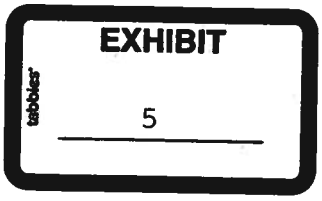

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: MVP Health Care, Inc. 2020 Vermont Health Connect Filing SERFF No. MVPH-131934219	)))))	DOCKET NO. GMCB-005-19rr

MVP'S RESPONSES TO THE GREEN MOUNTAIN CARE BOARD'S 2020 VERMONT HEALTH CONNECT FILING NON-ACTUARIAL INTERROGATORIES

MVP Health Plan, Inc., ("MVP") by and through Primmer Piper Eggleston & Cramer PC hereby responds to the Green Mountain Care Board's ("GMCB" or the "Board") June 14, 2019 First Set of Non-Actuarial Interrogatories pursuant to 8 V.S.A. § 4062 and 18 V.S.A. § 9375(b)(6) as follows:

1. On May 10, 2018, MVP filed its 2020 Vermont Health Connect Rate Filing.

2. On May 31, 2019, the Health Care Advocate (the "HCA") requested that the Board propound two suggested Non-Actuarial Interrogatories and one suggested Actuarial Interrogatory. ("HCA's First Set of Suggested Interrogatories").

3. On June 5, 2019, MVP objected to all of the HCA's First Set of Suggested Interrogatories. ("MVP's First Objections").

4. On June 10, 2019, the HCA requested that the Board further propound to MVP six suggested Actuarial Interrogatories and two suggested Non-Actuarial Interrogatories. ("HCA's Second Set of Suggested Interrogatories")

5. On June 11, 2019, the HCA filed its response to MVP's First Objections.

6. On June 13, 2019, MVP filed an objection regarding the HCA's second Non-Actuarial Interrogatory as contained in the HCA's Second Set of Suggested Interrogatories.

7. On June 14, 2019, the Board propounded to MVP four Non-Actuarial Interrogatories.

8. In past rate filings, the Board exercised its discretion and eliminated or narrowed the HCA's suggested Interrogatories before propounding the HCA's suggested Interrogatories to MVP.

9. The Board exercised its discretion in this rate filing, limiting the scope of the HCA's first and second Non-Actuarial Interrogatories as contained in the HCA's First Set of Suggested Interrogatories before propounding its questions to MVP. The Board also limited the scope of the HCA's first Non-Actuarial Interrogatory and eliminated the HCA's second Non-Actuarial Interrogatory as contained in the HCA's Second Set of Suggested Interrogatories.

10. MVP responds to the Board's First Set of Non-Actuarial Interrogatories as follows:

NON-ACTUARIAL INTERROGATORIES

1. Please describe the evidence you intend to rely on to establish that the rates proposed in the filing are affordable to Vermonters.

Response to Non-Actuarial Interrogatory No. 1:

MVP operates as a not-for-profit organization serving approximately 560,000 members in Vermont and upstate New York. MVP strives to provide members with peace of mind while improving the health of our communities and offering the most competitive premium rates possible while meeting regulatory reserve requirements. Approximately 89 cents of every dollar included in the proposed premium rates will go towards covering medical and pharmacy expenses after accounting for regulatory fees and quality improvement expenses.

MVP will present evidence on affordability at the July 22, 2019 hearing including evidence that MVP's proposed rates are actuarially sound. MVP has not fully determined as of this date the evidence it intends to present at the July 22, 2019 hearing and reserves its right to offer additional evidence on the following and related issues at the hearing:

(1) MVP promotes an affordable rate with a quality product;

(2) MVP maintains its premium rate advantage against Blue Cross Blue Shield;

(3) **MVP supports Vermont providers in achieving quality for its members through the Marketplace Primary Care Improvement Program in which Vermont providers are eligible to receive a dollar amount based on performance improvement on their overall score for specific quality measures.** [redacted]

(4) **MVP's quality improvement initiative reduces costs, reduces inpatient readmissions, reduces medical errors, and includes health and wellness initiatives;**

(5) **MVP promotes primary care. MVP is a strong believer in the importance of our members having a primary care physician who can coordinate their care and guide them through an increasingly more complex medical system. MVP has participated in the Blueprint for Health since its inception and is fully supportive of its programs. MVP works to direct more care through a primary care provider, not only to increase its members' health benefit, but to lower costs, because primary care providers are lower cost than specialists and the approach to care will be more comprehensive;**

(6) **MVP aligns fees to increase access to primary care physicians in the community and makes efforts to incentivize members to seek care from primary care physicians increasing quality care and access;**

(7) **MVP employs a comprehensive staff of clinicians including registered nurses, respiratory therapists, social workers, health coaches, and patient engagement specialists to administer a variety of care management programs targeted at helping our members receive the right service at the right time and at the right place, all of which results in lowering overall health care costs;**

(8) **MVP has a nurse available 24/7 to answer non-emergency questions our members may have, especially at times when their doctor is not available such as after hours. This program is meant to help with problems that arise in the middle of the night, provide answers to "what to do if" questions, and help members find information and resources about prevention and wellness, treatments, chronic conditions, and other health topics and concerns;**

(9) **MVP provides access to health care case managers to help members navigate the health care system and coordinate the member's providers during the decision making process;**

(10) **MVP administers over 10 specific care management programs directly with our members, including such programs as transition care management to work with members following hospital discharge and decrease the need for readmission. This**

program includes outreach to 100% of our Medicare Advantage membership upon hospital discharge;

(11) MVP's transplant care management program provides direct 1:1 assistance for members to support compliance and multiple health needs as they navigate pre- and post-transplant care;

(12) MVP's catastrophic care management program is available for patients with complex health issues such as those with a new cancer diagnosis who are juggling many new health needs all at once;

(13) MVP also administers an unplanned care management program, which helps members who frequently use emergency care by coordinating care with their providers and educating them about alternatives. Therefore, any member who goes to the emergency room three times or more within 90 days will trigger outreach through this program;

(14) MVP's care management team successfully engaged 30% of those Vermont members who were specifically outreached for care management;

(15) MVP engages in a competitive bidding process to obtain the best terms possible, as a way of keeping administrative costs down when contracting out for a vendor or a service;

(16) MVP negotiates rates that reflect appropriate reimbursement levels across all provider types in MVP's network;

(17) MVP keeps indirect costs down through contract negotiations with doctors, hospitals, and pharmacies;

(18) MVP contracts with a Pharmacy Benefit Manager ("PBM"), to get the best prices on prescription pharmaceuticals. MVP's pharmacy team works with the PBM through negotiating unit cost reductions or increasing rebates from the manufacturer;

(19) MVP continuously analyzes MVP's formulary to make sure the most cost efficient medications are on it;

(20) MVP incentivizes members to use lower costs generic drugs where possible (MVP is at a 90% generic drug use rate);

(21) MVP undertakes an annual initiative focused on reducing administrative costs;

(22) MVP has sought to increase member engagement and cost transparency via its website, which had approximately 600,000 users logging 2.1 million sessions in 2018;

(23) MVP supports the use of telemedicine, which continues to climb steeply across all of MVP membership. Vermont members, using their phone, tablet or computer can have an online doctor's visit 24/7, and even be able to get a prescription. In Vermont,

from its introduction in 2017, 87% of telemedicine visits were for adult and pediatric urgent care needs and 13% were for mental health (behavioral health counseling and psychiatry). Vermont users report extremely high satisfaction with their telemedicine provider and with the online telemedicine experience (>95% rating 4 or 5 stars for both categories). Over the past year, the highest use of telemedicine is for urgent care, replacing possible trips to the emergency room. As such, there is significant cost savings because of the difference in prices between a telemedicine visit (around $45 for urgent care visit) and a visit to an urgent care clinic (usually between $150-300). Even more is saved by avoiding visits to the emergency room;

(24) **MVP provides welcome packets to help members understand benefits, to increase utilization and help make members healthier. Information about telemedicine is part of a new member's welcome packet and is also included periodically in our member newsletters to remind members of the availability of this benefit;**

(25) **MVP promotes an on-line tool where members can enter their location in Vermont and the procedure or test that is to be performed, and the tool will tell members the cost of the procedure, MVP's contractual arrangement with providers in the location selected, whether the member has satisfied their deductible and how much they will pay out of pocket. This also allows members to compare prices between different providers;**

(26) **MVP also has an on-line tool where members can see the prices of prescription drugs at different pharmacies and compare their out of pocket costs, also in an effort to move members toward the most affordable and effective solutions possible;**

(27) **MVP has online tools to help members with a number of health and wellness activities, such as quitting smoking and eating healthier;**

(28) **MVP also offers a personal health assessment tool that members can use to measure progress toward health goals, and a LivingWell newsletter series;**

(29) **MVP also has a "Find a Doctor" tool which members can use to search for providers, facilities and hospitals;**

(30) **MVP has created special enrollment period guidelines and a user-friendly website to help Vermonters who did not start coverage during the open enrollment period determine if they are eligible for a special enrollment period and how they can obtain coverage outside of open enrollment;**

(31) **MVP constantly reviews and regularly updates its information technology infrastructure to increase efficiency and reduce administrative expenses and overhead;**

(32) **MVP includes credentialing and accreditations in administrative costs;**

(33) **MVP maintains a nationwide network of providers, contracted with CIGNA reducing costs paid for out of network fees;**

(34) **MVP participates in silver reflective plan efforts to help mitigate loss of the subsidy eliminated by the federal government;**

(35) **MVP offers both standard and non-standard plans so members can compare plans and choose the one that lines up with the benefits they want;**

(36) **MVP has a dedicated unit that investigates fraud and recovers monies improperly paid. This unit monitors for irregular prescribing patterns and other practice patterns regularly. Employees must complete an internal course annually on how to detect and report suspicious activity. Members are also encouraged to report any suspicious activity;**

(37) **MVP coordinates regular meetings with Vermont Health Connect and Blue Cross Blue Shield of Vermont to discuss and create outreach programs and communications to encourage consumers to maintain coverage and make educated decisions in light of CSR defunding and the introduction of the silver reflective plans;**

(38) **MVP is developing robust evidence-based guidelines such as MVP's Medical Policies and Utilization Management Program designed to decrease unwarranted variations in care and support appropriate utilization;**

(39) **MVP supports and guides taxpayers who may be eligible for premium assistance through federal Advanced Premium Tax Credits, which further increase affordability. As of April 2019 approximately 11,200 members receive these credits;**

(40) **MVP reduces out-of-pocket costs for enrollees earning from 100% to 250% of the federal poverty level through cost sharing reductions;**

(41) **Vermont cost-sharing assistance further reduces enrollees' deductibles and copayments;**

(42) **MVP works with its members to help members take advantage of federal and state cost-sharing incentives or subsidies in order to help members maximize their benefit and pick the right cost plan;**

(43) **MVP's New York business is accredited by The National Committee for Quality Assurance (NCQA), which employs a set of more than sixty quality standards and requires reporting in more than forty areas. MVP believes that it offers quality services and that the providers with which it has contracted are high performing, and is currently seeking NCQA certification for its Vermont book of business; and,**

(44) **MVP continues to negotiate with OneCare.**

2. Please describe the nature and amount of damages you are seeking in *Common Ground Healthcare Cooperative v. United States*, Case No. 1:17-cv-00877-MMS (Fed. Cl.).

Response to Non-Actuarial Interrogatory No. 2:

MVP Health Plan, Inc. (HIOS 56184 and HIOS 77566) is an opt-in class member of the cost-sharing reduction class action captioned *Common Ground Healthcare Cooperative v. United States*, Case No. 1:17-cv-00877-MMS (Fed. Cl.). On April 17, 2018, Judge Sweeney granted Common Ground's motion to certify a cost-sharing reduction class. Dkt. 30. On July 23, 2018, Plaintiffs filed a motion for summary judgment on the cost-sharing reduction claims, *see* Dkt. 36, and on September 14, 2018, Defendant filed a combined brief opposing Plaintiffs' motion for summary judgment and a cross-motion to dismiss, *see* Dkt. 39. On February 15, 2019, the Court entered an order granting Plaintiffs' motion for summary judgment and denying Defendant's motion to dismiss. Dkt. 48. In the order granting summary judgment for Plaintiffs, the Court asked the parties to file a joint status report indicating the amount due to class members for the cost-sharing payments they did not receive for 2017 and 2018. *Id.* HHS, DOJ, and Plaintiffs' counsel are in the process of determining the total amount of 2017 and 2018 CSR payments owed to class members and anticipate submitting the total amount to the Court for entry of final judgment in June or July 2019. MVP estimates Vermont specific damages for 2018 CSR reconciliation payment or charge to be $4,770,789.34; and $406,386.81 for 2017 (resubmitted in 2019). Including New York, the total net CSR reconciled amount for 2018 (in 2019) is $5,429,907.55, and for 2017 is $869,847.07. However, the Government will appeal the final judgment once it is entered, and we do not expect determination of that appeal until sometime next year.

3. Please describe the status of the proceedings in *Common Ground Healthcare Cooperative v. United States*, Case No. 1:17-cv-00877-MMS (Fed. Cl.) and provide a timeframe within which you expect the claim to be resolved.

Response to Non-Actuarial Interrogatory No. 3:

Please see MVP's Response to Non-Actuarial Interrogatory No. 2.

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4. Please describe your plans for contracting with OneCare Vermont in the 2020 plan year, if any.

Response to Non-Actuarial Interrogatory No. 4:

MVP is in dialogue with OneCare but the parties have not reached an agreement.

a. If you plan to contract with OneCare in the 2020 plan year, do you expect to incorporate capitated payments?

Response to Non-Actuarial Interrogatory No. 4(a):

[redacted]

b. If you plan to contract with OneCare in the 2020 plan year, do you expect this partnership to impact rates, if so, when?

Response to Non-Actuarial Interrogatory No. 4(b):

[redacted]

MVP hopes that through data sharing and collaboration with OneCare and the provider community and efforts to address gaps in care, social determinants of health and integrated health, that this partnership will have a favorable impact on claim trend and therefore future rate filings.

Dated at Burlington, Vermont, this 21st day of June 2019.

PRIMMER PIPER EGGLESTON & CRAMER PC

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