group's response was not subjected to auditing procedures applied in the audit of the financial statements and, accordingly, I express no opinion on it.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Group's financial statements are free of material misstatement, I performed tests of the Group's compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of my audit and, accordingly, I do not express such opinion. The results of my tests disclosed no instances of noncompliance or other matters that are required to be reported herein under Government Auditing Standards.

I noted certain matters related to internal control over financial reporting and compliance and other matters that I reported to the Group in a separate letter dated February 26, 2020.

Purpose of this Report

This purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Group's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Group's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Bill Fraher, CPA
February 26, 2020

CAPE COD MUNICIPAL HEALTH GROUP

Management's Discussion & Analysis

June 30, 2019

The management of Cape Cod Municipal Health Group (the Group) offers readers of our financial statements the following narrative overview and analysis of our financial activities for the year ended June 30, 2019. Please read this discussion and analysis in conjunction with the Group's basic financial statements on the accompanying pages.

Basic Financial Statements

The basic financial statements are prepared using the accrual basis of accounting. Revenue is recorded when earned, and expenses are recorded when incurred. The basic financial statements include a statement of net position, a statement of revenues, expenses and changes in net position; a statement of cash flows and notes to the financial statements.

The statement of net position presents information on the assets and liabilities of the Group, with the difference being reported as net position.

The statement of revenues, expenses, and changes in net position reports the operating and non-operating revenues and expenses of the Group for the fiscal year. The net result of these activities combined with the beginning of the year net position reconciles to the net position at the end of the current fiscal year.

The statement of cash flows reports the changes in cash for the year resulting from operating and investing activities. The net result of the changes in cash for the year, when added to the balance of cash at the beginning of the year, equals cash at the end of the year.

The notes to the financial statements provide additional information that is essential to a full understanding of the data provided in the financial statements. The notes to the financial statements follow the basic financial statements described above.

Financial Highlights

- Assets exceeded liabilities by \$40,834,257 (net position) at the close of the fiscal year. This is up 28% from the prior year. Net position at June 30, 2019 represents 28.74% of fiscal year 2019 claims expense. At June 30, 2018 net position represented 23.29% of fiscal year 2018 claims expense.
- For the year ended June 30, 2019, net position increased by \$8,952,847 or 28% compared to a \$15,538,412 or a 95% increase for fiscal year 2018.
- The statement of cash flows identifies the sources and uses of cash activity for the fiscal year and displays a net increase in cash of \$10,384,393 for fiscal year 2019 compared to a \$15,068,755 increase in cash for fiscal year 2018.
- The increase in cash and net position for 2019 is a result of the timing of receiving member payments and paying claims liabilities and better than expected claims experience. The decrease in cash for 2018 is a result of a combination of better than expected claims experience; and utilization of fund balance to minimize rate increases.

CAPE COD MUNICIPAL HEALTH GROUP

Management's Discussion & Analysis

June 30, 2019

For fiscal year 2019, the Group's operation resulted in an approximately \$9.0 million increase in net position. This result was better than anticipated as the Group utilized a portion of its fund balance to minimize increases in the FY 2019 plan rates. Actuarial assumptions are used in projecting annual claims costs for each health plan on a per member/per month basis and a rate, on a plan by plan basis, is set to fund the aggregate of the total projected claims and other Group costs.

The Group has adopted a fund balance policy which provides for a target range of unrestricted net position of between 8 – 12% of claims for the Group to maintain for operating purposes.

Investment income on the Group's investment portfolio, when applied to the operating income (loss) and less the return of Medicare Part D subsidies, results in the net increase or decrease of the Group's net position. Increases or decreases in net position also reflect any provisions for Member Termination Payments for withdrawing members.

Condensed Financial Information

A comparative summary of financial information is presented below:

	2018	2017	Increase/ (Decrease)	% Change
Cash	\$ 36,387,702	\$ 26,003,309	\$ 10,384,393	39.93%
Investments	16,174,796	14,933,735	1,241,061	8.31%
Other current assets	<u>4,837,491</u>	<u>2,986,278</u>	<u>1,851,213</u>	61.99%
Total assets	57,399,989	43,923,322	13,476,667	30.68%
Claims liabilities	13,956,161	11,133,454	2,822,707	25.35%
Other current liabilities	<u>2,609,571</u>	<u>908,458</u>	<u>1,701,113</u>	187.25%
Total liabilities	<u>16,565,732</u>	<u>12,041,912</u>	<u>4,523,820</u>	37.57%
Unrestricted net position	<u>\$40,834,257</u>	<u>\$ 31,881,410</u>	<u>\$ 8,952,847</u>	28.08%
Member assessments	\$ 180,364,002	\$ 172,975,202	7,388,800	4.27%
Medicare part D & Other	-	-	-	-
Claims expense	(142,065,548)	(136,868,609)	(5,196,939)	3.80%
Claims administration expenses	(7,120,199)	(6,901,148)	(219,051)	3.17%
Other group expenses	<u>(15,804,915)</u>	<u>(14,146,427)</u>	<u>(1,658,488)</u>	11.72%
Operating income (loss)	15,373,340	15,059,018	314,322	-
Investment income (loss) & other	1,236,980	479,394	757,586	158.03%
Medicare Part D member distribution	(6,803,280)	-	(6,803,280)	100%
Member Termination Payment	<u>(854,193)</u>	<u>-</u>	<u>(854,193)</u>	100%
Change in net position	<u>\$ 8,952,847</u>	<u>\$ 15,538,412</u>	<u>\$ (6,585,565)</u>	-42.38%

Economic Factors Affecting the Subsequent Year

The Group is operating in an environment of escalating health care costs. Given this environment the Group is actively participating in ongoing wellness programs to promote healthier lifestyles and ultimately to reduce health claim costs. In addition, the Group has been evaluating its prescription drug benefit on an ongoing basis and has provided a discretionary opportunity to its members to purchase certain prescription drugs from pre-approved, foreign

CAPE COD MUNICIPAL HEALTH GROUP

Management's Discussion & Analysis

June 30, 2019

suppliers. The foreign purchasing option results in a net savings to the Group in reduced claims costs and to the individual member in the form of reduced co-pays.

The Massachusetts Municipal Health Care Reform Law provides municipal employers with an expedited collective bargaining process to negotiate plan design changes provided the plan design changes do not go beyond the plan design of the Group Insurance Commission's (GIC) most popular plan. The law also gives joint purchase groups the authority to approve such plan design changes and then requires each participating employer to follow the expedited bargaining process or other approved bargaining process. The Group undertook plan design changes in FY 18, to more closely mirror the GIC benchmark plan with an estimated claims savings of 2%. There were no plan design changes for FY 20.

Prior to June 30, 2019, the Group's Board of Directors set the rate structure for fiscal year 2020 plan participation. The rate structure resulted in no change in plans premium rates. The rates were set to fund the estimated cost of claims, plus other group expenses and to maintain compliance with its fund balance policy.

Effective July 1, 2019, the Town of Sandwich has withdrawn from participation in the Group.

Request for information

This financial report is intended to provide an overview of the finances of the Group. Any questions concerning this report, or for additional information, please contact the Group's benefit administrator, Group Benefits Strategies at 800-229-8008, or Treasurer, Richard D. Bienvenue, CPA.

CAPE COD MUNICIPAL HEALTH GROUP

Statement of Net Position

June 30, 2019 and 2018

(Notes 1 and 2)

	<u>2019</u> <u>Total</u>	<u>2018</u> <u>Total</u>
<u>ASSETS</u>		
Current Assets:		
Cash and cash equivalents (Note 3)	\$ 36,387,702	\$ 26,003,309
Investments (Note 3)	16,174,796	14,933,735
Receivables:		
Member accounts	181,099	113,454
Reinsurance claims	2,219,194	2,292,983
Rebates from insurers	354,455	-
Reserve for uncollectible accounts	<u>(10,000)</u>	<u>(10,000)</u>
Total receivables	2,744,748	2,396,437
Prepaid expenses	205,810	-
Deposits with insurance carriers	481,640	481,640
Deposits with reinsurance pool	<u>1,405,293</u>	<u>108,201</u>
Total assets	<u>\$ 57,399,989</u>	<u>\$ 43,923,322</u>
<u>LIABILITIES</u>		
Current Liabilities:		
Accounts payable	\$ 129,161	\$ 71,585
Due to members	854,193	-
Claims liabilities (Note 5)	13,956,161	11,133,454
Participants' advance contributions	<u>1,626,217</u>	<u>836,873</u>
Total liabilities	16,565,732	12,041,912
<u>Net Position</u>		
Unrestricted:		
Medical and dental programs	<u>40,834,257</u>	<u>31,881,410</u>
Total unrestricted/net position	<u>40,834,257</u>	<u>31,881,410</u>
Total liabilities and net position	<u>\$ 57,399,989</u>	<u>\$ 43,923,322</u>

See the accompanying notes to the financial statements.

CAPE COD MUNICIPAL HEALTH GROUP
Statement of Revenues, Expenses, and Changes in Net Position
Years Ended June 30, 2019 and 2018
(Notes 1 and 2)

	<u>2019</u> <u>Total</u>	<u>2018</u> <u>Total</u>
Operating revenues:		
Participants' contributions	\$ 180,364,002	\$ 172,975,202
Other	<u>-</u>	<u>-</u>
Total operating revenues	<u>180,364,002</u>	<u>172,975,202</u>
Operating expenses:		
Health claims incurred	142,065,548	136,868,609
Claims administration charges	7,120,199	6,901,148
Fixed premiums	10,698,876	9,850,972
Government claims fees	82,845	31,586
Stop loss insurance premiums	3,946,978	3,345,842
Consulting services	606,615	593,608
Wellness program	306,108	229,162
Other administrative services	<u>163,493</u>	<u>95,257</u>
Total operating expenses	<u>164,990,662</u>	<u>157,916,184</u>
Operating income	15,373,340	15,059,018
Nonoperating revenues (expenses):		
Investment income	1,236,980	479,394
Distributions to members	(6,803,280)	-
Member termination payment	<u>(854,193)</u>	<u>-</u>
Total nonoperating revenues (expenses):	<u>(6,420,493)</u>	<u>479,394</u>
Changes in Net position	8,952,847	15,538,412
Net position, beginning of year	<u>31,881,410</u>	<u>16,342,998</u>
Net position, end of year	<u>\$ 40,834,257</u>	<u>\$ 31,881,410</u>

See the accompanying notes to the financial statements.

CAPE COD MUNICIPAL HEALTH GROUP

Statement of Cash Flows
Years Ended June 30, 2019 and 2018
(Notes 1 and 2)

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities:		
Cash received from participants	\$ 181,085,701	\$ 176,353,928
Cash paid to insurance providers and other vendors	(163,893,947)	(161,459,673)
RDS and termination amounts paid to members	<u>(6,803,280)</u>	<u>-</u>
Net cash provided (used) by operating activities	10,388,474	14,894,255
Cash flows from investing activities:		
Purchases and sales of investments (net)	(1,241,061)	(304,894)
Investment income and interest income on deposits	<u>1,236,980</u>	<u>479,394</u>
Net cash (used) by investing activities	<u>(4,081)</u>	<u>174,500</u>
Net (decrease) in cash	10,384,393	15,068,755
Cash, beginning of year	<u>26,003,309</u>	<u>10,934,554</u>
Cash, end of year	<u>\$ 36,387,702</u>	<u>\$ 26,003,309</u>
	-	
Reconciliation of operating income to net cash provided by operating activities:		
Operating income (loss)	\$ 15,373,340	\$ 15,059,018
Changes in operating assets and liabilities:		
RDS distribuion and termination payments	(7,639,821)	
Member receivable	(67,645)	2,976,316
Reinsurance receivable	73,789	(849,284)
Rebates receivable	(354,455)	-
Prepays	(205,810)	438
Deposits	(1,297,092)	446,369
Accounts payable	57,576	(9,801)
Due to members	836,541	-
Claims liabilities	2,822,707	(3,131,211)
Other liabilities	<u>789,344</u>	<u>402,410</u>
Net cash provided by operating activities	<u>\$ 10,388,474</u>	<u>\$ 14,894,255</u>

See the accompanying notes to the financial statements.

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2019 and 2018

Note 1. Description of Group

Cape Cod Municipal Health Group (the Group), Barnstable, Massachusetts, is a Massachusetts Municipal Joint Health Insurance Purchase Group formed pursuant to Massachusetts General Laws, Chapter 32B, Section 12 under a certain joint purchase agreement which became effective in July 1987. The Group became operational in November 1987. As a governmental entity, the Group is not subject to the provisions of the Employee Retirement Income Security Act of 1974 nor is it subject to federal and state income taxes.

The Group offers health benefits to all eligible employees and retirees of its fifty-three participating governmental units.

Participating governmental units consist of those municipal groups that have signed a Joint Negotiation and Purchase of Health Coverage governmental agreement. At June 30, 2019 participants are the towns of Barnstable, Brewster, Chatham, Dennis, Eastham, Falmouth, Harwich, Mashpee, Orleans, Provincetown, Truro, Wellfleet, and Yarmouth; Bourne Recreation Authority; Barnstable Fire District, Centerville-Osterville-Marstons Mills Fire District, Cotuit Fire District, Hyannis Fire District, and West Barnstable Fire District; Bourne Water District, Buzzards Bay Water District, Dennis Water District, Mashpee Water District, North Sagamore Water District, and Sandwich Water District; Orleans/Brewster/Eastham Groundwater Protection District; Cape Cod Collaborative; Cape Cod Regional Technical High School, Dennis-Yarmouth Regional School District, The Lighthouse Charter School, Nauset Regional School District, Monomoy Regional School District; and Upper Cape Cod Vocational Technical High School; Veterans Services of Cape Cod; Barnstable County; Cape Light Compact; and Cape Cod Regional Transit Authority. In addition, the Group entered into a Joint Negotiation Purchase of Health Coverage with the Dukes County Municipal Health Group which now consists of Dukes County Commissioners; the towns of Chilmark, Edgartown, Gosnold, Oak Bluffs, Tisbury, West Tisbury, and Aquinnah; Martha's Vineyard Refuse Disposal and Resource Recovery District; Martha's Vineyard Commission; Martha's Vineyard Land Bank Commission; Oak Bluffs Water District; Martha's Vineyard Regional School District; Up-Island Regional School District; Martha's Vineyard Charter School; and Martha's Vineyard Transit Authority. The Town of Sandwich terminated participation in the Group effective June 30, 2019. The number of subscribers in the self-funded medical plans was approximately 11,800 at June 30, 2019 and 2018.

Governmental units may apply for membership and be added to the Group, commencing on a date mutually agreed upon, provided that no less than two-thirds of the Board representatives present at a duly called meeting of the Board vote to accept such additional participants.

Any participating governmental unit may withdraw from this agreement at its discretion but may do so only as of the anniversary date of the health plan contracts purchased through this agreement, i.e., midnight of June 30th of any year, and upon written notification of such intent to withdraw by December 1st of the year preceding the intended withdrawal.

There is no liability for premium or administrative expense following the effective date of termination of a participating governmental unit's coverage under a contract purchased through the Group except for the governmental unit's proportionate share of any deficit in the Cape Cod Municipal Health Group Trust (the Trust) as of its termination date, or of any premium expense or any subsequent expense for its covered individuals continued on the plan after termination. In the case of a certified surplus (uncommitted fund balance), a unit that withdraws from the Group on anniversary is entitled to receive a proportionate share of any increase in the uncommitted fund balance that occurred during the governmental unit's last year of

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2019 and 2018

Note 1. Description of Group (continued)

participation in the Group. If the uncommitted fund balance did not increase during the unit's last year of participation the unit is not entitled to any share of the uncommitted fund balance.

Contributions to the Group's trust fund from participating governmental units are on a monthly basis. The payment is calculated by the Board and is determined to be 100% of the cost of coverage of the Group as a whole (including, but not limited to, anticipated incurred claims, retention, risk, and group administration expenses) as established through underwriting and/or actuarial estimates.

The Group's Board may deal with certified surpluses and deficits through the rate setting process and this is the preferred method. Alternatively, the Group may deal with certified surpluses and deficits by making direct distributions to members in the case of a certified surplus or may require direct payments from members in the case of a certified deficit.

Health benefits plans for active employees and non-Medicare eligible retirees consist of a traditional medical indemnity plan, two Preferred Provider Organization (PPO) plans and two Exclusive Provider Organization (EPO) plans. All active employee plans are self funded with Blue Cross and Blue Shield of Massachusetts (BCBSMA) and Harvard Pilgrim Health Care (HPHC) as third-party administrators. The Group offers six health plans for Medicare eligible retirees, which include two self-funded Medicare Supplement medical plans with fully insured Medicare Prescription Drug Plans (PDPs), one of which is administered by BCBSMA and one by HPHC; one fully insured Medicare Supplement plan with a PDP provided by Tufts Health Plan; one HMO Medicare wrap plan fully insured by BCBSMA; and two fully insured Medicare Advantage HMO plans, one of which is from BCBSMA and one from Tufts Health Plan.

The Group has adopted a contributory dental insurance plan (self-funded) and a voluntary dental plan, which was premium based through June 30, 2007 and changed to a self-funded basis effective July 1, 2007. These plans are administered by Delta Dental Plan of Massachusetts for a monthly administration fee, based on the number of subscribers. Dental plans are optional for employers.

Effective July 1, 2009, the Group adopted a voluntary fully insured vision plan from EyeMed Vision Care. The vision plan is optional for employers, but employers may not offer both contributory and voluntary plans.

Master Health Plus, Blue Care Elect Preferred PPO plan, Network Blue EPO plan, and Medex 2 plan are on a claims-paid basis and are administered by Blue Cross and Blue Shield of Massachusetts for a monthly administration fee based on the number of individual, single parent/single child, and family plan subscribers for that particular month. Medex 2 is combined with a fully insured Medicare PDP provided by Blue Cross Blue Shield and called Blue Medicare RX.

The Harvard Pilgrim EPO plan, Harvard Pilgrim PPO plan, and Harvard Pilgrim Health Care Medicare Enhance plan (medical portion) are on a claims-paid basis and are administered by Harvard

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2019 and 2018

Note 1. Description of Group (continued)

Pilgrim Health Care for a monthly administration fee based on the number of individual and family plan subscribers for that particular month. Medicare Enhance is combined with a fully insured PDP from Aetna Medicare RX Plan.

On July 1, 2014 the Group joined with two other Massachusetts municipal joint purchase groups to create the first Massachusetts Municipal Reinsurance Arrangement (MMRA). The policy year is July 1 through June 30. Risk is pooled and all participants share the same rates for coverage of claims exceeding \$300,000 up to \$800,000. There is no Aggregating Specific Deductible. If claims experience is below projections, participants are dividend eligible on a collective and proportional basis. Participating governmental entities have agreed to participate for a minimum of three years. In addition, the Group has a specific excess medical and prescription drug claims reinsurance contract with an insurance carrier covering claims paid in excess of \$800,000 per individual. The policy period covers claims incurred within 12 months and paid within 24 months.

The Group does not reinsure its Medex and HPHC Medicare Enhance medical plans. Until January 1, 2019, Group employed the services of John R. Sharry, Inc, dba Group Benefits Strategies (GBS) to provide certain management, consulting, and technical functions and to audit medical claims paid. The current agreement with GBS is for a three-year term ending June 30, 2020 and provides for an annual fee based on the number of subscribers. The agreement may be terminated by either party at any time with sixty (60) days prior, written notice. Effective October 31, 2018, Group Benefits Strategies merged with Arthur J. Gallagher Co., Gallagher Benefits Services (also GBS). The terms of the agreement are being honored through June 30, 2020.

The Group employs the services of John R. Sharry, Incorporated, d/b/a Group Benefits Strategies (GBS), to provide certain management, consulting, and technical functions and to audit medical claims paid. The current agreement with GBS is for a three-year term ending June 30, 2020 and provides for an annual fee based on the number of subscribers. The agreement may be terminated by either party at any time with sixty (60) days prior, written notice.

Note 2. Summary of Significant Accounting Policies

Financial statements present net position at June 30, revenues, expenses, and changes in net position and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America, which recognize revenues from contributions and earnings when earned and expenditures when liabilities are incurred.

Contributions to the plans from participating governmental units are determined annually for the next fiscal year based on current operating results and estimated program costs for that year. Participants are billed monthly. Participant advance contributions are recorded as liabilities until earned.

Cash and Cash Equivalents

Generally, the Group is authorized to invest in the following investments: term deposits or certificates of deposit, trust companies, national banks, savings banks or banking companies, or obligations issued or unconditionally guaranteed by the United States Government or an agency thereof and having a maturity from date of purchase of one year or less with certain other limitations, or such securities as are legal for the investment of funds of savings banks under the bank's laws of the Commonwealth of Massachusetts based on a legal opinion received by the Group.

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2019 and 2018

Note 2. Summary of Significant Accounting Policies (continued)

Cash and cash equivalents consist of cash on hand; cash in checking, savings or money market accounts; repurchase agreements; other short-term investments with original maturities of three months or less; and the Commonwealth of Massachusetts Municipal Depository Trust (MMDT) which has legislative approval for municipal use.

Claims' Liabilities

The Group's obligations include estimated health claims incurred but not reported at June 30. The Group uses the latest reported claims to record the Group's payable of reported claims and to estimate health claims incurred but not reported as of that date. Actual claims reported differ from claims estimated, but the size of the Group and stop-loss coverage minimizes the risk of a significant difference. Claims' liabilities are reviewed periodically using claims data adjusted for the Group's current experience. Adjustments to claims' liabilities are charged or credited to expense in the periods in which they are made.

Reinsurance

In 2014, the Group, along with two other Massachusetts Municipal Joint Purchase Groups, entered into a reinsurance pooling arrangement, the Massachusetts Reinsurance Arrangement Series of Sentinel Indemnity, LLC (MMRA), the first such reinsurance pooling arrangement established in Massachusetts. The policy year is July 1st through June 30th. All participants share the same rates for coverage of claims exceeding \$300,000 up to \$800,000. There is no aggregating specific deductible. If claims experience is below projections, participants are dividend eligible on a collective and proportional basis. Participating governmental entities have agreed to participate for a minimum of three years. During the year ended June 30, 2019, the Group paid \$3,946,978 for coverage and made non-premium funding to MMRA of \$1,297,092.

Accounting Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results will differ from estimates.

Note 3. Cash, cash equivalents and investments

The Group maintains deposits in several authorized financial institutions. In the case of deposits, custodial credit risk is the risk that in the event of a bank failure, the Group's deposits may not be returned. The Group does not have a formal deposit policy for custodial credit risk. At June 30, 2019 and 2018 deposits totaled \$36,097,020 and \$26,018,984, respectively and had a carrying amount of \$36,387,702 and \$26,003,309, respectively. Of the deposit amounts at June 30, 2019 and 2018, \$296,770 and \$390,337, respectively, which includes \$11,163 and \$10,891, respectively, on deposit with MMDT, was exposed to custodial credit risk because it was uninsured and uncollateralized. The difference between deposit amounts and carrying amounts generally represents outstanding checks and deposits in transit.

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2019 and 2018

Note 3. Cash, cash equivalents and investments (continued)

The Group holds investments that are measured at fair value on a recurring basis. Because investing is not a core part of the Group's mission, the Group determines that disclosures related to these investments only need to be disaggregated by major type. The Group chooses a narrative format for the fair value disclosures.

The Group categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs use to measure the fair value of an asset. Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs. At June 30, 2019 and 2018, mutual funds, US government and agency securities and equities are categorized as Level 1 and other fixed income securities are categorized as Level 2.

The Group maintains accounts for investments which hold the following at June 30, 2019 and 2018:

<u>Type</u>	<u>Fair Market Value June 30, 2019</u>	<u>% of Total</u>	<u>Fair Market Value June 30, 2018</u>	<u>% of Total</u>
US Government & agencies	\$3,863,041	40%	\$5,952,685	38%
Equity securities	4,623,712	15%	2,188,809	17%
Equity mutual funds	3,717,572	16%	2,449,394	18%
Corporate bonds	2,382,144	14%	2,061,233	9%
Fixed income mutual funds	<u>1,588,327</u>	15%	<u>2,281,614</u>	18%
	<u>\$16,174,796</u>		<u>\$14,933,735</u>	

Custodial credit risk for investments is the risk that, in the event of the failure of the counter party to a transaction, a government will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The Group has an investment subcommittee that monitors this risk however the Group does not have a specific investment policy covering custodial credit risk. Investments in open-end mutual funds are not exposed to custodial credit risk because their existence is not evidenced by securities that exist in physical or book entry form. The investment account is insured by Securities Investor Protection Corporation (SIPC) up to \$500,000 and is otherwise uninsured and uncollateralized.

Interest rate risk is the risk that changes in market interest rates that will adversely affect the fair market value of an investment. Generally, the longer the maturity of an investment the greater the sensitivity of its fair market value to changes in market interest rates. The Group has an investment policy which limits the overall portfolio allocation of fixed income securities to 85% of the total portfolio but does not otherwise limit the maturities of fixed income securities or further address interest rate risk. The approximate maturities of the Group's debt investments are disclosed in the following table as of June 30, 2019:

<u>Investment Type</u>	<u>Fair Market Value</u>	<u>Maturity (In Years)</u>			
		<u>One or Less</u>	<u>One to Two</u>	<u>Three to Five</u>	<u>Thereafter</u>
US Govt. and agency securities	\$3,863,041	\$ 174,853	\$ 425,263	\$2,161,871	\$1,101,054
Corporate Bonds	2,382,144	351,389	568,982	1,355,449	106,324
Fixed income mutual funds:	<u>1,588,327</u>	<u>1,588,327</u>	-	-	-
Total	<u>\$7,833,512</u>	<u>\$ 2,114,569</u>	<u>\$ 994,245</u>	<u>\$3,517,320</u>	<u>\$1,207,378</u>

The approximate maturities of the Group's debt investments are disclosed in the following table as of June 30, 2018:

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2019 and 2018

Note 3. Cash, cash equivalents and investments (continued)

Investment Type	Fair Market Value	Maturity (In Years)			
		One or Less	One to Two	Three to Five	Thereafter
US Govt. and agency securities	\$5,952,685	\$ 1,624,707	\$ 1,414,808	\$1,570,438	\$1,342,732
Corporate Bonds	2,061,233	548,652	358,461	952,513	201,607
Fixed income mutual funds:	<u>2,281,614</u>	<u>2,281,614</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>\$10,295,532</u>	<u>\$ 4,454,973</u>	<u>\$ 1,773,269</u>	<u>\$2,522,951</u>	<u>\$1,544,339</u>

Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. Credit risk is measured by the assignment of a rating by a nationally recognized statistical rating organization. Obligations of the U.S. Government and certain of its agencies are not considered to have credit risk and therefore no rating is disclosed in following table. Equity securities are not rated as to credit risk. The Group has an investment policy which limits the overall portfolio allocation but is not specific as to limit investment choices to certain ratings. The following table discloses the approximate amount of debt investments in each rating classification using Standard & Poor's rating classifications as of June 30, 2019:

Investment Type	Fair Market Value	S&P Rating as of Year End			
		AAA to AA+	A to AA	BAA to B	Not Rated
US Govt. and agency securities	\$3,863,041	\$ 3,863,041	\$ -	\$ -	\$ -
Corporate Bonds	2,382,144	-	1,097,786	1,284,358	-
Fixed income mutual funds	<u>1,588,327</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,588,327</u>
Total	<u>\$7,833,512</u>	<u>\$ 3,863,041</u>	<u>\$ 1,097,786</u>	<u>\$1,284,358</u>	<u>\$1,588,327</u>

The following table discloses the approximate amount of debt investments in each rating classification using Standard & Poor's rating classifications as of June 30, 2018:

Investment Type	Fair Market Value	S&P Rating as of Year End			
		AAA to AA+	A to AA	BAA to B	Not Rated
US Govt. and agency securities	\$5,952,685	\$ 5,952,685	\$ -	\$ -	\$ -
Corporate Bonds	2,061,233	-	525,409	1,436,194	-
Fixed income mutual funds	<u>2,281,614</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,281,614</u>
Total	<u>\$10,295,532</u>	<u>\$ 5,952,685</u>	<u>\$ 525,409</u>	<u>\$1,436,194</u>	<u>\$2,281,614</u>

Concentration of credit risk is the risk of loss attributed to the magnitude of a government's investment in a single issuer. The Group has an investment policy which prohibits any one issue (excluding US Government securities) from making up more than 5% of the portfolio. As of June 30, 2019, there are no securities exceeding this threshold.

Note 4. Reinsurance Receivable, Prepaid Expenses and Deposits

Based on current year experience with larger claims, the Group may have an amount due from its reinsurance carrier at year end. At June 30, 2019 there was a balance receivable of \$2,219,194 while at June 30, 2018 the balance was \$2,292,983.

At year end, if monthly estimated payments made by the Group to Blue Cross Blue Shield and Harvard Pilgrim Health Care exceed actual claims paid, the Group will have a prepaid amount for the final quarterly settlement of the fiscal year. This amount was \$205,810 at June 30, 2019 and \$0 at June 30, 2018.

CAPE COD MUNICIPAL HEALTH GROUP

Notes to Financial Statements

June 30, 2019 and 2018

Note 4. Reinsurance Receivable, Prepaid Expenses and Deposits (continued)

In addition, the Group has established a deposit with its dental insurance carrier so that weekly claims can be paid on a timely basis. The balance of this deposit at June 30, 2019 was \$481,640 and at June 30, 2018 was \$481,640. The Group also has a rebate due from its insurers of \$354,455 at June 30, 2019 and \$0 at June 30, 2018.

Finally, based on current year experience with larger claims, the Group may have a balance in its reinsurance pool (Massachusetts Reinsurance Arrangement Series – MMRA) at year end. At June 30, 2019 there was a balance remaining (not reserved for claims) of \$1,405,293 while at June 30, 2018 the balance was \$108,201.

Note 5. Plan Deposits and Payment Arrangements

The Group pays Blue Cross & Blue Shield (BC/BS) and Harvard Pilgrim Health Care (HPHC) a level, monthly payment each month to cover the expected cost of claims for that month. The amount represents approximately one month of projected claims for BC/BS and HPHC plans. There is a quarterly reconciliation and settle-up against actual claims payments made by BC/BS and HPHC on behalf of the Group. Quarterly settlements are generally made for the 1st, 2nd, 3rd, and 4th fiscal year quarters in December, March, June, and September respectively. The Group pays BC/BS, HPHC monthly, and Delta Dental administrative fees for self-funded health plans based on the number of individual and family subscribers covered under each health plan for the month.

Note 6. Unpaid Claims

The Group establishes a liability for both reported and unreported incurred events which includes estimates of both future payments of losses and related adjustment expenses, if any. The following represents changes in claims liabilities during the years ended June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Unpaid claims and claims adjustment expenses—beginning of year	\$11,133,454	\$14,264,665
Incurred claims and claims adjustment expenses:		
Provision for insured events of the current fiscal year	142,131,009	137,200,960
Increase (decrease) in provision for insured events of prior fiscal years	(65,461)	(332,351)
	142,065,548	136,868,609
Payments:		
Claims and expenses, net, attributable to insured events – current year	(132,882,740)	(130,775,398)
Claims and expenses, net, attributable to insured events – prior years	(6,360,101)	(9,224,422)
	(139,242,841)	(139,999,820)
Total unpaid claims and claim adjustment expenses—end of year	<u>\$ 13,956,161</u>	<u>\$ 11,133,454</u>

Note 7. Member termination Payment

The Town of Sandwich terminated its membership in the Group effective June 30, 2019. Per the Group's Joint Purchase Agreement, the Town is entitled to any increase in the Group's net position from July 1, 2018 to June 30, 2019 at its participating percentage. The Group has estimated a liability for the amount due to the Town of Sandwich at June 30, 2019 of \$854,193.

CAPE COD MUNICIPAL HEALTH GROUP

Required Supplementary Information Ten-Year Claims Development Information

The table below illustrates how the Group's earned revenues and investment income compare to related costs of loss and other expenses assumed by the Group as of the end of each of the last ten years. The rows in the table are defined as follows: (1) This line shows the total of each fiscal year's earned contribution revenues and investment revenues. (1-a) This line shows the amount of existing net assets used to fund each fiscal year's operations, in addition to earned revenues displayed in line 1, above. (2) This line shows each fiscal year's other operating costs of the Group including overhead and claims expense not allocated to individual claims. (3) This line shows the Group's incurred claims and allocated claims adjustment expense (both paid and accrued) as originally reported at the end of the first year in which the event triggered coverage under the contract occurred (called policy year). (4) This section of rows shows how each policy year's incurred claims increased or decreased as of the end of successive years. This annual re-estimation results from new information received on known claims, reevaluation of existing information on known claims, as well as emergence of new claims not previously known. (6) This line compares the latest re-estimated incurred claims amount to the originally established (line 3) and shows whether this latest estimate of claims cost is greater or less than originally thought. As data for individual policy years mature, the correlation between original estimates and re-estimated amounts is commonly used to evaluate the accuracy of incurred claims currently recognized in less mature policy years. The columns of the table show data for successive policy years:

		6/30/2019	6/30/2018	6/30/2017	6/30/2016	6/30/2015	6/30/2014	6/30/2013	6/30/2012	6/30/2011	6/30/2010
1	Earned member assessments, refunds and investment revenues	181,600,982	173,454,596	\$160,498,337	148,292,751	139,525,852	141,286,598	134,754,015	150,080,913	141,270,154	137,921,701
1a	Net assets provided (used) by current year operations	16,610,320	15,538,412	(264,533)	(3,542,258)	(5,598,802)	1,416,335	3,486,981	(1,897,662)	(498,285)	5,014,000
2	Administrative and operating expenses	22,925,114	21,047,575	19,910,759	18,709,839	13,513,485	9,795,743	9,910,621	9,222,526	9,069,287	9,546,016
3	Estimated incurred claims and expense, end of fiscal year		137,200,960	142,297,997	133,125,920	131,629,925	128,699,843	127,253,895	145,412,749	133,471,826	125,912,820
4	Paid (cumulative) as of:										
	End of fiscal year	132,882,740	130,775,398	132,741,224	121,056,723	121,615,182	119,600,702	115,340,752	128,043,326	119,481,350	115,687,707
	One year later		137,139,130	142,021,632	131,600,311	130,225,677	128,557,344	124,245,819	138,622,170	129,161,518	124,322,771
	Two years later			142,118,949	131,528,633	130,295,713	128,578,195	124,174,505	138,603,422	129,153,965	124,120,003
	Three years later				131,495,181	130,329,071	128,589,628	124,213,955	138,563,312	129,143,128	124,128,330
	Four years later					130,302,300	128,575,112	124,215,134	138,506,406	129,133,464	124,121,083
	Five years later						128,553,303	124,211,984	138,503,481	129,133,464	124,121,083
	Six years later							124,193,068	138,503,481	129,133,464	124,121,083
	Seven years later								138,503,481	129,133,464	124,121,083
	Eight years later									129,133,464	124,121,083
	Nine years later										124,121,083
5	Reestimated incurred claims and expense										
	End of fiscal year		137,200,960	142,297,997	133,125,920	131,629,925	128,699,843	127,253,895	145,412,749	133,471,826	125,912,820
	One year later		137,139,130	142,021,632	131,600,311	130,225,677	128,557,344	124,245,819	138,622,170	129,161,518	124,322,771
	Two years later			142,118,949	131,528,633	130,295,713	128,578,195	124,174,505	138,603,422	129,153,965	124,120,003
	Three years later				131,495,181	130,329,071	128,589,628	124,213,955	138,563,312	129,143,128	124,128,330
	Four years later					130,302,300	128,575,112	124,215,134	138,506,406	129,133,464	124,121,083
	Five years later						128,553,303	124,211,984	138,503,481	129,133,464	124,121,083
	Six years later							124,193,068	138,503,481	129,133,464	124,121,083
	Seven years later								138,503,481	129,133,464	124,121,083
	Eight years later									129,133,464	124,121,083
	Nine years later										124,121,083
6	(Increase) decrease in estimated incurred claims and expense from the end of the original policy year		61,830	179,048	1,630,739	1,327,625	146,540	3,060,827	6,909,268	4,338,362	1,791,737