



HEALTH ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2022
 OF THE CONDITION AND AFFAIRS OF THE
EMPOWER HEALTHCARE SOLUTIONS LLC

NAIC Group Code 0000 0000 NAIC Company Code 16244 Employer's ID Number 82-1454637
(Current) (Prior)

Organized under the Laws of Arkansas, State of Domicile or Port of Entry AR

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 02/05/2017 Commenced Business 02/01/2018

Statutory Home Office 1401 W. CAPITOL AVENUE, SUITE 430 LITTLE ROCK, AR, US 72201
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1401 W. CAPITOL AVENUE, SUITE 430
(Street and Number)
LITTLE ROCK, AR, US 72201 501-350-2308
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1401 W. CAPITOL AVENUE, SUITE 430 LITTLE ROCK, AR, US 72201
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1401 W. CAPITOL AVENUE, SUITE 430
(Street and Number)
LITTLE ROCK, AR, US 72201 501-539-2659
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address WWW.GETEMPOWERHEALTH.COM

Statutory Statement Contact David John Zdechlik 501-516-2603
(Name) (Area Code) (Telephone Number)
david.zdechlik@empowerarkansas.com 501-516-2603
(E-mail Address) (FAX Number)

OFFICERS

CHIEF EXECUTIVE OFFICER <u>DOUGLAS MITCHELL MORRIS</u>	CHIEF FINANCIAL OFFICER <u>MARTIN WAYNE CATRON</u>
CHIEF OPERATING OFFICER <u>GREGORY MARK LUECK</u>	CHIEF MEDICAL OFFICER <u>DR. BRADLEY CANADA DINER</u>

OTHER

<u>SUZANNE LYNETTE TIPTON, CHIEF COMPLIANCE OFFICER</u>	<u>DR. AMY MARIE COBB, VICE PRESIDENT COORDINATED CARE</u>	<u>SYLVIA ANN SHERRILL, VICE PRESIDENT HEALTH SERVICES AND QUALITY</u>
<u>DAVID JOHN ZDECHLIK, VICE PRESIDENT FINANCE</u>	<u>DEBRA MUNRO LEISS, VICE PRESIDENT BUSINESS INTELLIGENCE AND ENTERPRISE APPLICATIONS</u>	

DIRECTORS OR TRUSTEES

<u>ELIZABETH HEISLER GINTY, CHAIRMAN</u>	<u>DR. JOSHUA BRIAN WILSON, SECRETARY</u>	<u>MARK ANTHONY HARTMAN, TREASURER</u>
<u>DAVID LAMAR NORSWORTHY</u>	<u>DR. STEVEN FRANKLIN COLLIER</u>	<u>TANNER JOE COPE</u>
<u>BRANDY LEANN GAINES</u>		

State of Arkansas County of PULASKI 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.

Mitch Morris

Douglas Mitchell Morris
Chief Executive Officer

Martin W. Catron

Martin Wayne Catron
Chief Financial Officer

Gregory M. Lueck

Gregory Mark Lueck
Chief Operating Officer

Subscribed and sworn to before me this 28 day of FEBRUARY 2023

Ryan J. Childers
 RYAN CHILDERS
 APRIL 15, 2023

- a. Is this an original filing? Yes [X] No []
 b. If no,
 1. State the amendment number.....
 2. Date filed02/28/2023
 3. Number of pages attached.....

RYAN J. CHILDERS
 PULASKI COUNTY
 NOTARY PUBLIC - ARKANSAS
 My Commission Expires April 15, 2029
 Commission No. 12707474

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE EMPOWER HEALTHCARE SOLUTIONS LLC

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
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	0	0	0	0	0	0
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.....
0799999 Gross health care receivables	0	0	0	0	0	0

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables					0	0
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....					0	284,564
7. Totals (Lines 1 through 6)	0	0	0	0	0	284,564

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0199999. Individually listed payables		0	0	0
0299999. Payables not individually listed		0		
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0399999 Total gross payables		0	0	0

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
Capitation Payments:						
1. Medical groups	0	0.0	0	0.0	0	0
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX	0	0
6. Contractual fee payments	334,958,324	100.0	XXX	XXX	0	334,958,324
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	334,958,324	100.0	XXX	XXX	0	334,958,324
13. TOTAL (Line 4 plus Line 12)	334,958,324	100%	XXX	XXX	0	334,958,324

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
NONE					
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

N O N E



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE EMPOWER HEALTHCARE SOLUTIONS LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

EMPOWER HEALTHCARE SOLUTIONS LLC

2. LITTLE ROCK, AR

NAIC Group Code	0000	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Arkansas		2022										NAIC Company Code	
		16244		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12
Total	2	3	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	20,461	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	19,443														
3. Second Quarter	19,903														
4. Third Quarter	20,413														
5. Current Year	20,224														
6. Current Year Member Months	240,654														
Total Member Ambulatory Encounters for Year:															
7. Physician	131,989														
8. Non-Physician	197,049														
9. Total	329,038	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	20,039														
11. Number of Inpatient Admissions	3,892														
12. Health Premiums Written (b)	480,462,240														
13. Life Premiums Direct	0														
14. Property/Casualty Premiums Written	0														
15. Health Premiums Earned.....	0														
16. Property/Casualty Premiums Earned	0														
17. Amount Paid for Provision of Health Care Services.....	334,958,324														
18. Amount Incurred for Provision of Health Care Services	332,196,568														

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

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

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE EMPOWER HEALTHCARE SOLUTIONS LLC
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

EMPOWER HEALTHCARE SOLUTIONS LLC

2. LITTLE ROCK, AR

NAIC Group Code	0000	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)				
		Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code 16244			
		2	3													Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan
Total	Individual	Group																	
Total Members at end of:																			
1. Prior Year	20,461	0	0	0	0	0	0	0	0	20,461	0	0	0	0	0	0	0		
2. First Quarter	19,443	0	0	0	0	0	0	0	0	19,443	0	0	0	0	0	0	0		
3. Second Quarter	19,903	0	0	0	0	0	0	0	0	19,903	0	0	0	0	0	0	0		
4. Third Quarter	20,413	0	0	0	0	0	0	0	0	20,413	0	0	0	0	0	0	0		
5. Current Year	20,224	0	0	0	0	0	0	0	0	20,224	0	0	0	0	0	0	0		
6. Current Year Member Months	240,654	0	0	0	0	0	0	0	0	240,654	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																			
7. Physician	131,989	0	0	0	0	0	0	0	0	131,989	0	0	0	0	0	0	0		
8. Non-Physician	197,049	0	0	0	0	0	0	0	0	197,049	0	0	0	0	0	0	0		
9. Total	329,038	0	0	0	0	0	0	0	0	329,038	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	20,039	0	0	0	0	0	0	0	0	20,039	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	3,892	0	0	0	0	0	0	0	0	3,892	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	480,462,240	0	0	0	0	0	0	0	0	480,462,240	0	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	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	0	0	0		
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0		
17. Amount Paid for Provision of Health Care Services	334,958,324	0	0	0	0	0	0	0	0	334,958,324	0	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	332,196,568	0	0	0	0	0	0	0	0	332,196,568	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	193,276,168		193,276,168
2. Accident and health premiums due and unpaid (Line 15)	0		0
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)	1,989,892		1,989,892
6. Total assets (Line 28)	195,266,060	0	195,266,060
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	35,477,510		35,477,510
8. Accrued medical incentive pool and bonus payments (Line 2)	712,345		712,345
9. Premiums received in advance (Line 8)	0		0
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)	98,866,829		98,866,829
15. Total liabilities (Line 24)	135,056,684	0	135,056,684
16. Total capital and surplus (Line 33)	60,209,376	XXX	60,209,376
17. Total liabilities, capital and surplus (Line 34)	195,266,060	0	195,266,060
NET CREDIT FOR CEDED REINSURANCE			
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		

Schedule T - Part 2 - Interstate Compact

NONE

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

NONE

Schedule Y - Part 1A - Explanations

NONE

Schedule Y - Part 2

NONE

Schedule Y - Part 3

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE EMPOWER HEALTHCARE SOLUTIONS LLC
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.


	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	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 Accountant's 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 annual 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?	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report 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?	NO
Explanations:	
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Bar Codes:

11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE EMPOWER HEALTHCARE SOLUTIONS LLC
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Long-Term Care Experience Reporting Forms [Document Identifier 306]



20. Life Supplement [Document Identifier 211]



21. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



22. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]



24. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]





SUPPLEMENT FOR THE YEAR 2022 OF THE EMPOWER HEALTHCARE SOLUTIONS LLC
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF
NAIC Group Code
NAIC Company Code
ADDRESS (City, State and Zip Code)
Person Completing This Exhibit
Title
Telephone Number

NONE

Table with 18 columns: 1 Compliance with OBRA, 2 Policy Form Number, 3 Standardized Medicare Supplement Benefit Plan, 4 Medicare Select, 5 Plan Characteristics, 6 Date Approved, 7 Date Approval Withdrawn, 8 Date Last Amended, 9 Date Closed, 10 Policy Marketing Trade Name, 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives, 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives. Includes sub-headers for 'Policies Issued Through 2019' and 'Policies Issued in 2020; 2021; 2022'.

NONE

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss... for this State.
2.1 Address:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".