

Green Mountain Care Board
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DELIVERED ELECTRONICALLY

September 20, 2018

Susan Gretkowski, J.D.
Senior Government Affairs Strategist
MVP Health Care
62 Merchant's Row, Suite 201
Williston, VT 05495

Kaili Kuiper, Esq.
Staff Attorney
Office of the Health Care Advocate
56 College Street
Montpelier, VT 05602

RE: MVP Health Plan, Inc. Large Group HMO Rate Filing (SERFF No. MVPH-131604445) MVP Health Plan, Inc. Large Group POS Rider (SERFF No. MVPH-131604447)

Dear Ms. Gretkowski and Ms. Kuiper:

Under 8 V.S.A. § 4062(b)(3)(A), the Office of the Health Care Advocate (HCA) may provide “suggested questions regarding the filing.” The HCA provided a series of suggested questions on September 5, 2018, and MVP objected to the questions on September 17, 2018. Specifically, the company asserted that questions 1, 3 and 4 were overly broad and unduly burdensome insofar as they sought longitudinal manual rate distribution data.

The Board is charged with reviewing rate filings to ensure that a requested rate “is affordable, promotes quality care, promotes access to health care, protects insurer solvency, and is not unjust, unfair, inequitable, misleading, or contrary to the laws of the State.” 8 V.S.A. § 4062(A)(3); *see also* 8 V.S.A. § 5104. Under GMCB Rule 2.00, § 2.34, written interrogatories are limited to “information concerning any rate filing.” Accordingly, the Board limits its questions to the company to those that are within its statutory scope of review.

In this filing, the rate under review is the 2019 large group HMO manual rate, not the resulting premium that any particular member large group may experience. The filing indicates the range of the proposed increase among the member groups, and knowing which group experiences a particular increase does not further the Board's charge. In addition, in the large group market, policyholders who are adversely impacted by premium increases have more options than policyholders in the individual and small group market.

In response to the HCA's suggestions however, the Board will provide the following questions to its contracting actuary, which may be forwarded to the carrier, to ensure that increases are not unfair or inequitable:

1. Explain if deviations from the manual rate for any large group covered by this filing are determined based on experience rating or on underwriting judgment. If underwriting judgment is



used to determine large group rates, provide the underwriting guidelines or policies that assist the company in making such determinations.

2. Provide the overall average, and the range of actual rate increases, experienced by the groups covered by this filing for the last three years

Sincerely,

/s/ E. Sebastian Arduengo

E. Sebastian Arduengo
Associate General Counsel

cc:

Judy Henkin, General Counsel
Agatha Kessler, Health Policy Director
Kevin Ruggeberg, Consulting Actuary

