

ANNUAL STATEMENT

for the

HMO-Line of Business

for

Maine Community Health Options

of

Lewiston

in the State of

Maine

to the

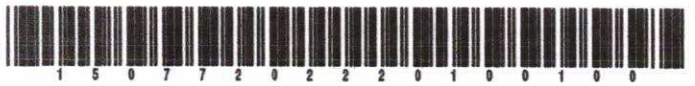
Bureau of Insurance

of the State of

Maine

**For the Year Ended
December 31, 2022**

2022



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
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 David Stuart # Chief Financial Officer Joanne Lauterbach

OTHER

DIRECTORS OR TRUSTEES

<u>Rebecca Conrad</u>	<u>Asher Kramer</u>	<u>Robert Lorenzo</u>
<u>Rocell Marcellino</u>	<u>Jeff Norris</u>	<u>Ronnie Weston</u>
<u>Michelle Betz</u>	<u>Sharon Reishus</u>	<u>Mitchell Stein</u>
<u>Holly Korda</u>	<u>Judiann Ferretti Smith</u>	<u>Paul Andrews #</u>
<u>Leslie Clark #</u>	<u>Jerod Cronkite #</u>	<u>Cory McKenna #</u>

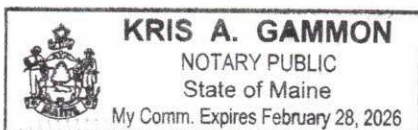
State of Maine SS
County of Androscoggin

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
David Stuart
David Stuart
Chief Operating Officer

Subscribed and sworn to before me this 3rd day of April 2023
Kris A. Gammon

a. Is this an original filing? Yes [] No [X]
b. If no,
1. State the amendment number 1
2. Date filed 04/03/2023
3. Number of pages attached 5



STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	86,656	56,836
2. Net premium income (including \$ non-health premium income)	XXX	53,970,242	34,726,619
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	106	42,967
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	53,970,348	34,769,586
Hospital and Medical:			
9. Hospital/medical benefits		32,691,931	23,366,031
10. Other professional services		1,826,851	1,235,322
11. Outside referrals		709	
12. Emergency room and out-of-area		10,118,779	5,953,066
13. Prescription drugs		9,410,779	5,010,226
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		74,058	38,049
16. Subtotal (Lines 9 to 15)	0	54,123,107	35,602,694
Less:			
17. Net reinsurance recoveries		11,216,349	9,121,347
18. Total hospital and medical (Lines 16 minus 17)	0	42,906,758	26,481,347
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 2,059,225 cost containment expenses		3,328,227	2,261,608
21. General administrative expenses		7,836,531	5,408,150
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(3,205,304)	119,641
23. Total underwriting deductions (Lines 18 through 22).....	0	50,866,212	34,270,746
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	3,104,136	498,840
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		484,097	686,491
26. Net realized capital gains (losses) less capital gains tax of \$		(60,146)	971
27. Net investment gains (losses) (Lines 25 plus 26)	0	423,951	687,462
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 84,782)]		(84,782)	(176,100)
29. Aggregate write-ins for other income or expenses	0	346,482	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	3,789,787	1,010,202
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	3,789,787	1,010,202
DETAILS OF WRITE-INS			
0601. User Fee Revenue – Contraceptive Claims	XXX	106	42,967
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	106	42,967
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. Vendor Settlement		346,482	
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	346,482	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Maine Community Health Options
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

REVISED

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	53,970,242	53,970,242								
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	106	0	0	0	0	0	0	0	106	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)	53,970,348	53,970,242	0	0	0	0	0	0	106	0
8. Hospital/medical benefits	32,691,931	32,691,931								XXX
9. Other professional services	1,826,851	1,826,851								XXX
10. Outside referrals	709	709								XXX
11. Emergency room and out-of-area	10,118,779	10,118,779								XXX
12. Prescription drugs	9,410,779	9,410,779								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	74,058	74,058								XXX
15. Subtotal (Lines 8 to 14)	54,123,107	54,123,107	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	11,216,349	11,216,349								XXX
17. Total medical and hospital (Lines 15 minus 16)	42,906,758	42,906,758	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 \$ 2,059,225 cost containment expenses	3,328,227	3,328,227								
20. General administrative expenses	7,836,531	7,836,531								
21. Increase in reserves for accident and health contracts	(3,205,304)	(3,205,304)								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)	50,866,212	50,866,212	0	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	3,104,136	3,104,030	0	0	0	0	0	0	106	0
DETAILS OF WRITE-INS										
0501. User Fee Revenue - Contraceptive Claims	106								106	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)	106	0	0	0	0	0	0	0	106	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) individual	54,228,426		258,184	53,970,242
2. Comprehensive (hospital and medical) group				0
3. Medicare Supplement				0
4. Dental only				0
5. Vision only				0
6. Federal Employees Health Benefits Plan	0			0
7. Title XVIII - Medicare	0			0
8. Title XIX - Medicaid	0			0
9. Credit A&H				0
10. Disability Income				0
11. Long-Term Care				0
12. Other health				0
13. Health subtotal (Lines 1 through 12)	54,228,426	0	258,184	53,970,242
14. Life	0			0
15. Property/casualty	0			0
16. Totals (Lines 13 to 15)	54,228,426	0	258,184	53,970,242



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Maine Community Health Options

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REVISED

REPORT FOR: 1. CORPORATION

Maine Community Health Options

2. Lewiston, ME

NAIC Group Code	0000	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Maine		2022										
		(LOCATION)		NAIC Company Code 15077										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	4,383	4,383												
2. First Quarter	7,356	7,356												
3. Second Quarter	7,191	7,191												
4. Third Quarter	7,298	7,298												
5. Current Year	7,178	7,178												
6. Current Year Member Months	86,656	86,656												
Total Member Ambulatory Encounters for Year:														
7. Physician	29,976	29,976												
8. Non-Physician	15,104	15,104												
9. Total	45,080	45,080	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,553	1,553												
11. Number of Inpatient Admissions	261	261												
12. Health Premiums Written (b)	54,228,426	54,228,426												
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	54,228,426	54,228,426												
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	54,841,534	54,841,534												
18. Amount Incurred for Provision of Health Care Services	54,123,106	54,123,106												

(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 \$

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REVISED

REPORT FOR: 1. CORPORATION

Maine Community Health Options

2. Lewiston, ME

NAIC Group Code	0000	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR									
		2022			(LOCATION)									
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:														
1. Prior Year	4,383	4,383	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	7,356	7,356	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	7,191	7,191	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	7,298	7,298	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	7,178	7,178	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	86,656	86,656	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician	29,976	29,976	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	15,104	15,104	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	45,080	45,080	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,553	1,553	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	261	261	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	54,228,426	54,228,426	0	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	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	0	0	0	0
15. Health Premiums Earned	54,228,426	54,228,426	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	54,841,534	54,841,534	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	54,123,106	54,123,106	0	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

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