

Green Mountain Care Board
144 State Street
Montpelier, VT 05602

802-828-2177
www.gmcboard.vermont.gov

Kevin Mullin, Chair
Jessica Holmes, PhD
Robin Lunge, JD, MHCD
Maureen Usifer
Tom Pelham
Susan Barrett, JD, Executive Director

June 27, 2018

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

Re: Docket no. GMCB 008-18rr

Dear Mr. Karnedy,

Pursuant to its authority under 8 V.S.A. § 4062 and 18 V.S.A. 9375(b)(6), the Board requests that MVP provide the following information to assist with its review of the above-referenced filing. This information is non-actuarial in nature and therefore has not been requested through SERFF; however, the Board intends to also request, through L&E via SERFF, that MVP provide additional actuarial information concerning this filing.

1. Explain how the company ensures that reimbursements to academic medical centers, community hospitals and individual providers reflect the actual costs of care, rather than site of service.
2. It was recently reported that as many as 70% of women with early stage breast cancer, the most commonly diagnosed cancer among women in Vermont, *see* http://www.healthvermont.gov/sites/default/files/documents/pdf/stat_DataBrief_BreastCancer_0.pdf, do not benefit from chemotherapy. *See* <https://www.bmj.com/content/361/bmj.k2473.full>. Has the insurer incorporated this finding, or other examples of potential overtreatment, in its patient or provider educational materials, policies, and/or provider reimbursement protocols? Please describe in detail, including the rate impact of adopting these policies or protocols.
3. Fully explain whether and how pricing information, including copayments and use of deductibles, is made available and readily accessible to members prior to deciding on elective surgeries or procedures.
4. Describe how the company utilizes specialty pharmacies and whether such use complies with 8 V.S.A. § 4089j.
5. Describe the company's plans for consumer outreach and customer service relating to:
 - (a) defunding of the CSR program and creation of Reflective Silver Plans; and
 - (b) educating Vermonters on maintaining continuous coverage or enrolling in coverage as it relates to the individual mandate.



6. Discuss fully whether the company has negotiated with providers and/or ACOs, and the results of such negotiations, for limitations on annual reimbursement increases or for the use of alternative reimbursement methodologies, rather than fee-for-service reimbursement.

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 July 6, 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: Kaili Kuiper, Esq.
Eric Schultheis, Esq.
Jay Angoff, Esq.
Judy Henkin, Esq.
Sebastian Arduengo, Esq.





625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphealthcare.com

July 6, 2018

Ms. Agatha Kessler
Green Mountain Care Board
144 State Street
Montpelier, VT 05602

Re: 2019 Vermont Exchange Rate Filing
Docket # GMCB 008-18rr

Dear Ms. Kessler:

This letter is in response to your correspondence received 06/27/18 regarding the above mentioned rate filing. The responses to your questions are provided below.

1. Explain how the company ensures that reimbursements to academic medical centers, community hospitals and individual providers reflect the actual costs of care, rather than site of service.

Response: MVP negotiated rates reflect appropriate reimbursement levels across all provider types in our network. MVP has the benefit of being able to compare reimbursement levels for VT providers across MVP's entire enterprise as part of evaluating the competitiveness and fairness of reimbursement to specific providers with our comprehensive network. As part of a specific response to the GMCB in 2016, MVP confirmed the competitiveness of its VT community reimbursement levels and in each of the last 2 years MVP's physician based academic medical center reimbursement in VT has decreased significantly. MVP has always been committed to establishing fair and competitive reimbursements throughout its enterprise and believes the VT based providers are being reimbursed as such.

2. It was recently reported that as many as 70% of women with early stage breast cancer, the most commonly diagnosed cancer among women in Vermont, see http://www.healthvermont.gov/sites/default/files/documents/pdf/stat_DataBrief_BreastCancer_0.pdf, do not benefit from chemotherapy. See <https://www.bmj.com/content/361/bmj.k2473.full>. Has the insurer incorporated this finding, or other examples of potential overtreatment, in its patient or provider educational materials, policies, and/or provider reimbursement protocols? Please describe in detail, including the rate impact of adopting these policies or protocols.

Response: MVP Health Care uses the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines which are nationally recognized evidence based guidelines for cancer care. Links to these guidelines are included in MVP HealthCare's Provider Improvement Quality Manual. NCCN also has robust information about the options for breast cancer treatment specifically designed for patients.

MVP has extensive health care information on its member web site. The site includes information helping members with decisions on whether to have chemotherapy for breast cancer. The site helps members get the facts, consider the options, and with their doctor make the right decision for them based on the medical literature and their individual needs.

The website can be accessed at the following link:

<https://www.healthwise.net/mvp/Content/CustDocument.aspx?XML=STUB.XML&XSL=CD.FRONTPAGE.XSL>



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MVP Health Care case managers are available to help members navigate the health care system and coordinate with the member's providers during the decision making process.

MVP covers diagnostic testing for members with breast cancer that is used to determine the risk of cancer spread and whether chemotherapy is indicated.

The purpose of MVP Health Care's Medical Policies and Utilization Management Program is to decrease unwarranted variations in care and support appropriate utilization. The policies and criteria that MVP uses are evidence based and are approved through MVP Health Care's Quality Committee structure.

One specific example to highlight is the variation in care seen for treatment of musculoskeletal conditions. Although the medical literature supports that therapy is approximately 75% effective in avoiding shoulder surgery for rotator cuff tears, only about 25% of MVP members receive therapy prior to surgery. Similarly review of MVP Health Care data demonstrated that spinal fusions and spinal surgery at multiple levels are being performed without diagnoses that support the need to do more extensive surgeries. To address these and other areas of potential overtreatment, MVP is in process of implementing a musculoskeletal program.

The financial impact of MVP Health Care's programs to decrease areas of potential overtreatment is included in its overall expense projections and used to determine premium rates.

3. Fully explain whether and how pricing information, including copayments and use of deductibles, is made available and readily accessible to members prior to deciding on elective surgeries or procedures.

Response: MVP Health Care offers members many ways to access this information:

1. Members can Sign In/Register at mvphealthcare.com to view benefit information, look up claims, track deductibles, use the MVP Treatment Cost Calculator, and much more.
2. Members receive an MVP Simple Guide, along with their MVP Member ID card, upon enrollment. The Simple Guide includes a "benefits at a glance" page with the members' deductible, out-of-pocket maximum, and cost share information for a variety of services including primary care, specialist, emergency room, and urgent care visits, hospital inpatient visits, and pharmacy coverage. The Simple Guide also refers members to their online account where they'll find their full MVP Member Guide and Certificate of Coverage.
3. With the MVP Treatment Cost calculator, members can access cost estimates for hundreds of medical treatments and services, compare costs from different providers and types of facilities in their area, estimate out-of-pocket costs; members can also research and plan their health care expenses.
4. Members can call the MVP Customer Care Center at the phone number listed on the back of their ID card for benefit and cost-share information, for help finding a doctor or facility, and other related questions.

4. Describer how the company utilizes specialty pharmacies and whether such use complies with 8 V.S.A. § 4089j.



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Response: MVP has a list of specialty drugs that are distributed through MVP's designated specialty pharmacy vendor. Any pharmacy that agrees to the pricing and terms and conditions is allowed to be designated as a specialty pharmacy provider. 8 V.S.A. § 4089j States: A health insurer and pharmacy benefit manager doing business in Vermont shall permit a retail pharmacist licensed under chapter 36 of Title 26 to fill prescriptions in the same manner and at the same level of reimbursement as they are filled by mail order pharmacies with respect to the quantity of drugs or days' supply of drugs dispensed under each prescription.

5. Describe the company's plans for consumer outreach and customer service relating to:

(a) defunding of the CSR program and creation of Reflective Silver Plans; and

(b) educating Vermonters on maintaining continuous coverage or enrolling in coverage as it relates to the individual mandate.

Response: We participate in re-occurring meetings with Vermont Health Connect and BCBSVT to discuss communications and outreach plans – ensuring we're consistent in our messaging around the CSR program and the creation of Reflective Silver plans, helping consumers maintain coverage and know who to contact for assistance, and aligned in our timing of outreach efforts.

We plan to create an educational sheet on the new Silver Reflective plans that can be shared with Vermonters; we will be including this with renewal mailings as well. We will also be developing talking points for our Customer Care and Sales representatives to assist with member questions and outreach.

To help maintain coverage, we have a dedicated website where Vermonters can review and compare plan options anytime during the year. If they qualify for a special enrollment period, they can enroll online directly with MVP, or we direct them to Vermont Health Connect, where they can enroll if they're eligible for a subsidy. We have created Special Enrollment Period Guidelines to help Vermonters determine if they're eligible for a special enrollment period and how they can obtain coverage outside of open enrollment. To view this document, Vermonters can visit <https://www.mvphealthcare.com/vermont>.

6. Discuss fully whether the company has negotiated with providers and/or ACOs, and the results of such negotiations, for limitations on annual reimbursement increases or for the use of alternative reimbursement methodologies, rather than fee-for-service reimbursement.

Response: MVP currently does not have any alternative reimbursement methodologies with providers in Vermont. However, MVP has started discussions with OneCare VT around a "total cost of care" shared risk arrangement. With respect to provider negotiations, MVP strives to contain trend in our fee for service agreements and has successfully managed unit cost trend to low single digit levels in recent years.



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If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Bachner", written in a cursive style.

Eric Bachner, ASA
Leader, Actuarial, Commercial/Government Programs
MVP Health Care

A simple guide to your MVP plan.



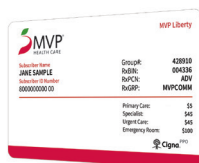
5 easy steps for getting the most from your MVP plan.

MVP Health Care® is working to make health insurance more supportive, more convenient, and more personal. Just follow these 5 simple steps to take advantage of all that MVP has to offer.

1

Carry the Card

This is the key to your coverage. Place your enclosed MVP Member ID card(s) in your wallet. You can also access a digital version of your MVP Member ID card on the myMVP mobile app.



2

Register Online

Manage your MVP plan online at mvphealthcare.com.

This is the easiest way for you to manage your plan in one convenient place:

- View information about your benefits
- Look up claims
- Order new or additional ID cards
- Track deductibles
- Use our Treatment Cost Calculator to explore cost estimates for a wide range of medical services
- Access your wellness benefits
- And more!



Sign up for Paperless EOBs!

Every time you access a doctor, hospital, or other service, you will receive an Explanation of Benefits (EOB). Your EOB details what MVP pays for and what you may have to pay. By signing up to go paperless, you will receive an email notification when your EOB is posted online. To sign up for paperless EOBs, *Sign In/Register* at **mvphealthcare.com** and select *Claims Status & History*.

3

Access Benefit Details

Sign in at mvphealthcare.com and select **Benefits Information.**

Your Certificate of Coverage details all the services covered by your plan.

For your convenience, we've provided the plan overview on the next page as a quick guide to your MVP benefits. If you would like us to mail you a paper version of your complete Certificate of Coverage, please call the MVP Customer Care Center phone number listed on the back of your MVP Member ID card.

4

Find a Doctor or Other Provider

Sign in at mvphealthcare.com and select **Find a Doctor.**

- Look up doctors, hospitals, labs, and other facilities near you
- Find participating pharmacies
- Search by provider name, specialty, and location

Your Benefits at a Glance

Costs & Co-Pays

Medical

Deductible

Out-of-Pocket Maximum

Primary Care Office Visit

Specialist Office Visit

Emergency Room Visit

Urgent Care Visit

Hospital Inpatient

Pharmacy (Retail)

Deductible

Out-of-Pocket Maximum

Tier 1

Tier 2

Tier 3

**Member cost-share after deductible is met*

Your MVP plan includes additional benefits beyond those highlighted above. Please refer to your Summary of Benefits & Coverage (SBC) and Certificate of Coverage (COC) for more information.

Visit mvphealthcare.com to sign in and view your Member Guide for complete details.

This plan overview is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule, and any applicable Rider(s), your Certificate of Coverage, Schedule, and Rider(s) will be controlling. For plan details, call the MVP Customer Care Center phone number listed on the back of your MVP Member ID card.

This guide is provided for general informational purposes only. If you have any questions, or comments, please call MVP's Customer Care Center at the phone number listed on the back of your MVP Member ID card.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Select Care, Inc.; and MVP Health Services Corp. operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

5

Use your MVP Wellness Features

Sign in at mvphealthcare.com and select **Your Wellness Starts Here**.

- Access wellness tools and activities—including a Personal Health Assessment (PHA)—to help you set and reach your health goals
- Take advantage of free online classes, health management programs, and exclusive member discounts on fitness clubs, vitamins, acupuncture, and more
- Earn rewards by completing wellness activities*



**Some MVP plans do not include wellness rewards. See your Certificate of Coverage for details.*

Get the myMVP Mobile App!

Take MVP with you wherever you go with this handy app:

- Access a digital version of your ID card
- Search claims
- Track deductibles
- Find providers near you
- And more!



MSG&DATA rates may apply.





myVisitNowSM — 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. Regulatory restrictions may apply.*

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:

Preventive Services for Kids

- Well-Baby Care
- Well-Child Care
- Immunizations

Preventive Services for Women

- Adult Annual Physical
- Mammography Screening
- Annual Pap Test
- Ob/Gyn Exam
- Immunizations
- Colonoscopy/
Sigmoidoscopy Screening
- Bone Density Tests

Preventive Services for Men

- Adult Annual Physical
- Immunizations
- Colonoscopy/
Sigmoidoscopy Screening
- Bone Density Tests

Key Health Insurance Terms

Co-insurance – This is your share of the costs for a covered service after the deductible has been met. For example, if your plan calls for a 20% co-insurance on a \$1,000 surgery, you would pay \$200 once the deductible is satisfied.

Co-pay – A co-pay or co-payment is a fixed dollar amount that you pay out-of-pocket when you receive a covered service or prescription. For example, a doctor visit might require a \$5 co-pay for that service.

Cost-Sharing Reductions – Cost-sharing reductions, also called cost-sharing credits, will help limit out-of-pocket spending (i.e., co-pays and deductibles) for those with income below 250% of the Federal Poverty Level (FPL).

Deductible – An annual deductible is how much you have to pay out-of-pocket each year before your health plan fully pays for eligible expenses. You may also have a deductible that applies to a specific Covered Service (e.g., a Prescription Drug deductible) that you owe before we begin to pay for a particular Covered Service.

Out-of-Pocket (OOP) Costs – These are expenses not covered by your plan that you have to pay for, such as annual deductibles and co-insurance (this does not include your monthly premium). All plans have an OOP maximum, which is the most a member is required to pay. After a member reaches the maximum, the plan will cover all services in full.

Premium – This is the amount you pay monthly for health coverage. Your monthly premium does not include any co-pays or co-insurance.

Prescription Drug Coverage – A health plan with prescription drug coverage helps pay for your prescription medications. You may pay a co-pay for your medicine when you fill prescriptions at the pharmacy. The amount you pay may vary based on whether the medicine is a generic drug or brand-name drug:

- Tier 1 IS YOUR LOWEST CO-PAY and generally includes FDA approved generic drugs. Generic drugs are as safe and effective as their brand name counterparts.
- Tier 2 IS YOUR MID-RANGE CO-PAY and includes preferred brand-name drugs that have been determined to offer a clinical advantage over Tier 3 drugs. Some generics may be Tier 2.
- Tier 3 IS YOUR HIGHEST CO-PAY and includes all other prescription drugs that are not on the formulary and all new drugs that are in the review process.

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Notes

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Notes

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Obtain Health Insurance Outside of Open Enrollment



Vermont residents can enroll in health insurance directly through MVP Health Care®.

If you qualify, you may be eligible to enroll in health care coverage outside of open enrollment with MVP.

You may qualify for a Special Enrollment Period in connection with certain qualifying life events, including:

- **You get married.**
- **You become a new parent.** Expecting a baby or adopting a child? When you welcome a child into your family, you have the opportunity to add the child to your health plan during a special enrollment period. Based on your income and family size, your family may also become eligible for financial assistance in a Marketplace plan.
- **You move outside your insurer's coverage area.**
- **You lose minimum essential coverage.*** Due to losing employer-based coverage, divorce, the end of an individual policy plan year in 2018, COBRA expiration, aging off a parent's plan, losing eligibility for Medicaid, and other similar circumstances.
- **You are the victim of domestic violence.** If loss of coverage is due to domestic violence, report this by calling **1-855-899-9600**, and then apply for coverage within 60 days of the call.



Important: Voluntarily ending coverage or termination for non-payment does not qualify you for a special enrollment period.



You may enroll 30 days prior to the event by submitting a paper application or within 60 days after the event by submitting either a paper or an online application at **mvphealthcare.com**. Payment must be included with your application.



To learn more about qualifying events, or if you're unsure whether or not you qualify for a special enrollment period, please contact MVP at **1-800-TALK-MVP (825-5687)**.

Open Enrollment for 2019 Coverage

If you do not qualify for a special enrollment period, your next chance to enroll directly with MVP begins November 1, 2018, for coverage that begins on January 1, 2019.

* If you are enrolling due to loss of minimum essential coverage, and we receive your enrollment and premium payment prior to or on the day of your loss of coverage, your effective date is the first of the month following your loss of coverage. If we receive enrollment and payment within 60 days after the date of your loss of coverage, your effective date will be the first of the month following the date we receive your enrollment and premium payment.

Health benefit plans are issued or administered by MVP Health Plan, Inc. and MVP Health Insurance Company; operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

Take Control of Your Health Care With the Treatment Cost Calculator

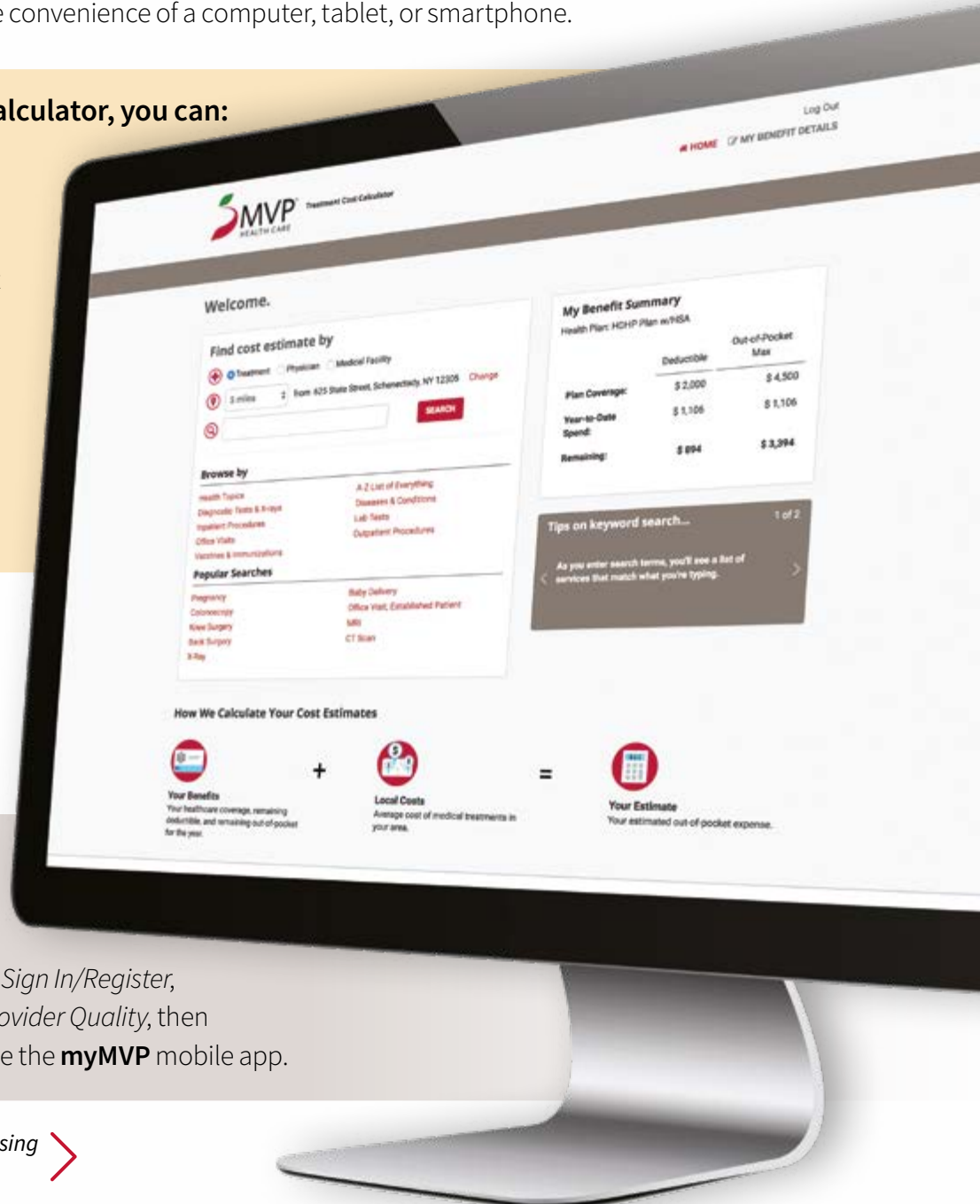
Powered by IBM Watson Health™

Health care costs for the same service can vary significantly within the same market.

MVP Health Care® makes it easy for you to compare these costs, navigate your options, and better manage your care—all from the convenience of a computer, tablet, or smartphone.

With the Treatment Cost Calculator, you can:

- Access cost estimates for hundreds of medical treatments and services
- Compare costs from different providers and types of facilities in your area
- Estimate out-of-pocket costs
- Research and plan your health care expenses



The Treatment Cost Calculator is available free to MVP members.

Visit mvphealthcare.com and Sign In/Register, then select *Treatment Cost & Provider Quality*, then *Treatment Cost Calculator*, or use the **myMVP** mobile app.

See other side for a simple guide to using the Treatment Cost Calculator. >

Know your options and choose the one that makes sense for you.

STEP
1

Search

for a medical treatment, physician, or facility

STEP
2

Review

an estimate of your costs (based on your health plan benefits and provider network)

STEP
3

Identify

doctors, hospitals, and clinics nearby

STEP
4

Compare

cost estimates by doctor or facility

Questions? We're here to help.

Call 1-800-TALK-MVP (825-5687) Or visit mvphealthcare.com



STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: MVP Health Care 2019)	
Vermont Health Connect Rate Filing)	DOCKET NO. GMCB-008-18rr
)	
SERFF No. MVPH-131497138)	
)	

CERTIFICATE OF SERVICE

I, Gary F. Karnedy, Esq., hereby certify that I have served *MVP Health Plan, Inc.'s Responses to the Green Mountain Care Board's Second Set of Requests for Non-Actuarial Information* via e-mail and U.S. Mail and upon the following:

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Thomas.Crompton@vermont.gov

Dated at Burlington, Vermont, this 6th day of July, 2018.

PRIMMER PIPER EGGLESTON & CRAMER PC

By: _____

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