



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE

HAP CareSource

(Name)

NAIC Group Code 01311 (Current Period) , 01311 (Prior Period) NAIC Company Code 95814 Employer's ID Number 38-3123777

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

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 01/01/1994 Commenced Business 01/01/1994

Statutory Home Office 3031 West Grand Boulevard (Street and Number) , Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Main Administrative Office 3031 West Grand Boulevard (Street and Number)  
Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 313-872-8100 (Area Code) (Telephone Number)

Mail Address 3031 West Grand Boulevard (Street and Number or P.O. Box) , Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 230 North Main Street (Street and Number)  
Dayton, OH, US 45402 (City or Town, State, Country and Zip Code) 937-224-3300 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address https://www.caresource.com/mi/plans/

Statutory Statement Contact Andrea Watroba (Name) , 937-224-3300 (Area Code) (Telephone Number) (Extension)  
Andrea.Watroba@caresource.com (E-Mail Address) 937-487-1744 (Fax Number)

OFFICERS

Name	Title	Name	Title
Michael Allen Genord M.D.	President and CEO	Merrill J Hausenfluck #	Treasurer
Michelle Denise Johnson Tidjani Esq	Secretary	Archana Rajendra J.D.	Assistant Secretary

OTHER OFFICERS

Marjorie Ann Staten J.D.	Assistant Secretary		
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DIRECTORS OR TRUSTEES

Margaret M Anderson #	Stephanie A Williams #	Michael Allen Genord M.D.	Merrill J Hausenfluck #
Scott Markovich #			

State of Michigan.....  
County of Wayne.....  
ss

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.

Michael Allen Genord M.D.  
President and CEO

Merrill J Hausenfluck  
Treasurer

Archana Rajendra  
Assistant Secretary

Subscribed and sworn to before me this  
day of ,

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

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[illegible]

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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	6
	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	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	2,648,411	8,268,100	0	2,675,785	2,648,411	2,656,434
2. Claim overpayment receivables .....				628,521	0	256,487
3. Loans and advances to providers .....					0	
4. Capitation arrangement receivables .....					0	
5. Risk sharing receivables .....				3,833,277	0	
6. Other health care receivables .....	9,612	125,138		52,527	9,612	21,875
7. Totals (Lines 1 through 6)	2,658,023	8,393,238	0	7,190,110	2,658,023	2,934,796

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)**

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## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE HAP CareSource

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

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE HAP CareSource

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

[illegible]

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

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

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 .....	NONE					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE HAP CareSource

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HAP CareSource 2. (LOCATION)

	1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
		Individual	Group											
	Total			Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year .....	42,391							4,832	37,559					
2 First Quarter .....	43,690							4,593	39,097					
3 Second Quarter .....	44,207							4,694	39,513					
4. Third Quarter .....	41,514							4,422	37,092					
5. Current Year	38,383							4,241	34,142					
6 Current Year Member Months	509,440							54,701	454,739					
Total Member Ambulatory Encounters for Year:														
7. Physician .....	594,802							311,433	283,369					
8. Non-Physician .....	125,137							33,701	91,436					
9. Total	719,939	0	0	0	0	0	0	345,134	374,805	0	0	0	0	0
10. Hospital Patient Days Incurred	24,639							8,186	16,453					
11. Number of Inpatient Admissions	4,979							1,197	3,782					
12. Health Premiums Written (b).....	280,955,522							125,655,136	155,300,386					
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	280,955,522							125,655,136	155,300,386					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	236,410,935							100,966,636	135,444,299					
18. Amount Incurred for Provision of Health Care Services	241,593,739							106,054,041	135,539,697					

(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 2023 OF THE HAP CareSource

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HAP CareSource 2. (LOCATION)

NAIC Group Code	01311	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2023								NAIC Company Code		95814
	1 Total	Comprehensive Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental 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											
Total Members at end of:														
1. Prior Year .....	42,391	0	0	0	0	0	0	4,832	37,559	0	0	0	0	0
2 First Quarter .....	43,690	0	0	0	0	0	0	4,593	39,097	0	0	0	0	0
3 Second Quarter .....	44,207	0	0	0	0	0	0	4,694	39,513	0	0	0	0	0
4. Third Quarter .....	41,514	0	0	0	0	0	0	4,422	37,092	0	0	0	0	0
5. Current Year	38,383	0	0	0	0	0	0	4,241	34,142	0	0	0	0	0
6 Current Year Member Months	509,440	0	0	0	0	0	0	54,701	454,739	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician .....	594,802	0	0	0	0	0	0	311,433	283,369	0	0	0	0	0
8. Non-Physician .....	125,137	0	0	0	0	0	0	33,701	91,436	0	0	0	0	0
9. Total	719,939	0	0	0	0	0	0	345,134	374,805	0	0	0	0	0
10. Hospital Patient Days Incurred	24,639	0	0	0	0	0	0	8,186	16,453	0	0	0	0	0
11. Number of Inpatient Admissions	4,979	0	0	0	0	0	0	1,197	3,782	0	0	0	0	0
12. Health Premiums Written (b).....	280,955,522	0	0	0	0	0	0	125,655,136	155,300,386	0	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	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	0	0	0	0
15. Health Premiums Earned.....	280,955,522	0	0	0	0	0	0	125,655,136	155,300,386	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	236,410,935	0	0	0	0	0	0	100,966,636	135,444,299	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	241,593,739	0	0	0	0	0	0	106,054,041	135,539,697	0	0	0	0	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

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE HAP CareSource

## 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 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 Totals							0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE HAP CareSource

## SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	280	277	240	399	631
3. Title XIX-Medicaid.....	610	477	366	715	316
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	7	212,394	178,324	1,251	1,488,721
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	7	0	352	1,113	3,098
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<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	0	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0



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) .....	74,114,030		74,114,030
2. Accident and health premiums due and unpaid (Line 15).....	6,055,178		6,055,178
3. Amounts recoverable from reinsurers (Line 16.1).....	7,353	(7,353)	0
4. Net credit for ceded reinsurance.....	XXX	7,353	7,353
5. All other admitted assets (Balance).....	23,236,535		23,236,535
6. Total assets (Line 28)	103,413,096	0	103,413,096
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	38,512,209	0	38,512,209
8. Accrued medical incentive pool and bonus payments (Line 2).....	3,013,569		3,013,569
9. Premiums received in advance (Line 8).....	816,676		816,676
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).....	27,845,276		27,845,276
15. Total liabilities (Line 24).....	70,187,731	0	70,187,731
16. Total capital and surplus (Line 33).....	33,225,364	XXX	33,225,364
17. Total liabilities, capital and surplus (Line 34)	103,413,096	0	103,413,096
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	7,353		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	7,353		
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	7,353		

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama .....	AL						0
2. Alaska .....	AK						0
3. Arizona .....	AZ						0
4. Arkansas .....	AR						0
5. California .....	CA						0
6. Colorado .....	CO						0
7. Connecticut .....	CT						0
8. Delaware .....	DE						0
9. District of Columbia .....	DC						0
10. Florida .....	FL						0
11. Georgia .....	GA						0
12. Hawaii .....	HI						0
13. Idaho .....	ID						0
14. Illinois .....	IL						0
15. Indiana .....	IN						0
16. Iowa .....	IA						0
17. Kansas .....	KS						0
18. Kentucky .....	KY						0
19. Louisiana .....	LA						0
20. Maine .....	ME						0
21. Maryland .....	MD						0
22. Massachusetts .....	MA						0
23. Michigan .....	MI						0
24. Minnesota .....	MN						0
25. Mississippi .....	MS						0
26. Missouri .....	MO						0
27. Montana .....	MT						0
28. Nebraska .....	NE						0
29. Nevada .....	NV						0
30. New Hampshire .....	NH						0
31. New Jersey .....	NJ						0
32. New Mexico .....	NM						0
33. New York .....	NY						0
34. North Carolina .....	NC						0
35. North Dakota .....	ND						0
36. Ohio .....	OH						0
37. Oklahoma .....	OK						0
38. Oregon .....	OR						0
39. Pennsylvania .....	PA						0
40. Rhode Island .....	RI						0
41. South Carolina .....	SC						0
42. South Dakota .....	SD						0
43. Tennessee .....	TN						0
44. Texas .....	TX						0
45. Utah .....	UT						0
46. Vermont .....	VT						0
47. Virginia .....	VA						0
48. Washington .....	WA						0
49. West Virginia .....	WV						0
50. Wisconsin .....	WI						0
51. Wyoming .....	WY						0
52. American Samoa .....	AS						0
53. Guam .....	GU						0
54. Puerto Rico .....	PR						0
55. U.S. Virgin Islands .....	VI						0
56. Northern Mariana Islands .....	MP						0
57. Canada .....	CAN						0
58. Aggregate Other Alien .....	OT						0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE HAP CareSource

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01311	Henry Ford Health Systems Group	95844	38-2242827				Health Alliance Plan of Michigan	MI	UIP	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
01311	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	IA	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health	YES	.0
00000	Henry Ford Health Systems Group	00000	38-2651185				Administration System Research Corporation		NIA	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health	NO	.0
01311	Henry Ford Health Systems Group	95814	38-3123777				HAP CareSource	MI	RE	HAP Empowered Holding, LLC	Ownership	100.0	Henry Ford Health	YES	.0
00000	Henry Ford Health Systems Group	00000	92-3877012				HAP Empowered Holding, LLC		UDP	Health Alliance Plan of Michigan	Ownership	60.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1357020				Henry Ford Health		UIP			100.0		NO	.0
00000	Henry Ford Health Systems Group	00000	93-4079536				Henry Ford Health System Parent		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2791823				Henry Ford Wyandotte Hospital Corp.		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2947657				Henry Ford Macomb Real Estate, LLC		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2565235				Fairlane Health Services Corp.		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health	Ownership	46.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1958953				Metropolitan Detroit Area Hospital Services, Inc		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health	Ownership	56.3	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3232668				Northwest Detroit Dialysis Centers		NIA	Henry Ford Health	Ownership	30.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health	Ownership	60.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	26-0423581				Macomb Regional Dialysis Centers LLC		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1378121				Sha Realty Corp.		NIA	Henry Ford Health	Ownership	50.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	90-0659735				Pace Southeast Michigan		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE HAP CareSource

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000	Henry Ford Health Systems Group	00000	41-2223561				Henry Ford Pathology..... Henry Ford Physicians Accountable Care Organization, LLC		NIA	Henry Ford Health.....	Ownership.....	100.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	46-5746225				Center for Complementary and Integrative Medicine.....		NIA	Henry Ford Health.....	Ownership.....	100.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	30-0092342				Henry Ford Health System Government Affairs Services.....		NIA	Henry Ford Health.....	Ownership.....	100.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	46-4064067				Henry Ford Elijah McCoy Condominium Association.....		NIA	Henry Ford Health.....	Ownership.....	66.7	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000							NIA	Henry Ford Health.....	Ownership.....	51.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	46-5291602				HFHS-SCA Holdings, LLC.....		NIA	Henry Ford Health.....	Ownership.....	20.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	47-1436663				Michigan Metro Dialysis, LLC.....		NIA	Henry Ford Health.....	Ownership.....	44.9	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	98-0128041				Caymich Insurance Company, LTD.....		IA	Henry Ford Health.....	Ownership.....	32.1	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	41-2176000				IRB Medical Equipment, LLC.....		NIA	Henry Ford Health.....	Ownership.....	33.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2666933				Med Star Ambulance.....		NIA	Henry Ford Health.....	Ownership.....	33.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	26-3421732				Macomb County EMS Medical Control Authority.....		NIA	Henry Ford Health.....	Ownership.....	100.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	37-1502443				Community Health Technology Network.....		NIA	Henry Ford Health.....	Ownership.....	17.4	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	87-2121325				HFHS-Acadia Joint Venture, LLC.....		NIA	Henry Ford Health.....	Ownership.....	5.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					G3 Pharmaceuticals.....		NIA	Henry Ford Health.....	Ownership.....	33.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					Cottage Condominium Association.....		NIA	Henry Ford Health.....	Ownership.....	5.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					KARETech Medical Devices.....		NIA	Henry Ford Health.....	Ownership.....	33.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					PRAM Holdings, LLC.....		NIA	Henry Ford Health.....	Ownership.....	5.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					Truveta, Inc.....		NIA	Henry Ford Health.....	Ownership.....	4.6	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					Henry Ford Physician Partners.....		NIA	Henry Ford Health.....	Ownership.....	14.7	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	87-1165650				Henry Ford Home Recovery Care, LLC.....		NIA	Henry Ford Health.....	Ownership.....	100.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					HFHS - MSU Health Sciences.....		NIA	Henry Ford Health.....	Ownership.....	49.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					CarePath Rx Holdings, LLC.....		NIA	Henry Ford Health.....	Ownership.....	50.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	87-1466014				Henry Ford GoHealth Urgent Care Mgmt, LLC.....		NIA	Henry Ford Health.....	Ownership.....	1.0	Henry Ford Health.....	NO	.0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE HAP CareSource

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000	Henry Ford Health Systems Group	00000					DePre Holdings, LLC		NIA	Henry Ford Health	Ownership	50.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000					ExPre Holdings, LLC		NIA	Henry Ford Health	Ownership	2.3	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	88-4413164				Healthy Population LLC		NIA	Henry Ford Health	Ownership	7.7	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2756428				Henry Ford Allegiance Health Group		NIA	Henry Ford Health	Ownership		Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2024689				Henry Ford Allegiance Health		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1218485				Henry Ford Allegiance Carelink		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3607833				Henry Ford Allegiance Health Foundation		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3370242				Henry Ford Allegiance Pharmacy		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2756425				Healthlink		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	45-3253643				Jackson Health Network, L3C		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000					Telehealth Michigan		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2594857				Physicians Choice Network, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000					It's Your Life Services, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2336367				Henry Ford Allegiance Hospice		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	84-2047106				Grass Lake Surgery Center, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	46.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3316836				Jackson Community Ambulance		NIA	Henry Ford Allegiance Health Group	Ownership	50.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3017711				Foote Health Center Associates		NIA	Henry Ford Allegiance Health Group	Ownership	86.4	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2361692				Emergency Medical Services Council of Jackson County		NIA	Henry Ford Allegiance Health Group	Ownership	50.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	84-2287892				Grass Lake Real Estate, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	46.0	Henry Ford Health	NO	.0

Asterisk	Explanation

## 42

## 42

## 42

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## SCHEDULE Y

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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.....

SUPPLEMENTAL FILINGS

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

.....SEE EXPLANATION.....
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?

.....SEE EXPLANATION.....
18.

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?

.....SEE EXPLANATION.....
19.

Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?

.....YES.....

APRIL FILING

20.

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

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
22.

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

.....NO.....
23.

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

.....YES.....

AUGUST FILING

24.

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

.....YES.....

Explanation:

16.


Not Applicable
17.


Not Applicable
18.


Not Applicable


Bar code:

10.

  
9 5 8 1 4 2 0 2 3 3 6 0 5 9 0 0 0
11.






  
9 5 8 1 4 2 0 2 3 2 0 5 5 9 0 0 0
12.

  
9 5 8 1 4 2 0 2 3 4 2 0 0 0 0 0 0
13.

  
9 5 8 1 4 2 0 2 3 3 7 1 0 0 0 0 0



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14.	 9 5 8 1 4 2 0 2 3 3 7 0 0 0 0 0 0
15.	 9 5 8 1 4 2 0 2 3 3 6 5 0 0 0 0 0
20.	 9 5 8 1 4 2 0 2 3 3 0 6 0 0 0 0 0
21.	 9 5 8 1 4 2 0 2 3 2 1 1 0 0 0 0 0
22.	 9 5 8 1 4 2 0 2 3 2 1 6 5 9 0 0 0

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SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2023 OF THE HAP CareSource

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT  
FOR YEAR

For The Year Ended December 31, 2023  
(To Be Filed By March 1)

FOR THE STATE OF Michigan

NAIC Group Code 01311..... NAIC Company Code 95814.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	.NO.
2. Health.....	.NO.
3. Homeowners.....	.NO.
4. Individual annuity.....	.NO.
5. Individual life.....	.NO.
6. Lender-placed home and auto.....	.NO.
7. Long-term care.....	.NO.
8. Other health.....	.NO.
9. Private flood.....	.NO.
10. Private passenger auto.....	.NO.
11. Short-term limited duration health plans.....	.NO.
12. Travel	NO