



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2014**  
 OF THE CONDITION AND AFFAIRS OF THE

**Neighborhood Health Plan of Rhode Island**

NAIC Group Code 0000 , 0000 NAIC Company Code 95402 Employer's ID Number 05-0477052  
(Current Period) (Prior Period)

Organized under the Laws of Rhode Island , State of Domicile or Port of Entry Rhode Island

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
 Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ]  
 Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 12/09/1993 Commenced Business 12/01/1994

Statutory Home Office 299 Promenade Street , Providence, RI, US 02908  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 299 Promenade Street  
(Street and Number)  
Providence, RI, US 02908 401-459-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 299 Promenade Street , Providence, RI, US 02908  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 299 Promenade Street  
(Street and Number)  
Providence, RI, US 02908 401-459-6124  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address http://www.nhpri.org/

Statutory Statement Contact Glenn Wang , 401-459-6124  
(Name) (Area Code) (Telephone Number) (Extension)  
gwang@nhpri.org 401-459-6043  
(E-Mail Address) (Fax Number)

**OFFICERS**

<u>Peter Marino #</u> Francisco Trilla MD	<u>Chief Executive Officer</u> <u>Chief Medical Officer</u>	<u>Michelle Tetreault #</u> Shantha Diaz	<u>Chief Financial Officer</u> <u>Chief Operating Officer</u>
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**OTHER OFFICERS**

<u>Merrill Thomas</u> Brenda Dowlatshahi	<u>Chairman</u> <u>Secretary</u>	<u>Jane Hayward</u> Peter Walsh	<u>Vice Chairman</u> <u>Treasurer</u>
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**DIRECTORS OR TRUSTEES**

<u>Merrill Thomas</u> Pablo Rodriguez MD Peter Walsh Michael Lichtenstein	<u>Brenda Dowlatshahi</u> Jane Hayward Charles Jones Patricia Martinez	<u>Raymond Joseph Lavoie Jr.</u> Peter Bancroft CPA William Hochstrasser-Walsh Richard Besdine MD	<u>Christopher Little Esq.</u> Doris De Los Santos Dennis Roy Peter Marino #
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State of Rhode Island

**ss**

County of \_\_\_\_\_

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Peter Marino  
Chief Executive Officer

Michelle Tetreault  
Chief Financial Officer

Francisco Trilla MD  
Chief Medical Officer

Subscribed and sworn to before me this \_\_\_\_\_ day of February, 2015

a. Is this an original filing? Yes [ X ] No [ ]  
 b. If no:  
 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_



**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island**

**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
Pharmaceutical Rebate Receivables						
PerformRx.....	140,000	140,000	140,000	596,400	362,468	653,932
0199999 - Pharmaceutical Rebate Receivables	140,000	140,000	140,000	596,400	362,468	653,932
Loans and Advances to Providers						
Bayside Nursing.....				24,119	24,119	
Bannister House.....				141,500	128,336	13,164
Friendly Home.....				14,840	10,815	4,025
St. Clare Home.....				100,000	74,532	25,468
Courtland Place.....				114,826	114,826	
Berkshire Place.....				151,000	151,000	
Avalon Nursing Home.....				37,000	37,000	
Shady Acres.....				69,126	69,126	
Summer Villa Assisted Living.....				70,000	70,000	
Griffin HealthCare Services, LLC.....				42,635	42,635	
Autumn Villa Assisted Living.....				45,000	45,000	
Nancy Ann Nursing Home.....				45,000	45,000	
Blackstone Valley Assisted Living.....				5,000	5,000	
John Clarke Retirement Center.....				43,270	43,270	
Spring Villa.....				4,500	4,500	
ODE Home RI Inc dba Ethan Place.....				33,000	33,000	
Mansion Nursing and Rehab Center.....				69,000	69,000	
U. Methodist Health Care Center.....				75,000	75,000	
Woonsocket Housing Authority.....				50,000	48,760	1,240
ARBOR HILL.....				75,000	75,000	
Forest Farm Health Care Center I.....				88,280	86,378	1,902
The Willows.....				40,000	40,000	
Darlington Memory Lane.....				62,000	62,000	
Darlington Assisted Living Center.....				63,000	63,000	
Beacon Health Strategies, LLC.....	66,808				0	66,808
0399999 - Loans and Advances to Providers	66,808	0	0	1,463,096	1,417,297	112,607
Other Receivables						
Stop Loss A/R from RI EOHHS.....	395,448	101,947	153,300	1,332,548	0	1,983,243
0699999 - Other Receivables	395,448	101,947	153,300	1,332,548	0	1,983,243
0799999 Gross Health Care Receivables	602,256	241,947	293,300	3,392,044	1,779,765	2,749,782

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island**

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	1,059,543	723,172	0	1,016,400	1,059,543	720,000
2. Claim overpayment receivables .....					0	
3. Loans and advances to providers .....	2,927,266	13,013,304	165,619	1,364,285	3,092,885	3,092,885
4. Capitation arrangement receivables .....					0	
5. Risk sharing receivables .....					0	
6. Other health care receivables .....	1,258,852	168,056	0	1,983,243	1,258,852	1,464,090
7. Totals (Lines 1 through 6)	5,245,661	13,904,532	165,619	4,363,928	5,411,280	5,276,975

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

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island**

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Claims Unpaid (Reported)</b>						
Rhode Island Hospital.....	860,052	364,551	103,921	7,454	(29,166)	1,306,812
Miriam Hospital.....	264,385	119,550	60,825	(1,171)	11,759	455,348
Prime Healthcare Services, LLC.....	236,524	82,284	62,997		23,655	405,460
W& I HOSPITAL OF RHODE ISLAND.....	173,353	10,309	3,269	(370)	11,017	197,577
Newport Hospital.....	85,865	40,557	46,191	405	(1,681)	171,337
Childrens Hospital Boston.....	112,647				52,607	165,254
Kent County Memorial Hospital.....	121,548	7,575	19,958	595	945	150,622
South County Hospital Inc.....	35,563	28,985	40,745	15	11	105,319
Westminster Eyecare Associates, Inc.....	97,310	(81)	(96)	(214)	(510)	96,409
Memorial Hospital of Rhode Island.....	78,665	3,720	1,153	608	(4,505)	79,641
Assisted Daily Living Inc.....	15,446	2,185			56,965	74,596
PROSPECT CHARTERCARE SJHSRI.....	46,422	1,116	6,129	298	104	54,069
A Caring Experience Nursing.....	28,223	17,295	1,686	311		47,517
Nursing Placement Inc.....	42,955	1,650			838	45,443
PROSPECT CHARTERCARE RMMC.....	43,100	(620)	2,646		(110)	45,016
University Emergency Medicine.....	42,505	427	289	81	(513)	42,790
Thundermist Health Center.....	41,934	334	(172)	(924)	(1,318)	39,855
Senior Lifestyle North Bay.....	35,045					35,045
LMW HEALTHCARE INC.....	12,792	3,856	20,880	(395)	(3,277)	33,855
Primary Care Medical Associates Inc.....	4,690		(86)		25,055	29,659
Providence Community Health.....	26,281	1,045	(114)	(46)	1,338	28,503
Homefront Health Care.....	20,255	3,990	984	416	2,033	27,678
Option Care Enterprises Inc.....	17,346		(19)	10,808	(1,947)	26,189
Health Care Connections Nursing.....	22,038	826	2,507		413	25,783
H & T Medicals Inc.....	25,234	495				25,729
St. Clare Home, Inc.....		25,468				25,468
Alpine Nursing Home, Inc.....	4,403		5,095	13,640		23,138
Foundry Orthopedics Inc.....	23,882	(314)		(439)	(230)	22,899
EAST SIDE CLINICAL LABORATORY, INC.....	21,833	317	182	(149)	(72)	22,111
Dominion Diagnostics.....	21,940					21,940
Steward St Anne's Hospital Corp.....	8,736	7,683	2,761	1,816	494	21,490
SEQUENOM CENTER FOR MOLECULAR.....	21,175					21,175
Tri Town Comm Action Agency.....	21,034	56				21,090
Providence Anesthesiologist, Inc.....	22,083	269		(1,407)	(4)	20,941
THE SUMMIT MANAGEMENT GROUP.....	15,847	727	494		3,233	20,301
CORNERSTONE ADULT SERVICES, INC.....	19,778	522				20,300
W& I HEALTH CARE ALLIANCE, LLC.....	20,487	46	(23)	(70)	(261)	20,179
John Clarke Retirement Center.....	(1,838)				19,800	17,962
Southcoast Hospital Group.....		2,936	2,504	11,668		17,107
Brigham And Women's Hospital.....	16,805					16,805
BAYADA HOME HEALTH CARE, INC.....	3,422	6,734	2,158		1,795	14,109
MAS HOME CARE OF RHODE ISLAND.....	13,141	864			2	14,007
New England Home Therapies, Inc.....	10,707	3,113				13,820
Life Care Centers of America, Inc.....	7,700		440	(27)	5,477	13,590
Park Square Urgent Care.....	13,442				(14)	13,429
Bannister Nursing Care Center.....		16,648			(3,484)	13,164
OCEAN STATE URGENT CARE CENTER.....	12,994		0			12,993
Southern NE Healthcare for Women, LLC.....	12,070	1,038		28	(162)	12,974
Roger Williams Radiation Therapy LLC.....	6,844	8,966	3,417	(6,015)	(389)	12,823
Allens Health Center.....	28,770	(1,385)	5,505	(6,349)	(14,239)	12,303
Charlesgate Nursing Center.....	12,190				(92)	12,098
Maxim Healthcare Services Inc.....	12,081					12,081
Beacon Hospice Inc.....	2,390	5,173			4,384	11,947
Lifetime Medical Support Services.....	2,478	3,633	(12)	5,645	139	11,883
David S Pomerantz MD Inc.....	7,876	25			3,633	11,534



Exhibit 5 - Amounts Due From Parent, Subs

**NONE**

Exhibit 6 - Amounts Due To Parent, Subs

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island**

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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	11,746,388	1.5	49,250	33.3		11,746,388
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	11,746,388	1.5	49,250	33.3	0	11,746,388
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	738,130,957	97.1	XXX	XXX		738,130,957
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	9,921,396	1.3	XXX	XXX		9,921,396
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	748,052,353	98.5	XXX	XXX	0	748,052,353
13. Total (Line 4 plus Line 12)	759,798,741	100 %	XXX	XXX	0	759,798,741

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

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

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	1,322,832		760,108	562,724	562,724	0
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
<b>6. Total</b>	1,322,832	0	760,108	562,724	562,724	0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Neighborhood Health Plan of Rhode Island

2.

(LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2014						NAIC Company Code	95402
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	99,194	0	0						99,194		
2. First Quarter .....	126,068	517	24						125,527		
3. Second Quarter .....	145,445	774	29						144,642		
4. Third Quarter .....	145,348	683	39						144,626		
5. Current Year	147,699	690	64						146,945		
6. Current Year Member Months	1,662,870	11,408	409						1,651,053		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	2,307,180	18,400	237						2,288,543		
8. Non-Physician .....	512,182	2,090	39						510,053		
9. Total	2,819,362	20,490	276	0	0	0	0	0	2,798,596	0	
10. Hospital Patient Days Incurred	883,650	141	0						883,509		
11. Number of Inpatient Admissions	23,953	28	0						23,925		
12. Health Premiums Written (b) .....	895,877,114	2,460,390	42,308						893,374,416		
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	895,877,114	2,460,390	42,308						893,374,416		
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	759,798,741	1,685,331	27,483						758,085,927		
18. Amount Incurred for Provision of Health Care Services	798,326,296	1,841,166	30,795						796,454,335		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Neighborhood Health Plan of Rhode Island

2.

(LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2014						NAIC Company Code	95402
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	99,194	0	0	0	0	0	0	0	99,194	0	
2. First Quarter .....	126,068	517	24	0	0	0	0	0	125,527	0	
3. Second Quarter .....	145,445	774	29	0	0	0	0	0	144,642	0	
4. Third Quarter .....	145,348	683	39	0	0	0	0	0	144,626	0	
5. Current Year	147,699	690	64	0	0	0	0	0	146,945	0	
6. Current Year Member Months	1,662,870	11,408	409	0	0	0	0	0	1,651,053	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	2,307,180	18,400	237	0	0	0	0	0	2,288,543	0	
8. Non-Physician .....	512,182	2,090	39	0	0	0	0	0	510,053	0	
9. Total	2,819,362	20,490	276	0	0	0	0	0	2,798,596	0	
10. Hospital Patient Days Incurred	883,650	141	0	0	0	0	0	0	883,509	0	
11. Number of Inpatient Admissions	23,953	28	0	0	0	0	0	0	23,925	0	
12. Health Premiums Written (b) .....	895,877,114	2,460,390	42,308	0	0	0	0	0	893,374,416	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	895,877,114	2,460,390	42,308	0	0	0	0	0	893,374,416	0	
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	759,798,741	1,685,331	27,483	0	0	0	0	0	758,085,927	0	
18. Amount Incurred for Provision of Health Care Services	798,326,296	1,841,166	30,795	0	0	0	0	0	796,454,335	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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**ANNUAL STATEMENT FOR THE YEAR 2014 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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
<b>NONE</b>											
9999999 Totals						0	0	0	0	0	0



**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island**

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
22667	95-2371728	04/01/2013	ACE AMER INS CO	PA		SLEL	201,272	0	0	0	0	0	0
11835	04-1590940	01/01/2014	PARTNERRE AMER INS CO	DE		SLEL	3,037,594	0	0	0	0	0	0
00000	AA-9990032	01/01/2014	US Dept of Hlth & Human Serv	DC		SLEL	34,608	0	0	0	0	0	0
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							3,273,474	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							3,273,474	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							3,273,474	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							3,273,474	0	0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							3,273,474	0	0	0	0	0	0
9999999 Totals							3,273,474	0	0	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

**SCHEDULE S – PART 6**

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

	1 2014	2 2013	3 2012	4 2011	5 2010
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	62	.0	.0	.0	.0
2. Title XVIII-Medicare.....	.0	.0	.0	.0	.0
3. Title XIX-Medicaid.....	3,212	3,347	3,180	3,925	2,447
4. Commissions and reinsurance expense allowance.....	.0	.0	.0	.0	.0
5. Total hospital and medical expenses.....	2,265	1,568	321	804	2,423
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....	.0	.0	.0	.0	.0
7. Claims payable.....	.24	.319	.91	.0	.511
8. Reinsurance recoverable on paid losses.....	839	.770	.0	.470	.458
9. Experience rating refunds due or unpaid.....	529	.0	.815	.0	.0
10. Commissions and reinsurance expense allowances due.....	.0	.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	.0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	.0	.0	.0	.XXX	.XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
14. Letters of credit (L).....	.0	.0	.0	.0	.0
15. Trust agreements (T).....	.0	.0	.0	.0	.0
16. Other (O).....	.0	.0	.0	.0	.0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	.0	.0	.0	.XXX	.XXX
18. Funds deposited by and withheld from (F)	.0	.0	.0	.XXX	.XXX
19. Letters of credit (L)	.0	.0	.0	.XXX	.XXX
20. Trust agreements (T)	.0	.0	.0	.XXX	.XXX
21. Other (O)	.0	.0	.0	.XXX	.XXX

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	238,040,422		238,040,422
2. Accident and health premiums due and unpaid (Line 15).....	6,106,388		6,106,388
3. Amounts recoverable from reinsurers (Line 16.1).....	839,066	(839,066)	0
4. Net credit for ceded reinsurance.....	XXX	862,593	862,593
5. All other admitted assets (Balance).....	7,000,969		7,000,969
6. Total assets (Line 28)	251,986,845	23,527	252,010,372
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	76,566,893	23,527	76,590,420
8. Accrued medical incentive pool and bonus payments (Line 2).....	3,735,250		3,735,250
9. Premiums received in advance (Line 8).....	54,141,122		54,141,122
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	59,428,271		59,428,271
15. Total liabilities (Line 24).....	193,871,536	23,527	193,895,063
16. Total capital and surplus (Line 33).....	58,115,309	XXX	58,115,309
17. Total liabilities, capital and surplus (Line 34)	251,986,845	23,527	252,010,372
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	23,527		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	839,066		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	862,593		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance .....	862,593		

Schedule T - Part 2

**NONE**

Schedule Y - Part 1A

**NONE**

Schedule Y - Part 2

**NONE**

# 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**

**Responses**

- 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? .....YES.....

**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? .....YES.....

**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? .....YES.....

**AUGUST FILING**

- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? .....YES.....

The following supplemental reports are required to be filed as part of your statement filing. 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**

- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....NO.....
- 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....NO.....
- 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? .....NO.....
- 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....NO.....
- 15. 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.....
- 16. 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.....
- 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....NO.....
- 18. 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.....
- 19. 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? .....NO.....
- 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? .....NO.....

**APRIL FILING**

- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....NO.....
- 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....NO.....
- 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? .....NO.....
- 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....YES.....
- 25. 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? .....YES.....

**AUGUST FILING**

- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....SEE EXPLANATION.....

**Explanation:**

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

26. Total Premium written less than \$500M in 2013, not required to file this report in 2014.

**Bar code:**

11.   
9 5 4 0 2 2 0 1 4 3 6 0 5 9 0 0 0

12.   
9 5 4 0 2 2 0 1 4 2 0 5 0 0 0 0 0

13.   
9 5 4 0 2 2 0 1 4 2 0 7 0 0 0 0 0

14.   
9 5 4 0 2 2 0 1 4 4 2 0 0 0 0 0 0

15.   
9 5 4 0 2 2 0 1 4 3 7 1 0 0 0 0 0

16.   
9 5 4 0 2 2 0 1 4 3 7 0 0 0 0 0 0

17.   
9 5 4 0 2 2 0 1 4 3 6 5 0 0 0 0 0

18.   
9 5 4 0 2 2 0 1 4 2 2 4 0 0 0 0 0

19.   
9 5 4 0 2 2 0 1 4 2 2 5 0 0 0 0 0

20.   
9 5 4 0 2 2 0 1 4 2 2 6 0 0 0 0 0

21.   
9 5 4 0 2 2 0 1 4 3 0 6 0 0 0 0 0

22.   
9 5 4 0 2 2 0 1 4 2 1 1 5 9 0 0 0

23.   
9 5 4 0 2 2 0 1 4 2 1 3 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25.

\*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Security Deposit.....	91,504	91,504	0	0
2505. Grant Receivable.....			0	6,845
2506. Receivable from PPC.....	186,919	0	186,919	0
2597. Summary of remaining write-ins for Line 25 from Page 2	278,423	91,504	186,919	6,845

M004 Additional Aggregate Lines for Page 04 Line 29.

\*REVEX1 - Statement of Revenue and Expenses

	1	2	3
	Uncovered	Total	Total
2904. Dental Grant - State of RI.....			(900,000)
2997. Summary of remaining write-ins for Line 29 from Page 04	0	0	(900,000)

M016 Additional Aggregate Lines for Page 16 Line 25.

\*EXNONADMIT - 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)
2504. Security Deposits.....	91,504	91,504	0
2597. Summary of remaining write-ins for Line 25 from Page 16	91,504	91,504	0

# ALPHABETICAL INDEX

## ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

# ALPHABETICAL INDEX

## ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

