

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: MVP Health Plan, Inc. 2023 Individual Market Rate Filing)	GMCB-005-22rr SERFF No. MVPH-133238186
In re: MVP Health Plan, Inc. 2023 Small Group Market Rate Filing)	GMCB-006-22rr SERFF No.: MVPH-133238198

Dear Mr. Karnedy, Mr. Long, and Ms. McDermott,

Pursuant to its authority under 8 V.S.A § 4062, 18 V.S.A. § 9375(b)(6), and Green Mountain Care Board Rule 2.000, § 2.304(a), the Board requests that MVP Health Plan, Inc. (MVPHP) provide the following information to assist with the Board’s review of the above-referenced filings. Please provide the requested information no later than July 5, 2022.

1. Provide MVPHP’s 2021 Supplemental Health Care Exhibit.
2. Use the following table to specify the percentage of the proposed premium (not premium increase) and the projected PMPM claims expenditures associated with spending at hospitals under the Board’s budget review jurisdiction for the listed categories of claims.

Claims Category	Individual Market		Small Group Market	
	% of Premium	PMPM	% of Premium	PMPM
Inpatient Facility				
Outpatient Facility				
Medical Pharmaceuticals				
Professional Services				
Total for regulated hospitals				

3. For the most recent year for which data are available (please specify), provide the dollar value of payments and the percentages of payments made by MVPHP under each

alternative payment model category below across MVPHP’s individual and small group plans and identify the relevant program or payment arrangement(s).

(YEAR)			
HCP-LAN Category	Program or Payment Arrangement(s)	\$ value	% of total
Category 1: FFS-No link to Quality and Value			
1: FFS-No link to Quality & Value			
Category 2: FFS-Link to Quality and Value			
2A: Foundational payments for infrastructure & operations			
2B: Pay for reporting			
2C: Pay for performance			
Category 3: APMs Built on FFS Architecture			
3A: APMs with shared savings			
3B: APMs with shared savings and downside risk			
3N: Risk based payments NOT linked to quality			
Category 4: Population-Based Payment			
4A: Condition-specific population-based payment			
4B: Comprehensive population-based payment			
<i>4B with reconciliation to FFS and ultimate accountability for TCOC</i>			
<i>4B with NO reconciliation to FFS</i>			
4C: Integrated finance & delivery system			
4N: Capitated payments NOT linked to quality			

- As part of MVP’s [presentation](#) to the Board on April 27, 2022, Matthew MacKinnon described several 2022 cost containment initiatives, including termination of MVP’s relationship with MultiPlan, an implant pricing initiative, formulary changes, and coding initiatives, as well as a 2023 cost containment initiative relating to PBM services. Please explain whether the impact of each of these initiatives is reflected in the filings and, if so, where/how. Please provide projected cost savings for each initiative specific to the individual and small group plans under review (based on membership).
- Apart from MVPHP’s partnership with OneCare Vermont, how does MVPHP work to reduce low-value care (e.g., employing clinical decision support, coverage policies,

network design, etc.)? As part of your response, please explain how MVPHP identifies low-value care and whether it utilizes information from the Choosing Wisely initiative or U.S. Preventive Services Task Force recommendations.

6. The Board has recently produced reports regarding reimbursement variation (e.g., by payer, by provider, by service line, and by percentage of costs covered). See [Green Mountain Care Board, Reimbursement Variation Report \(2017 to 2020\)](#); [Health Management Associates, Examination of Payment and Cost Coverage Variation Across Payers for Hospital Services \(Oct. 27, 2021\)](#). Please describe how reimbursement variation factors into MVPHP's pricing decisions, if at all.
7. How many members were directly enrolled in an MVPHP plan as of May 31, 2022, and how many members were directly enrolled in an MVPHP plan as of May 31, 2021? Describe MVPHP's efforts to inform individuals enrolled in these plans of the subsidies that may be available to them if they transfer to a Vermont Health Connect plan.

Sincerely,

s/ Michael Barber

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