

MAYFLOWER MUNICIPAL HEALTH GROUP
BASIC FINANCIAL STATEMENTS
AND REQUIRED SUPPLEMENTARY INFORMATION
FOR THE YEARS ENDED JUNE 30, 2018 and 2017
WITH INDEPENDENT AUDITOR'S REPORTS

MAYFLOWER MUNICIPAL HEALTH GROUP
BASIC FINANCIAL STATEMENTS AND MANGEMENT'S DISCUSSION AND ANALYSIS
TOGETHER WITH REQUIRED SUPPLEMENTARY INFORMATION
FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

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INDEPENDENT AUDITOR'S REPORT

To the Steering Committee
Mayflower Municipal Health Group
Plymouth, Massachusetts

Report on the Financial Statements

We have audited the accompanying financial statements of the Mayflower Municipal Health Group as of and for the years ended June 30, 2018 and 2017, and the related notes to the financial statements, which collectively comprise the Mayflower Municipal Health Group's basic financial statements as listed in the table of contents.

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 misstatement, 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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from 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 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 entity'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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies 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.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the Mayflower Municipal Health Group, as of June 30, 2018 and 2017, and the respective changes in financial position and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

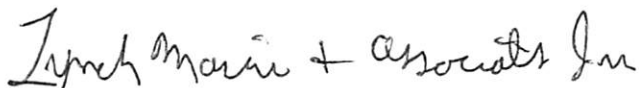
Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis on pages v-vii and the claims development information on page 12 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic 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 about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Governmental Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated January 29, 2019, on our consideration of the Mayflower Municipal Health Group's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely 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 effectiveness of the Mayflower Municipal Health Group's 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 Mayflower Municipal Health Group's internal control over financial reporting and compliance.



Norwell, Massachusetts
January 29, 2019



LYNCHMARINI & ASSOCIATES INC.
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**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 Steering Committee
Mayflower Municipal Health Group
Plymouth, Massachusetts

We have audited, in accordance with the 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 of the Mayflower Municipal Health Group, as of and for the years ended June 30, 2018 and 2017, and the related notes to the financial statements, which collectively comprise the Group's basic financial statements, and have issued our report thereon dated January 29, 2019.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Mayflower Municipal Health 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 opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Mayflower Municipal Health Group's internal control. Accordingly, we do not express an opinion on the effectiveness of the Mayflower Municipal Health 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 a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a 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. 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 Mayflower Municipal Health Group's financial statements are free from material misstatement, we performed tests of its 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 our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The 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 entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Lynch Marini & Associates Inc.

Norwell, Massachusetts

January 29, 2019

MANAGEMENT'S DISCUSSION AND ANALYSIS

MAYFLOWER MUNICIPAL HEALTH GROUP

Management's Discussion & Analysis

June 30, 2018 and 2017

The management of Mayflower 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, 2018 and 2017. 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 statements of net position present information on the assets and liabilities of the Group, with the difference being reported as net position.

The statements 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 statements of cash flows report 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 (net position) as of June 30, 2018 and 2017 by \$16,039,195 and \$10,773,329, respectively.
- For the years ended June 30, 2018 and 2017, net position increased by \$5,265,866 and decreased by \$2,733,482, respectively.
- For the year ended June 30, 2018 and June 30, 2017, the Group authorized the use of up to \$3,600,000 and \$8,500,00, respectively, of net position to maintain rates.

During the year ended June 30, 2018, the net position increased by \$5,265,866. This increase was a result of rate increases and reductions in claim expenses. During the year ended June 30, 2018, the Group had net investment income of \$501,039. During the year ended June 30, 2017, the decrease in net position of \$2,733,482 was primarily due to increased claims exceeding member contributions. The Group had a net operating increase of \$4,764,827 during the year ended June 30, 2018 and a net operating loss of \$3,202,291 during the year ended June 30, 2017.

Account receivables from member units as of June 30, 2018 were \$168,963 as a result of the timing of payments from various members. As of June 30, 2017, account receivables from member units were \$3,625.

MAYFLOWER MUNICIPAL HEALTH GROUP

Management's Discussion & Analysis

June 30, 2018 and 2017

Reinsurance and provider receivables were \$3,273,826 and \$1,616,593 at the years ended June 30, 2018 and 2017, respectively. The increase during the year ended June 30, 2018 was primarily a result of the monthly deposit with insurance providers exceeding actual claims by \$2,099,589, whereas, for the year ended June 30, 2017, actual claims exceeded the monthly deposit by \$1,110,196.

Condensed Financial Information

A summary of financial information is presented below:

	<u>2018</u>	<u>2017</u>
Cash and investments	\$ 21,783,215	\$ 19,107,290
Other current assets	<u>3,703,739</u>	<u>2,065,488</u>
Total assets	25,486,954	21,172,778
Accounts payable	1,725,110	775,143
Unearned member premiums	772,649	64,110
Due to providers	-	1,110,196
Claims incurred but not reported	<u>6,950,000</u>	<u>8,450,000</u>
Total liabilities	<u>9,447,759</u>	<u>10,399,449</u>
Unrestricted net position	<u>\$ 16,039,195</u>	<u>\$ 10,773,329</u>
Revenues, Expenses and Change in Net Position:		
Contributions and other	\$ 110,771,537	\$ 143,414,870
<i>less</i>		
Claims expense	99,468,583	137,826,041
Claims administration expenses	4,241,930	6,007,550
Other group expenses	<u>2,296,197</u>	<u>2,783,570</u>
Total operating expense	106,006,710	146,617,161
<i>plus</i>		
Net investment income	<u>501,039</u>	<u>468,809</u>
Change in net position	<u>\$ 5,265,866</u>	<u>\$ (2,733,482)</u>

During the year ended June 30, 2018, the ACA regulatory fees include the Patient-Centered Outcomes Research Institute (PCORI) fees of \$34,813 which were included in other group expenses above. The Group was no longer subject to the Transitional Reinsurance Program (TRP) fees. During the year ended June 30, 2017, the ACA's regulatory fees include the Transitional Reinsurance Program (TRP) fees of, \$313,074 and Patient-Centered Outcomes Research Institution (PCORI) fees of \$32,610.

Economic Factors Affecting the Subsequent Year

The Group's Board set the rate structure for plan participation. For fiscal year 2019, the Group's Board approved increases ranging from 4.5% - 6.9%, depending on the plan. Additionally, the Group has authorized the use of up to \$1,800,000 of its unrestricted/total net position to subsidize rates.

MAYFLOWER MUNICIPAL HEALTH GROUP

Management's Discussion & Analysis

June 30, 2018 and 2017

Effective July 1, 2018, the Town of Norwell and Bristol County withdrew from the Group. The Group's Joint Purchase Agreement provides that a withdrawing unit is not entitled to any surplus in the trust fund and these member units that withdrew left behind their portion of \$16,039,195 in net assets.

Request for Information

This financial report is intended to provide an overview of the finances of the Group. Questions about this report or requests for additional information may be directed to the Steering Committee at P.O. Box 3390, Plymouth, MA 02361.

BASIC FINANCIAL STATEMENTS

MAYFLOWER MUNICIPAL HEALTH GROUP

Statements of Net Position
As of June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
<u>ASSETS</u>		
Cash and cash equivalents	\$ 5,857,776	\$ 2,904,074
Investments	15,925,439	16,203,216
Prepaid expenses	3,095	4,007
Receivables:		
Reinsurance and provider	3,273,826	1,616,593
Due from members	168,963	3,625
Medicare Part D subsidy	<u>257,855</u>	<u>441,263</u>
Total receivables	<u>3,700,644</u>	<u>2,061,481</u>
Total assets	<u><u>\$ 25,486,954</u></u>	<u><u>\$ 21,172,778</u></u>
<u>LIABILITIES AND NET POSITION</u>		
Accounts payable	\$ 1,725,110	\$ 775,143
Unearned member premiums	772,649	64,110
Due to providers		1,110,196
Estimated claims incurred but not reported	<u>6,950,000</u>	<u>8,450,000</u>
Total liabilities	<u>9,447,759</u>	<u>10,399,449</u>
Unrestricted/total net position	<u>16,039,195</u>	<u>10,773,329</u>
Total liabilities and net position	<u><u>\$ 25,486,954</u></u>	<u><u>\$ 21,172,778</u></u>

The accompanying notes are an integral part of these financial statements.

MAYFLOWER MUNICIPAL HEALTH GROUP
Statements of Revenues, Expenses, and Changes in Net Position
For the Years Ended June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Operating revenues:		
Member contributions:		
Medical contributions	\$ 108,703,928	\$ 138,779,868
Dental contributions	<u>1,609,066</u>	<u>2,020,407</u>
Total contributions	110,312,994	140,800,275
Other income	<u>458,543</u>	<u>2,614,595</u>
Total operating revenues	110,771,537	143,414,870
Operating expenses:		
Claims and premium expense:		
Medical claims and premiums	97,860,181	135,805,793
Dental premiums	<u>1,608,402</u>	<u>2,020,248</u>
Total claims and premium expense	99,468,583	137,826,041
Medical claims administration fees	4,241,930	6,007,550
Stop loss insurance premiums	1,543,870	1,659,254
Regulatory fees	34,813	345,684
Professional fees and other administrative services	<u>717,514</u>	<u>778,632</u>
Total operating expenses	106,006,710	146,617,161
Operating income (loss)	4,764,827	(3,202,291)
Nonoperating revenues (expenses):		
Investment income	769,787	679,923
Investment expense	(51,922)	(50,184)
Increase (decrease) in unrealized gain	<u>(216,826)</u>	<u>(160,930)</u>
Nonoperating income	<u>501,039</u>	<u>468,809</u>
Change in net position	5,265,866	(2,733,482)
Net position, beginning of year	<u>10,773,329</u>	<u>13,506,811</u>
Net position, end of year	<u><u>\$ 16,039,195</u></u>	<u><u>\$ 10,773,329</u></u>

The accompanying notes are an integral part of these financial statements.

MAYFLOWER MUNICIPAL HEALTH GROUP

Statements of Cash Flows

For the Years Ended June 30, 2018 and 2017

	<u>2018</u>	<u>2017*</u>
Cash flows from operating activities:		
Cash received from participants	\$ 111,040,515	\$ 140,220,640
Cash received for Medicare Part D subsidy and enrollment fees	458,543	2,614,595
Cash paid to insurance providers and other vendors	<u>(109,324,172)</u>	<u>(147,351,663)</u>
Net cash provided (used) by operating activities	2,174,886	(4,516,428)
Cash flows from investing activities:		
Cash provided by investment income, net investment expenses	717,865	629,739
Transfers from investment account	750,000	1,000,000
Cash used to purchase investments	<u>(689,049)</u>	<u>(606,092)</u>
Net cash provided by investing activities	<u>778,816</u>	<u>1,023,647</u>
Net increase (decrease) in cash and cash equivalents	2,953,702	(3,492,781)
Cash and cash equivalents, beginning of year	<u>2,904,074</u>	<u>6,396,855</u>
Cash and cash equivalents, end of year	<u><u>\$ 5,857,776</u></u>	<u><u>\$ 2,904,074</u></u>
Reconciliation of operating income to net cash provided by operating activities:		
Operating income (loss)	\$ 4,764,827	\$ (3,202,291)
Changes in operating assets and liabilities:		
(Increase)/decrease of accounts receivable and prepaid expense	18,982	495,381
(Increase)/decrease of reinsurance receivable	(1,657,233)	(847,660)
Increase/(decrease) of unearned member premiums	708,539	(1,075,016)
Increase/(decrease) of claims payable to providers	(1,110,196)	(38,259)
Increase/(decrease) of claims incurred but not reported	(1,500,000)	150,000
Increase/(decrease) of accounts payable and other	<u>949,967</u>	<u>1,417</u>
Net cash provided (used) by operating activities	<u><u>\$ 2,174,886</u></u>	<u><u>\$ (4,516,428)</u></u>

*Cash flows from operating and investing activities have been reclassified to correspond with the current year presentation for comparative purposes.

The accompanying notes are an integral part of these financial statements.

NOTES TO FINANCIAL STATEMENTS

MAYFLOWER MUNICIPAL HEALTH GROUP
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2018 AND 2017

Note 1. Summary of Significant Accounting Policies

A. Reporting Entity

Mayflower Municipal Health Group (the Group) is a Massachusetts Municipal Health Insurance Joint Purchase Group formed pursuant to Massachusetts General Laws, Chapter 32B, under a certain joint purchase agreement which became effective July 1, 2008. The Group became operational July 1, 2008. As a municipal 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.

Participating governmental units consist of those municipal groups that have signed an agreement for Joint Negotiation and Purchase of Medical, Health, Dental and Life Coverage governmental agreement. At June 30, 2018, participants were the towns of Bridgewater, Carver/Marion/Wareham RRDD, Halifax, Hanover, Hanson, Hull, Kingston, Marshfield, Norwell, Pembroke, Plympton, Rochester, Wareham, West Bridgewater, and Whitman; Brockton Area Transit, Dartmouth Fire District No. 3, Greater Attleboro Taunton Regional Authority, Greater New Bedford Regional Refuse Management District, North River Collaborative School, Onset Fire District, Plymouth County Retirement Association, Silver Lake Regional School District, South Shore Vocational School District, South Shore Education Collaborative, South Shore Regional Emergency Communication Center, South Shore Tri-Town Development Corporation, Southeastern Regional Transit Authority, Wareham Fire District, Whitman-Hanson Regional School District and the counties of Plymouth, Bristol, Norfolk. At June 30, 2017, participants were the towns of Abington, Bridgewater, Carver/Marion/Wareham RRDD, Halifax, Hanover, Hanson, Hingham, Hull, Kingston, Marshfield, Norwell, Pembroke, Plympton, Rochester, Rockland, Scituate, Wareham, West Bridgewater, and Whitman; Abington-Rockland Water Works, Brockton Area Transit, Dartmouth Fire District No. 3, Greater New Bedford Regional Refuse Management District, North River Collaborative School, Onset Fire District, Plymouth County Retirement Association, Silver Lake Regional School District, South Shore Vocational School District, South Shore Education Collaborative, South Shore Regional Emergency Communication Center, South Shore Tri-Town Development Corporation, Southeastern Regional Transit Authority, Wareham Fire District, Whitman-Hanson Regional School District and the counties of Plymouth, Bristol, Norfolk.

Governmental units may apply for membership and be added to the Group, commencing on a date mutually agreed upon, provided that a Board meeting is held with at least two-thirds of members units in attendance and two-thirds of the units in attendance voting in favor to accept such additional participants.

Upon entering the Group, new members are required to make contributions. Contributions are equal to the prior quarter's net assets divided by the number of subscribers in the Group to derive a per-subscriber amount. The per-subscriber amount is then multiplied by the number of joining subscribers to calculate the contribution to be made. While this is the standard calculation, the Group has the ability to arrange different methods of payment to reach the same total, as approved by the Steering Committee. The contributions, if any, are included in other income.

Any participating governmental unit may withdraw participation at its discretion, but a withdrawal may only be effective at the close of June 30th of any Plan Year (July 1 to June 30). Any election by a governmental unit to terminate participation under this agreement requires written notification to the Board of such decision to withdraw no later than the December 31st that precedes the June 30th, upon which the withdrawal would be effective. Any participating governmental unit which is 60 days in arrears for payments may be terminated at the Board's discretion. Such termination shall not limit the Board from obtaining payment of all monies in arrears. During the year ended June 30, 2018, the Town of Hingham, Town of Rockland, Town of Abington, Town of Scituate, and the Abington-Rockland Water Works withdrew from the Group. During the year ended June 30, 2017, no members withdrew from the Group.

MAYFLOWER MUNICIPAL HEALTH GROUP
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2018 AND 2017

Note 1. Summary of Significant Accounting Policies (continued)

There is no liability for premium expense following the effective date of withdrawal or termination of a participating governmental unit's coverage under a contract purchased through the Group, except for the governmental unit's proportional share of any deficit in 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. The Group's Joint Purchase Agreement provides that a withdrawing or terminated participating governmental unit is not entitled to any surplus in the trust fund.

Contributions to Mayflower Municipal Health Group from participating governmental units are on a monthly basis. Contributions are set by the Board; the rates are set at amounts which, in aggregate, will fully satisfy the funding requirements of the claims trust fund (including, but not limited to, anticipated incurred claims, retention, risk, and trust administration expenses) as established through underwriting and/or actuarial estimates.

All refunds, surplus, and deficits are dealt with on a proportional and collective basis. In the case of a certified surplus, the Board determines the investment and application of the excess funds. In the case of a certified deficit, additional revenue will be raised and paid by the participating governmental units in proportion to the number of participating governmental unit's employees and retirees covered for a period of one year prior to when the deficit was incurred.

The Group offers the following health insurance options:

Health - active members:

- Blue Cross/Blue Shield - Network Blue (HMO)
- Blue Cross/Blue Shield - Network Blue Rate Saver Plan
- Blue Cross/Blue Shield – Network Blue Benchmark Plan
- Blue Cross/Blue Shield - Blue Care Elect PPO
- Blue Cross/Blue Shield – Blue Care Elect PPO Rate Saver Plan
- Blue Cross/Blue Shield – Blue Care Elect PPO Benchmark Plan
- Harvard/Pilgrim Health (HMO)
- Harvard/Pilgrim Health Rate Saver Plan
- Harvard Pilgrim Health Benchmark Plan

Health - pensioners:

- Blue Cross/Blue Shield – Medex II EGWP

Dental – active members:

- Delta Dental PPO Plus Premier

The Group employs the services of John R. Sharry Incorporated, d/b/a Group Benefits Strategies, to provide certain management, consulting, and technical functions and to audit medical claims paid. The current agreement with Group Benefits Strategies is for a three-year contract ending June 30, 2020, and provides for a monthly fee based on the number of subscribers for each month.

The Group elects a Treasurer who collects payment from member units, pays claims and vendor expenses, oversees investments, and maintains the financial records of the Group.

MAYFLOWER MUNICIPAL HEALTH GROUP
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2018 AND 2017

Note 1. Summary of Significant Accounting Policies (continued)

B. Basis of Accounting

The basic financial statements of the Group are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP). The Governmental Accounting Standards Board (GASB) is the recognized standard setting body for the establishing governmental accounting and financial reporting principles.

Mayflower Municipal Health Group is a special purpose government engaged only in fiduciary activities. The financial statements are prepared using the accrual basis of accounting under which deductions/expenses are recorded when the liability is incurred, and additions are recorded in the accounting period in which they are earned and become measurable.

Member contributions include the monthly premiums charged to each participating governmental unit and include costs for administrative services as well as insurance charges. Contributions are recorded as revenue during the period in which the Group is obligated to provide services to its members. The unearned portion of contributions for a coverage period is reported as advance collections and are recorded as liabilities until earned.

C. 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 those estimates.

D. Fair Value Measurement

The Group measures assets and liabilities at fair value according to the hierarchy established by generally accepted accounting principles. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The hierarchy is based upon valuation inputs, which are assumptions that market participants would use when pricing an asset or liability, including assumption of risk. The following are levels considered:

- Level 1 inputs are quoted prices in active markets for identical assets or liabilities at the measurement date.
- Level 2 inputs are directly observable for an asset or a liability (including quoted prices for similar assets or liabilities), as well as inputs that are indirectly observable for the asset or liability.
- Level 3 inputs are unobservable for the asset or liability.

E. Cash and Cash Equivalents and Investments

Cash and cash equivalents consist of cash on hand, cash in checking, and savings accounts.

Investments are defined as securities or other assets that (a) a government holds primarily for the purpose of income or profit and (b) has a present service capacity based solely on its ability to generate cash or be sold to generate cash. Generally, investments are reported according to the fair value hierarchy established by generally accepted accounting principles. Certain investments, such as money market investments and 2a7-like external investment pools, are reported at amortized cost. 2a7-like pools are external investment pools that operate in conformity with the Securities and Exchange Commission's (SEC) Rule 2a7 as promulgated under the Investment Company Act of 1940, as amended and should be measured at the net asset value per share provided by the pool.

MAYFLOWER MUNICIPAL HEALTH GROUP
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2018 AND 2017

Note 1. Summary of Significant Accounting Policies (continued)

F. Claims Payable to Providers

Claims payable to providers represents the amounts payable at June 30, 2018 and 2017, to providers based on actual claims being higher than the agreed upon monthly payments.

G. Claims Incurred But Not Reported

The Group's obligations include estimated health claims incurred but not reported at June 30, 2018 and 2017. 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.

H. Reinsurance

The Group has purchased stop loss insurance (reinsurance) to limit loss exposures. The Group has a specific excess medical and prescription drug claims reinsurance contract with an insurance carrier covering claims paid in excess of \$300,000, specific deductible per individual, with no lifetime maximum amount per participant for the years ended June 30, 2018 and June 30, 2017.

The Group does not include reinsured risks as liabilities unless it is probable that the re-insurer will not cover those risks. Amounts recoverable through re-insurers on paid claims are classified as reinsurance claims receivable and as a reduction of claims expense.

I. Participant Contributions

Participant contributions represent the monthly premiums, as voted by all member units, charged to each member unit and include costs for administrative services and insurance charges. Premiums are recorded as revenue during the period in which the Group is obligated to provide services to its members.

J. Medicare Part D Prescription Drug Benefit Program and Affordable Care Act Fees

The Group applied for, as Plan Sponsor, and receives subsidy payments from the Federal Government pursuant to the Retiree Drug Subsidy Provisions for Medicare Part D. The Retiree Drug Subsidy Provisions for Medicare Part D have been recorded as part of Other Income. Any amounts receivable from the Federal Government for the drug benefit program are classified as a receivable from a governmental unit. As the Group switched to the Employer Group Waiver Plan (EGWP) during the year ended June 30, 2018, the Group is no longer entitled to the subsidy payments.

The Group was required to pay \$34,813 and \$345,684 in the years ending June 30, 2018 and 2017, respectively, for the Affordable Care Act's (ACA) fees. The ACA regulatory fees include the Patient-Centered Outcomes Research Institute (PCORI) fees, \$34,813 in the year ended June 30, 2018 and \$32,610 in the year ended June 30, 2017. During the year ended June 30, 2018, the Group was no longer subject to the Transitional Reinsurance Program (TRP) fees. During the year ended June 30, 2017, the ACA fees also included \$313,074 of TRP fees.

MAYFLOWER MUNICIPAL HEALTH GROUP
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2018 AND 2017

Note 2. Cash, Cash Equivalents and Investments

The Group maintains deposits in 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, 2018 deposits totaled \$5,858,547. The carrying amount of the deposits at June 30, 2018 was \$5,857,776. The difference between deposit amount and carrying amount represents outstanding checks. At June 30, 2017 deposits totaled \$2,904,074. This amount corresponds with the Group's carrying amount. The Group's deposits were not exposed to custodial risk as of June 30, 2018 and 2017 because the deposit balances that exceed the Federal Deposit Insurance Corporation (FDIC) Insurance were insured by the financial institution which holds the deposits which has executed a Public Authority Deposit Account Pledge Acknowledgment.

The Group's investments are as follows as of June 30, 2018 and 2017:

		<u>June 30, 2018</u>	<u>June 30, 2017</u>
<u>Investment Type</u>	<u>Fair Value Measurement</u>	<u>Value</u>	<u>Value</u>
U.S. Government & Agencies	Level 1	\$ 5,166,258	\$ 5,471,877
Fixed Income Mutual Funds - Domestic	Level 1	3,099,521	3,075,059
Fixed Income Mutual Funds - International	Level 1	707,211	816,873
Equity Mutual Funds - Domestic	Level 1	1,771,896	2,404,048
Equity Mutual Funds - International	Level 1	752,255	328,705
Equities	Level 1	2,420,168	2,389,354
Money Market	Amortized Cost	148,886	571,368
Corporate Bonds	Level 1	1,859,244	1,145,932
		<u>\$ 15,925,439</u>	<u>\$ 16,203,216</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's investment policy does not cover custodial credit risk.

MAYFLOWER MUNICIPAL HEALTH GROUP
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2018 AND 2017

Note 2. Cash, Cash Equivalents and Investments (continued)

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's investment policy limits the weighted average maturity of the investments to 3 years. The approximate maturities of the Group's investments are disclosed in the following table:

As of June 30, 2018:

<u>Investment Type</u>	<u>Value</u>	<u>Less than 1 Year</u>	<u>1 to 3 Year</u>	<u>3 to 5 Year</u>	<u>5 to 10 Year</u>
U.S. Government & Agencies	\$ 5,166,258	\$ 1,802,969	\$ 1,789,563	\$ 533,007	\$ 1,040,719
Fixed Income Mutual Funds - Domestic	3,099,521	-	-	823,652	2,275,869
Fixed Income Mutual Funds - International	707,211	-	-	-	707,211
Equity Mutual Funds - Domestic	1,771,896	1,771,896	-	-	-
Equity Mutual Funds - International	752,255	752,255	-	-	-
Equities	2,420,168	2,420,168	-	-	-
Money Markets	148,886	148,886	-	-	-
Coporate Bonds	1,859,244	398,998	902,566	557,680	-
	<u>\$ 15,925,439</u>	<u>\$ 7,295,172</u>	<u>\$ 2,692,129</u>	<u>\$ 1,914,339</u>	<u>\$ 4,023,799</u>

As of June 30, 2017:

<u>Investment Type</u>	<u>Value</u>	<u>Less than 1 Year</u>	<u>1 to 3 Year</u>	<u>3 to 5 Year</u>	<u>5 to 10 Year</u>
U.S. Government & Agencies	\$ 5,471,877	\$ 555,852	\$ 2,691,694	\$ 710,646	\$ 1,513,685
Fixed Income Mutual Funds - Domestic	3,075,059	-	-	970,351	2,104,708
Fixed Income Mutual Funds - International	816,873	-	-	-	816,873
Equity Mutual Funds - Domestic	2,404,048	2,404,048	-	-	-
Equity Mutual Funds - International	328,705	328,705	-	-	-
Equities	2,389,354	2,389,354	-	-	-
Money Markets	571,368	571,368	-	-	-
Coporate Bonds	1,145,932	379,221	715,713	50,998	-
	<u>\$ 16,203,216</u>	<u>\$ 6,628,548</u>	<u>\$ 3,407,407</u>	<u>\$ 1,731,995</u>	<u>\$ 4,435,266</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. Equity securities, money markets, and equity mutual funds are not rated as to credit risk. The Group's investment policy limits its investments in short-term commercial paper at no less than AA rated quality. The Group does not restrict any other investments. Credit risk of the Group's investments are summarized on the following table:

MAYFLOWER MUNICIPAL HEALTH GROUP
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2018 AND 2017

Note 2. Cash, Cash Equivalents and Investments (continued)

As of June 30, 2018:

<u>Investment Type</u>	<u>Value</u>	Exempt from <u>Disclosure</u>	<u>S&P Ratings as of Year End</u>		
			<u>AAA to AA</u>	<u>A to B</u>	<u>Not Rated</u>
U.S. Government & Agencies	\$ 5,166,258	\$ 5,166,258	\$ -	\$ -	\$ -
Fixed Income Mutual Funds - Domestic	3,099,521	-	858,058	2,241,463	-
Fixed Income Mutual Funds - International	707,211	-	-	707,211	-
Equity Mutual Funds - Domestic	1,771,896	-	-	-	1,771,896
Equity Mutual Funds - International	752,255	-	-	-	752,255
Equities	2,420,168	-	-	-	2,420,168
Money Markets	148,886	-	-	-	148,886
Corporate Bonds	1,859,244	-	348,720	1,510,524	-
	<u>\$ 15,925,439</u>	<u>\$ 5,166,258</u>	<u>\$ 1,206,778</u>	<u>\$ 4,459,198</u>	<u>\$ 5,093,205</u>

As of June 30, 2017:

<u>Investment Type</u>	<u>Value</u>	Exempt from <u>Disclosure</u>	<u>S&P Ratings as of Year End</u>		
			<u>AAA to AA</u>	<u>A to B</u>	<u>Not Rated</u>
U.S. Government & Agencies	\$ 5,471,877	\$ 5,471,877	\$ -	\$ -	\$ -
Fixed Income Mutual Funds - Domestic	3,075,059	-	1,457,383	1,617,676	-
Fixed Income Mutual Funds - International	816,873	-	-	816,873	-
Equity Mutual Funds - Domestic	2,404,048	-	-	-	2,404,048
Equity Mutual Funds - International	328,705	-	-	-	328,705
Equities	2,389,354	-	-	-	2,389,354
Money Markets	571,368	-	-	-	571,368
Corporate Bonds	1,145,932	-	413,810	732,122	-
	<u>\$ 16,203,216</u>	<u>\$ 5,471,877</u>	<u>\$ 1,871,193</u>	<u>\$ 3,166,671</u>	<u>\$ 5,693,475</u>

Concentration of credit risk – The Group’s investment policy does not limit the amount that can be invested in any one issuer or security.

Foreign currency risk is the risk that changes in exchange rates will adversely affect the fair value of an investment or deposit. As of June 30, 2018, the Group invested \$752,255 in international equity mutual funds. The Group also invests \$707,211 international fixed income mutual funds. As of June 30, 2017, the Group invested \$328,705 in international equity mutual funds. The Group also invested \$816,873 in international fixed income mutual funds. The Group’s investment policy does not address foreign credit risk.

Investment income reported in the financial statements is made up of the following:

	<u>2018</u>	<u>2017</u>
Interest and dividend income	\$423,985	\$425,583
Realized gain on investments	<u>345,802</u>	<u>254,340</u>
Total investment income	<u>\$769,787</u>	<u>\$679,923</u>

MAYFLOWER MUNICIPAL HEALTH GROUP
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2018 AND 2017

Note 3. Health Claims Incurred But Not Reported

The Group establishes a liability for both reported and unreported insured events, which include estimates of both future payments of losses and related adjustment expenses, if any. Changes in the claim liability amount in fiscal 2018 and 2017 were as follows:

	<u>2018</u>	<u>2017</u>
Unpaid claims and claims' adjustment expenses—beginning of year	\$ 8,450,000	\$ 8,300,000
Incurring claims and claims' adjustment expenses:		
Provision for insured evenets of the current fiscal year	99,046,843	135,997,482
Increase/(Decrease) in provision for insured events for prior fiscal years	<u>(1,186,662)</u>	<u>(191,689)</u>
	97,860,181	135,805,793
Payments:		
Claims and claims' adjustment expenses attributable to insured events of the fiscal year	(92,096,843)	(127,547,482)
Claims and claims' adjustment expenses attributable to insured events of prior fiscal years	<u>(7,263,338)</u>	<u>(8,108,311)</u>
	<u>(99,360,181)</u>	<u>(135,655,793)</u>
Total unpaid claims and claims' adjustment expenses—end of year	<u>\$ 6,950,000</u>	<u>\$ 8,450,000</u>

Note 4. Fund Balance Policy

The Group has a formally adopted policy that requires the Group to maintain an unreserved minimum fund balance equal to 10% of total annual claims based on paid claims for the most recent 12 months. The Group had unreserved fund balance of \$16,039,195 which was greater than \$9,946,858, or 10%, of the prior 12 months of paid claims.

Note 5. Subsequent Events

Effective July 1, 2018, the Town of Norwell and the County of Bristol withdrew from the Group. Pursuant to the Group's agreement, withdrawing participants are not entitled to any surplus net position of the trust.

For the year ended June 30, 2018, the Town of Norwell with four hundred and sixteen subscribers, and Bristol County with three hundred thirty-eight subscribers, left behind approximately \$854,655 and \$694,407, respectively, resulting in a \$1,549,062 increase in total assets for the Group.

Effective July 1, 2019, the Group will offer a Qualified High Deductible Health Plan (QHDHP) with a Health Savings Account (HSA).

The Group has evaluated subsequent events through January 29, 2019, which is the date the financial statements were issued. No additional significant or material events have been identified.

Note 6. GASB Pronouncements Recently Issued

There are no current GASB pronouncements as of the date of these financial statements which the Group believes will be applicable to its financial statements.

REQUIRED SUPPLEMENTARY INFORMATION

MAYFLOWER MUNICIPAL HEALTH GROUP
REQUIRED SUPPLEMENTARY INFORMATION
 Claims Development Information

The table on this page 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 the last fiscal year. 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, net of investment expenses (2) This line shows each fiscal year's administrative and other operating costs of the Fund including, overhead and claims' expense not allocated to individual claims. (3) This line shows the Group's incurred self-insured 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 the cumulative amounts paid as of the end of successive years for each policy year. (5) 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.

	<u>6/30/2018</u>	<u>6/30/2017</u>	<u>6/30/2016</u>	<u>6/30/2015</u>	<u>6/30/2014</u>	<u>6/30/2013</u>	<u>6/30/2012</u>	<u>6/30/2011</u>	<u>6/30/2010</u>	<u>6/30/2009</u>
1. Earned participant contributions investment and other revenues	\$ 111,030,859	\$ 141,430,014	\$ 123,801,727	\$ 120,997,102	\$ 113,777,961	\$ 115,158,122	\$ 119,748,556	\$ 111,942,263	\$ 101,779,383	\$ 101,001,989
2. Administrative other operating expenses	\$ 6,538,127	\$ 8,791,120	\$ 8,369,765	\$ 8,448,148	\$ 7,203,304	\$ 7,339,901	\$ 7,601,019	\$ 7,028,011	\$ 7,453,876	\$ 6,946,096
3. Estimated incurred, self-insured claims and expense, end of fiscal year	\$ 99,046,843	\$ 135,997,482	\$ 130,453,610	\$ 121,398,538	\$ 104,107,551	\$ 99,858,198	\$ 104,180,804	\$ 97,229,423	\$ 96,143,767	\$ 98,302,296
4. Paid (cumulative) as of:										
End of fiscal year	\$ 92,096,843	\$ 127,547,482	\$ 122,153,610	\$ 113,498,538	\$ 97,207,551	\$ 92,958,198	\$ 97,280,804	\$ 89,529,423	\$ 89,343,767	\$ 98,302,296
One year later		\$ 134,977,759	\$ 130,219,692	\$ 121,640,804	\$ 104,551,208	\$ 99,617,510	\$ 103,851,997	\$ 97,009,100	\$ 95,906,250	\$ 98,182,786
Two years later			\$ 130,087,458	\$ 121,675,189	105,212,419	\$ 99,617,510	\$ 103,851,997	\$ 97,009,100	\$ 95,877,944	\$ 98,093,244
Three years later				\$ 121,650,400	105,220,335	\$ 99,584,215	\$ 103,851,997	\$ 97,009,100	\$ 95,877,944	\$ 98,070,243
Four years later					105,210,419	\$ 99,584,143	\$ 103,851,997	\$ 97,009,100	\$ 95,877,944	\$ 98,070,243
Five years later						\$ 99,584,143	\$ 103,851,997	\$ 97,009,100	\$ 95,877,944	\$ 98,070,243
Six years later							\$ 103,851,997	\$ 97,009,100	\$ 95,877,944	\$ 98,070,243
Seven years later								\$ 97,009,100	\$ 95,877,944	\$ 98,070,243
Eight years later									\$ 95,877,944	\$ 98,070,243
Nine years later										\$ 98,070,243
5. Re-estimated incurred, self-insured claims and expense:										
End of fiscal year	\$ 99,046,843	\$ 135,997,482	\$ 130,453,610	\$ 121,398,538	\$ 104,107,551	\$ 99,858,198	\$ 104,180,804	\$ 97,229,423	\$ 96,143,767	\$ 98,302,296
One year later		\$ 134,977,759	\$ 130,219,692	\$ 121,640,804	\$ 104,551,208	\$ 99,617,510	\$ 103,851,997	\$ 97,009,100	\$ 95,906,250	\$ 98,182,786
Two years later			\$ 130,087,458	\$ 121,675,189	105,212,419	\$ 99,617,510	\$ 103,851,997	\$ 97,009,100	\$ 95,877,944	\$ 98,093,244
Three years later				\$ 121,650,400	105,220,335	\$ 99,584,215	\$ 103,851,997	\$ 97,009,100	\$ 95,877,944	\$ 98,070,243
Four years later					105,210,419	\$ 99,584,143	\$ 103,851,997	\$ 97,009,100	\$ 95,877,944	\$ 98,070,243
Five years later						\$ 99,584,143	\$ 103,851,997	\$ 97,009,100	\$ 95,877,944	\$ 98,070,243
Six years later							\$ 103,851,997	\$ 97,009,100	\$ 95,877,944	\$ 98,070,243
Seven years later								\$ 97,009,100	\$ 95,877,944	\$ 98,070,243
Eight years later									\$ 95,877,944	\$ 98,070,243
Nine years later										\$ 98,070,243
6. (Increase) decrease in estimated, incurred, self-insured claims and expense from the end of the original policy year.		\$ 1,019,723	\$ 366,152	\$ (251,862)	\$ (1,102,868)	\$ 274,055	\$ 328,807	\$ 220,323	\$ 265,823	\$ 232,053