

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

CONTACT PERSON: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ON BEHALF OF: _____ NAME: <u>Steve Drutz</u> TITLE: <u>Chief Financial Analyst</u> AFFILIATION: <u>WA Office of the Insurance Commissioner</u> ADDRESS: _____ _____ _____	DATE: <u>04/26/2022</u>	FOR NAIC USE ONLY
	Agenda Item # <u>2022-12BWG</u> Year <u>2023</u> 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

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input checked="" type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2023

IDENTIFICATION OF ITEM(S) TO CHANGE

Combine the Health AnOps Supplement page and the Health Care Receivable Supplement pages (Exhibits 3 and 3A) in to one supplement filing set for Health Blank pages filed as a supplement by Life\Fraternal companies.

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

The purpose of this proposal is to create a single filing set for Health Blank pages filed as a supplement by Life\Fraternal companies similar to the Life Supplement in the filed by Health companies.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL

HEALTH SUPPLEMENT

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

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

Complete the supplement if the reporting entity has health lines of business to be reported in Columns 2 through 13. Reporting entities that only have non-health lines of business should not complete the supplement.

Riders/Endorsements/Floaters:

If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. If there is no additional premium, separate deductible or limit, the rider, endorsement or floater should be reported on the same line of business as the base policy.

Column 1 – Total

Column 1 (Line 19 plus Line 20) minus Column 14 (Line 19 plus Line 20) should equal Analysis of Operations by Lines of Business – Accident and Health Column 1, sum of Lines 21 through 24.

**=====
↓ ↑** **Detail Eliminated to Conserve Space** **=====
↓ ↑**

Line 24 – Net Underwriting Gain or (Loss)

Column 1 minus Column 14 should equal Analysis of Operations by Lines of Business – Summary Column 6, Line 29

Detail of Write-ins Aggregated at Line 5 for Other Health Care Related Revenues

Include: Revenue from sources not covered in the other revenue accounts.

Detail of Write-ins at Line 6 for Other Non-Health Revenues

Include: Revenue from life and property/casualty business (non-premium amounts).
Gains losses on fixed assets.

Details of Write-ins Aggregated at Line 13 for Other Hospital and Medical

Include: Other hospital and medical expenses not covered in the other claims accounts.

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:

<u>Category</u>	<u>Line Number</u>
<u>Pharmaceutical Rebate Receivables.....</u>	<u>0199999</u>
<u>Claim Overpayment Receivables.....</u>	<u>0299999</u>
<u>Loans and Advances to Providers</u>	<u>0399999</u>
<u>Capitation Arrangement Receivables.....</u>	<u>0499999</u>
<u>Risk sharing Receivables</u>	<u>0599999</u>
<u>Other Health Care Receivables</u>	<u>0699999</u>
<u>Gross Health Care Receivables.....</u>	<u>0799999</u>

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 https://content.naic.org/cmte_e_app_blanks.htm.)

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.

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:

<u>Category</u>	<u>Line Number</u>
Pharmaceutical Rebate Receivables.....	0199999
Claim Overpayment Receivables.....	0299999
Loans and Advances to Providers.....	0399999
Capitation Arrangement Receivables.....	0499999
Risk sharing Receivables.....	0599999
Other Health Care Receivables.....	0699999
Gross Health Care Receivables.....	0799999

Column 7 _____ Admitted

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

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.....
Affix Bar Code Above

HEALTH SUPPLEMENTS

For the Year Ended December 31, 2022
(To Be Filed By March 1)

Of The..... Insurance Company

Address (City, State and Zip Code)

NAIC Group Code..... NAIC Company Code Employer's ID Number

HEALTH SUPPLEMENT

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
1. Net premium income.....														
2. Change in unearned premium reserves and reserve for rate credit.....														
3. Fee-for-service (net of \$..... medical expenses).....														XXX
4. Risk revenue.....														XXX
5. Aggregate write-ins for other health care related revenues.....														XXX
6. Aggregate write-ins for other non-health care related revenues.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6).....														
8. Hospital/medical benefits.....														XXX
9. Other professional services.....														XXX
10. Outside referrals.....														XXX
11. Emergency room and out-of-area.....														XXX
12. Prescription drugs.....														XXX
13. Aggregate write-ins for other hospital and medical.....														XXX
14. Incentive pool, withhold adjustments and bonus amounts.....														XXX
15. Subtotal (Lines 8 to 14).....														XXX
16. Net reinsurance recoveries.....														XXX
17. Total hospital and medical (Lines 15 minus 16).....														XXX
18. Non-health claims (net).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$..... cost containment expenses.....														
20. General administrative expenses.....														
21. Increase in reserves for accident and health contracts.....														XXX
22. Increase in reserves for life contracts.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22).....														
24. Net underwriting gain or (loss) (Line 7 minus Line 23)														
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)														XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page.....														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)														XXX

EXHIBIT 3 – HEALTH CARE RECEIVABLES

<u>1</u> Name of Debtor	<u>2</u> 1 - 30 Days	<u>3</u> 31 - 60 Days	<u>4</u> 61 - 90 Days	<u>5</u> Over 90 Days	<u>6</u> Nonadmitted	<u>7</u> Admitted
0799999 Gross health care receivables						

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....
2. Claim overpayment receivables.....
3. Loans and advances to providers.....
4. Capitation arrangement receivables.....
5. Risk sharing receivables.....
6. Other health care receivables.....
7. Totals (Lines 1 through 6)

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

HEALTH CARE RECEIVABLES SUPPLEMENT

For the Year Ended December 31, 20__

(To Be Filed by March 1)

Of The Insurance Company
 Address (City, State, Zip Code)
 NAIC Group Code NAIC Company Code Employer's ID Number

EXHIBIT 3 — HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0799999 — Gross health care receivables						

HEALTH CARE RECEIVABLES SUPPLEMENT

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	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....						
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