STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

MVP 2019 Large Group HMO	)	GMCB-010-18rr

HCA RESPONSE TO MVP'S OBJECTIONS TO HCA QUESTIONS

The HCA asks the Board to require MVP to answer the HCA's questions to the insurer. The information the HCA requests will help inform the Board's review of the current rate filing: The HCA's questions ask MVP to show whether the rates it will charge to its customers correlate with the insurer's rate request in the above captioned filing. We further ask MVP to explain its underwriting policies and how the policies impact the way the insurer implements the Board's decisions. Finally, we ask MVP to show the extent to which the Board's past decisions have been implemented through actual premium costs charged to its customers over the past three years. We ask for the information by large group account rather than request the overall average to ensure that the information can be accurately assessed. A few very large groups could significantly skew the mean.

The Green Mountain Care Board is tasked with determining whether rate requests are affordable, promote quality care, promote access to care, protect insurer solvency, and are not unjust, unfair, inequitable, misleading, or contrary to Vermont law. 8 V.S.A. §4062(a)(3). The HCA's questions relate directly to these standards and are not overly broad, unduly burdensome, or beyond the scope of this rate review.

The Board must understand how its decisions are being implemented by insurers to assess whether the standards cited above are being met. This is especially true when it comes to the Board's determination of whether MVP's proposed rates are affordable, protect insurer solvency, and are not misleading. While we recognize that the insurer is allowed to adjust premium rates for large groups through underwriting, the insurer should be able to show that the Board's rate review decisions impact its actual prices. Otherwise the rate requests could be contrary to the statutory factors such as affordability and solvency and are certainly misleading.

Furthermore, 18 V.S.A. §9375(b)(6) and Rule 2.000 section 2.401(e) give the Board broad discretion as to what it considers when reviewing the standards and deciding whether to approve,

modify, or disapprove a rate request. The Board regularly reviews insurer practices and historical information during the rate review process. Such information is essential for predicting future outcomes and therefore necessary for the Board to evaluate the rate review standards.

The HCA's request should not put a significant burden on the insurer. We request information that the insurer should be tracking in its usual course of business. It would be impossible for the insurer to know whether its submitted rates are misleading without having practices in place to track how the Board's decisions are reflected in the final prices after underwriting. If the insurer wishes, the HCA would accept a Department of Financial Regulation audit report encompassing the information requested in lieu of answers to these questions.

We thank the Board for considering our response to MVP's objection to our questions.

Dated: September 18, 2018

/s/ *Kaili Kuiper*
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CERTIFICATE OF SERVICE

I, Kaili Kuiper, hereby certify that I have served the above Notice of Appearance on Judith Henkin, Green Mountain Care Board General Counsel; Sebastian Arduengo, Green Mountain Care Board Staff Attorney; Agatha Kessler, Green Mountain Care Board Health Policy Director; and Susan Gretkowski, representative and filing contact of MVP Health Care, by electronic mail, return receipt requested, this 18th day of September, 2018.

/s/ *Kaili Kuiper*
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