# QUARTERLY STATEMENT

**for the**

**HMO-Line of Business**

**for**

# Maine Community Health Options

**of**

# Lewiston

**in the State of**

# Maine

**to the**

# Bureau of Insurance

**of the State of**

# Maine

**For the Quarter Ended**
**March 31, 2023**

# 2023

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# HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

# Maine Community Health Options

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

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 (Street and Number), New Gloucester, ME, US 04260 (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 (City or Town, State, Country and Zip Code), (Area Code) (Telephone Number)

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

Internet Website Address www.healthoptions.org

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

| | | |
|---|---|---|
| Paul Andrews | Michelle Betz | Leslie Clark |
| Jerod Cronkite | Cheryl Greaney # | Jim Harrison # |
| Ralph Johnson # | Holly Korda | Asher Kramer |
| Robert Lorenzo | Rocell Marcellino | Cory McKenna |
| Jeff Norris | Sharon Reishus | Judiann Ferretti Smith |
| Rebecca Swanson Conrad | Ronnie Weston | |

State of Maine
County of Cumberland 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.

Kevin Lewis
Chief Executive Officer

Joanne Lauterbach
Chief Financial Officer

David Stuart
Chief Operating Officer

Subscribed and sworn to before me this 15th day of May 2023

Kristine M. Brown

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.....

KRISTINE M. BROWN
Notary Public, State of Maine
My Commission Expires 11/3/2029

KRISTINE M. BROWN NOTARY PUBLIC STATE OF MAINE

# 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 | 33,129 | 21,423 | 86,656 |
| 2. | Net premium income ( including $ non-health premium income) | XXX | 20,767,357 | 13,092,936 | 53,970,242 |
| 3. | Change in unearned premium reserves and reserve for rate credits | XXX | | | |
| 4. | Fee-for-service (net of $ medical expenses) | XXX | | | |
| 5. | Risk revenue | XXX | | | |
| 6. | Aggregate write-ins for other health care related revenues | XXX | 0 | 44 | 106 |
| 7. | Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. | Total revenues (Lines 2 to 7) | XXX | 20,767,357 | 13,092,980 | 53,970,348 |
| | **Hospital and Medical:** | | | | |
| 9. | Hospital/medical benefits | | 10,463,008 | 9,066,669 | 32,691,931 |
| 10. | Other professional services | | 405,651 | 530,371 | 1,826,851 |
| 11. | Outside referrals | | 260,808 | 0 | 709 |
| 12. | Emergency room and out-of-area | | 3,669,987 | 2,692,392 | 10,118,779 |
| 13. | Prescription drugs | | 3,811,967 | 1,410,824 | 9,410,779 |
| 14. | Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 |
| 15. | Incentive pool, withhold adjustments and bonus amounts | | 58,365 | | 74,058 |
| 16. | Subtotal (Lines 9 to 15) | 0 | 18,669,786 | 13,700,256 | 54,123,107 |
| | **Less:** | | | | |
| 17. | Net reinsurance recoveries | | 603,627 | 1,075,027 | 11,216,349 |
| 18. | Total hospital and medical (Lines 16 minus 17) | 0 | 18,066,159 | 12,625,229 | 42,906,758 |
| 19. | Non-health claims (net) | | | | |
| 20. | Claims adjustment expenses, including $ 657,169 cost containment expenses | | 1,153,179 | 797,987 | 3,328,227 |
| 21. | General administrative expenses | | 2,946,652 | 1,791,530 | 7,836,531 |
| 22. | Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only) | | (1,398,633) | (2,121,766) | (3,205,304) |
| 23. | Total underwriting deductions (Lines 18 through 22) | 0 | 20,767,357 | 13,092,980 | 50,866,212 |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 0 | 0 | 3,104,136 |
| 25. | Net investment income earned | | 163,531 | 106,470 | 484,097 |
| 26. | Net realized capital gains (losses) less capital gains tax of $ | | (74,546) | 39,787 | (60,146) |
| 27. | Net investment gains (losses) (Lines 25 plus 26) | 0 | 88,985 | 146,257 | 423,951 |
| 28. | Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ ) (amount charged off $ (17,733) )] | | (17,733) | (15,110) | (84,782) |
| 29. | Aggregate write-ins for other income or expenses | 0 | 0 | 345,714 | 346,482 |
| 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 | 71,252 | 476,861 | 3,789,787 |
| 31. | Federal and foreign income taxes incurred | XXX | | | |
| 32. | Net income (loss) (Lines 30 minus 31) | XXX | 71,252 | 476,861 | 3,789,787 |
| | **DETAILS OF WRITE-INS** | | | | |
| 0601. | User Fee Revenue - Contraceptive Claims | XXX | | 44 | 106 |
| 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 | 44 | 106 |
| 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 Settlements | | | 345,714 | 346,482 |
| 2902. | | | | | |
| 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 | 0 | 345,714 | 346,482 |

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total | 2 Individual | 3 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 | 7,178 | 7,178 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 11,331 | 11,004 | 327 | | | | | | | | | | | |
| 3. Second Quarter | 0 | | | | | | | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | | | | | |
| 6. Current Year Member Months | 33,129 | 32,328 | 801 | | | | | | | | | | | |
| **Total Member Ambulatory Encounters for Period:** | | | | | | | | | | | | | | |
| 7 Physician | 12,033 | 11,786 | 247 | | | | | | | | | | | |
| 8. Non-Physician | 5,405 | 5,288 | 117 | | | | | | | | | | | |
| 9. Total | 17,438 | 17,074 | 364 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 383 | 383 | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | 70 | 70 | | | | | | | | | | | | |
| 12. Health Premiums Written (a) | 20,858,082 | 20,482,656 | 375,426 | | | | | | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | | | | | |
| 15. Health Premiums Earned | 20,858,082 | 20,482,656 | 375,426 | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 14,750,093 | 14,659,738 | 90,355 | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 18,669,786 | 18,377,578 | 292,208 | | | | | | | | | | | |

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