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
June 30, 2019

2019

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HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 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

Edward Yoon, MD, Chief Medical 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 8 day of August 2019

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 To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	87,259	120,045	234,213
2.	Net premium income (including $ non-health premium income)	XXX	50,796,398	79,792,710	151,429,923
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	0	0
7.	Aggregate write-ins for other non-health revenues	XXX	0	0	0
8.	Total revenues (Lines 2 to 7)	XXX	50,796,398	79,792,710	151,429,923
	Hospital and Medical:				
9.	Hospital/medical benefits		16,713,703	35,738,543	78,750,380
10.	Other professional services		1,291,411	2,440,491	4,471,461
11.	Outside referrals		3,482	0	
12.	Emergency room and out-of-area		5,413,994	8,783,062	19,438,356
13.	Prescription drugs		4,476,860	7,060,617	12,052,166
14.	Aggregate write-ins for other hospital and medical	0	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts		86,230	86,358	124,237
16.	Subtotal (Lines 9 to 15)	0	27,985,680	54,109,071	114,836,600
	Less:				
17.	Net reinsurance recoveries		6,523,819		143,197
18.	Total hospital and medical (Lines 16 minus 17)	0	21,461,861	54,109,071	114,693,403
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $ 1,703,753 cost containment expenses		2,636,680	2,982,826	6,843,544
21.	General administrative expenses		7,137,102	7,732,856	14,968,710
22.	Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		4,343,231	3,850,499	5,839,820
23.	Total underwriting deductions (Lines 18 through 22)	0	35,578,874	68,675,252	142,345,477
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	15,217,524	11,117,458	9,084,446
25.	Net investment income earned		593,458	197,145	684,174
26.	Net realized capital gains (losses) less capital gains tax of $			1,779	3,662
27.	Net investment gains (losses) (Lines 25 plus 26)	0	593,458	198,924	687,836
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $ 25,504)]		(25,504)	(4,451)	(624,080)
29.	Aggregate write-ins for other income or expenses	0	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	15,785,478	11,311,931	9,148,202
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	15,785,478	11,311,931	9,148,202
	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.					
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	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 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								
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	87,259	87,259								
Total Member Ambulatory Encounters for Period:										
7 Physician	34,345	34,345								
8. Non-Physician	15,766	15,766								
9. Total	50,111	50,111	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,106	1,106								
11. Number of Inpatient Admissions	273	273								
12. Health Premiums Written (a)	54,980,124	54,980,124								
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	54,980,124	54,980,124								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	43,817,095	43,817,095								
18. Amount Incurred for Provision of Health Care Services	27,985,681	27,985,681								

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