

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, 2020**

2020



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020
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 Robert J Hillman Chief Financial Officer Joanne Lauterbach #

OTHER

Margaret Kelley, Chief Clinical Officer

DIRECTORS OR TRUSTEES

<u>Rebecca Conrad #</u>	<u>Fred Craigie Dr.</u>	<u>Judiann Ferretti Smith</u>
<u>Sarah Hines</u>	<u>Holly Korda</u>	<u>Asher Kramer #</u>
<u>Robert Lorenzo</u>	<u>Heidi Lukas</u>	<u>Rocell Marcellino</u>
<u>Jeff Norris</u>	<u>Sharon Reishus</u>	<u>David Shipman</u>
<u>David Shultz</u>	<u>Mitchell Stein</u>	<u>Lisa Tapert</u>
<u>Ronnie Weston</u>	<u>Douglas Wilson</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

Joanne Lauterbach
Chief Financial Officer

Robert Hillman
Chief Operating Officer

Subscribed and sworn to before me this _____ day of _____

- 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	70,721	126,691	163,879
2. Net premium income (including \$ non-health premium income).....	XXX	41,565,116	73,294,229	92,186,361
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	65,614	44,430	104,266
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	41,630,730	73,338,659	92,290,627
Hospital and Medical:				
9. Hospital/medical benefits		23,630,052	27,037,001	40,326,235
10. Other professional services		1,046,455	1,963,004	2,751,934
11. Outside referrals		0	5,920	7,528
12. Emergency room and out-of-area		6,240,535	8,834,164	12,425,598
13. Prescription drugs		3,602,507	7,297,314	9,735,662
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		103,557	125,676	52,965
16. Subtotal (Lines 9 to 15)	0	34,623,106	45,263,079	65,299,922
Less:				
17. Net reinsurance recoveries		7,608,907	10,215,750	19,269,983
18. Total hospital and medical (Lines 16 minus 17)	0	27,014,199	35,047,329	46,029,939
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 1,762,108 cost containment expenses		2,657,346	3,755,101	6,048,547
21. General administrative expenses		9,728,322	10,412,600	14,049,133
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		692,011	4,283,498	2,202,210
23. Total underwriting deductions (Lines 18 through 22)	0	40,091,878	53,498,528	68,329,829
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,538,852	19,840,131	23,960,798
25. Net investment income earned		357,298	893,779	1,145,425
26. Net realized capital gains (losses) less capital gains tax of \$		8,224	0	
27. Net investment gains (losses) (Lines 25 plus 26)	0	365,522	893,779	1,145,425
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 236,249)].		(236,249)	(288,100)	(708,047)
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	1,668,125	20,445,810	24,398,176
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	1,668,125	20,445,810	24,398,176
DETAILS OF WRITE-INS				
0601. User Fee Revenue – Contraceptive Claims	XXX	65,614	44,430	104,266
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	65,614	44,430	104,266
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

STATEMENT AS OF SEPTEMBER 30, 2020 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	12,189	12,189	0	0	0	0	0	0	0	0
2. First Quarter	8,049	8,049	0	0	0	0	0	0	0	0
3. Second Quarter	7,693	7,693	0	0	0	0	0	0	0	0
4. Third Quarter	7,374	7,374								
5. Current Year	0									
6. Current Year Member Months	70,721	70,721								
Total Member Ambulatory Encounters for Period:										
7. Physician	23,209	23,209								
8. Non-Physician	10,885	10,885								
9. Total	34,094	34,094	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,294	1,294								
11. Number of Inpatient Admissions	243	243								
12. Health Premiums Written (a)	46,842,233	46,842,233								
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	46,842,233	46,842,233								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services.....	35,680,903	35,680,903								
18. Amount Incurred for Provision of Health Care Services	34,623,106	34,623,106								

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