

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, 2023**

2023



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2023
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
(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 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 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>Michelle Betz</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>Rocell Marcellino</u>	<u>Cory McKenna</u>
<u>Jeff Norris</u>	<u>Sharon Reishus</u>	<u>Judiann Ferretti Smith</u>
<u>Rebecca Swanson Conrad</u>	<u>Ronnie Weston</u>	

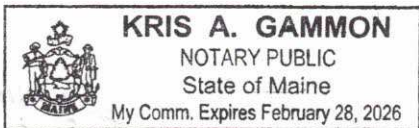
State of Maine SS:
County of Cumberland

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 Joanne Lauterbach David Stuart
Chief Executive Officer Chief Financial Officer Chief Operating Officer

Subscribed and sworn to before me this 24th day of October 2023
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 SEPTEMBER 30, 2023 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	102,209	64,935	86,656
2. Net premium income (including \$ non-health premium income).....	XXX	62,725,575	42,321,906	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	105	106
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	62,725,575	42,322,011	53,970,348
Hospital and Medical:				
9. Hospital/medical benefits		35,266,394	24,481,006	32,691,931
10. Other professional services		1,375,827	1,465,262	1,826,851
11. Outside referrals		544,967	619	709
12. Emergency room and out-of-area		11,665,461	8,938,072	10,118,779
13. Prescription drugs		12,334,968	6,336,431	9,410,779
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		182,937		74,058
16. Subtotal (Lines 9 to 15)	0	61,370,554	41,221,390	54,123,107
Less:				
17. Net reinsurance recoveries		10,464,742	6,831,328	11,216,349
18. Total hospital and medical (Lines 16 minus 17)	0	50,905,812	34,390,062	42,906,758
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 2,130,717 cost containment expenses		3,352,927	2,514,073	3,328,227
21. General administrative expenses		8,821,635	5,682,417	7,836,531
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .		2,406,819	(264,540)	(3,205,304)
23. Total underwriting deductions (Lines 18 through 22).....	0	65,487,193	42,322,012	50,866,212
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(2,761,618)	(1)	3,104,136
25. Net investment income earned		532,085	368,863	484,097
26. Net realized capital gains (losses) less capital gains tax of \$		(94,296)	(60,376)	(60,146)
27. Net investment gains (losses) (Lines 25 plus 26)	0	437,789	308,487	423,951
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 88,258)].....		(88,258)	(12,239)	(84,782)
29. Aggregate write-ins for other income or expenses	0	37,707	346,482	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	(2,374,380)	642,729	3,789,787
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	(2,374,380)	642,729	3,789,787
DETAILS OF WRITE-INS				
0601. User Fee Revenue – Contraceptive Claims	XXX		105	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	105	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. Fixed Asset Gain		37,707		
2902. Vendor Settlements			346,482	346,482
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	37,707	346,482	346,482

STATEMENT AS OF SEPTEMBER 30, 2023 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	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	11,344	10,774	570											
4. Third Quarter	11,781	10,970	811											
5. Current Year	0													
6. Current Year Member Months	102,209	97,636	4,573											
Total Member Ambulatory Encounters for Period:														
7. Physician	38,116	36,627	1,489											
8. Non-Physician	18,915	18,182	733											
9. Total	57,031	54,809	2,222	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,903	1,883	20											
11. Number of Inpatient Admissions	288	281	7											
12. Health Premiums Written (a)	63,005,225	61,093,972	1,911,253											
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	63,005,225	61,093,972	1,911,253											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	57,121,816	55,696,019	1,425,797											
18. Amount Incurred for Provision of Health Care Services	61,370,554	59,751,934	1,618,620											

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