STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re:	MVP Health Plan, Inc. 2022 Individual Market Rate Filing	))))	GMCB-007-21rr SERFF No. MVPH-132824950
In re:	MVP Health Plan, Inc. 2022 Small Group Market Rate Filing	))))	GMCB-008-21rr SERFF No.: MVPH-132824927

June 7, 2021 Board Questions to MVP Health Plan, Inc.

Dear Mr. Karnedy, Mr. Long, and Ms. Bennett,

Pursuant to its authority under 8 V.S.A § 4062 and 18 V.S.A. § 9375(b)(6), the Green Mountain Care Board requests that MVP Health Plan, Inc. (MVPHP) provide the following information to assist with the Board's review of the above-referenced filings. Please provide the requested information no later than Friday, June 25, except please respond to request #12 no later than Friday, June 11, 2021.

1. For each filing, specify the percentage of the proposed premium (not premium increase) and the projected PMPM claims expenditures associated with spending at hospitals under the budget review jurisdiction of the Green Mountain Care Board, broken down by inpatient, outpatient, and physician services.

2. For each filing, calculate how MVPHP's pricing trend assumptions, medical trend assumptions, and proposed average rate increase would be impacted if the company had assumed that the Green Mountain Care Board will approve the same hospital budget increases later this year as it approved in 2019.

3. Explain how MVPHP expects the Transparency in Coverage final rule and the Hospital Price Transparency final rule to impact insurer/provider contracting, if at all.

4. For the most recent year for which data are available, specify the percentages of payments made by MVPHP under each APM category below across its individual and small group plans. The categories below are described in more detail in the Health Care Payment Learning & Action Network's Alternative Payment Model Framework Final White Paper dated January 12, 2016, available at https://hcp-lan.org/workproducts/apm-whitepaper.pdf and are the subject of issuer reporting in the QIS Implementation Plan and Progress Report Form, OMB 0938-1286.

Category 1 – Fee for Service – No Link to Quality & Value _____%

Category 2 – Fee for Service – Link to Quality & Value _____%

Category 3 – APMs Built on Fee for Service Architecture

- **APMs with Upside Gainsharing** _____%
- **APMs with Upside Gainsharing/Downside Risk** _____%

Category 4 – Population-based Payment

- **Condition-Specific Population-Based Payment** _____%
- **Comprehensive Population-Based Payment** _____%

5. Describe in detail MVPHP's efforts and plans to increase the use of higher-value payment approaches and its efforts and plans to implement fixed prospective payments within its ACO program in Vermont.

6. Explain how MVPHP defines and measures low value care and whether has it has estimated the amount of low value care provided in Vermont.

7. Explain MVPHP's rationale for classifying antidepressants and antipsychotic/antimanic agents as preventive and explain whether MVPHP anticipates a decrease in claims costs associated with better management of associated conditions.

8. Explain how the surgery center adjustments reflected in the outpatient trend table on page 1 of the documents submitted on May 24, 2021 and titled "CONFIDENTIAL_Support for LE Individual Objection #2_SERFF.pdf" and "CONFIDENTIAL_Support for LE Small Objection #2_SERFF" were calculated.

9. Specify the number of members directly enrolled in MVPHP plans and describe in detail the efforts MVPHP has made to date and will make prior to open enrollment to inform these individuals of the subsidies that may be available to them if they purchase a qualified health plan through Vermont Health Connect.

    a. At the hearing, please be prepared to explain how many directly enrolled members have enrolled through Vermont Health Connect for the 2021 plan year.

10. We understand that carriers will take over premium billing in 2022. On a PMPM basis, quantify the administrative costs associated with this function that are included in the proposed rates.

11. For each of the past five years, specify the percentage of claims MVPHP has recovered through its Special Investigations Unit (fraud, waste, and abuse program) for the plans under review, explain whether there are any national benchmarks for such recoveries, and explain how MVPHP monitors or evaluates the effectiveness of this program.

12. The Board is working to better understand the variability in reimbursements paid to hospitals. How long would it take MVPHP to calculate the following and does it have any alternative approaches that could be completed sooner?

    For each Vermont general/community hospital and for Dartmouth-Hitchcock, the ratio of MVPHP's inpatient reimbursement to Medicare's inpatient reimbursement, standardized by MS-DRG relative weights, and the ratio of MVPHP's outpatient reimbursement to Medicare's outpatient reimbursement, standardized by APC relative weights (in a similar format as MVPHP provided last year in response to question 15 of the Board's post-hearing questions).

Sincerely,

Michael Barber
General Counsel
Green Mountain Care Board