

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, 2021**

2021



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2021
OF THE CONDITION AND AFFAIRS OF THE
Maine Community Health Options

NAIC Group Code 0000 (Current) NAIC Company Code 15077 Employer's ID Number 45-3416923
 Organized under the Laws of Maine (Prior) , 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 (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 (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>Michelle Betz #</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>Mitchell Stein</u>	<u>Sarah Sullivan #</u>
<u>Ronnie Weston</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;

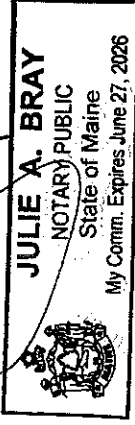
Kevin Lewis
 Kevin Lewis
 Chief Executive Officer

Joanne Lauterbach
 Joanne Lauterbach
 Chief Financial Officer

Robert Hillman
 Robert Hillman
 Chief Operating Officer

Subscribed and sworn to before me this 3RD day of NOVEMBER 2021

Julie A. Bray
 Julie A Bray
 Notary
 6/27/2026



a. Is this an original filing?
 b. If no,
 1. State the amendment number.....
 2. Date filed.....
 3. Number of pages attached.....

Yes [X] No []

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Maine Community Health Option

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year	
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	43,524	70,721	91,687
2. Net premium income (including \$ non-health premium income)	XXX	27,485,865	41,565,116	55,151,908
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	33,119	65,614	90,065
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	41,630,730		55,241,973
8. Total revenues (Lines 2 to 7)	XXX	27,518,964		
Hospital and Medical:				
9. Hospital/medical benefits		16,768,361	23,630,052	34,408,757
10. Other professional services		896,142	1,046,455	1,525,056
11. Outside referrals		0	0	0
12. Emergency room and out-of-area		4,212,240	6,240,535	9,470,209
13. Prescription drugs		3,355,892	3,602,507	5,894,827
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	38,820	103,557	192,549
16. Subtotal (Lines 9 to 15)	0	25,271,455	34,823,106	51,491,396
Less:				
17. Net reinsurance recoveries		5,192,050	7,808,907	13,725,356
18. Total hospital and medical (Lines 16 minus 17)	0	20,079,405	27,014,199	37,766,042
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 1,089,574 cost containment expenses		1,641,940	2,657,346	3,860,023
21. General administrative expenses		3,959,295	9,728,322	11,756,763
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(5,099,199)	692,011	(1,872,389)
23. Total underwriting deductions (Lines 18 through 22)	0	20,581,441	40,091,878	51,510,439
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	6,937,513	1,538,852	3,731,534
25. Net investment income earned		608,964	357,298	419,724
26. Net realized capital gains (losses) less capital gains tax of \$		984	8,224	8,126
27. Net investment gains (losses) (Lines 25 plus 26)	0	609,948	365,522	427,850
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 148,979)]	0	(148,979)	(236,249)	(317,744)
29. Aggregate write-ins for other income or expenses				
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	7,398,482	1,668,125	3,841,640
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	7,398,482	1,668,125	3,841,640
DETAILS OF WRITE-INS				
0601. User Fee Revenue - Contraceptive Claims	XXX	33,119	65,614	90,065
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	33,119	65,614	90,065
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, 2021 OF THE Maine Community Health Option

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

10 Other	9 Title XIX Medicaid	8 Title XVIII Medicare	7 Federal Employees Health Benefit Plan	6 Dental Only	5 Vision Only	4 Medicare Supplement	1 Comprehensive (Hospital & Medical)		2 Individual	3 Group	7 Total	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months	Total Member Ambulatory Encounters for Period:			7 Physician	8 Non-Physician	9 Total	10 Hospital Patient Days Incurred	11 Number of Inpatient Admissions	12 Health Premiums Written (a)	13 Life Premiums Direct	14 Property/Casualty Premiums Written	15 Health Premiums Earned	16 Property/Casualty Premiums Earned	17 Amount Paid for Provision of Health Care Services	18 Amount Incurred for Provision of Health Care Services
							0	0										0														
												6,586	4,872	4,796	4,587	0	43,524	43,524	17,887	9,472	27,359	835	170	30,509,317	0	0	0	0	0	29,898,204	25,271,455	
												6,586	4,872	4,796	4,587	0	43,524	43,524	17,887	9,472	27,359	835	170	30,509,317	0	0	0	0	0	29,898,204	25,271,455	

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