



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

OH CHS SNP, Inc. dba CommuniCare Advantage

NAIC Group Code 0000 0000 NAIC Company Code 16725 Employer's ID Number 84-2285422
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: _____

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 11/10/2018 Commenced Business 02/06/2020

Statutory Home Office Fountain Point II, 4675 Cornell Rd, Suite 162, Cincinnati, OH, US 45241
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 4700 Ashwood Drive, Suite 200
(Street and Number)
Cincinnati, OH, US 45241, 513-530-1600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 4700 Ashwood Drive, Suite 200, Cincinnati, OH, US 45241
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records Fountain Point II, 4675 Cornell Rd, Suite 162
(Street and Number)
Cincinnati, OH, US 45241, 513-530-1600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Jeremy C Heimgartner, 513-469-8545
(Name) (Area Code) (Telephone Number)
jheimgartner@communicare-advantage.com, 513-247-0589
(E-mail Address) (FAX Number)

OFFICERS

CEO Laura Hopkins CFO Jeremy Heimgartner
President Chuck Satterfield Treasurer Charles Stoltz

OTHER

Isaac Rosedale, Secretary

DIRECTORS OR TRUSTEES

Vikas Gupta Ronald Wilhelm Amy Severino

State of Ohio SS
County of Hamilton

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.

Chuck Satterfield
President

Jeremy Heimgartner
CFO

Isaac Rosedale
Secretary

Subscribed and sworn to before me this _____ day of _____

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

Exhibit 2 - A&H Premiums Due and Unpaid

N O N E

Exhibit 3 - Health Care Receivables

N O N E

Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	0	0	0	0	0	0
0599999. Unreported claims and other claim reserves						6,860,764
0699999. Total amounts withheld						
0799999. Total claims unpaid						6,860,764
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0899999 Accrued medical incentive pool and bonus amounts						2,749,356

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
CHS CV19 Consulting and Response, LLC	Admin services rendered and expenses paid on behalf of the Company	394	394	
CHS SNP Opco, LLC	Admin services rendered and expenses paid on behalf of the Company	6,165	6,165	
CHSI EMP, LLC	Admin services rendered and expenses paid on behalf of the Company	73,678	73,678	
0199999. Individually listed payables		80,237	80,237	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		80,237	80,237	0

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	165,874		12,211	153,663	153,663	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	165,874	0	12,211	153,663	153,663	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE OH CHS SNP, Inc. dba CommuniCare Advantage

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

OH CHS SNP, Inc. dba CommuniCare Advantage

2. Cincinnati, OH

NAIC Group Code	0000	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Indiana		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	350							350				
3. Second Quarter	361							361				
4. Third Quarter	362							362				
5. Current Year	386							386				
6. Current Year Member Months	4,304							4,304				
Total Member Ambulatory Encounters for Year:												
7. Physician	451							451				
8. Non-Physician	1,041							1,041				
9. Total	1,492	0	0	0	0	0	0	1,492	0	0		
10. Hospital Patient Days Incurred	183							183				
11. Number of Inpatient Admissions	168							168				
12. Health Premiums Written (b)	14,797,296							14,797,296				
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.....	9,864,544							9,864,544				
18. Amount Incurred for Provision of Health Care Services	12,402,932							12,402,932				

(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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REPORT FOR: 1. CORPORATION

OH CHS SNP, Inc. dba CommuniCare Advantage

2. Cincinnati, OH

NAIC Group Code	0000	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Maryland		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	148							148				
3. Second Quarter	146							146				
4. Third Quarter	165							165				
5. Current Year	193							193				
6. Current Year Member Months	1,934							1,934				
Total Member Ambulatory Encounters for Year:												
7. Physician	116							116				
8. Non-Physician	179							179				
9. Total	295	0	0	0	0	0	0	295	0	0		
10. Hospital Patient Days Incurred	49							49				
11. Number of Inpatient Admissions	49							49				
12. Health Premiums Written (b)	7,807,166							7,807,166				
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.....	5,204,608							5,204,608				
18. Amount Incurred for Provision of Health Care Services	6,543,881							6,543,881				

(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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REPORT FOR: 1. CORPORATION

OH CHS SNP, Inc. dba CommuniCare Advantage

2. Cincinnati, OH

NAIC Group Code	0000	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Ohio		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	741							741				
3. Second Quarter	767							767				
4. Third Quarter	858							858				
5. Current Year	994							994				
6. Current Year Member Months	9,587							9,587				
Total Member Ambulatory Encounters for Year:												
7. Physician	738							738				
8. Non-Physician	539							539				
9. Total	1,277	0	0	0	0	0	0	1,277	0	0		
10. Hospital Patient Days Incurred	452							452				
11. Number of Inpatient Admissions	347							347				
12. Health Premiums Written (b)	33,416,827							33,416,827				
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.....	22,277,162							22,277,162				
18. Amount Incurred for Provision of Health Care Services	28,009,620							28,009,620				

(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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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

OH CHS SNP, Inc. dba CommuniCare Advantage

2. Cincinnati, OH

NAIC Group Code	0000	BUSINESS IN THE STATE OF	(LOCATION)									
			Grand Total		DURING THE YEAR					2021	NAIC Company Code	16725
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	1,239	0	0	0	0	0	0	1,239	0	0		
3. Second Quarter	1,274	0	0	0	0	0	0	1,274	0	0		
4. Third Quarter	1,385	0	0	0	0	0	0	1,385	0	0		
5. Current Year	1,573	0	0	0	0	0	0	1,573	0	0		
6. Current Year Member Months	15,825	0	0	0	0	0	0	15,825	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	1,305	0	0	0	0	0	0	1,305	0	0		
8. Non-Physician	1,759	0	0	0	0	0	0	1,759	0	0		
9. Total	3,064	0	0	0	0	0	0	3,064	0	0		
10. Hospital Patient Days Incurred	684	0	0	0	0	0	0	684	0	0		
11. Number of Inpatient Admissions	564	0	0	0	0	0	0	564	0	0		
12. Health Premiums Written (b)	56,021,289	0	0	0	0	0	0	56,021,289	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	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		
17. Amount Paid for Provision of Health Care Services	37,346,314	0	0	0	0	0	0	37,346,314	0	0		
18. Amount Incurred for Provision of Health Care Services	46,956,433	0	0	0	0	0	0	46,956,433	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)	9,891,038		9,891,038
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)	2,674,163		2,674,163
6. Total assets (Line 28)	12,565,201	0	12,565,201
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	6,860,764		6,860,764
8. Accrued medical incentive pool and bonus payments (Line 2)	2,749,356		2,749,356
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)	319,572		319,572
15. Total liabilities (Line 24)	9,929,692	0	9,929,692
16. Total capital and surplus (Line 33)	2,635,509	XXX	2,635,509
17. Total liabilities, capital and surplus (Line 34)	12,565,201	0	12,565,201
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 - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

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 2021 OF THE OH CHS SNP, Inc. dba CommuniCare Advantage
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.










	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

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
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?	YES
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?	NO

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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23.	
24.	

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 6 7 2 5 2 0 2 1 3 6 0 0 0 0 0 0
11. Life Supplement [Document Identifier 205]	 1 6 7 2 5 2 0 2 1 2 0 5 0 0 0 0 0
12. SIS Stockholder Information Supplement [Document Identifier 420]	 1 6 7 2 5 2 0 2 1 4 2 0 0 0 0 0 0
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	 1 6 7 2 5 2 0 2 1 3 7 1 0 0 0 0 0
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 1 6 7 2 5 2 0 2 1 3 7 0 0 0 0 0 0
15. Medicare Part D Coverage Supplement [Document Identifier 365]	 1 6 7 2 5 2 0 2 1 3 6 5 0 0 0 0 0
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 6 7 2 5 2 0 2 1 2 2 4 0 0 0 0 0
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 6 7 2 5 2 0 2 1 2 2 5 0 0 0 0 0
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 6 7 2 5 2 0 2 1 2 2 6 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



20. Life Supplement [Document Identifier 211]



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



23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit -
Parts 1 and 2 [Document Identifier 290]



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

