



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
EMPOWER HEALTHCARE SOLUTIONS LLC

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

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 17500 CHENAL PARKWAY, SUITE 300 (Street and Number) LITTLE ROCK, AR, US 72223 (City or Town, State, Country and Zip Code)

Main Administrative Office 17500 CHENAL PARKWAY, SUITE 300 (Street and Number) LITTLE ROCK, AR, US 72223 (City or Town, State, Country and Zip Code) 866-261-1286 (Area Code) (Telephone Number)

Mail Address 17500 CHENAL PARKWAY, SUITE 300 (Street and Number or P.O. Box) LITTLE ROCK, AR, US 72223 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 17500 CHENAL PARKWAY, SUITE 300 (Street and Number) LITTLE ROCK, AR, US 72223 (City or Town, State, Country and Zip Code) 501-516-2603 (Area Code) (Telephone Number)

Internet Website Address WWW.GETEMPOWERHEALTH.COM

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

OFFICERS

CHIEF EXECUTIVE OFFICER, SECRETARY DOUGLAS MITCHELL MORRIS CHIEF FINANCIAL OFFICER MARTIN WAYNE CATRON
CHIEF OPERATING OFFICER GREGORY MARK LUECK CHIEF MEDICAL OFFICER DR. BRADLEY CANADA DINER

OTHER

SUZANNE LYNETTE TIPTON, CHIEF COMPLIANCE OFFICER DAVID JOHN ZDECHLIK, VICE PRESIDENT AMY MARIE COBB, VICE PRESIDENT
CRAIG SCOTT STEVENS, VICE PRESIDENT DEBRA MUNRO LEISS, VICE PRESIDENT SYLVIA ANN SHERRILL, VICE PRESIDENT

DIRECTORS OR TRUSTEES

ELIZABETH HEISLER GINTY, CHAIRMAN MARK ANTHONY HARTMAN, TREASURER DAVID LAMAR NORSWORTHY
DR. STEVEN FRANKLIN COLLIER DR. JOSHUA BRIAN WILSON TANNER JOE COPE

State of Arkansas SS
County of PULASKI

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 29 day of FEBRUARY 2024

Ryan J. Childers 2-29-24
RYAN CHILDRESS

APRIL 15, 2029

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed03/01/2024
3. Number of pages attached.....

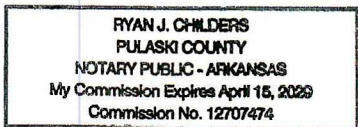


EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

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						
2. Claim overpayment receivables						
3. Loans and advances to providers				205,000		
4. Capitation arrangement receivables				9,497,000		
5. Risk sharing receivables						
6. Other health care receivables.....						
7. Totals (Lines 1 through 6)				9,702,000		

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

N O N E

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates

N O N E

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						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	372,245,852	100.0	XXX	XXX		372,245,852
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	372,245,852	100.0	XXX	XXX		372,245,852
13. TOTAL (Line 4 plus Line 12)	372,245,852	100%	XXX	XXX		372,245,852

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, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	563,666	861,746	85,496	1,339,916	1,339,916	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	1,664,016		61,329	1,602,687	1,602,687	
6. Total	2,227,682	861,746	146,825	2,942,603	2,942,603	



ANNUAL STATEMENT FOR THE YEAR 2023 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		2023										NAIC Company Code									
		1		4		5		6		7		8		9		10		11		12		13	
Comprehensive (Hospital & Medical)								Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
2		3		Medicare Supplement		Vision Only		Dental Only															
Total		Individual		Group																			
Total Members at end of:																							
1. Prior Year		20,224																					
2. First Quarter		20,615																					
3. Second Quarter		18,184																					
4. Third Quarter		16,965																					
5. Current Year		13,655																					
6. Current Year Member Months		216,836																					
Total Member Ambulatory Encounters for Year:																							
7. Physician		94,304																					
8. Non-Physician		60,345																					
9. Total		154,649																					
10. Hospital Patient Days Incurred		27,963																					
11. Number of Inpatient Admissions		3,892																					
12. Health Premiums Written (b)		450,545,717																					
13. Life Premiums Direct																							
14. Property/Casualty Premiums Written																							
15. Health Premiums Earned		440,441,076																					
16. Property/Casualty Premiums Earned																							
17. Amount Paid for Provision of Health Care Services		372,245,852																					
18. Amount Incurred for Provision of Health Care Services		366,408,442																					

(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 2023 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 (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR									
		2023			NAIC Company Code									
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
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	20,224									20,224				
2. First Quarter	20,615									20,615				
3. Second Quarter	18,184									18,184				
4. Third Quarter	16,965									16,965				
5. Current Year	13,655									13,655				
6. Current Year Member Months	216,836									216,836				
Total Member Ambulatory Encounters for Year:														
7. Physician	94,304									94,304				
8. Non-Physician	60,345									60,345				
9. Total	154,649									154,649				
10. Hospital Patient Days Incurred	27,963									27,963				
11. Number of Inpatient Admissions	3,892									3,892				
12. Health Premiums Written (b)	450,545,717									450,545,717				
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	440,441,076									440,441,076				
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	372,245,852									372,245,852				
18. Amount Incurred for Provision of Health Care Services	366,408,442									366,408,442				

(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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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)	130,614,578		130,614,578
2. Accident and health premiums due and unpaid (Line 15)			
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (Balance)	11,870,624		11,870,624
6. Total assets (Line 28)	142,485,202		142,485,202
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	28,288,790		28,288,790
8. Accrued medical incentive pool and bonus payments (Line 2)	754,470		754,470
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	65,061,373		65,061,373
15. Total liabilities (Line 24)	94,104,633		94,104,633
16. Total capital and surplus (Line 33)	48,380,569	XXX	48,380,569
17. Total liabilities, capital and surplus (Line 34)	142,485,202		142,485,202
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance			

Schedule T - Part 2 - Interstate Compact

N O N E

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 2023 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?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	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
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?.....	NO
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?	NO
Explanations:	
10.	
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Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
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]	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE EMPOWER HEALTHCARE SOLUTIONS LLC
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18. Relief from the Requirements for Audit Committees [Document Identifier 226]



19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]



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



21. Life Supplement [Document Identifier 211]



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



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

