

# **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  
March 31, 2021**

**2021**



# HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2021

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>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  
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 AS OF MARCH 31, 2021 OF THE Maine Community Health Option

**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	15,059	24,822	91,687
2. Net premium income ( including \$ non-health premium income)	XXX	7,057,118	13,850,632	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			
6. Aggregate write-ins for other health care related revenues	XXX	11,257	29,787	90,065
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	7,068,375	13,880,419	55,241,973
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits		5,867,752	7,487,789	34,408,757
10. Other professional services		297,899	379,116	1,525,056
11. Outside referrals		0		
12. Emergency room and out-of-area		1,528,603	2,222,667	9,470,209
13. Prescription drugs		853,731	1,567,331	5,894,827
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		39,994	33,423	192,549
16. Subtotal (Lines 9 to 15)	0	8,587,979	11,690,326	51,491,398
<b>Less:</b>				
17. Net reinsurance recoveries		476,339	953,459	13,725,356
18. Total hospital and medical (Lines 16 minus 17)	0	8,111,640	10,736,867	37,766,042
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 444,944 cost containment expenses		602,902	886,614	3,860,023
21. General administrative expenses		1,320,471	2,965,776	11,756,763
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(1,072,055)	(1,065,897)	(1,872,389)
23. Total underwriting deductions (Lines 18 through 22)	0	8,962,958	13,523,360	51,510,439
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,894,583)	357,059	3,731,534
25. Net investment income earned		48,527	187,745	419,724
26. Net realized capital gains (losses) less capital gains tax of \$		158	2,462	8,126
27. Net investment gains (losses) (Lines 25 plus 26)	0	48,685	190,207	427,850
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ 52,800 )]		(52,800)	(19,371)	(317,744)
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	(1,898,698)	527,895	3,841,640
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	(1,898,698)	527,895	3,841,640
<b>DETAILS OF WRITE-INS</b>				
0601. User Fee Revenue – Contraceptive Claims	XXX	11,257	29,787	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	11,257	29,787	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 MARCH 31, 2021 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							
<b>Total Members at end of:</b>										
1. Prior Year .....	6,586	6,586	0	0	0	0	0	0	0	0
2. First Quarter .....	4,872	4,872								
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	15,059	15,059								
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	6,236	6,236								
8. Non-Physician .....	3,005	3,005								
9. Total	9,241	9,241	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	239	239								
11. Number of Inpatient Admissions	52	52								
12. Health Premiums Written (a) .....	8,289,835	8,289,835								
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	8,289,835	8,289,835								
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services.....	10,780,934	10,780,934								
18. Amount Incurred for Provision of Health Care Services	8,587,979	8,587,979								

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