

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, 2021

2021



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 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)

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)

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.

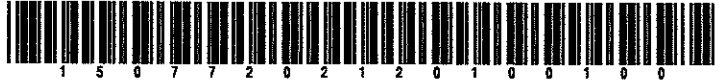
Kevin Lewis
Chief Executive Officer

Joanne Lauterbach
Chief Financial Officer

a. Is this an original filing? Yes [X] No []

2/24/2022
State of Maine
Kennebec County
The foregoing instrument was
knownedged before me by
Kevin Lewis.

Ashlee S. Dixon
Notary Public, Maine
My Commission Expires June 26, 2026



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
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Margaret Kelley, Chief Clinical Officer

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<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>
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<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 23 day of February 2022

Gregory S. Abbott
Notary Public
State of Maine
My Commission Expires January 29, 2025

- 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.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Maine Community Health Options

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	56,836	91,687
2. Net premium income (including \$ non-health premium income)	XXX	34,726,619	55,151,908
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	42,967	90,065
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	34,769,586	55,241,973
Hospital and Medical:			
9. Hospital/medical benefits		23,366,031	34,408,757
10. Other professional services		1,235,322	1,525,056
11. Outside referrals		0	
12. Emergency room and out-of-area		5,953,066	9,470,209
13. Prescription drugs		5,010,226	5,894,827
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		38,049	192,549
16. Subtotal (Lines 9 to 15)	0	35,602,694	51,491,398
Less:			
17. Net reinsurance recoveries		9,121,347	13,725,356
18. Total hospital and medical (Lines 16 minus 17)	0	26,481,347	37,766,042
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$1,490,262 cost containment expenses		2,261,608	3,860,023
21. General administrative expenses		5,408,150	11,756,763
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		119,641	(1,872,389)
23. Total underwriting deductions (Lines 18 through 22)	0	34,270,746	51,510,439
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	498,840	3,731,534
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		686,491	419,724
26. Net realized capital gains (losses) less capital gains tax of \$		971	8,126
27. Net investment gains (losses) (Lines 25 plus 26)	0	687,462	427,850
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$176,100)]		(176,100)	(317,744)
29. Aggregate write-ins for other income or expenses	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	1,010,202	3,841,640
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	1,010,202	3,841,640
DETAILS OF WRITE-INS			
0601. User Fee Revenue - Contraceptive Claims	XXX	42,967	90,065
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	42,967	90,065
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.			
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	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Maine Community Health Options
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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	34,726,619	34,726,619								
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	42,967	0	0	0	0	0	0	0	42,967	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)	34,769,586	34,726,619	0	0	0	0	0	0	42,967	0
8. Hospital/medical benefits	23,366,031	23,366,031								XXX
9. Other professional services	1,235,322	1,235,322								XXX
10. Outside referrals	0	0								XXX
11. Emergency room and out-of-area	5,953,066	5,953,066								XXX
12. Prescription drugs	5,010,226	5,010,226								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	38,049	38,049								XXX
15. Subtotal (Lines 8 to 14)	35,602,694	35,602,694	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	9,121,347	9,121,347								XXX
17. Total medical and hospital (Lines 15 minus 16)	26,481,347	26,481,347	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 \$ 1,490,262 cost containment expenses	2,261,609	2,261,609								
20. General administrative expenses	5,408,150	5,408,150								
21. Increase in reserves for accident and health contracts	119,641	119,641								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)	34,270,747	34,270,747	0	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	498,839	455,872	0	0	0	0	0	0	42,967	0
DETAILS OF WRITE-INS										
0501. User Fee Revenue - Contraceptive Claims	42,967								42,967	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)	42,967	0	0	0	0	0	0	0	42,967	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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Maine Community Health Options

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)	38,630,515		3,903,896	34,726,619
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	38,630,515	0	3,903,896	34,726,619
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	38,630,515	0	3,903,896	34,726,619

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Maine Community Health Options

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	6,586	4,872	4,796	4,587	4,383	56,836
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	6,586	4,872	4,796	4,587	4,383	56,836
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Maine Community Health Options
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Maine Community Health Options 2. Lewiston, ME

NAIC Group Code	0000	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Maine		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1. Prior Year	6,586	6,586										
2. First Quarter	4,872	4,872										
3. Second Quarter	4,796	4,796										
4. Third Quarter	4,587	4,587										
5. Current Year	4,383	4,383										
6. Current Year Member Months	56,836	56,836										
Total Member Ambulatory Encounters for Year:												
7. Physician	23,192	23,192										
8. Non-Physician	12,433	12,433										
9. Total	35,625	35,625	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	1,148	1,148										
11. Number of Inpatient Admissions	231	231										
12. Health Premiums Written (b)	38,630,515	38,630,515										
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	38,630,515	38,630,515										
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	41,717,125	41,717,125										
18. Amount Incurred for Provision of Health Care Services	35,602,694	35,602,694										

(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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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Maine Community Health Options
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Maine Community Health Options 2. Lewiston, ME

NAIC Group Code	0000	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Grand Total		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	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	6,586	6,586	0	0	0	0	0	0	0	0		
2. First Quarter	4,872	4,872	0	0	0	0	0	0	0	0		
3. Second Quarter	4,796	4,796	0	0	0	0	0	0	0	0		
4. Third Quarter	4,587	4,587	0	0	0	0	0	0	0	0		
5. Current Year	4,383	4,383	0	0	0	0	0	0	0	0		
6. Current Year Member Months	56,836	56,836	0	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	23,192	23,192	0	0	0	0	0	0	0	0		
8. Non-Physician	12,433	12,433	0	0	0	0	0	0	0	0		
9. Total	35,625	35,625	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	1,148	1,148	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	231	231	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	38,630,515	38,630,515	0	0	0	0	0	0	0	0		
13. Life Premiums Direct	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		
15. Health Premiums Earned	38,630,515	38,630,515	0	0	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	41,717,125	41,717,125	0	0	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	35,602,694	35,602,694	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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