

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Blue Cross and Blue Shield of Vermont)	GMCB-003-22rr
2023 Individual Market Rate Filing)	
)	SERFF No. BCVT-133243519
)	
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In re: Blue Cross and Blue Shield of Vermont)	GMCB-004-22rr
2023 Small Group Market Rate Filing)	
)	SERFF No.: BCVT-133243509

Post-Hearing Questions

Dear Mr. Karnedy,

Pursuant to its authority under 8 V.S.A § 4062 and 18 V.S.A. § 9375(b)(6), the Green Mountain Care Board requests that MVP Health Plan, Inc. (MVP) provide the following information to assist with the Board’s review of the above-referenced filings. Please provide the requested information no later than Wednesday, July 27, 2022.

1. With respect to MVP’s response at Exhibit 11, page 2, question 8, has MVP recovered unpaid cost sharing reduction or risk corridor payments through litigation? If so, provide details as to when the recoveries were obtained and how much was recovered. If litigation is still ongoing, describe the amount of money MVP is seeking to recover.
2. With respect to MVP’s response at Exhibit 11, page 4, question 12, what is the return on investment that MVP has calculated for its utilization management programs?
3. What percentage of MVP’s administrative costs is allocated to the Vermont individual and small group markets, respectively?
4. The University of Vermont Health Network (UVMHN) suffered a cyberattack in October 2020 and we are concerned that some of the care that was delivered by UVMHN providers in 2021 (the experience period for these filings) may have been deferred from 2020 as a result. Please review utilization data for UVMHN providers specifically and explain whether an adjustment to the experience period claims is or is not warranted. Please provide support for your explanation.
5. For each of the past five years, demonstrate how MVP’s actual administrative costs for its Vermont individual and small group business have compared to the administrative costs that were expected at the time of filing.
6. Given Mr. Pontiff’s testimony regarding member price sensitivity, provide updated utilization trends that account for the likelihood that members will select plans with a lower actuarial value (“buy down”) and/or will reduce utilization of services in response to the unprecedented premium and commercial rate requests by MVP and the hospitals.
7. On Exhibit 16, page 3, MVP states that it “has various online cost transparency tools for our members to help steer members toward affordable and *quality* care.”

- (emphasis added). Specifically provide the measures of quality that are available to MVP's Vermont members through these online tools.
8. Are Vermont providers evaluated as part of MVP's Provider Excellence Program? If not, why not?
 9. Have any administrative costs associated with designing or administering the Provider Excellence Program been allocated to Vermont members? If so, please quantify those costs on a PMPM basis.
 10. Are there any general services marketed on MVP's website that are provided to New York members but not Vermont members? If so, provide the costs for these programs that are allocated to Vermont members on a PMPM basis.
 11. In Exhibit 17, page 3, MVP states that certain expected cost savings were not reflected in the filings. Please quantify the impact on rates if these savings had been reflected in the filings.
 12. On a PMPM basis, quantify any administrative costs related to MVP's Medicare Advantage partnership with UVMHN that have been allocated to MVP's individual or small group members in Vermont.
 13. With respect to page 2 of the confidential support at Exhibits 4 and 5, please explain what the category "VT Community" reflects.
 14. For each Vermont hospital and for each of the past three years, compare MVP's actual negotiated rate change to the change in charge approved by the Board.

Sincerely,

s/ Michael Barber

Michael Barber

Green Mountain Care Board

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