

Green Mountain Care Board
144 State Street
Montpelier, VT 05602

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Kevin Mullin, Chair
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Susan Barrett, JD, Executive Director

June 15, 2018

Gary F. Karnedy
30 Main Street, Suite 500
P.O. Box 1489
Burlington, VT 05402-1489

Re: Docket no. GMCB 008-18rr
MVP Health Plan, Inc.
2019 Vermont Exchange Rate Filing
SERFF Tracking #: MVPH-131497138

Mr. Karnedy,

The Office of the Health Care Advocate (HCA), representing the interests of the public and under Vermont statute and GMCB rule, may submit suggested questions to the Board, which the Board can in turn, in its discretion, forward to its actuaries. 8 V.S.A. § 4062(c)(3); GMCB Rule 2.00, § 2.02. In the interest of efficiency and in contrast to prior years, we have asked that the HCA segregate its suggested questions into two categories—actuarial and non-actuarial—the latter of which follow. (The actuarial questions will be submitted through SERFF.)

Note that although the HCA refers to “MVP,” the Board has assumed, for the purpose of responding to these questions, that the questions reference MVP Health Plan, Inc. (MVPHP), the entity that has filed for the proposed rate change.

1. Please provide any support, to the extent it exists, that the rates MVP is proposing are affordable.
2. Please provide any support, to the extent it exists, that the rates MVP is proposing promote quality care.
3. Please provide any support, to the extent it exists, that the rates MVP is proposing promote access to care.
4. Please provide any support, to the extent it exists, that the rates MVP is proposing are not unjust, unfair, inequitable, or misleading.
5. Given the complexity of “silver loading”, how will MVP’s members be guided to select what is within their best interest? Are there any conflicts of interest where MVP benefits from members making decision that are less than optimal regarding their personal interests?
6. Please outline MVP’s approach to promoting primary care services, specifically:
 - a. Please outline the key outcome measure statistics and the outcomes experienced over the past five years, including:
 - i. Percent of claims which go towards primary care;



- ii. Percent of members who do not get a preventative visit in a given year.
 - b. Please identify how MVP uses its payment policies and contracting ability to advance primary care initiatives;
 - c. Please include any marketing plans (mass media, member outreach, etc.).
7. Please list the amount of bonus or “other compensation” for each of MVP’s 10 highest compensated employees by employee role for the most recent annual period, using the most current compensation data available to MVP.
8. Please provide more detail on your federal income taxes, specifically:
- a. The amount of Vermont premium tax MVP has paid annually beginning with 2014;
 - b. The amount of federal ACA health insurance tax MVP has paid in each year beginning with 2014;
 - c. The total amount of net operating losses (NOL) MVP has accumulated;
 - d. An estimate of the amount by which the tax rate change contained in the Tax Cut and Jobs Act impacts the value of MVP's NOLs.
9. Please explain the financial management program for MVP’s assets backing MVP’s surplus and reserves. Some areas to include in the response are:
- a. MVP’s asset allocation strategy and how MVP arrived at that strategy;
 - b. How much MVP pays for the financial management services and to what service provider those payments are made;
 - c. MVP’s actual and expected investment returns for each of the past year 5 years;
 - d. Performance benchmarks for the financial management services. Please provide benchmarks, if any, that MVP has used to evaluate the financial management program;
 - e. Executive variable compensation tied to asset performance.

When providing the responses, please copy the question in the same numbered format as in this document, and provide your response immediately following. To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 25, 2018. Note that the responses can be submitted separately and do not have to be submitted all at the same time. Thank you in advance for your cooperation.

Sincerely,

Agatha Kessler
Health Policy Director

cc: Jay Angoff, Esq.
Kaili Kuiper, Esq.
Eric Schultheis, Esq.
Judy Henkin, Esq.
Sebastian Arduengo, Esq.



STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: MVP Health Plan, Inc.,)
2019 Individual and Small Group Market) DOCKET NO. GMCB-008-18rr
Rate Filing)
SERFF No. MVPH-131497138)

**MVP'S RESPONSES AND OBJECTIONS TO THE HCA'S
NON-ACTUARIAL QUESTIONS**

MVP Health Plan, Inc., ("MVP") by and through Primmer Piper Eggleston & Cramer PC hereby responds and objects to the Health Care Advocate's ("HCA") June 11 Non-Actuarial Questions submitted to MVP by the Green Mountain Care Board ("Board") on June 15, 2018 as follows:

1. At the May 4, 2018 pre-hearing conference, General Counsel and Hearing Officer Judy Henkin indicated that MVP could file any objections to HCA *Green Mountain Care Board, Rate Review Rule 2.202(c)* and *2.304* Requests for Information either before or after the Board forwarded them to Lewis & Ellis ("L&E") for submission to MVP.

2. On May 11, 2018, MVP filed its 2019 Rate Filing. Pursuant to *Rule 2.202(c)*, the HCA had thirty days to propound Requests for Information.

3. On June 11, 2018, the HCA requested that the Board forward eight suggested non-actuarial Interrogatories (a total of 13 including sub-parts and sub-questions) and nine suggested actuarial Interrogatories (a total of 22 including sub-parts and sub-questions) to submit to MVP. Rather than sending out a few questions at a time in intervals since the filing (which is the practice of the Board's actuary) the HCA instead waited until the 30th and final day after MVP's filing to pose these 35 Interrogatories.

4. On June 12, 2018, counsel for MVP indicated to the Board that it would be filing objections to the HCA's 35 requests for information shortly, for the Board to consider and narrow the HCA Requests for Information, as it had done in prior years, pursuant to *Rule 2.202(c)*.

5. On June 15, 2018, the Board issued non-actuarial Interrogatories to MVP. The actuarial questions were subsequently posted to SERFF on June 19, 2018.

6. With respect to the non-actuarial questions, the Board eliminated the HCA's non-actuarial question #1, but added two questions which were originally posed by the HCA as actuarial questions #1 and #9.

7. With respect to the actuarial questions, L&E submitted to MVP the HCA's actuarial questions #5-8. L&E did not submit HCA actuarial questions #2, #3 or #4.

8. On June 15, 2018, MVP indicated to the Board that since it had not yet filed its objections, it would include its objections in its June 25th responses, pursuant to Hearing Officer Henkin's guidance at the May 4, 2018 pre-hearing conference.

9. The Board has the discretion to limit suggested questions "regarding the request". *Rule 2.202(c)*. The Board is free to consider whether a request is unduly burdensome or overly broad taking into account the needs of the case and the importance of the particular issue at stake in the rate filing. *See V.R.C.P. 26*. Requests for information that are unreasonably cumulative, duplicative, or obtainable from some other source that is more convenient, less burdensome, and less expensive should be denied. *See id.*¹

10. The Board should exercise this discretion to further strike or narrow the HCA's Requests for Information, as set forth below:

¹ Although the Board is not bound by the Vermont Rules of Civil Procedure, they do provide a helpful guide for determining the scope of a reasonable request in this instance.

INTERROGATORIES

1. Please provide any support, to the extent it exists, that the rates MVP is proposing are affordable.
2. Please provide any support, to the extent it exists, that the rates MVP is proposing promote quality care.
3. Please provide any support, to the extent it exists, that the rates MVP is proposing promote access to care.
4. Please provide any support, to the extent it exists, that the rates MVP is proposing are not unjust, unfair, inequitable, or misleading.

Response to Interrogatories 1-4: MVP objects to Interrogatories 1-4 as overbroad, unduly burdensome and beyond the scope.

First, the Board should strike Interrogatories 1-4 because such broad unlimited discovery by the parties is not contemplated in this short administrative process. The Board rate hearings are meant to be relatively short and simple without extensive discovery. Interrogatories have historically served as a vehicle for L&E and the HCA actuary to ask MVP clarifying questions about the rate filing, all within the four corners of the filing and within the scope of statutory information required by federal and state law. Non-actuarial Interrogatories 1-4 request that MVP produce no less than all information which could conceivably support the statutory criteria. MVP fully intends to meet its burden of submitting evidence on each of the statutory criteria at the hearing. However, what the HCA seeks amounts to comprehensive pre-filed testimony, which is not contemplated in these particular administrative hearings: not by *Rule 2.000*, not required in GMCB proceedings in

prior years, nor was MVP provided notice of such requirements at the pre-hearing conference. Contrast Vermont Public Utility Commission Rule 2.213, *Prefiled Testimony*.

Second, MVP is not allowed to ask similar questions of the HCA in this administrative proceeding. Unlike the Vermont Rules of Civil Procedure, Rule 2.000 does not contemplate or provide for reciprocal discovery in this informal administrative setting. The Rule does not afford MVP any opportunity to similarly promulgate broad fishing expedition discovery regarding any and all relevant information the HCA may use at the hearing in support of its legal theories regarding each of the statutory criteria identified in Interrogatories 1-4. Such extended one-sided discovery is not warranted given the scope and purpose of these informal administrative proceedings, and is overly broad and unduly burdensome.

Third, the Board should strike Interrogatories 1-4 because the combined 35 Interrogatories, even after the reduction by the Board, are simply too broad and numerous, and requiring MVP to complete all of the responses would be unreasonably onerous. The Board should fairly cap the number of Interrogatories posed for this administrative hearing so that they are not overly burdensome in this compressed period.² The number and scope of these Interrogatories is broad, deep

² See *Petition of Green Mountain Power Corp.*, 147 Vt. 509, 518, 519 A.2d 595, 601 (1986) (upholding the Vermont Public Service Board (now the Vermont Public Utility Commission) decision in a rate proceeding to deny discovery requests where the Public Service Board stated that, “unlike the civil courts for which the Rules of Civil Procedure were principally designed, we do not have the luxury of an indefinite time frame within which to decide cases. In imposing the seven month limit, the legislature must be deemed to have given us sufficient control over matters brought before us to enable us to complete proceedings within the time prescribed.”). The Green Mountain Care Board has an even narrower statutory time frame of 90 days from the date of the filing to consider and approve a rate request.

and unreasonable, and not consistent with the Board's simple, compressed administrative process. Even complex federal litigation cases spanning eight or more months of discovery are capped at 25 interrogatories, which includes subparts. *See Fed. R. Civ. P. 33.*

Fourth, Interrogatories 1-4 should be struck as beyond the scope of inquiry allowed by *Rule 2.000*. Requests that are not proportional to the needs of the case before the Board should be denied. *See V.R.C.P. 26*. Posing broad discovery questions on an overarching legal claim is routinely disallowed by Courts.³ The Board sets the scope of what information it wants MVP to provide in its rate filing each year. In past filings, the Board has declined to pose questions proffered by the HCA that appear to not be questions about the actual filing. *See Ruling Regarding HCA's Suggested Questions to MVP, In re: MVP Health Plan, Inc. 2015 Vermont Health Connect Rate Filing, GMCB-17-14rr (July 8, 2014) ("2015 Order")*. The Board's own demand for information is limited in scope by Rule to information "concerning any rate filing". *Rule 2.304*. The HCA certainly has no right superior to the Board to seek information beyond the scope of the rate filing and neither HCA nor MVP is granted the right to engage in such overly broad discovery.

Fifth, in past proceedings, the Board has also declined to forward HCA Requests for Information that are already in the public domain. *See 2015 Order*. A fair amount of the information that might prove to be evidence for MVP at hearing on these issues is in the public domain, much of which MVP has not yet even

³ *See e.g. Sunset Cliff Homeowners Ass'n, Inc. v. The City of Burlington*, 2006 WL 6840391 (denying motion to compel in part, stating that "despite Rule 26's broad pronouncement of the parameters of discovery, it is not intended to allow sweeping expeditions into a party's every deed and thought in hopes of finding something that may be pertinent to the case.").

gathered in preparation for the hearing, and MVP should not be required to disclose its work product, particularly in a one-sided fashion.

5. Given the complexity of “silver loading”, how will MVP’s members be guided to select what is within their best interest? Are there any conflicts of interest where MVP benefits from members making decision that are less than optimal regarding their personal interests?

Response to Interrogatory 5: MVP objects to this Interrogatory as vague, beyond the scope and incorporates by reference the objections in its response to Interrogatories 1-4. MVP further moves to strike the second question in Interrogatory 5. The second question is vague, and asks MVP to provide a legal conclusion regarding the meaning of “conflicts of interest” which is not the subject of the statutory criteria, and is beyond the scope of relevant information in this rate filing. Without waiving this objection, as to the first sentence, MVP’s actuarial team is working with its sales and marketing teams to develop a set of rules to guide members towards the metal tier that will provide them with the best benefit for the premium they will be charged. As to the second sentence, there are no conflicts of interest in the methodology being used to guide members towards their 2019 plan design. MVP’s goal is to guide members towards the metal tier that is in the member’s best interest.

6. Please outline MVP’s approach to promoting primary care services, specifically:

Response to Interrogatory 6: MVP objects to this Interrogatory and each sub-part as overbroad, unduly burdensome and beyond the scope and incorporates by reference its objections to Interrogatories 1-4. Non-actuarial Interrogatory 6 and each of its sub-parts seek information, regarding “promoting primary care

services,” which is not one of the statutory criteria and is therefore beyond the scope of these proceedings, and is overbroad and unduly burdensome. Without waiving this objection, MVP responds as follows:

- a. Please outline the key outcome measure statistics and the outcomes experienced over the past five years, including:
 - i. Percent of claims which go towards primary care;

Response to Interrogatory 6(a)(i):

Year	Percent of Medical Claims Towards PCP
2014	8.6%
2015	8.3%
2016	7.9%
2017	8.6%

- ii. Percent of members who do not get a preventative visit in a given year.

Response to Interrogatory 6(a)(ii):

Year	Percent of Members Without a Preventative Visit
2014	65.7%
2015	60.3%
2016	61.9%
2017	62.9%

- b. Please identify how MVP uses its payment policies and contracting ability to advance primary care initiatives;

Response to Interrogatory 6(b): MVP’s participation in the Blueprint for Health initiative provides PCMH infrastructure support payments to primary care provider groups for the enhancement of primary care services. Additionally, MVP

has structured its benefits, using lower copays for primary care visits and providing no-cost visits on certain plans, to encourage members to use their primary care providers.

- c. Please include any marketing plans (mass media, member outreach, etc.).

Response to Interrogatory 6(c): Please refer to Exhibit 1, the PowerPoint slide deck attached that provide samples of Vermont marketing campaigns that promote MVP's focus on quality, cost-savings, and personal service to our members.

7. Please list the amount of bonus or "other compensation" for each of MVP's 10 highest compensated employees by employee role for the most recent annual period, using the most current compensation data available to MVP.

Response to Interrogatory 7: MVP objects to this Interrogatory as overbroad, unduly burdensome and beyond the scope and incorporates by reference its objections to Interrogatories 1-4. MVP objects to this Interrogatory because it seeks information which is publicly available, filed with the National Association of Insurance Commissioners in spring 2018 and is beyond the scope of these proceedings in that it seeks discovery not proportional to the needs of this case and is otherwise unduly burdensome.

8. Please provide more detail on your federal income taxes, specifically:
 - a. The amount of Vermont premium tax MVP has paid annually beginning with 2014;
 - b. The amount of federal ACA health insurance tax MVP has paid in each year beginning with 2014;
 - c. The total amount of net operating losses (NOL) MVP has accumulated;

- d. An estimate of the amount by which the tax rate change contained in the Tax Cut and Jobs Act impacts the value of MVP's NOLs.

Response to Interrogatory 8: MVP objects to Interrogatory 8 and each and every sub-part because it is unduly burdensome, beyond the scope or obtainable from another source, and incorporates by reference its objections to Interrogatories 1-4. Without waiving this objection, MVP Health Plan, Inc., is a tax-exempt non-profit and does not pay federal income taxes. This information was provided in MVP's April 27, 2018 letter to L&E in the 3Q/4Q 2018 Vermont Small Group HMO Grandfathered Rate Filing, SERFF Tracking #: MVPH-131432994, and is otherwise publicly available. Pursuant to the one year moratorium on the federal Affordable Care Act tax for 2019, said tax has no effect on 2019 rates.

9. Please explain the financial management program for MVP's assets backing MVP's surplus and reserves. Some areas to include in the response are:

- a. MVP's asset allocation strategy and how MVP arrived at that strategy;
- b. How much MVP pays for the financial management services and to what service provider those payments are made;
- c. MVP's actual and expected investment returns for each of the past year 5 years;
- d. Performance benchmarks for the financial management services. Please provide benchmarks, if any, that MVP has used to evaluate the financial management program;
- e. Executive variable compensation tied to asset performance.

Response to Interrogatory 9: MVP objects to this Interrogatory as cumulative, overbroad, unduly burdensome, and beyond the scope and incorporates by

reference its objections to Interrogatories 1-4. MVP objects to Interrogatory 9 and each and every sub-part because it seeks information that is obtainable from another source. The Vermont Department of Financial Regulation is statutorily charged with reviewing MVP's financial strength, including its surpluses and reserves for this rate filing and will produce an opinion as to the solvency of MVP no later than July 10, 2018, pursuant to the Scheduling Order. See *May 31, 2018 Scheduling Order*, at ¶ 3. Furthermore, MVP's independently audited statutory financial filings contain extensive amounts of financial information, including investment returns, investment direction, and executive compensation. These filings are publicly available. The balance, if any, of information sought pursuant to actuarial Interrogatory 9 and each and every sub-part is beyond the scope of these proceedings. As such, the HCA's request is unduly burdensome, beyond the scope of these Interrogatories, and the sum of the information requested is obtainable from another source.

WHEREFORE, MVP requests that the Board strike in their entirety Interrogatories 1-4, and 7-9, and strike the second sentence of Interrogatory 5. MVP has responded to the remaining portions of non-actuarial Interrogatories 5 and 6.

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Dated at Burlington, Vermont, this 25th day of June, 2018.

PRIMMER PIPER EGGLESTON & CRAMER PC

By:



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Attorneys for MVP Health Plan, Inc.



Vermont Marketing Campaign & Outreach Samples

EXHIBIT 1





Need help choosing an MVP plan? Call **1-800-TALK-MVP** (623-5687) [Already an MVP member? Sign In](#)

MVP offers VT's lowest cost health plans.

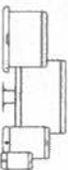
[Download Plan Comparison](#)



Open Enrollment Period:
November 1, 2017 - December 15, 2017,
for January 1, 2018 coverage.



MVP is committed to making health insurance more supportive, more convenient, and more personal.



myVisitNowSM — 24/7 Online Doctor Visits

New for 2018! Telemedicine service that lets you see a doctor or other health care professional — anytime, anywhere — using a computer, smartphone, or tablet. [Learn more.](#)



Access to Top Doctors in Vermont — and Nationwide

Enjoy coverage beyond your MVP regional network for access to more than 500,000 providers coast to coast. [Find your doctor.](#)



Affordable Prescription Coverage

Enjoy co-pays as low as \$1 and \$3. Select plans even offer preventive drugs not subject to the deductible, making it easier and more affordable than over-the-counter health care. See if your prescriptions are covered.



Join the thousands of Vermonters who've made the switch to MVP.

Choose from a range of high-quality plans for individuals & families and small employer groups.

[Download Plan Comparison](#)

For large group plans, call **1-800-TALK-MVP** (623-5687).

More Reasons to Choose MVP!

\$0 Preventive Care Services

All MVP VT plans include a variety of \$0 services, including physicals, immunizations, and screenings per recommended age and gender guidelines.

Special Savings at CVS

If you have prescription benefits from MVP in 2018, you can save 20% on more than 2,200 CVS/pharmacy[®] brand health related items with the MVP-CVS ExtraCare[®] Health Card.

Treatment Cost Calculator

Compare costs and quality ratings for doctors, hospitals, and other facilities — so you have the information you need to make a more informed decision.

myMVP Mobile App

Helps you manage your plan and access the care you need on the go... from real-time info on benefits and deductibles to help with finding nearby providers, researching costs, and more.

24/7 Nurse Advice Line

Get expert, round-the-clock answers to non-emergency health questions from licensed Registered Nurses... a free service available exclusively for MVP members.

MVP Customer Care Center

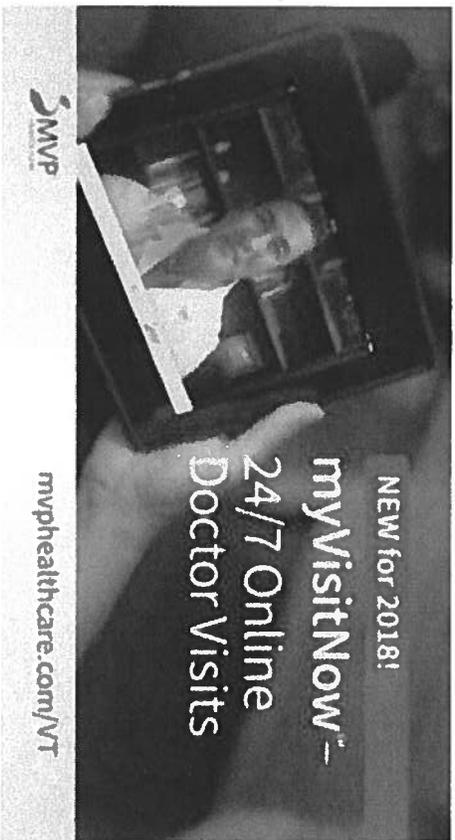
Available early and late every week day...our experts are ready to take your call and help you with any questions about your benefits, billing, claims, and more. Our team is here to help you make the most of your coverage.

*myVisitNow from MVP Health Care is powered by American Well. Regulatory restrictions may apply. Lowest rates for all individual and small group plans, excluding catastrophic plans.

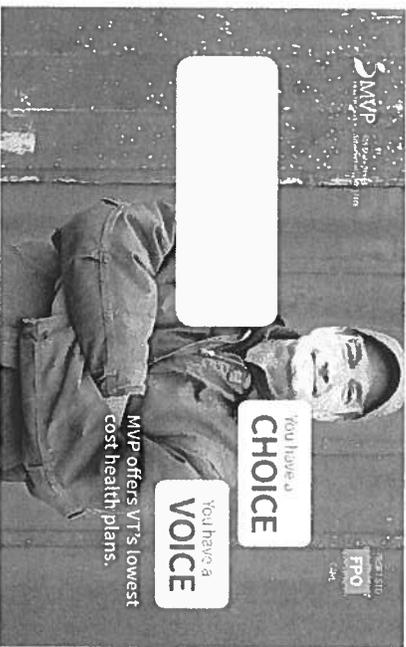
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myVisitNow™
24/7 Online
Doctor Visits

 myphhealthcare.com/VT




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HEALTH CARE



MWP offers VT's lowest cost health plans.

Effective January 1, 2018 coverage, October 15, 2017.

MWP offers VT's lowest cost health plans.

myhealthcare.com/lowest
1-844-522-1116

Cost of care matters.

Switching to the lowest cost plan can save you up to \$5,000 a year in out-of-pocket costs for a family of four in Vermont's lowest rates. It's a choice every individual has the power to make. You may even qualify for a tax break to lower your costs.

Every MWP health plan includes:

\$0 preventive care. Including physicals, immunizations, preventive medicine and more.

Affordable prescription coverage including 50 generic drugs in 2017. In 2018, we will have 15,000 generic drugs.

Access to top doctors in Vermont and nationwide

24/7 Nurse Advice Line

myVisitNow™ – 24/7 Online Doctor Visits

Special savings on more than 2,200 health care services at CVS

It's all part of MWP's commitment to making HealthShare Vermont a preferred choice for workers, and their families. **Need help choosing an MWP plan?** Call 1-844-522-1116 and we'll help you get the right plan for you and your family.

\$1,000/yr.

Carla Martineau

Carla Martineau
Vice President, Global Action of Vermont and

You have a choice. You have a voice.
Call 1-844-522-1116 or visit myhealthcare.com/lowest today!

HEALTH SHARE VERMONT Ready to enroll? Find MWP at VermontHealthConnect.gov.

MWP HEALTH CARE



MWP offers great benefits with every plan.

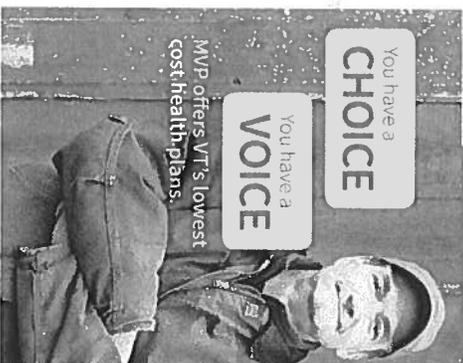
Access to Top Doctors in Vermont and Nationwide
MWP offers top doctors in Vermont and nationwide. You can see your doctor in your home state or in Vermont. You can also see specialists in other states. You can see specialists in other states. You can see specialists in other states.

Affordable Pharmacy Benefits
MWP offers affordable pharmacy benefits. You can get your prescriptions filled at a lower cost. You can get your prescriptions filled at a lower cost. You can get your prescriptions filled at a lower cost.

Wellness Benefits
MWP offers wellness benefits. You can get a free physical. You can get a free physical.

Additional Savings at CVS
MWP offers additional savings at CVS. You can get a discount on your prescriptions. You can get a discount on your prescriptions. You can get a discount on your prescriptions.

\$0 Health Care Services
MWP offers \$0 health care services. You can get a free physical. You can get a free physical.



MWP offers VT's lowest cost health plans.

MWP HEALTH CARE

Your 1-2-3 Guide to keeping your MVP coverage for 2018



How to keep your current plan.



- 1 You should be receiving a package from Vermont Health Connect to confirm plan details and with information on tax credit and premium assistance.
- 2 See the enclosed letter for any MVP plan or rate changes for 2018.
- 3 If you are not required to update your application or eligibility, simply pay your new premium and you'll be automatically renewed on January 1, 2018.

How to choose a new plan.



- 1 Contact the MVP Small Business & Individual Service Unit at 1-844-865-0250, Monday-Friday 8:30 am-5:00 pm, for help with choosing a new plan.
- 2 Check out all available MVP plans at myhealthcare.com/vhealthplannew, or contact the Vermont Health Connect Customer Support Center at 1-855-899-9600 for more information and to make your 2018 plan selection.
- 3 If you want to choose a new plan, Open Enrollment is November 1-December 15, 2017. You can visit VermontHealthConnect.gov to make a subsidized individual plan selection. Not receiving a subsidy from the State of Vermont? You can enroll directly with MVP if you are interested in a Full Cost Direct Individual Enrollment plan. Call us at 1-844-865-0250 for more information or to make a plan change.

Whichever plan you choose... MVP gives you great value!



- New for 2018! myVisitNow™-24/7 online doctor visits. Access care anywhere, anytime. Register at myvisitnow.com.*
- 50 health care services including physicals, immunizations, and screenings per recommended age and gender guidelines.
- Access to Cigna's national network of doctors and hospitals when outside of the MVP service area.
- \$50 in wellness rewards for VT Plus plan members for simply completing a biometric screening.
- \$0 generic drugs for children up to age 10 included with all VT Plus plans.
- 20% off more than 2,200 CVS-branded health care items, plus other exclusive member discounts.
- Use the MVP Treatment Cost Calculator at myhealthcare.com to compare cost estimates of various health care services.

*myVisitNow MVP Health Care is powered by America's Well. Registration may be required.



Let's Talk About the State of Health Insurance

From Denise V. Gonick, MVP President & CEO

Over the last year, health care reform has been front and center in national politics. All of the attention and debate has triggered new uncertainty about health insurance—for state governments, health care providers, insurance companies, and, of course, for all of us as health care consumers. Health care reform is hard, the issues are complex, and the current system has many flaws. Despite the challenges, we're focused and committed. We believe strongly in our mission to serve your health care needs.

MVP's goal will continue to be part of ongoing discussions that shape health care policy.

As a community-based, not-for-profit health plan, we want to find solutions that can lower the cost of care for all, without reducing the quality of care. We will continue to press for those solutions, and we'll be here to help guide you and answer any questions you have along the way. Thank you for the trust you place in us.

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Emergency Care vs. Urgent Care

If you, or a member of your family, have an emergency that requires immediate medical care, you should go to the nearest hospital emergency room, dial 911 or call your local emergency number for medical assistance.

! What is an emergency?

An emergency is a sudden and surprising illness or condition with negative symptoms, such as severe pain. By not getting help right away, one could reasonably expect that it will:

- Place your physical or mental health in serious danger
- Cause serious limits to bodily function
- Cause serious dysfunction of a bodily organ or part

⌘ When should you go to an urgent care center?

An urgent care center is a good option when you need immediate medical attention for an unforeseen illness or injury, your health is not in serious danger, and your Primary Care Physician's office is closed. At urgent care centers, patients are typically seen on a walk-in basis, and services are generally provided seven days a week, 12 hours per day, on average, depending on the center.

Visit mvphealthcare.com to find an urgent care center near you, or download and use the **myMVP** mobile app. Message and data rates may apply.

📱 Can you skip the trip?

For non-life threatening health concerns, you have the option to use **myVisitNow™**—24/7 online doctor visits—to access doctors when it's most convenient for you, from a computer, smartphone or tablet. Learn more or create your account today at myvisitnow.com.



A simple guide to
your MVP plan.



**myVisitNow™ — 24/7
Online Doctor Visits**

myVisitNow from MVP Health Care has you covered when and where it's convenient for you. Featuring 24/7 access to urgent care visits—from your smartphone, tablet, or computer.

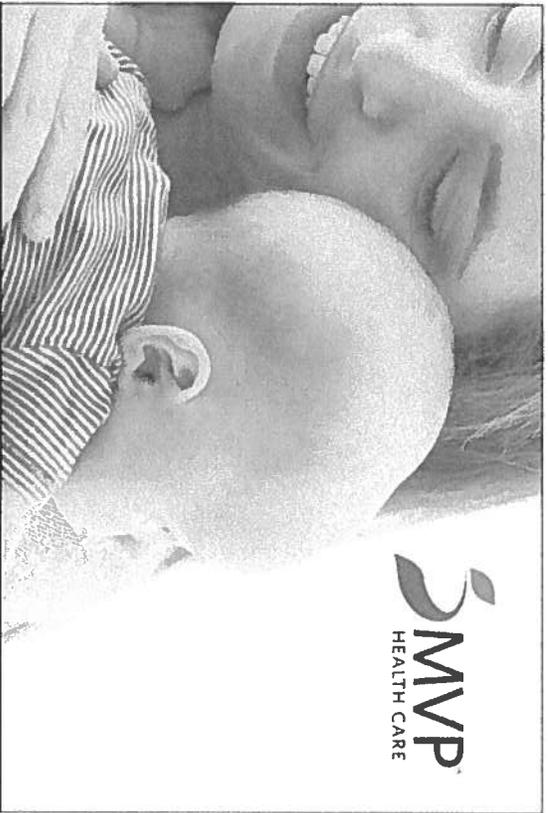
**Trouble logging in or program questions?
Call myVisitNow Support
at 1-855-666-9557.**

myVisitNow from MVP Health Care is powered by American Well. Registration required. © MVP Health Care, 2017.

**Preventive health services...included with
your MVP plan!**

Preventive health services can help you avoid illness and improve your health. The following services, per recommended age and gender guidelines, are covered in full as part of your MVP plan:

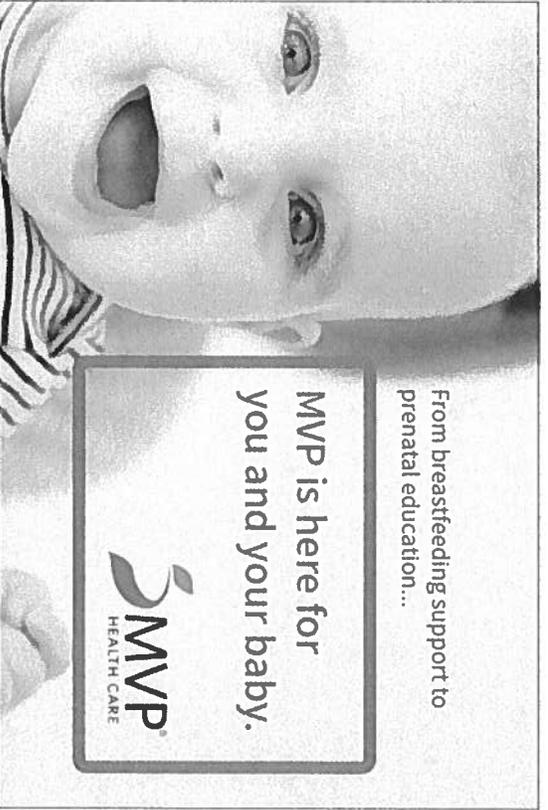
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| <ul style="list-style-type: none"> • Well-Child Care • Well-Child Care • Immunizations | <ul style="list-style-type: none"> • Adult Annual Physical • Warting/abity Screening • Annual Pap Test • Ob/Gyn Exam • Immunizations • Colonoscopy/
Sigmoidoscopy Screening • Bone Density Tests | <ul style="list-style-type: none"> • Adult Annual Physical • Immunizations • Colonoscopy/
Sigmoidoscopy Screening • Bone Density Tests |
|---|---|--|



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In re: MVP Health Care 2019)
Vermont Health Connect Rate Filing) DOCKET NO. GMCB-008-18rr
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CERTIFICATE OF SERVICE

I, Gary F. Karnedy, Esq., hereby certify that I have served MVP Health Plan, Inc.'s *Responses and Objections to the HCA's Non-Actuarial Questions* via e-mail and U.S. Mail and upon the following:

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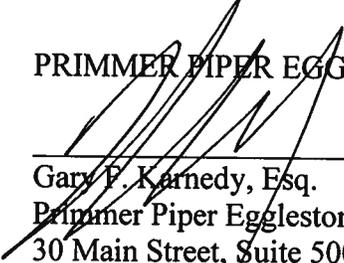
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