



625 State Street, PO Box 2207  
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 mvphhealthcare.com

July 29, 2019

Mr. Michael Barber  
 General Counsel  
 Green Mountain Care Board  
 144 State Street  
 Montpelier, VT 05602

Re: 2020 Vermont Exchange Rate Filing  
 SERFF Tracking #: MVPH-131934219

Dear Mr. Barber:

This letter is in response to your correspondence received regarding the above-mentioned rate filing. The responses to your questions are provided below.

1) Regarding item 3 in your response to Question 1 of Exhibit 5, provide the quality measures MVP uses in its quality improvement program.

Response: The 2018 program structure is below and the 2019 QIS program is following the same structure and measure set.

**2018 Program Structure**

Providers were to receive an incentive payment for 2018 dates of service, based on the gaps they closed for the measures listed below. The dollars paid per gap were based on the performance percentile that the provider achieved. Providers had to earn a minimum of \$1,000 to be eligible to receive payment under this program.

Provider Performance Percentile	Dollars to be Paid Per Member
90th Percentile	\$20 per gap closed
75th Percentile	\$15 per gap closed
50th Percentile	\$10 per gap closed
<50th Percentile	No payment for gap closed

**Included HEDIS Measures**

The table below lists the HEDIS measures included in the program.

Women's Health	Chronic Care	Well-Care
<ul style="list-style-type: none"> <li>Breast Cancer Screening (gaps closed for 2018 dates of service)</li> <li>Cervical Cancer Screening (gaps closed for 2018 dates of service)</li> <li>Chlamydia Screening</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive Diabetes Care (Members who have received an eye exam, nephropathy, and HbA1c testing)</li> <li>Medication Management for People with Asthma</li> <li>Annual Monitoring for Patients on Persistent Medications</li> </ul>	<ul style="list-style-type: none"> <li>Adolescent Well-Care Visits</li> <li>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years</li> <li>Well-Child Visits in the First Fifteen Months of Life</li> <li>Immunizations for Adolescents</li> </ul>



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- 2) Describe the changes MVP has made to its Care Management Program with the transition to value-based care in New York.

Response: MVP Health Care has a continuous quest for improvement, learning and innovation. We evoke a data-driven strategy to drive our approach to ensure the best care is delivered to our members. Often, that means partnering with clinical providers on those fronts, and having our care managers provide more resourcing to support the member-provider dyad. We let the evidence and the outcomes drive us in these decisions and embrace change as we plan for the future.

- 3) Regarding item 23 in your response to Question 1 of Exhibit 5, is information from telemedicine visits relayed to members' primary care providers? If so, how?

Response: When MVP has a PCP on record for the member, we send a letter to the PCP letting them know the member had a visit, and any diagnosis codes from that visit. The member has the option to fax or email their PCP a detailed visit summary at the end of the visit – they just need to enter the PCP's email and/or fax #. The member always has the option to print out or download their visit summaries and provide them to the PCP.

- 4) Is there any new activity to report in *Common Ground Healthcare Cooperative v. U.S.*? If so, please supplement your response to Question 2 of Exhibit 5.

Response: There is not any new activity in the above referenced case at this time.

- 5) Provide an update regarding the status of MVP's contract with the Green Mountain Surgery Center and explain whether that contract changes any of the assumptions contained in the filing. If it does not change any of the assumptions in the filing, please explain why.

Response: MVP recently signed a contract with the Green Mountain Surgery Center. MVP estimates that the 2020 OP trend will be reduced by approximately 0.2% due to this contract being signed which will reduce the proposed rates by 0.1%.

- 6) Regarding item 38 in your response to Question 1 of Exhibit 5, provide information regarding trends in unwarranted variations in treatment as they pertain to Vermont and explain how MVP uses this information.

Response: MVP Health Care has over 200 medical and pharmacy policies within its Benefit Interpretation Manual which are reviewed annually. In 2018 over 20 policy positions were modified to support appropriate utilization and decrease variations in care.

- 7) Regarding item 25 in your response to Question 1 of Exhibit 5, how many members are using MVP's online cost comparison website? What impact, if any, has the website had on where members seek care (please quantify)?

Response: MVP's cost comparison tool had over 6,700 page views between August 1, 2018 and June 30, 2019. MVP does not have data available to quantify how this tool has impacted where members seek care.

- 8) Please update Exhibit 7, page 2 with actual results for 2018.

Response: The table in Exhibit 7, page 2 was not interpreted correctly by MVP at the July 22<sup>nd</sup> rate hearing. The trend figures shown in the "Actual" rows under the 2017 column represent 2018 over 2017 trends. The



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following clarifying point was included in L&E's June 18, 2019 objection letter which is not included in Exhibit 7:

*\*Actual is for the year that the rates are effective for. For instance, for the column "2017", the actual field should be populated with the experience of 2018 (the year the rates are effective for).*

9) How much of your enterprise-wide administrative costs are fixed and how much are variable?

Response: MVP estimates that 60% of administrative costs are fixed and 40% are variable.

10) Describe whether MVP considers how differences in cost sharing for procedures like colonoscopies (i.e., procedures that can be charged as "screening" but also as "diagnostic" if done following positive results, for example, from a Cologuard© test) may result in providers recommending a high cost procedure for a screening rather than a lower cost screening option.

Response: MVP has been in recent dialogue with Vermont DFR regarding the Vermont screening colonoscopy requirement. Our current payment policy reflects that colonoscopies will not take a cost share if billed with a 33 or PT modifier, or if the colonoscopy is billed with one of the qualifying diagnosis codes for that procedure.

We responded to DFR's inquiry regarding sending out coding guidance to providers and appreciate that DFR gave us the opportunity to review the draft bulletin.

If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

A handwritten signature in black ink that reads "Matthew Lombardo".

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Matthew Lombardo, FSA, MAAA  
Senior Leader, Actuarial Services  
MVP Health Care, Inc.