

QUARTERLY STATEMENT

for the

HMO-Line of Business

for

Maine Community Health Options

of

New Gloucester

in the State of

Maine

to the

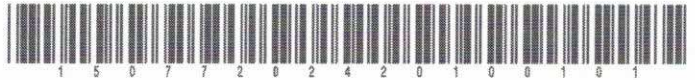
Bureau of Insurance

of the State of

Maine

**For the Quarter Ended
March 31, 2024**

2024



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Maine Community Health Options

NAIC Group Code 0000 0000 NAIC Company Code 15077 Employer's ID Number 45-3416923
(Current) (Prior)

Organized under the Laws of Maine State of Domicile or Port of Entry ME

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 09/26/2011 Commenced Business 01/01/2014

Statutory Home Office 60 Pineland Drive, Auburn Hall, Suite 301 New Gloucester, ME, US 04260
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 60 Pineland Drive, Auburn Hall, Suite 301
(Street and Number)
New Gloucester, ME, US 04260 (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

Mail Address PO Box 1121 Lewiston, ME, US 04243-1121
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 60 Pineland Drive, Auburn Hall, Suite 301
(Street and Number)
New Gloucester, ME, US 04260 (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

Internet Website Address www.healthoptions.org

Statutory Statement Contact Joanne Lauterbach 207-330-2390
(Name) (Area Code) (Telephone Number)
jlauterbach@healthoptions.org 207-402-3318
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer Kevin Lewis Chief Information Officer William Kilbreth
Chief Operating Officer David Stuart Chief Financial Officer Joanne Lauterbach

OTHER

Dr. Lori Tishler, Chief Medical Officer

DIRECTORS OR TRUSTEES

<u>Paul Andrews</u>	<u>Lisa Bard Levine #</u>	<u>Leslie Clark</u>
<u>Jerod Cronkite</u>	<u>Cheryl Greaney</u>	<u>Jim Harrison</u>
<u>Ralph Johnson</u>	<u>Holly Korda</u>	<u>Asher Kramer</u>
<u>Robert Lorenzo</u>	<u>Cory McKenna</u>	<u>Jeff Norris</u>
<u>Laune Reed #</u>	<u>Sharon Reishus</u>	<u>Judiann Smith</u>
<u>Rebecca Swanson Conrad</u>	<u>Andy Tomlinson #</u>	

State of Maine SS:
County of Cumberland

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.

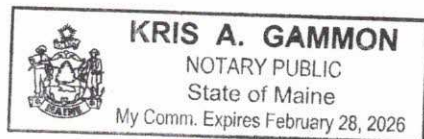
Kevin Lewis
Chief Executive Officer

Joanne Lauterbach
Chief Financial Officer

David Stuart
Chief Operating Officer

Subscribed and sworn to before me this 25th day of April 2024
Kris A. Gammon

- 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.....



STATEMENT AS OF MARCH 31, 2024 OF THE Maine Community Health Option

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	37,053	33,129	137,724
2. Net premium income (including \$ non-health premium income).....	XXX	22,109,421	20,767,357	76,905,181
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			0
4. Fee-for-service (net of \$ medical expenses).....	XXX			0
5. Risk revenue	XXX			0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	22,109,421	20,767,357	76,905,181
Hospital and Medical:				
9. Hospital/medical benefits		15,268,432	10,463,008	47,941,361
10. Other professional services		600,312	405,651	1,873,884
11. Outside referrals		229,655	260,808	736,001
12. Emergency room and out-of-area		5,120,249	3,669,987	15,911,685
13. Prescription drugs		3,481,413	3,811,967	18,023,365
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		97,295	58,365	255,792
16. Subtotal (Lines 9 to 15)	0	24,797,356	18,669,786	84,742,088
Less:				
17. Net reinsurance recoveries		411,073	603,627	15,932,464
18. Total hospital and medical (Lines 16 minus 17)	0	24,386,283	18,066,159	68,809,624
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$861,704 cost containment expenses		1,203,490	1,153,179	4,707,401
21. General administrative expenses		3,268,623	2,946,652	12,295,761
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(6,748,975)	(1,398,633)	2,946,974
23. Total underwriting deductions (Lines 18 through 22).....	0	22,109,421	20,767,357	88,759,760
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	0	0	(11,854,579)
25. Net investment income earned		171,813	163,531	705,233
26. Net realized capital gains (losses) less capital gains tax of \$			(74,546)	(95,188)
27. Net investment gains (losses) (Lines 25 plus 26)	0	171,813	88,985	610,045
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$76,190)].....		(76,190)	(17,733)	(278,450)
29. Aggregate write-ins for other income or expenses	0	57	0	19,957
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	95,680	71,252	(11,503,027)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	95,680	71,252	(11,503,027)
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Vendor Settlement				19,957
2902. Fixed Asset Gain		57		
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	57	0	19,957

STATEMENT AS OF MARCH 31, 2024 OF THE Maine Community Health Option

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	11,950	10,854	1,096	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	12,340	11,253	1,087											
3. Second Quarter	0													
4. Third Quarter	0													
5. Current Year	0													
6. Current Year Member Months	37,053	33,774	3,279											
Total Member Ambulatory Encounters for Period:														
7. Physician	13,974	12,665	1,309											
8. Non-Physician	6,405	5,832	573											
9. Total	20,379	18,497	1,882	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	510	470	40											
11. Number of Inpatient Admissions	77	70	7											
12. Health Premiums Written (a)	22,196,972	21,951,019	245,953											
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	22,196,972	21,951,019	245,953											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	36,747,960	17,728,602	19,019,358											
18. Amount Incurred for Provision of Health Care Services	48,087,031	23,289,676	24,797,355											

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