



September 18, 2019

Eric Bachner
MVP Health Insurance Company
625 State Street
Schenectady, NY 12305

Re: MVP Health Plan, Inc.
2020 Large Group HMO Rate Filing
SERFF Tracking #: MVPH-132048265

Dear Mr. Bachner:

The following additional information is required for this filing and is being submitted on behalf of the Office of the Health Care Advocate.

- Please confirm the accuracy of the below-provided table that lists proposed rate components, approved rates components, and actual rate components. If you believe the value listed is incorrect or the cell is blank, please provide the value that you believe is correct.

Effective for		2020	2019	2018	2018
Docket #		GMCB-008-19rr	GMCB-010-18rr	GMCB-007-18rr	GMCB-012-17rr
Members		1,798	2,171	2,275	0
Allowed Medical Trend	Proposed				3.3%
	Approved	NA			3.3%
	Actual*	NA	NA		
Medical Unit Cost	Proposed	1.0%			
	Approved	NA			
	Actual*	NA	NA		
Medical Utilization	Proposed		0.0%	0.0%	0.6%
	Approved	NA	0.0%	0.0%	
	Actual*	NA	NA		
Allowed Rx Trend	Proposed				
	Approved	NA			
	Actual*	NA	NA		
Total Administrative Charges PMPM	Proposed				
	Approved	NA	NA		
	Actual*	NA			
CTR	Allowed	NA	1.5%	1	2.0%
	Actual	NA	NA		

*Actual is for the year in which the rates are effective.

2. Provide any caveats or explanations necessary to understand the numbers in the table above.

3. Please complete the table below from last year's responses to HCA questions (Sept. 20, 2018 Response), providing the overall average, the premium-weighted average, and the range of actual rate increases experienced by the groups covered by this filing in 2018, 2019 to date, 2020 projected. Please explain any differences between the 2018 numbers provided here and the partial year 2018 numbers.

VT Large Group Revenue Changes by Group, Renewal Periods 2016-2020

Renewal Year	Minimum Increase	Maximum Increase	Average Increase	Average (Premium Weighted) Increase
2016	-8.82%	17.87%	2.29%	1.22%
2017	-8.52%	6.25%	-1.45%	-3.33%
Jan. – July 2018	-7.00%	16.81%	3.92%	4.07%
2018				
Jan. – July 2019				
2020 projected				

4. As in previous filings, this year's filed Experience Rated Addendum contains the following statement:

Adjustments may be made due to items such as poor claim and enrollment experience data being presented for new groups, the group's claim trend being historically different than the averages, variability in claims experience, participation levels/group size changes, plan sponsor contribution levels, number of plan offerings, plan sponsor and covered population stability, and plan sponsor persistency. Adjustments may be both positive and negative but will not be larger than 10% in either direction.

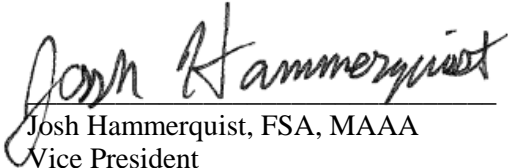
As shown above, you reported last year that your maximum increases in 2016 and 2018 were significantly higher than 10%. Please demonstrate that you have maintained your 10% rule in the application of your underwriting discretion.

Please beware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than September 25th, 2019.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,



Josh Hammerquist, FSA, MAAA
Vice President
Lewis & Ellis, Inc.
jhammerquist@LewisEllis.com
(972)-850-0850