

# **ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

# **NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND**

N/	AIC Group Code		y Code95402 Employer's ID Number	. 05-0477052
		(Current) (Prior)		
			State of Domicile or Por	t of EntryRI
•		US		
			ationIs HMO Federally Qualifi	
Incorporate	ed/Organized	12/09/1993	Commenced Business	12/01/1994
Statutory I	Home Office	910 Douglas Pike	Smithfield, RI, US 02917	7
		910 Douglas Pike		
			401-459-6000	
		31111amera, 14, 33 323 17	(Telephone)	
Mail Addre	200	910 Douglas Pike	Smithfield, RI, US 02917	7
	ocation of Books and	Jio Douglas i ike		
•	beaution of books and	910 Douglas Pike		
11000140			401-459-6124	
		Official (N., CC 02) 17	(Telephone)	
Internet W	obeito Addrose	http://www.nhpri.org/	, , ,	
Statutory S	Statement Contact	Mihaela Miha	401-443-5931	
			(Telephone)	
			401-459-6043	
		(E-Mail)	(Fax)	
			OFFICERS	
	Peter Marino, Chie	f Executive Officer	Karen Carlson#. C	hief Operating Officer
		ef Financial Officer		Chief Medical Officer
	viioriciie eedire, erii		OTHER	one medical emedical
				ılatshahi, Chair
		e, Vice Chair		eira, Secretary
		as, Treasurer		no, President
***************************************	IVICITIII TITOTTI		ORS OR TRUSTEES	illo, i resident
				Mantina
				Martinez
	-	seph Lavoie Jr.		Ranglin
		Iriguez MD		Nicolella#
		croft CPA		Da Ponte
		aChance		nstrasser-Walsh
		is Roy	Richard E	Besdine MD
	Gary F	urtado		
State of	Rhode Island			
County of	Providence	SS		
on the repo any liens o contained, entity as of accordance law may di to the best includes the electronic f	orting period stated ab r claims thereon, exce annexed or referred to f the reporting period se with the NAIC Annua ffer; or, (2) that state r of their information, ke related correspondiriling) of the enclosed	ove, all of the herein described as: pt as herein stated, and that this so, is a full and true statement of all stated above, and of its income and Statement Instructions and Accordies or regulations require different anowledge and belief, respectively, and electronic filing with the NAIC, we have a state of the sta	and say that they are the described officers of sets were the absolute property of the said restatement, together with related exhibits, schell the assets and liabilities and of the condition deductions therefrom for the period ended, bunting Practices and Procedures manual exponses in reporting not related to accounting process in reporting not related to accounting process. Furthermore, the scope of this attestation by when required, that is an exact copy (except for any be requested by various regulators in lieur	porting entity, free and clear from dules and explanations therein in and affairs of the said reporting , and have been completed in cept to the extent that: (1) state actices and procedures, according the described officers also or formatting differences due to
statement.				
Х		<u>X</u>	x	
Peter Marir		Michelle Sears	Karen Carlsor	
Chief Exec	utive Officer	Chief Financial Of	fficer Chief Operation	ng Officer
			·	
Subscribed	l and sworn to before	me	a. Is this an original filing? Yes	
<b>+</b> la : a		day of	b. If no:	
เกเร		.uay 01	State the amendment number	r:
			2. Date filed:	
·			3. Number of pages attached:	
			. •	

# **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	7,331	83,945	24,863		460,652	116,138
Group subscribers:						
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed	37,660	841	4,312	24,285	24,285	42,813
0299999 Total group	37,660	841	4,312	24,285	24,285	42,813
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	19,564,951	3,123,965	3,507,745	53,822,911		80,019,573
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	19,609,942	3,208,751	3,536,920	54,307,848	484,937	80,178,524

# **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
CVS	9,044,395	8,823,576				17,867,971
0199999 - Pharmaceutical Rebate Receivables	9,044,395	8,823,576				17,867,971
New Century Health						
0499999 - Capitation Arrangement Receivables						
Stop Loss Receivable from RI EOHHS			763,885			763,885
0699999 - Other Health Care Receivables			763,885			763,885
0799999 - Gross Health Care Receivables	9,360,087	8,823,576				

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

		Health Care Receivables Co	llected or Offset During the	Health Care Receivables Ac	crued as of December 31 of	5	6
		Ye	ar	Currer	nt Year		
		1	2	3	4		
						Health Care Receivables	Estimated Health Care
		On Amounts Accrued Prior	On Amounts Accrued	On Amounts Accrued	On Amounts Accrued	from Prior Years	Receivables Accrued as of
	Type of Health Care Receivable	to January 1 of Current Year	During the Year	December 31 of Prior Year	During the Year	(Cols. 1 + 3)	December 31 of Prior Year
1.	Pharmaceutical rebate receivables	18,522,615	17,426,424		17,867,971		18,522,615
2.	Claim overpayment receivables						
3.	Loans and advances to providers	32,500					
4.	Capitation arrangement receivables						
5.	Risk sharing receivables						
6.	Other health care receivables	1,031,969	1,914,141		763,885	1,031,969	2,737,728
7.	Totals (Lines 1 through 6)	19,587,084	19,340,565		18,947,549	19,587,084	21,292,843
N 1 - 1 -	that the approach amounts in Columna 2, 4 and 6 are the total health care re	and address of the contractor					

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

# EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

#### Aging Analysis of Unpaid Claims

	· · · · · · · · · · · · · · · · · · ·	***			
2	3	4	5	6	7
1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
18,749,636	2,195,468	707,912	55,671	(724,782)	20,983,906
18,749,636	2,195,468	707,912	55,671	(724,782)	20,983,906
					137,345,486
					158,329,392
					28,202,654
	2 1 - 30 Days 18,749,636	2 3 1 - 30 Days 31 - 60 Days	18,749,636     2,195,468     707,912       18,749,636     2,195,468     707,912	2     3     4     5       1 - 30 Days     31 - 60 Days     61 - 90 Days     91 - 120 Days       18,749,636     2,195,468     707,912     55,671	2     3     4     5     6       1 - 30 Days     31 - 60 Days     61 - 90 Days     91 - 120 Days     Over 120 Days       18,749,636     2,195,468     707,912     55,671     (724,782)       18,749,636     2,195,468     707,912     55,671     (724,782)

# **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	nitted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0399999 – Total gross amounts receivable							

NONE

# **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0399999 - Total gross payables				

NONE

### **EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members		Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		1.210	216,580	100.000		15,712,920
2. Intermediaries						
3. All other providers						
4. Total capitation payments		1.210	216,580	100.000		15,712,920
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments		98.787	XXX	XXX		1,283,317,465
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		40,693
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments		98.790	XXX	XXX		1,283,358,158
13. Total (Line 4 plus Line 12)		100.000 %	XXX	XXX		1,299,071,078

### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 - Totals			XXX	XXX	XXX
		NONE	•		

# EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
	Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	5,120,781		2,091,480		3,029,301	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment	49,325		2,473		46,852	
6.	Total	5,170,105		2,093,953		3,076,153	

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION Neighborhood Health Plan of Rhode Island

2. Smithfield, RI (LOCATION)

NAIC Group Code: 00000 BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2021 NAIC Company Code: 95402

		1	Comprehensi Med	ve (Hospital & ical)	4	5	6	7 Federal	8	9	10
		Tabl	2	3	Medicare	Notes and	Decision Col	Employees Health	Title XVIII	Title XIX	Other
Tota	I Members at end of:	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Other
10ta 1	Prior Year	204,632	24,317	1,671						178,644	
2.	First Quarter	209,030	24,868	1,730						182,432	
3.	Second Quarter	213,336	25,533	1,809						185,994	
4.	Third Quarter	216,752	26,071	1,842						188,839	
5.	Current Year	216,581	24,742	1,874						189,965	
6.	Current Year Member Months	2,555,041	302,485	21,577						2,230,979	
Tota	l Member Ambulatory Encounters for Year:										
7.	Physician	6,365,024	463,455	30,562						5,871,007	
8.	Non-Physician	872,353	79,601	4,402						788,350	
9.	Total	7,237,377	543,056	34,964						6,659,357	
10.	Hospital Patient Days Incurred	486,818	8,629	546						477,643	
11.	Number of Inpatient Admissions	40,877	1,488	107						39,282	
12.	Health Premiums Written (b)	1,523,863,034	122,872,916	6,419,545						1,394,570,572	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	1,523,863,034	122,872,916	6,419,545						1,394,570,572	
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	1,299,071,078		6,827,401						1,202,460,513	
18.	Amount Incurred for Provision of Health Care Services	1,348,519,106		6,950,326			••••			1,247,353,379	

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION Neighborhood Health Plan of Rhode Island

2. Smithfield, RI (LOCATION)

NAIC Group Code: 00000 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2021 NAIC Company Code: 95402

		1		ve (Hospital & lical)	4	5	6	7 Federal	8	9	10
			2	3	Medicare			Employees Health	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan		Medicaid	Other
Tota	Members at end of:					-					
1.	Prior Year	204,632	24,317	1,671						178,644	
2.	First Quarter	209,030	24,868	1,730						182,432	
3.	Second Quarter	213,336	25,533	1,809						185,994	
4.	Third Quarter	216,752	26,071	1,842						188,839	
5.	Current Year	216,581	24,742	1,874						189,965	
6.	Current Year Member Months	2,555,041	302,485	21,577						2,230,979	
Tota	Member Ambulatory Encounters for Year:										
7.	Physician	6,365,024	463,455	30,562						5,871,007	
8.	Non-Physician	872,353	79,601	4,402						788,350	
9.	Total	7,237,377	543,056	34,964						6,659,357	
10.	Hospital Patient Days Incurred	486,818	8,629	546						477,643	
11.	Number of Inpatient Admissions	40,877	1,488	107						39,282	
12.	Health Premiums Written (b)	1,523,863,034	122,872,916	6,419,545						. 1,394,570,572	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	1,523,863,034	122,872,916	6,419,545						. 1,394,570,572	
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	1,299,071,078	89,783,163	6,827,401						. 1,202,460,513	
18.	Amount Incurred for Provision of Health Care Services	1,348,519,106		6,950,326						. 1,247,353,379	

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

### Annual Statement for the Year 2021 of the Neighborhood Health Plan of Rhode Island

SCHEDULE S - PART 1 - SECTION 2
Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

	1	2	3	4	5	6	7	8	9	10	11	12	13
ı	NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
99	199999 – Total (S	um of 0799999 and	1099999)										

NONE

Annual Statement for the Year 2021 of the Neighborhood Health Plan of Rhode Island

SCHEDULE S - PART 2
Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7			
-	_	-	·		-	•			
NAIC									
Company						Unpaid			
Code	ID Number	<b>Effective Date</b>	Name of Company	Domiciliary Jurisdiction	Paid Losses	Losses			
Accident and I	ccident and Health, Non-Affiliates, U.S. Non-Affiliates								
27855	36-2781080	01/01/2021	Zurich American Ins. Co. of IL	L	1,099,908				
1999999 – Accident and Health, Non-Affiliates, U.S. Non-Affiliates									
2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates									
2299999 - Tot	2299999 – Total Accident and Health								
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,099,908				
9999999 - To	al (Sum of 119	99999 and 229	9999)		1,099,908				

SCHEDULE S - PART 3 - SECTION 2
Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10			13	14
									Dagar ta Cradit	Outstanding S	Surplus Relief		
									Reserve Credit Taken Other	11	12		Funds
NAIC					Type of	Type of		Unearned	than for			Modified	Withheld
Company		Effective			Reinsurance	Business		Premiums	Unearned			Coinsurance	Under
Code	ID Number	Date	Name of Company	Domiciliary Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Current Year	Prior Year	Reserve	Coinsurance
General Ac	count, Authori	zed, Affiliate	es, U.S., Captive										
27855	36-2781080	01/01/2021	Zurich American Ins. Co. of IL	IL	SSL/G	CMM	20,085						
27855	36-2781080	01/01/2021	Zurich American Ins. Co. of IL	IL	SSL/I	CMM	278,134						
27855	36-2781080	01/01/2021	Zurich American Ins. Co. of IL	IL	SSL/I	MC	4,643,722						
0199999 -	General Accou	nt, Authorize	ed, Affiliates, U.S., Captive				4,941,941						
0399999 -	General Accou	nt, Authorize	ed, Affiliates, U.S., Total				4,941,941						
0799999 -	General Accou	nt, Authorize	ed, Total Authorized Affiliates				4,941,941		.,				
1199999 -	Total General	Account Aut	horized				4,941,941		.,				
4599999 -	Total General A	Account Aut	horized, Unauthorized, Reciprocal Jurisdiction	on and Certified			4,941,941						
9199999 - Total U.S.					4,941,941								
9999999 –	Total (Sum of	4599999 an	d 9099999)				4,941,941		.,				

(34) Schedule S - Part 4

# **NONE**

(34) Schedule S - Part 4 - Bank Footnote

# **NONE**

(35) Schedule S - Part 5

# **NONE**

(35) Schedule S - Part 5 - Bank Footnote

# **NONE**

# **SCHEDULE S - PART 6**

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

			2021	2020	2019	2018	2017
A.	OPE	RATIONS ITEMS					
	1	Premiums	298	314	294	292	235
	2	Title XVIII-Medicare					
	3	Title XIX-Medicaid					
	4	Commissions and reinsurance expense allowance					
	5	Total hospital and medical expenses		1,150	1,540	4,570	2,310
B.	BAL	ANCE SHEET ITEMS					
	6	Premiums receivable					
	7	Claims payable					
	8	Reinsurance recoverable on paid losses	1,100	129	998	2,003	1,085
	9	Experience rating refunds due or unpaid					
	10	Commissions and reinsurance expense allowances due					
	11	Unauthorized reinsurance offset					
	12	Offset for reinsurance with Certified Reinsurers					
C.	UNA	UTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD					
	FRO	,					
	13	Funds deposited by and withheld from (F)					
	14	Letters of credit (L)					
	15	Trust agreements (T)					
	16	Other (0)					
D.		ISURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS					
		HHELD FROM)					
	17	Multiple Beneficiary Trust					
	18	Funds deposited by and withheld from (F)					
	19	Letters of credit (L)					
	20	Trust agreements (T)					
	21	Other (0)					

SCHEDULE S - PART 7

Int of Balance Sheet to Identify Net Credit for Ceded Rein

	Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsura	nce		
		1	2	3
				Restated
		As Reported	Restatement	(gross of
		(net of ceded)	Adjustments	ceded)
ASS	ETS (Page 2, Col. 3)			
1	Cash and invested assets (Line 12)			
2	Accident and health premiums due and unpaid (Line 15)			
3	Amounts recoverable from reinsurers (Line 16.1)		, , ,	
4	Net credit for ceded reinsurance			
5	All other admitted assets (Balance)			
6	Total assets (Line 28)	473,561,715		473,561,715
LIA	BILITIES, CAPITAL AND SURPLUS (Page 3)			
7	Claims unpaid (Line 1)	158,329,392		158,329,392
8	Accrued medical incentive pool and bonus payments (Line 2)	28,202,654		28,202,654
9	Premiums received in advance (Line 8)	104,534,573		104,534,573
10	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).			
11	Reinsurance in unauthorized companies(Line 20 minus inset amount)			
12	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14	All other liabilities (Balance).			
15	Total liabilities (Line 24)			
16	Total capital and surplus (Line 33)			
17	Total liabilities, capital and surplus (Line 34)			
	CREDIT FOR CEDED REINSURANCE			
18	Claims unpaid		XXX	XXX
19	Accrued medical incentive pool			
20	Premiums received in advance			
21	Reinsurance recoverable on paid losses			
22	Other ceded reinsurance recoverables			
23	Total ceded reinsurance recoverables	1,099,908	XXX	XXX
24	Premiums receivable		XXX	XXX
25	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26	Unauthorized reinsurance		XXX	XXX
27	Reinsurance with Certified Reinsurers		XXX	XXX
28	Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29	Other ceded reinsurance payables/offsets		XXX	XXX
30	Total ceded reinsurance payables/offsets			XXX
31	Total net credit for ceded reinsurance	1,099,908		XXX

# SCHEDULE T - PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States And Territories

States, Etc.	6
Life (Group and Individual)   Life	
Alaska	Totals
3.       Arizona       AZ         4.       Arkansas       AR         5.       California       CA         6.       Colorado       CO         7.       Connecticut       CT         8.       Delaware       DE         9.       District of Columbia       DC         10.       Florida       FL         11.       Georgia       GA         12.       Hawaii       HI         13.       Idaho       ID         14.       Illinois       IL         15.       Indiana       IN         16.       Iowa       IA         17.       Kansas       KS         18.       Kentucky       KY         19.       Louisiana       LA         20.       Maine       ME         21.       Maryland       MD         22.       Massachusetts       MA         33.       Michigan       MI         44.       Minnesota       MN         55.       Missispipi       MS         66.       Missouri       MO         27.       Montana       MT         31.	
4.       Arkansas       AR         5.       California       CA         6.       Colorado       CO         7.       Connecticut       CT         8.       Delaware       DE         9.       District of Columbia       DC         10.       Florida       FL         11.       Georgia       GA         12.       Hawaii       HI         13.       Idaho       ID         14.       Illinois       IL         15.       Inclina       IN         16.       Iowa       IA         17.       Kansas       KS         18.       Kertucky       KY         19.       Louisiana       LA         20.       Maine       ME         21.       Maryland       MD         22.       Masachusetts       MA         23.       Michigan       MI         24.       Minnesota       MN         25.       Mississippi       MS         26.       Missouri       MO         27.       Montan       MT         28.       Nebraska       NE         31.	
California	
6.         Colorado         CO           7.         Connecticut         CT           8.         Delaware         DE           9.         District of Columbia         DC           10.         Florida         FL           11.         Georgia         GA           12.         Hawaii         HI           13.         Idaho         ID           14.         Illinois         IL           15.         Indiana         IN           16.         Iowa         IA           17.         Kanasa         KS           18.         Kentucky         KY           19.         Louisiana         LA           20.         Maine         ME           21.         Maryland         MD           22.         Massachusetts         MA           23.         Michigan         MI           24.         Minnesota         MN           25.         Mississippi         MS           26.         Missouri         MO           27.         Montana         MT           31.         Nev Jersey         NM           32.         New Mexico	
7, Connecticut CT 8. Delaware DE 9. District of Columbia DC 10. Florida FL 11. Georgia GA 12. Hawaii HI 13. Idaho ID 14. Illinois IL 15. Indiana IN 16. Iowa IA 17. Kansas KS 18. Kentucky KY 19. Louislana LA 20. Maine ME 21. Maryland MD 22. Massachusetts MA 23. Michigan MI 24. Minneota MN 25. Mississippi MS 26. Missouri MO 27. Montana MT 28. Nebraska NS 30. New Hampshire NM 31. New Jersey 31. New Jersey 31. New Jersey 32. New Mexico NM 33. New York 34. Nort Carolina NC 35. North Dakota ND 36. Olio OH 37. Nort Dakota 37. North Dakota 38. North Carolina NC 39. North Carolina NC 31. North Carolina NC 31. North Carolina NC 32. North Carolina NC 33. North Carolina NC 34. North Carolina NC 35. North Dakota ND 36. Olio OH 37. North Dakota 37. North Dakota 38. North Carolina NC 39. North Dakota 30. North Dakota 30. North Dakota 31. North Dakota 32. North Dakota 33. North Dakota 34. North Carolina 36. Olio OH 37. North Dakota 37. North Dakota 38. North Dakota 39. North Dakota 30. North Dakota 31. North Dakota 32. North Dakota 33. North Dakota 34. North Dakota 36. Olio 37. Oklahoma 38. North Dakota 39. North Dakota 30. No	
Barrier	
9,   District of Columbia   DC	
10	
11.   Georgia   GA	
12.	
13.   Idaho	
14.   Illinois	
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16.   lowa	
17. Kansas	
18.   Kentucky	
19.   Louisiana   LA	
20.   Maine	
21.       Maryland       MD         22.       Massachusetts       MA         23.       Michigan       MI         24.       Minnesota       MN         25.       Mississippi       MS         26.       Missouri       MO         27.       Montana       MT         28.       Nebraska       NE         29.       Nevada       NI         30.       New Hampshire       NI         31.       New Jersey       NI         32.       New Mexico       NM         33.       New York       NY         34.       North Carolina       NC         35.       North Dakota       ND         36.       Ohio       OH         37.       Oklahoma       OK	
22.       Massachusetts       MA         23.       Michigan       MI         24.       Minnesota       MN         25.       Mississippi       MS         26.       Missouri       MO         27.       Montana       MT         28.       Nebraska       NE         29.       Nevada       NI         30.       New Hampshire       NI         31.       New Jersey       NI         32.       New Mexico       NM         33.       New York       NY         34.       North Carolina       NC         35.       North Dakota       ND         36.       Ohio       OH         37.       Oklahoma       OK	
23.         Michigan         MI           24.         Minnesota         MN           25.         Mississippi         MS           26.         Missouri         MO           27.         Montana         MT           28.         Nebraska         NE           29.         Nevada         NE           30.         New Hampshire         NI           31.         New Jersey         NI           32.         New Mexico         NM           33.         New York         NY           34.         North Carolina         NC           35.         North Dakota         ND           36.         Ohio         OH           37.         Oklahoma         OK	
24.         Minnesota         MN           25.         Mississippi         MS           26.         Missouri         MO           27.         Montana         MT           28.         Nebraska         NE           29.         Nevada         NI           30.         New Hampshire         NI           31.         New Jersey         NI           32.         New Mexico         NM           33.         New York         NY           34.         North Carolina         NC           35.         North Dakota         ND           36.         Ohio         OH           37.         Oklahoma         OK	
25.     Mississippi       26.     Missouri       27.     Montana       28.     Nebraska       29.     Nevada       30.     New Hampshire       31.     New Jersey       32.     New Mexico       33.     New York       34.     North Carolina       35.     North Dakota       36.     Ohio       37.     Oklahoma	
26.     Missouri       27.     Montana       28.     Nebraska       29.     Nevada       30.     New Hampshire       31.     New Jersey       32.     New Mexico       33.     New York       34.     North Carolina       35.     North Dakota       36.     Ohio       37.     Oklahoma	
27.         Montana.         MT           28.         Nebraska         N5           29.         Nevada         N1           30.         New Hampshire         N1           31.         New Jersey         NM           32.         New Mexico         NM           33.         New York         NY           34.         North Carolina         NC           35.         North Dakota         ND           36.         Ohio         OH           37.         Oklahoma         OK	
32.   New Mexico   NM	
34.         North Carolina         NC           35.         North Dakota         ND           36.         Ohio         OH           37.         Oklahoma         OK	
35.         North Dakota         ND           36.         Ohio         OH           37.         Oklahoma         OK	
36. Ohio OH OK	
37. Oklahoma OK	
39. Pennsylvania PA	
40. Rhode Island.	
41. South Carolina SC	
42. South Dakota SD	
43. Tennessee TN	
44. Texas TX	
45. Utah UT	
46. Vermont	
47. Virginia VA	
48. Washington WA	
49. West Virginia WV	
50. Wisconsin WI	
51. Wyoming WY.	
52. American Samoa AS	
53. Guam GU	
54. Puerto RicoPR	
55. US Virgin IslandsVI	
56. Northern Mariana Islands	
57. Canada CAN OF TAN O	
58. Aggregate Other Alien	
59. Totals	

# Annual Statement for the Year 2021 of the Neighborhood Health Plan of Rhode Island

(41) Schedule Y - Part 1A - Detail of Insurance Holding Company System

# **NONE**

(41) Schedule Y - Part 1A - Explanations

# **NONE**

(42) Schedule Y - Part 2

# **NONE**

(43) Schedule Y - Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control **NONE** 

### SUPPLEMENTAL EXHIBIT AND SCHEDULE 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

		Response
	March Filing	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	
	April Filing	
5.	Will Management's Discussion and Analysis be filed by April 1?	Yes
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	
	June Filing	
8.	Will an audited financial report be filed by June 1?	Yes
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	

The following supplemental reports are required to be filed as part of your statement filing <u>if your company is engaged in the type of business covered by the supplement.</u>

However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO 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	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	
	April Filing	
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	
22.	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?	

August Filing
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....Yes...

NΩ

Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of

23.

domicile and the NAIC by April 1?

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# SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

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# **OVERFLOW PAGE FOR WRITE-INS**

### ASSETS

		Current Year		Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 from overflow page				
2504. Other Receivables				
2505. Due from PPC	199,894	199,894		
2506. Prepaid Premium Tax				484,914
2507. Notes Receivable	500,000	500,000		
2597. Summary of remaining write-ins for Line 25 from overflow page	699,894	699,894		484,914

# UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustn	nent Expenses	3	4	5
		1	2			
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
		Expenses	Expenses	Expenses	Expenses	Total
2504.	Other Miscellaneous Expenses (Income)	(166)	23,791	(943)		22,682
2597.	Summary of remaining write-ins for Line 25 from overflow page	(166)	23,791	(943)		22,682

#### EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1197. Summary of remaining write-ins for Line 11 from overflow page			
2504. Other Receivables	500,000	300,000	(200,000)
2505. Due from PPC	199,894	167,617	(32,277)
2597. Summary of remaining write-ins for Line 25 from overflow page	699,894	467,617	(232,277)