

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
September 30, 2022**

2022



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022
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 150 Mill Street, Suite 3 Lewiston, ME, US 04240
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 150 Mill Street, Suite 3
(Street and Number)
Lewiston, ME, US 04240
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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 150 Mill Street, Suite 3
(Street and Number)
Lewiston, ME, US 04240
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

DIRECTORS OR TRUSTEES

<u>Rebecca Swanson Conrad</u>	<u>Michelle Betz</u>	<u>Judiann Ferretti Smith</u>
<u>Holly Korda</u>	<u>Asher Kramer</u>	<u>Robert Lorenzo</u>
<u>Rocell Marcellino</u>	<u>Jeff Norris</u>	<u>Sharon Reishus</u>
<u>Mitchell Stein</u>	<u>Ronnie Weston</u>	<u>Paul Andrews #</u>
<u>Leslie Clark #</u>	<u>Jerod Cronkite #</u>	<u>Cory McKenna #</u>

State of Maine SS:
County of Androscoggin

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.

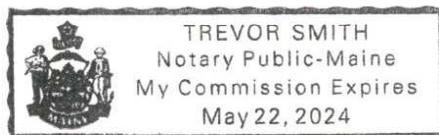
Kevin Lewis
Chief Executive Officer

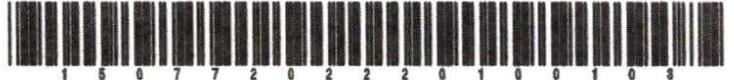
under separate cover
Joanne Lauterbach
Chief Financial Officer

under separate cover
David Stuart
Chief Operating Officer

Subscribed and sworn to before me this 10 day of November, 2022

- 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.....





HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022
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 150 Mill Street, Suite 3 Lewiston, ME, US 04240
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 150 Mill Street, Suite 3
Lewiston, ME, US 04240
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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 150 Mill Street, Suite 3
Lewiston, ME, US 04240
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

DIRECTORS OR TRUSTEES

<u>Rebecca Swanson Conrad</u>	<u>Michelle Betz</u>	<u>Judiann Ferretti Smith</u>
<u>Holly Korda</u>	<u>Asher Kramer</u>	<u>Robert Lorenzo</u>
<u>Rocell Marcellino</u>	<u>Jeff Norris</u>	<u>Sharon Reishus</u>
<u>Mitchell Stein</u>	<u>Ronnie Weston</u>	<u>Paul Andrews #</u>
<u>Leslie Clark #</u>	<u>Jerod Cronkite #</u>	<u>Cory McKenna #</u>

State of Maine SS:
County of Androscoggin

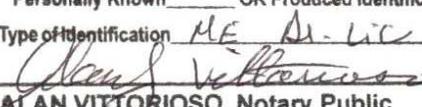
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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.

	
<u>Kevin Lewis</u> Chief Executive Officer	<u>Joanne Lauterbach</u> Chief Financial Officer
	<u>David Stuart</u> Chief Operating Officer

Subscribed and sworn to before me this 3rd day of November 2022
For Joanne L, & David S

- 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.....

ALAN J. VITTORIOSO
NOTARY PUBLIC
State of Maine
My Commission Expires
November 18, 2023

STATE OF MAINE - COUNTY OF Cumberland
The foregoing instrument was acknowledged before me
this 3rd day of November, 2022
by Joanne Lauterbach & David Stuart
Personally Known _____ OR Produced Identification
Type of Identification ME D-LIC

ALAN VITTORIOSO, Notary Public

STATEMENT AS OF SEPTEMBER 30, 2022 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	64,935	43,524	56,836
2. Net premium income (including \$ non-health premium income)	XXX	42,321,906	27,485,835	34,726,619
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	106	33,119	42,967
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	42,322,012	27,518,954	34,769,586
Hospital and Medical:				
9. Hospital/medical benefits		24,481,006	16,768,361	23,366,031
10. Other professional services		1,465,262	896,142	1,235,322
11. Outside referrals		619	0	
12. Emergency room and out-of-area		8,938,072	4,212,240	5,953,066
13. Prescription drugs		6,336,431	3,355,892	5,010,226
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			38,820	38,049
16. Subtotal (Lines 9 to 15)	0	41,221,390	25,271,455	35,602,694
Less:				
17. Net reinsurance recoveries		6,831,328	5,192,050	9,121,347
18. Total hospital and medical (Lines 16 minus 17)	0	34,390,062	20,079,405	26,481,347
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 1,551,877 cost containment expenses		2,514,073	1,641,940	2,261,608
21. General administrative expenses		5,682,417	3,959,295	5,408,150
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(264,540)	(5,099,199)	119,641
23. Total underwriting deductions (Lines 18 through 22)	0	42,322,012	20,581,441	34,270,746
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	0	6,937,513	498,840
25. Net investment income earned		368,863	608,964	686,491
26. Net realized capital gains (losses) less capital gains tax of \$		(60,376)	984	971
27. Net investment gains (losses) (Lines 25 plus 26)	0	308,487	609,948	687,462
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ (12,239))]		(12,239)	(148,979)	(176,100)
29. Aggregate write-ins for other income or expenses	0	346,482	0	0
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	642,730	7,398,482	1,010,202
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	642,730	7,398,482	1,010,202
DETAILS OF WRITE-INS				
0601. User Fee Revenue – Contraceptive Claims	XXX	106	33,119	42,967
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	106	33,119	42,967
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. Settlements		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	346,482	0	0

STATEMENT AS OF SEPTEMBER 30, 2022 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 Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	4,383	4,383	0	0	0	0	0	0	0	0
2. First Quarter	7,356	7,356								
3. Second Quarter	7,191	7,191								
4. Third Quarter	7,298	7,298								
5. Current Year	0									
6. Current Year Member Months	64,935	64,935								
Total Member Ambulatory Encounters for Period:										
7. Physician	24,092	24,092								
8. Non-Physician	12,212	12,212								
9. Total	36,304	36,304	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,186	1,186								
11. Number of Inpatient Admissions	207	207								
12. Health Premiums Written (a)	42,520,793	42,520,793								
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	42,520,793	42,520,793								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services.....	38,396,484	38,396,484								
18. Amount Incurred for Provision of Health Care Services	41,221,390	41,221,390								

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