



625 State Street, PO Box 2207  
 Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

July 6, 2022

Michael Barber  
 General Counsel  
 Green Mountain Care Board

Re: MVP Health Plan, Inc. GMCB-005-22rr  
 2023 Individual Market Rate Filing SERFF No. MVPH-133238186

MVP Health Plan, Inc. GMCB-006-22rr  
 2023 Small Group Market Rate Filing SERFF No. MVPH-133238198

Dear Mr. Barber:

This letter is in response to your correspondence received 06/13/22 regarding the above-mentioned rate filings. The responses to your questions are provided below.

1. Provide MVPHP’s 2021 Supplemental Health Care Exhibit.

Response: Please see the provided attachment, *MVPHP VT SHCE*.

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.

Response: Please see the table below.

Claims Category	Individual Market		Small Group Market	
	% of Premium	PMPM	% of Premium	PMPM
Inpatient Facility	9.74%	\$77.00	10.25%	\$69.05
Outpatient Facility	32.23%	\$254.72	28.43%	\$191.50
Professional Services	6.25%	\$49.38	6.63%	\$44.68
Total for regulated hospitals	48.22%	\$381.10	45.32%	\$305.23

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



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

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

Response: Please see the table below.

2021			
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		\$177M	76%
Category 2: FFS-Link to Quality and Value			
2A: Foundational payments for infrastructure & operations		\$0	0%
2B: Pay for reporting		\$0	0%
2C: Pay for performance		\$0	0%
Category 3: APMs Built on FFS Architecture			
3A: APMs with shared savings	OneCare VT	\$55M	24%
3B: APMs with shared savings and downside risk		\$0	0%
3N: Risk based payments NOT linked to quality		\$0	0%
Category 4: Population-Based Payment			
4A: Condition-specific population-based payment		\$0	0%
4B: Comprehensive population-based payment		\$0	0%
<i>4B with reconciliation to FFS and ultimate accountability for TCOC</i>		\$0	0%
<i>4B with NO reconciliation to FFS</i>		\$0	0%
4C: Integrated finance & delivery system		\$0	0%
4N: Capitated payments NOT linked to quality		\$0	0%

- 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



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

group plans under review (based on membership).

Response: As noted in the presentation, the savings outlined were calculated for in total and then allocated to Vermont based on its percent of membership. MVP received little advanced notice for the meeting in April and therefore utilized a simple allocation methodology across all Commercial members. However, our actuaries did a detailed analysis and the results varied significantly from the allocation methodology. The savings associated with the termination of MVP's relationship with MultiPlan are reflected in the Capitation and Non-FRDM Expenses from the rate filing. These savings are worth about \$90,000 for the Individual market and \$100,000 for the Small Group market. The Pharmacy initiatives are a part of the pharmacy trends in our rate filing and are worth \$347,000 for Individual and \$466,000 for Small Group.

The coding and implant pricing initiatives are not reflected in the filings. Our contract team and medical management team work year-round to make decisions on policies; these decisions were made so close to the rate filing that the actuarial department was not aware the policies were approved. The implant pricing initiative savings are worth about \$215,000 for Small Group and \$155,000 for Individual. The coding initiatives are worth \$88,000 for Small Group and \$64,000 for Individual.

5. 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.

Response: We utilize guidelines and recommendations from the USPSTF and Choosing Wisely to identify low value care. MVP's low value care dashboard and evaluation matrix is comprised of guidance and recommendations from USPSTF, Choosing Wisely, and National Quality Forum (among other sources). We then codify the guidance and marry this with our claims data to identify low value care. Medical and/or Payment policies are created based on this information and then we manage against the policies.

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.

Response: The reimbursement variation is factored into MVP's pricing as it is accounted for in the weighting of hospital trends. We assume that membership does not shift between hospitals.

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.

Response: 1,509 members were directly enrolled in May 2022 and 2,319 members were directly enrolled in May 2021. The efforts to inform individuals of the subsidies include targeted letters and emails, boosted social media posts, a



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphealthcare.com](http://mvphealthcare.com)

banner ad on the SHOP page, resources on the MVP website, and renewal notification inserts.

If you have any questions or require any additional information, please contact me at [cpontiff@mvphealthcare.com](mailto:cpontiff@mvphealthcare.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Pontiff".

Christopher Pontiff, ASA, MAAA  
Director, Commercial Market Actuary  
MVP Health Care

# **Exhibit 1**

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1**

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305



95521202121646100

2021

Document Code: 216

NAIC Group Code 1198

BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2021

NAIC Company Code 95521

Supp216.1 Vermont

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	97,560,659	134,000,030	14,336,728									29,470,037	275,367,454	X X X	275,367,454
1.2 Federal high risk pools														X X X	
1.3 State high risk pools														X X X	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	97,560,659	134,000,030	14,336,728									29,470,037	275,367,454	X X X	275,367,454
1.5 Federal taxes and federal assessments	84,017	117,469	5,192										206,678		206,678
1.6 State insurance, premium and other taxes (Similar local taxes of \$.....0)															
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees	2,879	3,954	423									870	8,126		8,126
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	97,473,763	133,878,607	14,331,113									29,469,167	275,152,650	X X X	275,152,650
1.9 Net assumed less ceded reinsurance premiums earned	(380,530)	(550,495)	(53,174)									(26,406)	(1,010,605)	X X X	(1,010,605)
1.10 Other adjustments due to MLR calculations - Premiums														X X X	
1.11 Risk Revenue														X X X	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	97,093,233	133,328,112	14,277,939									29,442,761	274,142,045	X X X	274,142,045
2. Claims:															
2.1 Incurred claims excluding prescription drugs	90,999,578	114,081,882	12,011,366									27,329,176	244,422,002	X X X	244,422,002
2.2 Prescription drugs	16,354,141	24,947,990	2,571,597									5,397,516	49,271,244	X X X	49,271,244
2.3 Pharmaceutical rebates	5,606,549	8,498,497	997,728									3,277,288	18,380,062	X X X	18,380,062
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)	1,265,285	1,653,339	140,574										3,059,198	X X X	3,059,198
3. Incurred medical incentive pools and bonuses	375,235	626,315	72,950									184,545	1,259,045	X X X	1,259,045
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	7,611	8,098	337										16,046		16,046
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	102,122,405	131,157,690	13,658,185									29,633,949	276,572,229	X X X	276,572,229
5.1 Net assumed less ceded reinsurance claims incurred	(1,590,921)												(1,590,921)	X X X	(1,590,921)
5.2 Other adjustments due to MLR calculations - Claims	3,571,402	5,022,387										93,234	8,687,023	X X X	8,687,023
5.3 Rebates Paid											X X X	X X X		X X X	
5.4 Estimated rebates unpaid prior year											X X X	X X X	138,776	X X X	138,776
5.5 Estimated rebates unpaid current year											X X X	X X X	45,542	X X X	45,542
5.6 Fee for service and co-pay revenue														X X X	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	104,102,886	136,180,077	13,658,185									29,633,949	283,575,097	X X X	283,575,097
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	258,661	327,630	29,474									181,119	796,884		796,884
6.2 Activities to prevent hospital readmissions															
6.3 Improve patient safety and reduce medical errors	184,944	259,195	27,346									82,457	553,942		553,942
6.4 Wellness and health promotion activities	94,818	137,166	14,771									58,932	305,687		305,687
6.5 Health Information Technology expenses related to health improvement	30,093	41,372	3,991									11,894	87,350		87,350
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	568,516	765,363	75,582									334,402	1,743,863		1,743,863
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	1.054	0.985	0.958								X X X	X X X	1.017	X X X	X X X
8. Claim Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	1,329,192	1,646,425	169,582									820,351	3,965,550		3,965,550
8.2 All other claims adjustment expenses	1,370,511	1,996,332	194,076									373,557	3,934,476		3,934,476
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	2,699,703	3,642,757	363,658									1,193,908	7,900,026		7,900,026
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.028	0.027	0.025									0.041	X X X	X X X	X X X

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)**

(To Be Filed by April 1 - Not for Rebate Purposes)

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	211,622	565,423	66,332									54,016	897,393		897,393
10.2 Agents and brokers fees and commissions			262,015									341,890	603,905		603,905
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses	5,842,247	6,629,763	702,251									2,766,679	15,940,940		15,940,940
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	6,053,869	7,195,186	1,030,598									3,162,585	17,442,238		17,442,238
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(16,331,741)	(14,455,271)	(850,084)									(4,882,083)	(36,519,179)	X X X	(36,519,179)
12. Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
13. Net investment and other gain/(loss)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
14. Federal income taxes (excluding taxes on Line 1.5 above)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	(36,519,179)	X X X	(36,519,179)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 10.4)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies	10,617	12,851	1,233									4,057	28,758		28,758
O2. Number of Covered Lives	14,718	21,593	2,101									4,057	42,469		42,469
O3. Number of Groups	X X X	1,418	11	X X X								4	1,433		1,433
O4. Member Months	180,346	260,898	25,201									47,153	513,598		513,598

(a) Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [X]  
 (b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

Supp216.2 Vermont

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
<b>ACA Receivables and Payables</b>				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(9,231,728)	(18,590,694)		
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		X X X		X X X
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
<b>ACA Receipts and Payments</b>				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)			5,960,903	16,047,621
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		X X X		X X X
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305

NAIC Group Code 1198

**BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2021**

NAIC Company Code 95521

		Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a)
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans				
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group					
1.	Health Premiums Earned													
1.1	Direct premiums written	97,788,935	134,454,158	14,358,248								29,470,348	276,071,689	
1.2	Unearned premium prior year													
1.3	Unearned premium current year													
1.4	Change in unearned premium (Lines 1.2 - 1.3)													
1.5	Paid rate credits													
1.6	Reserve for rate credits current year			35,316								749,505	784,821	
1.7	Reserve for rate credits prior year			679								223,070	223,749	
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)			34,637								526,435	561,072	
1.9	Premium balances written off	228,276	454,128	21,520								311	704,235	
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	97,560,659	134,000,030	14,336,728								29,470,037	275,367,454	
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates	380,530	550,495	53,174								26,406	1,010,605	
1.15	Other adjustments due to MLR calculation - Premiums													
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	97,180,129	133,449,535	14,248,917								28,917,196	273,795,777	
2.	Direct Claims Incurred:													
2.1	Paid claims during the year	105,300,512	133,808,711	14,108,924								30,197,102	283,415,249	
2.2	Direct claim liability current year	11,471,247	14,140,691	1,468,891								2,252,475	29,333,304	
2.3	Direct claim liability prior year	14,623,777	15,176,436	1,963,917								1,755,305	33,519,435	
2.4	Direct claim reserves current year													
2.5	Direct claim reserves prior year													
2.6	Direct contract reserves current year													
2.7	Direct contract reserves prior year													
2.8	Paid rate credits													
2.9	Reserve for rate credits current year			35,316								749,505	784,821	
2.10	Reserve for rate credits prior year			679								223,070	223,749	
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	375,235	626,315	72,950								184,545	1,259,045	
2.11A	Paid medical incentive pools and bonuses current year	786,570	1,075,595	72,017								184,338	2,118,520	
2.11B	Accrued medical incentive pools and bonuses current year	144,548	235,388	(557)								207	379,586	
2.11C	Accrued medical incentive pools and bonuses prior year	555,883	684,668	(1,490)									1,239,061	
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)	400,812	2,241,592	63,300								1,771,302	4,477,006	
2.12A	Healthcare receivables current year	3,653,863	5,549,401	573,953								3,169,002	12,946,219	
2.12B	Healthcare receivables prior year	3,253,051	3,307,809	510,653								1,397,700	8,469,213	
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment													
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	102,122,405	131,157,689	13,658,185								29,633,950	276,572,229	
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates	1,590,921											1,590,921	
2.19	Other Adjustments due to MLR calculation - Claims	3,571,402	5,022,387										8,593,789	
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	104,102,886	136,180,076	13,623,548								29,107,515	283,014,025	
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	7,611	8,098	337									16,046	

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

Supp216.3 Vermont



**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: MVP Health Plan, Inc. 2. LOCATION: Schenectady, NY 12305  
 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2021

NAIC Group Code 1198

NAIC Company Code 95521

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)	
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
1.	Individual Comprehensive Coverage Expenses:										
1.1	Salaries (including \$.....0 for affiliated services)	242,718		177,323	55,312	28,103	503,456	811,436	1,146,570	2,477,786	4,939,248
1.2	Outsourced services	7,154		3,096	2,587	514	13,351	24,721	28,282	1,198,416	1,264,770
1.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	1,146		445	26,347	106	28,044	139,537	55,405	496,986	719,972
1.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	16			6		22	2,122	1,756	13,661	17,561
1.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
1.6	Other Expenses (incl \$.....0 for affiliated services)	7,627		4,080	10,566	1,370	23,643	351,376	138,499	1,600,110	2,113,628
1.7	Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	258,661		184,944	94,818	30,093	568,516	1,329,192	1,370,512	5,786,959	9,055,179
1.8	Reimbursements by uninsured plans and fiscal intermediaries										
1.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	353,806	353,806
1.10	TOTAL (Lines 1.7 to 1.9)	258,661		184,944	94,818	30,093	568,516	1,329,192	1,370,512	6,140,765	9,408,985
1.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							18,438			18,438
2.	Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including \$.....0 for affiliated services)	305,527		248,468	80,017	38,619	672,631	1,066,474	1,671,572	3,089,024	6,499,701
2.2	Outsourced services	10,022		4,365	3,742	670	18,799	33,573	42,370	1,721,262	1,816,004
2.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	1,525		572	38,114	139	40,350	187,508	82,636	630,603	941,097
2.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	19			8		27	2,822	2,495	18,008	23,352
2.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
2.6	Other Expenses (incl \$.....0 for affiliated services)	10,537		5,790	15,285	1,944	33,556	356,047	197,260	1,339,003	1,925,866
2.7	Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	327,630		259,195	137,166	41,372	765,363	1,646,424	1,996,333	6,797,900	11,206,020
2.8	Reimbursements by uninsured plans and fiscal intermediaries										
2.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	468,665	468,665
2.10	TOTAL (Lines 2.7 to 2.9)	327,630		259,195	137,166	41,372	765,363	1,646,424	1,996,333	7,266,565	11,674,685
2.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							26,481			26,481
3.	Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including \$.....0 for affiliated services)	27,404		26,224	9,178	3,726	66,532	104,376	161,747	410,125	742,780
3.2	Outsourced services	949		457	395	64	1,865	3,226	4,268	149,921	159,280
3.3	EDP Equipment and Software (incl \$.....0 for affiliated services)	155		59	3,707	14	3,935	17,918	8,023	74,107	103,983
3.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)	2			1		3	267	251	2,003	2,524
3.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X					
3.6	Other Expenses (incl \$.....0 for affiliated services)	964		606	1,490	187	3,247	43,794	19,787	402,961	469,789
3.7	Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	29,474		27,346	14,771	3,991	75,582	169,581	194,076	1,039,117	1,478,356
3.8	Reimbursements by uninsured plans and fiscal intermediaries										
3.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	47,139	47,139
3.10	TOTAL (Lines 3.7 to 3.9)	29,474		27,346	14,771	3,991	75,582	169,581	194,076	1,086,256	1,525,495
3.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							2,649			2,649

Supp216.4 Vermont

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**  
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses		
4.	Individual Mini-Med Plans Expenses									
4.1	Salaries (including \$.....0 for affiliated services)									
4.2	Outsourced services									
4.3	EDP equipment and software (including \$.....0 for affiliated services)									
4.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
4.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
4.6	Other expenses (including \$.....0 for affiliated services)									
4.7	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)									
4.8	Reimbursements by uninsured plans and fiscal intermediaries									
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4.10	TOTAL (Lines 4.7 to 4.9)									
4.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
5.	Small Group Mini-Med Plans Expenses									
5.1	Salaries (including \$.....0 for affiliated services)									
5.2	Outsourced services									
5.3	EDP Equipment and Software (including \$.....0 for affiliated services)									
5.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
5.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
5.6	Other expenses (including \$.....0 for affiliated services)									
5.7	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)									
5.8	Reimbursements by uninsured plans and fiscal intermediaries									
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5.10	TOTAL (Lines 5.7 to 5.9)									
5.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
6.	Large Group Mini-Med Plans Expenses									
6.1	Salaries (including \$.....0 for affiliated services)									
6.2	Outsourced services									
6.3	EDP equipment and software (including \$.....0 for affiliated services)									
6.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
6.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
6.6	Other expenses (including \$.....0 for affiliated services)									
6.7	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)									
6.8	Reimbursements by uninsured plans and fiscal intermediaries									
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6.10	TOTAL (Lines 6.7 to 6.9)									
6.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp216.5 Vermont

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**  
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (Cols. 6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses		
7.	Small Group Expatriate Plans Expenses									
7.1	Salaries (including \$.....0 for affiliated services)									
7.2	Outsourced services									
7.3	EDP equipment and software (including \$.....0 for affiliated services)									
7.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
7.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
7.6	Other expenses (including \$.....0 for affiliated services)									
7.7	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)									
7.8	Reimbursements by uninsured plans and fiscal intermediaries									
7.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10	TOTAL (Lines 7.7 to 7.9)									
7.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
8.	Large Group Expatriate Plans Expenses									
8.1	Salaries (including \$.....0 for affiliated services)									
8.2	Outsourced services									
8.3	EDP equipment and software (including \$.....0 for affiliated services)									
8.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
8.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
8.6	Other expenses (including \$.....0 for affiliated services)									
8.7	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)									
8.8	Reimbursements by uninsured plans and fiscal intermediaries									
8.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10	TOTAL (Lines 8.7 to 8.9)									
8.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
9.	Student Health Plans Expenses									
9.1	Salaries (including \$.....0 for affiliated services)									
9.2	Outsourced services									
9.3	EDP equipment and software (including \$.....0 for affiliated services)									
9.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
9.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
9.6	Other expenses (including \$.....0 for affiliated services)									
9.7	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)									
9.8	Reimbursements by uninsured plans and fiscal intermediaries									
9.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10	TOTAL (Lines 9.7 to 9.9)									
9.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp216.6 Vermont