NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

DATE: 11/03/2020

CONTACT PERSON: __________________________

TELEPHONE: __________________________

EMAIL ADDRESS: __________________________

ON BEHALF OF: __________________________

NAME: Jacob W. Garn

TITLE: Chair, Blanks Working Group

AFFILIATION: __________________________

ADDRESS: __________________________

FOR NAIC USE ONLY

Agenda Item # 2020-32BWG

Year 2021

Changes to Existing Reporting [ X ]

New Reporting Requirement [ ]

REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT

No Impact [ X ]

Modifies Required Disclosure [ ]

DISPOSITION

[ ] Rejected For Public Comment

[ ] Referred To Another NAIC Group

[ X ] Received For Public Comment

[ ] Adopted Date _______________

[ ] Rejected Date _______________

[ ] Deferred Date _______________

[ ] Other (Specify) _______________

BLANK(S) TO WHICH PROPOSAL APPLIES

[ X ] ANNUAL STATEMENT

[ ] QUARTERLY STATEMENT

[ X ] INSTRUCTIONS

[ X ] CROSSCHECKS

[ X ] Life, Accident & Health/Fraternal

[ ] Property/Casualty

[ ] Health

[ ] Separate Accounts

[ ] Protected Cell

[ ] Health (Life Supplement)

Anticipated Effective Date: Annual 2021

IDENTIFICATION OF ITEM(S) TO CHANGE

Add a new Health Care Receivables Supplement to the Life\Fraternal Annual Statement that adds Exhibits 3 and 3A from the Health Annual Statement to the Life\Fraternal annual filings. Add guidance document reference to Exhibit 3A of the Health Annual Statement.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of the proposal is to allow for more consistency of reporting between the life and health blanks with regards to health care receivables. The addition is intended to provide regulators with detailed health care receivables information from life companies that write a large amount of health business to allow for analysis at the nationwide level.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: __________________________

Other Comments: __________________________

** This section must be completed on all forms.
ANNUAL STATEMENT INSTRUCTIONS – HEALTH

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES

The purpose of this exhibit is to analyze health care receivables collected and accrued for the current year compared to the prior year.

This exhibit is based on the gross health care receivable, not just the admitted portion.

Report the total asset (health care receivable) in this exhibit not just the admitted portion. Amounts are gross of reinsurance.

Refer to SSAP No. 84—Health Care and Government Insured Plan Receivables for accounting guidance. ([See reporting guidance at [**INSERT WEB ADDRESS WHEN GUIDANCE POSTED**].]

In this exhibit, the term “accrued” is analogous to the term “incurred” on the U&I Exhibit, Part 2B. Accrued pertains to the health care receivable asset, whereas incurred pertains to the claim liability.

Detail Eliminated to Conserve Space

ANNUAL STATEMENT INSTRUCTIONS – LIFE\FRATERNAL

HEALTH CARE RECEIVABLES SUPPLEMENT

The Health Care Receivables Supplement shall be completed by those companies reporting accident and health business.

This supplement is required to be filed no later than March 1.

EXHIBIT 3 – HEALTH CARE RECEIVABLES

Individually list the greater of any account balances greater than $10,000 or those that are 10% of gross health care receivables. Use Lines 0100001 through 0699996, as needed. Report gross amounts for insured plans although these amounts may be offset against corresponding liabilities on the balance sheet. Report the aggregate of amounts not individually listed on Lines 0199998 through 0699998. The subtotal and grand total amounts should be reported on the following lines:

<table>
<thead>
<tr>
<th>Category</th>
<th>Line Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceutical Rebate Receivables</td>
<td>0199999</td>
</tr>
<tr>
<td>Claim Overpayment Receivables</td>
<td>0299999</td>
</tr>
<tr>
<td>Loans and Advances to Providers</td>
<td>0399999</td>
</tr>
<tr>
<td>Capitation Arrangement Receivables</td>
<td>0499999</td>
</tr>
<tr>
<td>Risk sharing Receivables</td>
<td>0599999</td>
</tr>
<tr>
<td>Other Receivables</td>
<td>0699999</td>
</tr>
<tr>
<td>Gross Health Care Receivables</td>
<td>0799999</td>
</tr>
</tbody>
</table>

Column 7 – Admitted

Total line should equal the inset amount on Line 24 of the Asset Page.
EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES

The purpose of this exhibit is to analyze health care receivables collected and accrued for the current year compared to the prior year.

This exhibit is based on the gross health care receivable, not just the admitted portion.

Report the total asset (health care receivable) in this exhibit not just the admitted portion. Amounts are gross of reinsurance.

Refer to SSAP No. 84—Health Care and Government Insured Plan Receivables for accounting guidance. (See reporting guidance at [**INSERT WEB ADDRESS WHEN GUIDANCE POSTED**].

Columns 1 and 2:

Enter separately in Columns 1 and 2, Lines 1 through 6, all amounts collected or offset during the year accrued prior to the current year and accrued during the current year. Record only those amounts actually collected including offsets, that meet the offset conditions of SSAP No. 64—Offsetting and Netting of Assets and Liabilities.

Line 3 includes amounts charged against those gross health care receivables, such as loans or advances to non-related party hospitals, established as prepaid assets that are not expensed until the related claims have been received from the provider as the claims have not been paid as of the statement date.

All amounts collected, including offsets, related to prior year receivables accrued should be reported in Column 1. All amounts collected, including offsets, related to current year receivables accrued should be reported in Column 2.

Columns 3 and 4:

Enter separately in Columns 3 and 4 the gross health care receivables accrual amount between those accrued prior to the current year and those accrued during the year. All amounts accrued related to prior year receivables accrued should be reported in Column 3. All amounts accrued related to current year receivables accrued should be reported in Column 4.

For each of Lines 1 through 7, the sum of Columns 3 through 4 should agree to Exhibit 3 Health Care Receivables, sum of Columns 6 and 7, for each type of health care receivable and in total.

Column 5:

Enter the sum of Columns 1 and 3. This is the amount collected or offset during the current year on health care receivables that were accrued prior to the current year, plus amounts still accrued at the end of the current year, related to the health care receivable accrued at the end of the prior year.

Column 6:

Column 6 reports the amounts of prior year-end accounting accrual for gross health care receivables.

The comparison between Columns 5 and 6 is to the total receivables, not just the portion that is an admitted asset.
<table>
<thead>
<tr>
<th>Name of Debtor</th>
<th>1 - 30 Days</th>
<th>31 - 60 Days</th>
<th>61 - 90 Days</th>
<th>Over 90 Days</th>
<th>Nonadmitted</th>
<th>Admitted</th>
</tr>
</thead>
<tbody>
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<tr>
<td>0799999 Gross health care receivables</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### HEALTH CARE RECEIVABLES SUPPLEMENT

#### EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

<table>
<thead>
<tr>
<th>Type of Health Care Receivable</th>
<th>Health Care Receivables Collected During the Year</th>
<th>Health Care Receivables Accrued as of December 31 of Current Year</th>
<th>Health Care Receivables in Prior Years (Cols. 1 + 3)</th>
<th>Estimated Health Care Receivables Accrued as of December 31 of Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pharmaceutical rebate receivables</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
</tr>
<tr>
<td>2. Claim overpayment receivables</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
</tr>
<tr>
<td>3. Loans and advances to providers</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
</tr>
<tr>
<td>4. Capitation arrangement receivables</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
</tr>
<tr>
<td>5. Risk sharing receivables</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
</tr>
<tr>
<td>6. Other health care receivables</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
</tr>
<tr>
<td>7. Totals (Lines 1 through 6)</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
<td>..................................................................................</td>
</tr>
</tbody>
</table>

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.
SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

Detail Eliminated to Conserve Space

25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? ......................................................

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Detail Eliminated to Conserve Space

36. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? ...........................................................................

37. Will the Health Care Receivables Supplement be filed with the state of domicile and the NAIC by March 1? ...........................................................

APRIL FILING

38. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? ......................................................

39. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? ......................................................

40. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) ......................................................

41. Will the Accident and Health Policy Experience Exhibit be filed by April 1? ......................................................

42. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? ......................................................

43. Will the regulator only (non-public) Supplemental Health Care Exhibit’s Allocation Report be filed with the state of domicile and the NAIC by April 1? ......................................................

44. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? ......................................................

45. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? ......................................................

46. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? ......................................................

47. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? ......................................................

48. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? ......................................................

49. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? ......................................................

AUGUST FILING

50. Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? ......................................................

Explanation:

Bar code:

W:\QA\BlanksProposals\2020-32BWG.doc

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