

ROSELLI, CLARK & ASSOCIATES
Certified Public Accountants

**WEST SUBURBAN HEALTH GROUP
FINANCIAL STATEMENTS AND
MANAGEMENT'S DISCUSSION AND
ANALYSIS WITH REQUIRED
SUPPLEMENTARY INFORMATION
YEARS ENDED JUNE 30, 2021 and 2020
WITH INDEPENDENT AUDITORS' REPORTS**



WEST SUBURBAN HEALTH GROUP

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INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We have audited the accompanying financial statements and the related notes of the West Suburban Health Group (the Group), as of and for the year ended June 30, 2021. The financial statements of the Group as of June 30, 2020, and for the year then ended were audited by other auditors who have ceased operations. Those auditors expressed an unqualified opinion on those financial statements in their report.

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

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit 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 we plan and perform the audit 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, we 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.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the West Suburban Health Group as of June 30, 2021, and the changes in financial position and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America. The financial statements of the Group as of June 30, 2020, and for the year then ended were audited by other auditors who have ceased operations. Those auditors expressed an unqualified opinion on those financial statements.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis and the ten-year claims development information as listed in the table of contents 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. We 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. We 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*, we have also issued our report dated February 1, 2022, on our consideration of the Group's internal control over financial reporting and on our 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.

Roselli, Clark & Associates

Roselli, Clark and Associates
Certified Public Accountants
Woburn, Massachusetts
February 1, 2022

Management Discussion and Analysis

The management of West Suburban 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, 2021. Please read this discussion and analysis in conjunction with the Group's basic financial statements on the accompanying pages.

Basic Financial Statements

Our basic financial statements are prepared using 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 \$20,553,664 (net position) at June 30, 2021, as compared to \$18,824,009 at June 30, 2020. Net position at June 30, 2021 represents 17.1% of fiscal year 2021 claims, claims administration and fixed premium expenses (17.8% for June 30, 2020).
- For the year ended June 30, 2021, net position increased by \$1,729,655 (9.2%) compared to an increase of \$12,852,656 (215%) for fiscal year 2020. These charges are the result of the COVID-19 shutdown in fiscal year 2020 and the reopening in 2021.
- The statement of cash flows identifies the sources and uses of cash activity for the fiscal year and indicates a net increase in cash of \$5,397,852 for fiscal year 2021 (mainly due to current year net income offset by year end timing of receivables/prepays and payables) compared to an increase of \$10,464,612 for fiscal year 2020.
- The increased net position for 2021 is a result of an increase in member rates for 2021 plus the lingering impact of COVID-19.

Below is a summary of the Group's financial information as compared to the prior year.

	June 30		Increase/ Decrease	% Change
	2021	2020		
Cash	\$ 20,061,817	\$ 14,663,965	\$ 5,397,852	36.8%
Investments	9,762,572	9,286,206	476,366	5.1%
Other current assets	4,688,797	5,317,115	(628,318)	-11.8%
Total assets	34,513,186	29,267,286	5,245,900	17.9%
Claims liabilities	11,875,505	8,348,571	3,526,934	42.2%
Other current liabilities	2,084,017	2,094,706	(10,689)	-0.5%
Total liabilities	13,959,522	10,443,277	3,516,245	33.7%
Unrestricted net position	\$ 20,553,664	\$ 18,824,009	\$ 1,729,655	9.2%
Member assessment	128,970,488	124,278,354	4,692,134	3.8%
Claims expense	(101,548,459)	(87,347,701)	(14,200,758)	16.3%
Claims administration expenses	(1,969,074)	(2,034,644)	65,570	-3.2%
Other group expenses	(24,242,224)	(22,137,757)	(2,104,467)	9.5%
Operating income (loss)	1,210,731	12,758,252	(11,547,521)	-90.5%
Investment income (loss) & other	518,924	94,404	424,520	449.7%
Change in net position	\$ 1,729,655	\$ 12,852,656	\$ (11,123,001)	-86.5%

For fiscal year 2021, the Group's operation resulted in an increase in net position of \$1,729,655, down from an increase of \$12,852,656 in fiscal year 2020. This result was expected as the results of 2020 were significantly impacted by the COVID-19 shut down and the resulting cancelation of doctor's appointments, tests and routine surgical procedures. Rates for 2021 were increased to partially keep up with the projected increase in expenses but also to allow for the use of some net position. 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. Expenses, however, decreased due to the COVID-19 shutdown.

The Group has adopted a fund balance policy which provides for a target range of unrestricted net position of between 8 – 12% of paid claims from the most recent twelve months for the Group to maintain for operating purposes. The Group is over that target at June 30, 2021, but there is still uncertainty over possible increases in future medical costs due to delayed care during the pandemic.

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.

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.

Prior to June 30, 2021 the Group's Board of Directors set the rate structure for fiscal year 2022 plan participation. The rates were set to fund the estimated cost of claims, plus other group expenses and to maintain compliance with its fund balance policy. The rate structure resulted in a composite premium rate increase of 3.4% and a budgeted use of net position of \$4,000,000.

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, Gallagher Benefit's Services Inc. at 800-229-8008, or Treasurer, Ruth Hohenschau.

WEST SUBURBAN HEALTH GROUP**STATEMENT OF NET POSITION
JUNE 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
<u>ASSETS</u>		
Current Assets:		
Cash and cash equivalents	\$ 20,061,817	\$ 14,663,965
Investments	9,762,572	9,286,206
Receivables:		
Member accounts	1,096	1,757
Reinsurance claims	3,374,210	2,652,149
Rebates from insurers	37,115	72,071
Total receivables	<u>3,412,421</u>	<u>2,725,977</u>
Prepaid expenses	-	142,489
Deposits with insurance carriers	1,038,804	1,066,189
Deposits with reinsurance pool	<u>237,572</u>	<u>1,382,460</u>
Total assets	<u>\$ 34,513,186</u>	<u>\$ 29,267,286</u>
<u>LIABILITIES</u>		
Current Liabilities:		
Accounts payable	\$ 89,936	\$ 135,918
Claims liabilities	11,875,505	8,348,571
Participants' advance contributions	<u>1,994,081</u>	<u>1,958,788</u>
Total liabilities	<u>13,959,522</u>	<u>10,443,277</u>
<u>NET POSITION</u>		
Unrestricted:		
Medical and dental programs	<u>20,553,664</u>	<u>18,824,009</u>
Total unrestricted/net position	<u>20,553,664</u>	<u>18,824,009</u>
Total liabilities and net position	<u>\$ 34,513,186</u>	<u>\$ 29,267,286</u>

See accompanying notes to financial statements.

WEST SUBURBAN HEALTH GROUP

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION JUNE 30, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Operating revenues:		
Participants' contributions	\$ 128,822,468	\$ 124,171,007
COBRA contributions	148,020	107,347
Total operating revenue	<u>128,970,488</u>	<u>124,278,354</u>
Operating expenses:		
Health claims incurred	\$ 101,548,459	\$ 87,347,701
Claims administration charges	1,969,074	2,034,644
Fixed premiums	16,719,026	16,486,569
Stop loss insurance premiums	5,893,208	3,890,831
Consulting services	718,167	706,573
Wellness program	826,438	939,431
Other administrative services	<u>85,385</u>	<u>114,353</u>
Total operating expenses	<u>127,759,757</u>	<u>111,520,102</u>
Operating income	1,210,731	12,758,252
Nonoperating revenues:		
Investment income	<u>518,924</u>	<u>94,404</u>
Total nonoperating revenues	<u>518,924</u>	<u>94,404</u>
Changes in net position	1,729,655	12,852,656
Net position, beginning of year	<u>18,824,009</u>	<u>5,971,353</u>
Net position, end of year	<u><u>\$ 20,553,664</u></u>	<u><u>\$ 18,824,009</u></u>

See accompanying notes to financial statements.

WEST SUBURBAN HEALTH GROUP

STATEMENTS OF CASH FLOWS JUNE 30, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities:		
Cash received from participants	\$ 129,006,442	\$ 124,442,333
Cash paid to insurance providers and other vendors	<u>(123,651,148)</u>	<u>(113,012,814)</u>
Net cash provided by operating activities	5,355,294	11,429,519
Cash flows from investing activities:		
Purchases and sales of investments (net)	(476,366)	(1,059,311)
Investment income and interest income on deposits	<u>518,924</u>	<u>94,404</u>
Net cash provided (used) by investing activities	<u>42,558</u>	<u>(964,907)</u>
Net increase in cash	5,397,852	10,464,612
Cash, beginning of year	<u>14,663,965</u>	<u>4,199,353</u>
Cash, end of year	<u><u>\$ 20,061,817</u></u>	<u><u>\$ 14,663,965</u></u>
Reconciliation of operating income to net cash provided by operating activities:		
Operating income	\$ 1,210,731	\$ 12,758,252
Changes in operating assets and liabilities:		
Member receivable	661	(1,755)
Reinsurance receivable	(687,105)	241,863
Prepays	142,489	226,747
Deposits	1,172,273	(272,019)
Accounts payable	(45,982)	34,247
Due to members	-	-
Claims liabilities	3,526,934	(1,723,551)
Other liabilities	<u>35,293</u>	<u>165,735</u>
Net cash provided by operating activities	<u><u>\$ 5,355,294</u></u>	<u><u>\$ 11,429,519</u></u>

See accompanying notes to financial statements.

WEST SUBURBAN HEALTH GROUP

NOTES TO BASIC FINANCIAL STATEMENTS YEARS ENDED JUNE 30, 2021 and 2020

Note 1. Description of Group

West Suburban Health Group (the Group) 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 1990. The Group is governed by a Board of Directors (the Board) which is comprised of one representative from each unit. The Board has elected a Steering Committee from its Board members to oversee the business of the Group. 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 participating governmental units. Participating governmental units consist of those municipal entities that have signed an agreement of Joint Negotiation and Purchase of Health and Life Coverage. As of June 30, 2021, participants include the following:

1. Town of Dedham
2. Town of Dover
3. Town of Holliston
4. Town of Natick
5. Town of Needham
6. Town of Shrewsbury
7. Town of Wayland
8. Town of Wellesley
9. Town of Wrentham
10. Dover-Sherborn Regional School District
11. ACCEPT Education Collaborative

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 members representing the participating governmental units vote to accept such additional participants.

Any participating governmental unit may withdraw participation at its discretion effective on June 30th, midnight, i.e. “on anniversary” of a given year. To withdraw on-anniversary, a governmental unit must notify the Board of its intent to withdraw by no later than December 31st of the previous year and written notification of the appropriate public authority’s vote to withdraw no later than February 15th of the year of intended withdrawal. A unit that withdraws on-anniversary is required to reimburse the Group for the first month of its run-out claims. A governmental unit may withdraw “off-anniversary” to be effective at midnight, December 31st. A governmental unit withdrawing “off-anniversary” must provide the Group written notification by July 1st and written notification of the appropriate public authority’s vote to withdraw no later than September 30th of the year of intended withdrawal. A unit that withdraws off-anniversary is required to reimburse the Group for all of its run-out claims. A governmental unit that withdraws is not entitled to any surplus in the trust fund. In addition, any participating governmental unit which is 60 days in arrears for payments may be terminated at the discretion of the Board. In lieu of termination, the Board may take other appropriate action.

Contributions to the Group's trust fund from participating governmental units are on a monthly basis, based on plan specific funding rates for coverage provided on individual and family enrollments for self-insured plans. The funding rates are determined by the Board based on recommendations from the health plans and its consultants and are 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. Rates may be reduced if the Board decides to use excess net position to cover some expenses. Premiums for insured plans are set by health plans.

In the case of a certified surplus, the Board determines whether the excess funds will remain in the trust fund for the purpose of reducing the participants' future premiums, remain as working capital or be distributed to the participating governmental units according to each unit's proportionate share as described in the joint purchase agreement, Article 3, Section D. In the case of a certified deficit, the Board will determine to resolve the deficit either through increasing participants' future contributions or whether additional revenue will be raised through direct assessment and paid by the participating governmental units according to each unit's proportionate share as described in the joint purchase agreement, Article 3, Section D.

The Group offers the following plan types:

Plan Name	Medical Claims		Pharmacy Claims	
	Self	Fully	Self	Fully
	Insured	Insured	Insured	Insured
1. Blue Cross and Blue Shield of Massachusetts Exclusive Provider Organization Plans	X		X	
2. Fallon Heath Select and Direct Care Exclusive Provider Organization Plans	X		X	
3. Harvard Pilgrim Health Care Exclusive and Preferred Provider Organization Plans	X		X	
4. Tufts Exclusive Provider Organization Plan	X		X	
5. Blue Cross and Blue Shield of Massachusetts Medex 2 with Blue Medicare PDP	X			X
6. Harvard Pilgrim Health Care Enhanced Medicare with Aetna PDP	X			X
7. Blue Cross and Blue Shield of Massachusetts - Managed Blue for Seniors		X		X
8. Fallon Senior Plan		X		X
9. Tufts Medicare Preferred Supplement with PDP Plus		X		X
10. Tufts Medicare Preferred HMO		X		X

Each of the exclusive provider organization plans is offered at two design levels –Benchmark (low deductible plans) and HSA-Qualified High Deductible Plans. These plans are administered by the respective insurance companies for a monthly administration fee based on the number of individual and family plan subscribers for a particular month.

The Group employs the services of Gallagher Benefit Services, Inc. They provide certain management, consulting, and technical functions and audit medical claims paid. The current agreement with GBS is for a three-year term ending June 30, 2022. It 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.

The Group appoints a Treasurer and Assistant Treasurer who collect payments from member units, pays claims and vendor expenses and maintains the financial records of the Group.

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 (GAAP), using the economic measurement focus and the accrual basis of accounting. The Governmental Accounting Standards Board (GASB) is responsible for establishing GAAP for state and local governments through its pronouncements.

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, and revenues are recognized in the period the Group is obligated to provide member services. 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.

Cash and cash equivalents consist of cash on hand; cash in checking, savings or money market accounts and other short-term investments with original maturities of three months or less. Investments are stated at fair value. Where applicable, fair values are based on quotations from national security exchanges.

Claims Liabilities

The Group's obligations include estimated health claims incurred but not reported at year end. 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. The Group pays self-funded claims weekly for HPHC, Tufts and Fallon for actual claims to be paid. The Group pays BCBS a level monthly payment to cover the cost of claims for that month. The amount is mutually agreed upon to represent approximately one month of projected claims. There is a quarterly reconciliation and settle-up against actual claims paid on behalf of the Group. Actual claims reported differ from claims estimated, but the Group's size and stop-loss coverage minimize 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 Municipal Reinsurance Arrangement Series of Sentinel Indemnity, LLC (MMRA). the first such reinsurance pooling arrangement established in Massachusetts. The treaty 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. In addition, there is a maximum stop-loss limit on the pool which limits the pool's total losses to \$7,922,766. Total losses for individuals in excess of \$800,000, if any, are covered through a separate reinsurance policy (excluding specific lasers). If claims experience paid from the \$300,000 up to \$800,000 retention layer 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, 2021, the Group paid \$4,589,212 Stop Loss Insurance Premiums for coverage and made net non-premium funding to MMRA of \$1,515,440, some of which is still on deposit.

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, 2021 and 2020 deposits totaled \$19,979,490 and \$14,571,166, respectively and had a carrying amount of \$19,959,930 and \$14,562,269 respectively. Of the deposit amounts at June 30, 2021 and 2020, \$19,979,490 and \$14,571,166, respectively, 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.

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, 2021, and 2020 asset backed securities, certificates of deposit, government securities and money market mutual funds are categorized as Level 1 and corporate bonds are categorized as Level 2. MMDT cash portfolio investments are valued at amortized cost. Under this method, an investment is initially valued at its cost and adjusted for the amount if income accrued each day over the investment term to account for the difference between the initial cost and the amount payable at maturity. If amortized cost is determined not to approximate fair value, the value will be established under procedures established by the investment advisor.

The Group maintains accounts for investments which hold the following at June 30, 2021 and 2020:

Description	June 30			
	2021		2020	
	Fair Market	% of total	Fair Market	% of total
Asset backed securities	\$ 1,439,932	14.6%	\$ 1,371,139	14.6%
Certificates of deposit	-	0.0%	252,708	2.7%
Money market funds	251,256	2.5%	358,629	3.8%
Government securities	4,310,136	0.0%	799,976	8.5%
Corporate bonds	3,456,432	35.0%	6,434,914	68.5%
Money market mutual funds	304,816	3.1%	68,840	0.7%
MMDT (cash equivalent)	101,887	1.0%	101,696	1.1%
	<u>\$ 9,864,459</u>		<u>\$ 9,387,902</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 weighted investment maturities of fixed income securities to 2.5 years. The approximate maturities of the Group's debt investments are disclosed in the following tables:

June 30, 2021				
Investments	Total	Time Until Maturity (Years)		
		<1	1 - 5	6 - 10 Years
U.S. Government obligations	\$ 4,310,136	\$ 3,499,664	\$ 810,472	\$ -
Corporate bonds	3,456,432	618,286	2,133,638	704,508
Asset backed securities	1,439,932	-	126,949	1,312,983
Total Investments with Maturities	<u>\$ 9,206,500</u>	<u>\$ 4,117,950</u>	<u>\$ 3,071,059</u>	<u>\$ 2,017,491</u>

June 30, 2020				
Investments	Total	Time Until Maturity (Years)		
		<1	1 - 5	6 - 10 Years
U.S. Government obligations	\$ 799,976	\$ 799,976	\$ -	\$ -
Corporate bonds	6,434,914	1,343,947	3,490,817	1,600,150
Asset backed securities	1,371,139	7,514	700,710	662,915
Certificates of deposit	252,708	-	252,708	-
Total Investments with Maturities	<u>\$ 8,858,737</u>	<u>\$ 2,151,437</u>	<u>\$ 4,444,235</u>	<u>\$ 2,263,065</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. Money market funds, government securities, asset backed securities, certificates of deposit 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:

Bond Ratings	Investments that are rated						
	June 30, 2021			June 30, 2020			
	Asset Backed Securities	Government Securities	Corporate bonds	Asset Backed Securities	Government Securities	Corporate bonds	Certificates of deposit
AAA to AA+	\$ -	\$ -	\$ -	\$ -	\$ 799,976	\$ -	\$ -
A to AA	-	4,310,136	310,838	-	-	1,439,724	-
BAA to B	-	-	3,057,344	-	-	4,995,190	-
Not rated	1,439,932	-	88,250	1,371,139	-	-	252,708
	<u>\$ 1,439,932</u>	<u>\$ 4,310,136</u>	<u>\$ 3,456,432</u>	<u>\$ 1,371,139</u>	<u>\$ 799,976</u>	<u>\$ 6,434,914</u>	<u>\$ 252,708</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 does not have an investment policy for concentration of credit risk.

Note 4. Reinsurance Receivable, Prepaid Expenses and Deposits

Based on current year experience with larger claims, it's possible for the Group to have an amount due from its reinsurance carrier at year-end. As of June 30, 2021, there was a balance receivable of \$3,374,210 while at June 30, 2020 the balance was \$2,652,149. Also, based on current year experience with larger claims, it's possible for the Group to have a balance in its reinsurance pool (Massachusetts Reinsurance Arrangement Series – MMRA) at year end. As of June 30, 2021, the balance was \$237,572 while the June 30, 2020 balance was \$1,382,460.

At year end, if monthly estimated payments made by the Group to Blue Cross Blue Shield exceed actual claims paid, the Group will have a prepaid amount for the final quarterly settlement of the fiscal year. There was no balance at June 30, 2021 and \$142,489 at June 30, 2020. The Group also has established deposits with certain insurance carriers so that weekly claims can be paid on a timely basis. The balance of these deposits as of June 30, 2021, and 2020 respectively were \$1,038,804 and \$1,066,189.

Note 5. 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, 2021 and 2020:

	June 30	
	2021	2020
Unpaid claims and claims adjustment expenses - beginning of year	\$ 8,348,571	\$ 10,072,122
Incurred claims and claims adjustment expenses:		
Provision for insured events of the current fiscal year	101,548,459	87,347,701
Increase (decrease) in provision for insured events of prior fiscal year	(743,351)	(2,072,122)
	<u>100,805,108</u>	<u>85,275,579</u>
Payments		
Claims and expenses, net, attributable to insured events - current year	(88,546,110)	(78,968,533)
Claims and expenses, net, attributable to insured events - prior year	(8,732,064)	(8,030,597)
	<u>(97,278,174)</u>	<u>(86,999,130)</u>
Total unpaid claims and claim adjustment expenses - end of year	<u><u>\$ 11,875,505</u></u>	<u><u>\$ 8,348,571</u></u>

WEST SUBURBAN 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 fiscal 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 from the new information received on known claims, re-evaluations 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.

		June 30									
		2021	2020	2019	2018	2017	2016	2015	2014	2013	2012
1	Earned member assessment, refunds and investment revenues	129,489,412	124,372,758	116,502,366	127,185,921	115,189,148	116,465,700	134,887,284	128,259,732	123,696,056	127,831,044
2	Administrative and operating expenses	26,211,298	24,172,401	23,281,376	21,932,983	19,971,028	19,438,736	22,261,229	17,450,031	14,453,651	13,531,905
3	Estimated incurred claims and expenses, end of fiscal year	101,548,459	87,347,701	93,371,241	100,095,734	101,300,302	95,387,172	115,708,989	119,040,184	113,398,568	113,515,498
4	Paid (cumulative) as of:										
	End of fiscal year	88,546,110	78,968,533	85,166,240	92,187,906	93,300,302	86,387,172	106,708,483	110,063,483	105,424,762	104,563,881
	One year later	-	87,700,597	93,196,837	99,932,822	100,254,539	94,421,715	116,154,533	119,709,640	113,634,646	112,720,084
	Two years later	-	-	93,423,600	99,910,573	100,119,479	94,382,514	116,144,890	120,582,729	113,567,129	112,707,795
	Three years later	-	-	-	99,877,808	100,101,658	94,375,786	116,065,986	120,745,055	113,600,958	112,664,812
	Four years later	-	-	-	-	100,193,736	94,376,343	116,022,465	120,746,059	113,601,486	112,655,638
	Five years later	-	-	-	-	-	94,373,569	116,019,465	120,746,010	113,601,486	112,655,638
	Six years later	-	-	-	-	-	-	116,018,532	120,745,253	113,601,520	112,655,638
	Seven years later	-	-	-	-	-	-	-	120,743,561	113,601,520	112,655,638
	Eight years later	-	-	-	-	-	-	-	-	113,601,520	112,655,638
	Nine years later	-	-	-	-	-	-	-	-	-	112,655,638
5	Reestimated incurred claims and expense										
	End of fiscal year	101,548,459	87,347,701	93,371,241	100,095,734	101,300,302	95,387,172	115,708,989	119,040,184	113,398,568	113,515,498
	One year later	-	87,700,597	93,196,837	99,932,822	100,254,539	94,421,715	116,154,533	119,709,640	113,634,646	112,720,084
	Two years later	-	-	93,423,660	99,910,573	100,119,479	94,382,514	116,144,890	120,582,729	113,567,129	112,707,795
	Three years later	-	-	-	99,877,808	100,101,658	94,375,786	116,065,986	120,745,055	113,600,958	112,664,812
	Four years later	-	-	-	-	100,193,736	94,376,343	116,022,465	120,746,059	113,601,486	112,655,638
	Five years later	-	-	-	-	-	94,373,569	116,019,465	120,746,010	113,601,486	112,655,638
	Six years later	-	-	-	-	-	-	116,018,532	120,745,253	113,601,520	112,655,638
	Seven years later	-	-	-	-	-	-	-	120,743,561	113,601,520	112,655,638
	Eight years later	-	-	-	-	-	-	-	-	113,601,520	112,655,638
	Nine years later	-	-	-	-	-	-	-	-	-	112,655,638
6	(Increase) decrease in estimated incurred claims and expense from the end of the original policy year	\$ -	\$ (352,896)	\$ (52,419)	\$ 217,926	\$ 1,106,566	\$ 1,013,603	\$ (309,543)	\$ (1,703,377)	\$ (202,952)	\$ 859,860



INDEPENDENT AUDITORS' 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
West Suburban Health Group

We 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 West Suburban Health Group (the Group), as of and for the year ended June 30, 2021 and have issued our report thereon dated February 1, 2022. The financial statements of the Group as of June 30, 2020, and for the year then ended were audited by other auditors who have ceased operations. Those auditors expressed an unqualified opinion on those financial statements in their report.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we 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 our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control. Accordingly, we 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.

Our 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 our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Group's financial statements are free of material misstatement, we 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

West Suburban Health Group

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provisions was not an objective of our audit and, accordingly, we do not express such opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported herein under Government Auditing Standards.

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.

Roselli, Clark & Associates

Roselli, Clark & Associates
Certified Public Accountants
Woburn, Massachusetts
February 1, 2022