

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
September 30, 2024**

2024



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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 (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 Financial Officer Joanne Lauterbach
Chief Operations Officer William Kilbreth # Chief Medical Officer Dr. Lori Tishler

OTHER

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>Laurie 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.

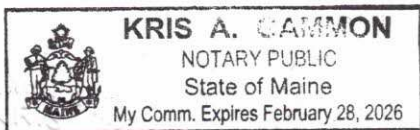
Kevin Lewis
Chief Executive Officer

Joanne Lauterbach
Chief Financial Officer

William Kilbreth
Chief Operations Officer

Subscribed and sworn to before me this 5th day of November 2024
Kris A. Cannon

- 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 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	108,617	102,209	137,724
2. Net premium income (including \$ non-health premium income)	XXX	66,517,962	62,725,575	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	66,517,962	62,725,575	76,905,181
Hospital and Medical:				
9. Hospital/medical benefits		40,131,007	35,266,394	47,941,361
10. Other professional services		1,577,677	1,375,827	1,873,884
11. Outside referrals		603,834	544,967	736,001
12. Emergency room and out-of-area		13,455,463	11,665,461	15,911,685
13. Prescription drugs		15,615,584	12,334,968	18,023,365
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		249,687	182,937	255,792
16. Subtotal (Lines 9 to 15)	0	71,633,252	61,370,554	84,742,088
Less:				
17. Net reinsurance recoveries		14,089,984	10,464,742	15,932,464
18. Total hospital and medical (Lines 16 minus 17)	0	57,543,268	50,905,812	68,809,624
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 2,435,057 cost containment expenses		3,599,706	3,352,927	4,707,401
21. General administrative expenses		9,971,639	8,821,635	12,295,761
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(3,394,459)	2,406,819	2,946,974
23. Total underwriting deductions (Lines 18 through 22)	0	67,720,154	65,487,193	88,759,760
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,202,192)	(2,761,618)	(11,854,579)
25. Net investment income earned		503,754	532,085	705,233
26. Net realized capital gains (losses) less capital gains tax of \$			(94,296)	(95,188)
27. Net investment gains (losses) (Lines 25 plus 26)	0	503,754	437,789	610,045
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 181,046)]		(181,046)	(88,258)	(278,450)
29. Aggregate write-ins for other income or expenses	0	57	37,707	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	(879,427)	(2,374,380)	(11,522,984)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	(879,427)	(2,374,380)	(11,522,984)
DETAILS OF WRITE-INS				
0601.	XXX			
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. Fixed Asset Gain		57	37,707	
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	57	37,707	0

STATEMENT AS OF SEPTEMBER 30, 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	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	11,968	10,999	969	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	11,843	10,719	1,124											
5. Current Year	0													
6. Current Year Member Months	108,617	99,447	9,170											
Total Member Ambulatory Encounters for Period:														
7. Physician	44,395	40,347	4,048											
8. Non-Physician	23,101	21,205	1,896											
9. Total	67,496	61,552	5,944	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,053	1,903	150											
11. Number of Inpatient Admissions	341	308	33											
12. Health Premiums Written (a)	66,870,277	65,458,634	1,411,643											
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	66,870,277	65,458,634	1,411,643											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	70,936,881	66,820,481	4,116,400											
18. Amount Incurred for Provision of Health Care Services	71,633,252	67,569,525	4,063,727											

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