



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

Health Alliance Plan of Michigan

(Name)

NAIC Group Code 1311 (Current Period) , 1311 (Prior Period) NAIC Company Code 95844 Employer's ID Number 38-2242827

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 [ X ] No [ ]

Incorporated/Organized 06/27/1978 Commenced Business 02/08/1979

Statutory Home Office 3031 W. Grand Blvd., Ste. 110 (Street and Number) , Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Main Administrative Office 3031 W. Grand Blvd., Ste. 110 (Street and Number)  
Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 313-872-8100 (Area Code) (Telephone Number)

Mail Address 1414 E. Maple Rd. (Street and Number or P.O. Box) , Troy, MI, US 48083 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3031 W. Grand Blvd., Ste. 110 (Street and Number)  
Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 248-443-1093 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.hap.org

Statutory Statement Contact Dianna L. Ronan CPA (Name) , 248-443-1093 (Area Code) (Telephone Number) (Extension)  
dronan@hap.org (E-Mail Address) 248-443-8610 (Fax Number)

OFFICERS

Name	Title	Name	Title
Michael Allen Genord M.D.	President and CEO	Robin S. Damschroder	Treasurer
Marjorie Ann Staten J.D. #	Secretary	Archana Rajendra	Assistant Secretary

OTHER OFFICERS

Merrill J. Hausenfluck #	Assistant Treasurer		
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DIRECTORS OR TRUSTEES

Charles R. Browning #	Jeffrey Alan Chaffkin	Mamatha Chamarthi	Joni Marja-Thrower Davis
Caleb DesRosiers J.D.	Denise Gaida Essenberg	Michael Allen Genord M.D.	Jacalyn Sue Goforth
John Kevin Gorman	Gregory Jackson	Margaret Kennedy #	Raymond Carmelo Lope'
Adnan Radwan Munkarah M.D.	Meerah Rajavel	Robert G. Riney	Felix Mario Valbuena, Jr. M.D.

State of Michigan.....

County of Wayne.....

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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  
Assistant 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

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Health Alliance Plan of Michigan

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

[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 .....	24,815,941	83,576,419		28,302,990	24,815,941	24,326,598
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....	1,359,031			8,930,293	1,359,031	1,359,031
5. Risk sharing receivables .....	2,797,076			573,025	2,797,076	2,797,076
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	28,972,048	83,576,419	0	37,806,308	28,972,048	28,482,705

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 Health Alliance Plan of Michigan

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

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Health Alliance Plan of Michigan

## 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

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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 .....	6,700,608		4,538,939	2,161,669	2,161,669	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	6,700,608	0	4,538,939	2,161,669	2,161,669	0



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      Health Alliance Plan of Michigan      2. Detroit, Michigan      (LOCATION)

NAIC Group Code		1311		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2023										NAIC Company Code		95844	
	1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14					
		2	3																
	Total	Individual	Group	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 .....	170,615	2,281	87,906				10,102	70,326											
2 First Quarter .....	169,337	2,247	86,656				9,669	70,765											
3 Second Quarter .....	167,705	2,170	85,473				9,613	70,449											
4. Third Quarter .....	166,782	2,114	84,685				9,540	70,443											
5. Current Year	166,054	2,026	84,270				9,457	70,301											
6 Current Year Member Months	2,014,061	25,996	1,026,391				115,206	846,468											
Total Member Ambulatory Encounters for Year:																			
7. Physician .....	1,396,024	10,565	504,735				71,981	808,743											
8. Non-Physician .....	1,689,366	12,025	561,513				86,539	1,029,289											
9. Total	3,085,390	22,590	1,066,248	0	0	0	158,520	1,838,032	0	0	0	0	0	0					
10. Hospital Patient Days Incurred	119,163	327	16,628				1,764	100,444											
11. Number of Inpatient Admissions	23,788	85	4,561				473	18,669											
12. Health Premiums Written (b).....	1,608,230,501	11,673,500	558,196,011				90,691,148	947,669,842											
13. Life Premiums Direct.....	0																		
14. Property/Casualty Premiums Written.....	0																		
15. Health Premiums Earned.....	1,608,230,501	11,673,500	558,196,011				90,691,148	947,669,842											
16. Property/Casualty Premiums Earned	0																		
17. Amount Paid for Provision of Health Care Services .....	1,467,883,712	8,369,833	505,028,044				95,514,955	858,970,880											
18. Amount Incurred for Provision of Health Care Services	1,460,690,095	8,949,333	500,076,041				93,960,602	857,704,119											

(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 \$ .....947,669,842



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Health Alliance Plan of Michigan

2. Detroit, Michigan

NAIC Group Code		1311		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2023					(LOCATION)				NAIC Company Code		95844	
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14			
			2	3														
		Total	Individual	Group	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 .....		170,615	2,281	87,906	0	0	0	10,102	70,326	0	0	0	0	0	0			
2 First Quarter .....		169,337	2,247	86,656	0	0	0	9,669	70,765	0	0	0	0	0	0			
3 Second Quarter .....		167,705	2,170	85,473	0	0	0	9,613	70,449	0	0	0	0	0	0			
4 Third Quarter .....		166,782	2,114	84,685	0	0	0	9,540	70,443	0	0	0	0	0	0			
5 Current Year		166,054	2,026	84,270	0	0	0	9,457	70,301	0	0	0	0	0	0			
6 Current Year Member Months		2,014,061	25,996	1,026,391	0	0	0	115,206	846,468	0	0	0	0	0	0			
Total Member Ambulatory Encounters for Year:																		
7 Physician .....		1,396,024	10,565	504,735	0	0	0	71,981	808,743	0	0	0	0	0	0			
8 Non-Physician .....		1,689,366	12,025	561,513	0	0	0	86,539	1,029,289	0	0	0	0	0	0			
9 Total		3,085,390	22,590	1,066,248	0	0	0	158,520	1,838,032	0	0	0	0	0	0			
10 Hospital Patient Days Incurred		119,163	327	16,628	0	0	0	1,764	100,444	0	0	0	0	0	0			
11 Number of Inpatient Admissions		23,788	85	4,561	0	0	0	473	18,669	0	0	0	0	0	0			
12 Health Premiums Written (b).....		1,608,230,501	11,673,500	558,196,011	0	0	0	90,691,148	947,669,842	0	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.....		1,608,230,501	11,673,500	558,196,011	0	0	0	90,691,148	947,669,842	0	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 .....		1,467,883,712	8,369,833	505,028,044	0	0	0	95,514,955	858,970,880	0	0	0	0	0	0			
18 Amount Incurred for Provision of Health Care Services		1,460,690,095	8,949,333	500,076,041	0	0	0	93,960,602	857,704,119	0	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 \$ .....947,669,842

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

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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.....	859	857	898	856	916
2. Title XVIII-Medicare.....	195	194	237	181	125
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	7,552	1,266	1,819	2,037	0
<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.....	0	15	2,520	1,350	0
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) .....	465,437,601		465,437,601
2. Accident and health premiums due and unpaid (Line 15).....	23,172,788		23,172,788
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	58,081,534		58,081,534
6. Total assets (Line 28)	546,691,924	0	546,691,924
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	154,504,840	0	154,504,840
8. Accrued medical incentive pool and bonus payments (Line 2).....	5,344,100		5,344,100
9. Premiums received in advance (Line 8).....	14,563,052		14,563,052
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).....	83,746,233		83,746,233
15. Total liabilities (Line 24).....	258,158,226	0	258,158,226
16. Total capital and surplus (Line 33).....	288,533,698	XXX	288,533,698
17. Total liabilities, capital and surplus (Line 34)	546,691,924	0	546,691,924
<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 .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
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	0		



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Health Alliance Plan of Michigan

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 Health Alliance Plan of Michigan

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	RE	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
01311	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health	NO	
	Henry Ford Health Systems Group		38-2651185				Administration System Research Corporation		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health	YES	
01311	Henry Ford Health Systems Group	95814	38-3123777				HAP CareSource	MI	OTH	HAP Empowered Holding, LLC	Ownership	100.0	Henry Ford Health	NO	
	Henry Ford Health Systems Group		92-3877012				HAP Empowered Holding, LLC	MI	OTH	Health Alliance Plan of Michigan	Ownership	60.0	Henry Ford Health	YES	
	Henry Ford Health Systems Group		38-1357020				Henry Ford Health System		UDP			0.0			
	Henry Ford Health Systems Group		93-4079536				Henry Ford Health System Parent		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-2791823				Henry Ford Wyandotte Hospital Corp.		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-2947657				Henry Ford Macomb Real Estate, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-2565235				Fairlane Health Services Corp.		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-1958953				Metropolitan Detroit Area Hospital Services, Inc		NIA	Henry Ford Health System	Ownership	46.0	Henry Ford Health		
	Henry Ford Health Systems Group		90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-3232668				Northwest Detroit Dialysis Centers		NIA	Henry Ford Health System	Ownership	56.3	Henry Ford Health		
	Henry Ford Health Systems Group		45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	30.0	Henry Ford Health		
	Henry Ford Health Systems Group		26-0423581				Macomb Regional Dialysis Centers LLC		NIA	Henry Ford Health System	Ownership	60.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-1378121				Sha Realty Corp.		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		90-0659735				Pace Southeast Michigan		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health		
	Henry Ford Health Systems Group		26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Health Alliance Plan of Michigan

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)	*
	Henry Ford Health Systems Group.....		46-5746225.....				Henry Ford Physicians Accountable Care Org LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	100.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		30-0092342.....				Center for Complementary and Integrative Medicine.....		NIA.....	Henry Ford Health System.....	Ownership.....	100.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		46-4064067.....				Henry Ford Health Sys Government Affairs Services.....		NIA.....	Henry Ford Health System.....	Ownership.....	100.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....						Henry Ford Elijah McCoy Condominium Association.....		NIA.....	Henry Ford Health System.....	Ownership.....	66.7.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		46-5291602.....				HFHS-SCA Holdings, LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	51.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		47-1436663.....				Michigan Metro Dialysis, LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	20.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		98-0128041.....				Caymich Insurance Company, LTD.....		IA.....	Henry Ford Health System.....	Ownership.....	44.9.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		41-2176000.....				IRB Medical Equipment, LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	32.1.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		38-2666933.....				Med Star Ambulance.....		NIA.....	Henry Ford Health System.....	Ownership.....	33.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		26-3421732.....				Macomb County EMS Medical Control Authority.....		NIA.....	Henry Ford Health System.....	Ownership.....	33.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		37-1502443.....				Community Health Technology Network.....		NIA.....	Henry Ford Health System.....	Ownership.....	100.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		87-2121325.....				HFHS-Acadia Joint Venture, LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	17.4.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....						G3 Pharmaceuticals.....		NIA.....	Henry Ford Health System.....	Ownership.....	5.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....						Cottage Condominium Association.....		NIA.....	Henry Ford Health System.....	Ownership.....	33.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....						KARETech Medical Devices.....		NIA.....	Henry Ford Health System.....	Ownership.....	5.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....						PRAM Holdings, LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	4.6.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....						Truveta, Inc.....		NIA.....	Henry Ford Health System.....	Ownership.....	14.7.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		87-1633901.....				Henry Ford Physician Partners.....		NIA.....	Henry Ford Health System.....	Ownership.....	100.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		87-1165650.....				Henry Ford Home Recovery Care, LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	49.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		86-1607139.....				HFHS - MSU Health Sciences.....		NIA.....	Henry Ford Health System.....	Ownership.....	50.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....						CarePath Rx Holdings, LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	1.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....		87-1466014.....				Henry Ford GoHealth Urgent Care Mgmt, LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	50.0.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....						DePre Holdings, LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	2.3.....	Henry Ford Health.....		
	Henry Ford Health Systems Group.....						ExPre Holdings, LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	7.7.....	Henry Ford Health.....		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Health Alliance Plan of Michigan

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)	*
	Henry Ford Health Systems Group		88-4413164				Healthy Population LLC		NIA	Henry Ford Health System	Ownership	0.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-2756428				Henry Ford Allegiance Health Group		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-2024689				Henry Ford Allegiance Health		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-1218485				Henry Ford Allegiance Carelink		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-3607833				Henry Ford Allegiance Health Foundation		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-3370242				Henry Ford Allegiance Pharmacy		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-2756425				Healthlink		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		45-3253643				Jackson Health Network, L3C		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group						Telehealth Michigan		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-2594857				Physicians Choice Network, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group						It's Your Life Services, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-2336367				Henry Ford Allegiance Hospice		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-3316836				Jackson Community Ambulance		NIA	Henry Ford Allegiance Health Group	Ownership	50.0	Henry Ford Health		
	Henry Ford Health Systems Group		38-3017711				Foote Health Center Associates		NIA	Henry Ford Allegiance Health Group	Ownership	86.3	Henry Ford Health		
	Henry Ford Health Systems Group		38-2361692				Emergency Med Services Council of Jackson County		NIA	Henry Ford Allegiance Health Group	Ownership	50.0	Henry Ford Health		
	Henry Ford Health Systems Group		84-2047106				Grass Lake Surgery Center, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	46.0	Henry Ford Health		
	Henry Ford Health Systems Group		84-2287892				Grass Lake Real Estate, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	46.0	Henry Ford Health		

Asterisk	Explanation

## 42

## 42

## 42

42

## 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?

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

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

.....SEE EXPLANATION.....

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?

.....YES.....
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?

.....SEE EXPLANATION.....

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:

12.

Not applicable.
15.

Health Alliance Plan writes Medicare Part D through its Medicare Advantage Plan
16.

Not applicable.
17.

Not applicable.
18.

Not applicable.
19.

An extension has been granted to May 31.
23.

Health Alliance Plan is not a member of the Michigan Life & Health Insurance Guaranty Association

Bar code:

10.



95844202336059000

11.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

9 5 8 4 4 2 0 2 3 2 0 5 5 9 0 0 0

13.

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

14.

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

20.

9 5 8 4 4 2 0 2 3 3 0 6 0 0 0 0 0

21.

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



OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.  
\*LIAB - Liabilities

	1	2	3	4
	Covered	Uncovered	Total	Total
2304. Retiree Health Benefits.....	593,297		593,297	614,835
2305. ....			0	0
2306. ....			0	0
2397. Summary of remaining write-ins for Line 23 from Page 03	593,297	0	593,297	614,835