ANNUAL 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 Year Ended
December 31, 2019

2019

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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
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 150 Mill Street, Suite 3 (Street and Number), Lewiston, ME, US 04240 (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 (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 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 (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	Robert J Hillman	Chief Financial Officer	Edward J Vozzo

OTHER

Margaret Kelley #, Chief Clinical Officer

DIRECTORS OR TRUSTEES

Fred Craigie Dr.	Michael DeLorenzo	Judiann Ferretti Smith #
Sarah Hines	Holly Korda #	Robert Lorenzo
Heidi Lukas	Rocell Marcellino	Jeff Norris
Sharon Reishus #	David Shipman	David Shultz
W. Douglas Smith	Mitchell Stein #	Lisa Tapert
Ronnie Weston	Douglas Wilson	

State of Maine
County of Androscoggin 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	Edward Vozzo Chief Financial Officer	Robert Hillman Chief Operating Officer

Subscribed and sworn to before me this
08 day of February 2020

Carrie Bolduc
Carrie Bolduc
Notary
08/2020

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 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1.	Member Months	XXX	163,879	234,213
2.	Net premium income (including $ non-health premium income)	XXX	92,186,361	151,429,923
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	104,266	389,085
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	92,290,627	151,819,008
	Hospital and Medical:			
9.	Hospital/medical benefits		40,326,235	78,750,380
10.	Other professional services		2,751,934	4,471,461
11.	Outside referrals		7,528	
12.	Emergency room and out-of-area		12,425,598	19,438,356
13.	Prescription drugs		9,735,662	12,052,166
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts		52,965	124,237
16.	Subtotal (Lines 9 to 15)	0	65,299,922	114,836,600
	Less:			
17.	Net reinsurance recoveries		19,269,983	143,197
18.	Total hospital and medical (Lines 16 minus 17)	0	46,029,939	114,693,403
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $ 3,827,579 cost containment expenses		6,048,547	6,843,544
21.	General administrative expenses		14,049,133	14,968,710
22.	Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		2,202,210	5,839,820
23.	Total underwriting deductions (Lines 18 through 22)	0	68,329,829	142,345,477
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	23,960,798	9,473,531
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,145,425	684,174
26.	Net realized capital gains (losses) less capital gains tax of $			3,662
27.	Net investment gains (losses) (Lines 25 plus 26)	0	1,145,425	687,836
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $ 708,047)]		(708,047)	(624,080)
29.	Aggregate write-ins for other income or expenses	0	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	24,398,176	9,537,287
31.	Federal and foreign income taxes incurred	XXX		
32.	Net income (loss) (Lines 30 minus 31)	XXX	24,398,176	9,537,287
	DETAILS OF WRITE-INS			
0601.	User Fee Revenue - Contraceptive Claims	XXX	104,266	389,085
0602.		XXX		
0603		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	104,266	389,085
0701.		XXX		
0702.		XXX		
0703		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.				
2902.				
2903				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	92,186,361	92,186,361								
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $ ..... medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	104,266	104,266	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	92,290,627	92,290,627	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	40,326,235	40,326,235								XXX
9. Other professional services	2,751,934	2,751,934								XXX
10. Outside referrals	7,528	7,528								XXX
11. Emergency room and out-of-area	12,425,598	12,425,598								XXX
12. Prescription drugs	9,735,662	9,735,662								XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	52,965	52,965								XXX
15. Subtotal (Lines 8 to 14)	65,299,922	65,299,922	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	19,269,983	19,269,983								XXX
17. Total medical and hospital (Lines 15 minus 16)	46,029,939	46,029,939	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $ 3,827,579 cost containment expenses	6,048,547	6,048,547								
20. General administrative expenses	14,049,133	14,049,133								
21. Increase in reserves for accident and health contracts	2,202,210	2,202,210								XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	68,329,829	68,329,829	0	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	23,960,798	23,960,798	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS										
0501. User Fee Revenue - Contraceptive Claims	104,266	104,266								XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	104,266	104,266	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1.	Comprehensive (hospital and medical)	101,792,632		9,606,271	92,186,361
2.	Medicare Supplement				0
3.	Dental only				0
4.	Vision only				0
5.	Federal Employees Health Benefits Plan				0
6.	Title XVIII - Medicare				0
7.	Title XIX - Medicaid				0
8.	Other health				0
9.	Health subtotal (Lines 1 through 8)	101,792,632	0	9,606,271	92,186,361
10.	Life				0
11.	Property/casualty				0
12.	Totals (Lines 9 to 11)	101,792,632	0	9,606,271	92,186,361

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	18,522	14,524	13,816	12,804	12,189	163,879
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	18,522	14,524	13,816	12,804	12,189	163,879
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Maine Community Health Options 2. Lewiston, ME (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2019 NAIC Company Code 15077

	1	Comprehensive (Hospital & Medical) 2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18,522	18,522								
2. First Quarter	14,524	14,524								
3. Second Quarter	13,816	13,816								
4. Third Quarter	12,804	12,804								
5. Current Year	12,189	12,189								
6. Current Year Member Months	163,879	163,879								
Total Member Ambulatory Encounters for Year:										
7 Physician	63,650	63,650								
8. Non-Physician	30,217	30,217								
9. Total	93,867	93,867	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,873	1,873								
11. Number of Inpatient Admissions	475	475								
12. Health Premiums Written (b)	101,792,632	101,792,632								
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	101,792,632	101,792,632								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	83,321,713	83,321,713								
18 Amount Incurred for Provision of Health Care Services	65,299,922	65,299,922								

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Maine Community Health Options 2. Lewiston, ME (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2019 NAIC Company Code 15077

	1	Comprehensive (Hospital & Medical) 2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18,522	18,522	0	0	0	0	0	0	0	0
2. First Quarter	14,524	14,524	0	0	0	0	0	0	0	0
3. Second Quarter	13,816	13,816	0	0	0	0	0	0	0	0
4. Third Quarter	12,804	12,804	0	0	0	0	0	0	0	0
5. Current Year	12,189	12,189	0	0	0	0	0	0	0	0
6. Current Year Member Months	163,879	163,879	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	63,650	63,650	0	0	0	0	0	0	0	0
8. Non-Physician	30,217	30,217	0	0	0	0	0	0	0	0
9. Total	93,867	93,867	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,873	1,873	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	475	475	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	101,792,632	101,792,632	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	101,792,632	101,792,632	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	83,321,713	83,321,713	0	0	0	0	0	0	0	0
18 Amount Incurred for Provision of Health Care Services	65,299,922	65,299,922	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0