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

July 22 Post-Hearing Board Questions for 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. (MVP) provide the following information to assist with the Board's review of the above-referenced filings. Please provide the requested information no later than Tuesday, July 27, 2021.

1. Do MVP's 2021 rates include funding to pay for the company's assumption of billing functions from Vermont Health Connect in 2022? If so, quantify the amount of funding included on a total dollar and PMPM basis.

2. Explain how the DFR Order at Exhibit 29 impacts MVP's $1.89 PMPM adjustment for telehealth utilization.

3. In his testimony, Mr. Lombardo mentioned analyses that MVP has done to understand how members at various income levels will be impacted by the proposed rates after accounting for subsidies. Please describe the analyses that were done and provide the results.

4. Mr. Lombardo testified that MVP projects being 8% to 10% behind its target for 2021 for its Vermont individual and small group business. What are MVP's expected gains or losses and contributions to reserve for these plans for 2021 and for the two-year period 2020 - 2021?

5. Explain how the initiative that was discussed in executive session will benefit members in the individual and small group markets and how the initiative is expected to impact claims costs in these markets. Provide support for any expected impacts to claims costs.

6. Explain whether MVP's surplus is allocated by state for purposes of assessing its surplus as a percentage of premium or whether surplus as a percentage of premium is determined based on total surplus and premium.

7. For the individual and small group block of business, provide MVP's assumed admin PMPM (from the May filing), budgeted admin PMPM (from the February budgeting process), and actual PMPM (from the SHCE) for 2018, 2019, and 2020.

8. On page 6 of Exhibit 8, MVP states that in each of the past five years, recoveries for its Vermont membership accounted for less than 1% of total claim adjustments resulting from SIU actions. Please specify the actual percentages for each of the past five years and explain why these results are "in line with expectations" when, as the response acknowledges, approximately 7% of members are now from Vermont.

9. Is MVP's SIU delivering a positive return on investment for Vermont ratepayers?

10. Please follow up on MVP's response to Question 5 in Exhibit 8 and describe any *efforts* the company has made to implement fixed prospective payments and any *plans* the company has to implement fixed prospective payments.

11. Would MVP consider using fixed prospective payments for non-hospital providers? If so, which ones? If not, why not?

12. At page 11 of his pre-filed testimony (Ex. 16), Mr. Lombardo states that Case Managers "ensure that members have access to information to support the selection of providers and facilities that will move members into systems in which standards of care are utilized effectively and will provide cost-effective outcomes." At page 4 of Exhibit 8, in answer to a question about low value care, MVP describes "close partnering with providers who champion a focus on low value care reduction" as "essential." What specific metrics does MVP use to distinguish providers and facilities that provide cost effective care or that champion low value care reduction from those that do not? Once identified, what specific, concrete actions does MVP take to steer members away from providers and facilities identified as either not cost effective or low value care centers (be sure to address frequency and intensity of those actions)? What steps, if any, does MVP take to sever relationships with such providers?

13. When did MVP last put its pharmacy benefits manager (PBM) contact out to bid? When is MVP's current PBM contract set to expire?

Sincerely,

Michael Barber
General Counsel
Green Mountain Care Board