

STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

In re: MVP Health Plan, Inc.	)	
2024 Small Group and Individual Group	)	DOCKET NOS. GMCB-004-23rr
Vermont Health Connect Rate Filing	)	GMCB-005-23rr
	)	
SERFF Nos. MVPH-133660955	)	
MVPH-133660956	)	

**MVP HEALTH PLAN, INC.’S FIRST MOTION IN LIMINE**

MVP Health Plan, Inc., (“MVP”) through its counsel, Primmer Piper Eggleston & Cramer PC, moves in limine to exclude and bar Lewis & Ellis, Inc. (“L&E”) from presenting expert testimony related to its response to the Green Mountain Care Board’s (“Board”) May 22, 2023 Information Request (“Request”) on affordability, and any expert affordability evidence at the July 17<sup>th</sup> hearing of this matter for three alternative reasons.

First, L&E is not qualified to provide an expert opinion on affordability—L&E is the Board’s expert *actuary*, not its expert economist. L&E has not and does not review rate filings for “affordability”. Second, the Request requires L&E to reach a legal conclusion on a statutory criterion which the Board has the sole authority to interpret. The Board has excluded expert testimony on the meaning of “affordability” in the past and should do so again here. Third, requesting this type of opinion from L&E at this juncture unfairly prejudices MVP. MVP would have to retain a potential rebuttal economist without reasonable notice or time. It also further expands the scope of the rate review process to an additional expert economist battle. This expansion is contrary to prior practice, and the intended streamlined nature of these statutorily truncated administrative proceedings.

## **PROCEDURAL BACKGROUND**

On May 22, 2023, in the week preceding the Memorial Day Weekend, the Board submitted the Request for affordability information to L&E. L&E has served as the Board's actuarial expert since the inception of the Green Mountain Care Board and these rate hearings. The Request asks three questions on affordability. Question 2 pointedly asks L&E to provide an affordability expert opinion on, "how the proposed rate increases would impact Vermont households . . .". This is a question for an expert economist, not an expert actuary.

Six business days later, on May 31, 2023, the parties were required to disclose all expert witnesses. *Scheduling Order*, ¶ 2. MVP disclosed its actuarial expert witnesses and reserved its right to call rebuttal experts if necessary. If the Board grants MVP's motion, MVP will not need to hire a qualified rebuttal economics expert, and the issue becomes moot.

## **ARGUMENT**

### **I. L&E Should Be Barred From Providing Purported Expert Economic Testimony Because It Is Qualified And Engaged Only To Provide Actuarial Opinions Regarding Rate Filings, Engaged Only As An Actuary, And Has Historically Only Provided Actuarial Opinions.**

Historically, L&E has not provided an opinion on the affordability or rates in these proceedings. The Board has retained L&E to provide *actuarial* services every year since 2014. *GMCB Decision and Order, MVP Health Plan Inc., 2022 Individual and Small Group Rate Filing*, GMCB-7-21rr and GMCB-8-21rr ("2022 Decision"), L&E Pre-Filed Testimony Tr. 2:3-6. L&E is "[p]rimarily engaged in actuarial consulting [on] all types of insurance; health, life and property and casualty. We do have some other smaller lines for compliance." *2019 Decision*, Hr'g Tr. 174:19-24 (testimony of Jacqueline Lee). L&E review rate filings "to determine if the rates are actuarially sound." *Id.* at Hr'g Tr. 180:7-11. L&E does not review for affordability and affordability ". . . is not an actuarial standard." *GMCB Decision and Order, MVP Health Plan*

*Inc., 2023 Individual and Small Group Rate Filing*, GMCB-5-22rr and GMCB-6-22rr, (“2022 Decision”), Hr’g Tr. 166:12-13; 201:14-16; *2022 Decision*, ¶ 24; *2022 Decision*, Hr’g Tr. 221:3-4. L&E has agreed that it is not L&E’s job to reach findings on affordability. *GMCB Decision and Order, MVP Health Plan Inc., 2020 Vermont Health Connect Rate Filing*, GMCB-5-19rr, (“2020 Decision”) Hr’g Tr. 231:5-10. Conspicuously, when L&E makes its recommendations to the Board, it makes no recommendation on “affordability” but states that after suggested modifications: “L&E believes that this filing does not produce rates that are excessive, inadequate, or unfairly discriminatory.” *L&E’s July 5, 2022 Actuarial Memorandum*, p. 16. These criteria, unlike affordability, are specifically defined in Actuarial Standards of Practice No. 8. *2022 Decision*, ¶ 24.

Because the Board has not promulgated rules of evidence for experts, the Vermont Rules of Evidence apply in this case.<sup>1</sup> 18 V.S.A. § 9380; 3 V.S.A. § 810<sup>2</sup>. The Board has excluded purported expert testimony on the meaning of affordability in the past, relying on Vermont Rules of Evidence (“V.R.E.”) Rule 702. *Decision and Order, In re Blue Cross Blue Shield of Vermont VT 2019 Exchange Rate Filing*, Docket No. GMCB-9-18rr, ¶ 31 (“2019 BCBS Decision”).

V.R.E. 702 requires that an expert is qualified to render the opinion, and expert testimony be relevant, reliable and helpful to the trier of fact. “Relevancy” is determined by considering whether the expert’s testimony “will assist the trier of fact to understand or determine a fact in

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<sup>1</sup> The Vermont Rules of Evidence are essentially identical to the Federal Rules of Evidence and Vermont courts apply federal principles governing the admissibility of expert testimony. 985 *Assocs., Ltd. v. Daewoo Elecs. Am., Inc.*, 183 Vt. 208, 212 (2008); citing *State v. Brooks*, 162 Vt. 26, 30, (1993).

<sup>2</sup> The Board is authorized to promulgate rules of procedure pursuant to 3 V.S.A. chapter 25. Neither Board Rule 2.000 nor the Board’s operative statutes specify rules of evidence for experts.

issue.” *USGen New England, Inc. v. Town of Rockingham*, 177 Vt. 193, 200 (2004) (quoting *Daubert v. Merrell Dow Pharms., Inc.*, 509 U.S. 579, 592, (1993)) (emphasis added). An expert witness is not permitted to provide legal opinions, legal conclusions, or interpret legal terms—those roles fall solely within the province of the Board. See *Highland Capital Mgmt., L.P. v. Schneider*, 379 F. Supp. 2d 461, 470 (S.D.N.Y. 2005); citing *Roundout Valley Cent. Sch. Dist. v. Coneco Corp.*, 321 F. Supp. 2d 469, 480 (N.D.N.Y.2004). Accordingly, “[e]xpert testimony proffered solely to establish the meaning of a law is presumptively improper.” *Bartlett v. Mut. Pharm. Co.*, 742 F. Supp. 2d 182, 187 (D.N.H. 2010) (citing *United States v. Mikutowicz*, 365 F.2d 65, 73 (1st Cir. 2004)).

In order for L&E to step out of its traditional role as reviewing actuary in these proceedings, it would need to demonstrate that it is properly qualified to opine on the non-actuarial issue of affordability. V.R.E. 702. L&E was not disclosed as an expert on affordability in this rate review, and L&E has not disclosed its expert qualifications to opine on affordability. Neither has L&E testified to those qualifications during direct examination laying foundation for L&E’s testimony in the past. See *2020 Decision*, Hr’g Tr. 198:1-215:17. Neither Jacqueline Lee or Traci Hughes purport to offer this type of expert economic testimony service—Ms. Hughes does have a minor in economics, but nevertheless does not indicate that she provides expert testimony on economics. A copy of Ms. Lee’s web bio is attached as **Exhibit A**. A copy of Ms. Hughes’s web bio is attached as **Exhibit B**. L&E is not qualified to testify as an expert on affordability, and does not apparently purport to be qualified.

The Board’s precedent is clear. L&E has not been allowed nor has it expressed a qualification or desire to opine on affordability. L&E should be excluded from offering expert opinions on affordability in this years’ rate review.

**II. L&E Should Be Barred From Providing Purported Expert Economic Testimony Because Any L&E Opinion On Affordability Is Necessarily The Product Of L&E's Inadmissible Legal Conclusions.**

The Request seeks inadmissible expert testimony and opinion on an ultimate statutory issue: affordability. In past years, the Health Care Advocate has submitted compilations of statistics and data to support its position on affordability. The question put to L&E, however, goes beyond statistics gathering and requires L&E to draw a legal conclusion on the statutory meaning of “affordability”, and provide an expert opinion on the meaning of “affordability” and the impact on Vermont households.

**A. Evidence And Testimony On An Issue Of Law Is Not Relevant Because It Does Not Assist The Board In Determining An Issue Of Fact And Is Therefore Not Admissible.**

From the plain language of V.R.E. 702, expert testimony is permitted where it “will assist the trier of fact to understand the evidence or to determine a fact in issue.” (emphasis added). V.R.E. 702 does not authorize testimony as to issues of law. This intuitive proposition is affirmed in Vermont case law, where expert and lay witnesses are prohibited from testifying as to what the law is. “As a general rule, a witness may not give his opinion on questions of law for the determination of such questions is exclusively within the province of the court.” *Town of Brighton v. Griffin*, 148 Vt. 264, 271 (1987) (upholding the trial court’s exclusion of testimony by a State employee as to the meaning of provisions of Title 24 of the Vermont Statutes and the town zoning ordinance) (internal citation omitted) (citing *Holton Estate v. Ellis*, 114 Vt. 471, 476 (1946)); *Villa v. Heilmann*, 162 Vt. 543, 551, (1994) (upholding the Superior Court’s exclusion of the testimony of purported expert, a law professor, which would have interpreted a provision of the Code of Professional Responsibility which applies to attorneys as inapplicable to a specific contingency fee allocation agreement between former law firm partners). Moreover, courts in the

Second Circuit have also held that “although an expert may opine on an issue of fact within the jury’s province, [s]he may not give testimony stating ultimate legal conclusions based on those facts.” *Hiramoto v. Goddard College Corp.*, 184 F. Supp. 3d 84, 97 (D. Vt. 2016) (quoting *United States v. Bilzerian*, 926 F.2d 1285, 1294 (2d Cir. 1991)). In other words, “experts are not permitted to present testimony in the form of legal conclusions.” *Densberger v. United Techs. Corp.* 297 F.3d 66, 74 (2d Cir. 2002); *U.S. v. Duncan*, 42 F.3d 97, 101 (2d Cir. 1994).

**B. The Board Previously Excluded Legal Conclusions In The Guise Of Expert Evidence And Testimony On The Meaning Of Affordability Because It Did Not Assist The Board In Determining Any *Fact* At Issue.**

Pursuant to V.R.E. 702, expert testimony is permitted, “[i]f scientific, technical, or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue . . . .” In previous rate review hearings, the Board has adopted this threshold test in excluding the Health Care Advocate from testifying as an “expert” on the legislative history of “affordability”. *2019 BCBS Decision*, ¶ 31 (“the Fisher Report and testimony was not admissible because . . . 2) V.R.E. 702 requires that the expert opinion assist the trier of fact, and the Fisher Report did not address any factual matter in dispute or explain the evidence; rather, the plain statutory language requires that the Board consider affordability in its review.”); *Decision and Order, MVP Health Plan Inc., VT 2019 Exchange Rate Filing*, Docket No. GMCB-8-18rr, (“2019 Decision”) Hr’g Tr. pp. 14-18 (HCA withdrew Mr. Fisher’s report and Mr. Fisher as an expert in light of the ruling in the 2019 BCBS Decision previously cited). The Board should follow its precedent and exclude inadmissible conclusions of law.

**C. The Request Requires L&E To State Legal Conclusions On The Meaning Of Affordability For Vermonters—The Same Type Of Evidence The Board Previously Excluded.**

In order for L&E to answer the questions in the Request, L&E would first need to determine the meaning of the statutory criteria of “affordability”. Such a determination from an actuarial consultant would be an inadmissible legal conclusion on a term which lacks “a standardized definition . . . .” *GMCB Decision and Order, MVP Health Plan Inc., 2022 Individual and Small Group Rate Filing*, GMCB-7-21rr and GMCB-8-21rr (“2022 Decision”), p. 16. As the Board has stated, it is the *Board* that is “required, without specific statutory guidance or a standardized definition, to consider whether an insurance rate is affordable . . . .” *Id.* The Legislature left it to the Board’s discretion to determine whether a rate meets the required statutory standard. *See In re MVP Health Ins. Co.*, 203 Vt. 274, 284 (2016). The Board has excluded proffered expert testimony on the meaning of the term “affordability” in past rate reviews and should do so here. *2019 BCBS Decision*, ¶ 31; *2019 Decision*, Hr’g Tr. pp. 14-18.

**D. The Board Has Exclusive Jurisdiction To Make Legal Conclusions About The Meaning Of “Affordability” And Purported Expert Evidence Cannot Assist The Board And Is Not Admissible.**

L&E’s response to the Request and related testimony does not assist the Board because it requires L&E to predicate its findings on a legal conclusions and interpretation of statute—which is the jurisdiction of the Board. *In re MVP Health Ins. Co.*, 203 Vt. 274, 284 (2016). Interpreting “affordability” pursuant to 8 V.S.A. § 4062(a) and 8 V.S.A. § 5104(a) is within the primary jurisdiction of the Board, and “the body charged with interpreting [its own operative statute] is the most appropriate tribunal to interpret them.” *C.V. Landfill, Inc. v. Env’tl. Bd.*, 158 Vt. 386, 392 (1992) (wherein the court was not compelled to exercise jurisdiction and deferred to the Environmental Board in its interpretation of Act 250 where the Environmental Board exercised

primary jurisdiction and had the expertise to decide the dispute). Because L&E’s responses to the Requests require L&E to make conclusions of law, not fact, L&E’s response to the Request and testimony cannot meet the definition of “relevant evidence,”<sup>3</sup> and therefore, is inadmissible and should be excluded.

**III. L&E Should Be Barred From Providing Purported Expert Economic Testimony Because Introducing Expert Testimony On Affordability At This Late Stage Is Prejudicial To MVP.**

Allowing L&E to testify as an affordability expert at this juncture would unfairly prejudice MVP in putting on its case in the compressed statutory framework of these proceedings, and may set precedent for expanding the scope of these proceedings into an unwieldy battle of experts in future years. *See Petition of Green Mountain Power Corp.*, 147 Vt. 509, 518, 519 A.2d 595, 601 (1986) (upholding the Vermont Public Service Board (now the Vermont Public Utility Commission) decision in a rate proceeding to deny discovery requests where the Public Service Board stated that, “unlike the civil courts for which the Rules of Civil Procedure were principally designed, we do not have the luxury of an indefinite time frame within which to decide cases. In imposing the seven month limit, the legislature must be deemed to have given us sufficient control over matters brought before us to enable us to complete proceedings within the time prescribed.”). The Board has an even narrower statutory period of 90 days from the date of the filing to consider and approve a rate request.

In prior proceedings, MVP has been given more (but still not enough) time to retain a rebuttal expert on affordability. In the 2019 rate review, the HCA disclosed Mike Fisher as an expert on June 4, 2018. The HCA filed Mr. Fisher’s expert report on July 10, 2018. MVP moved

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<sup>3</sup> “‘Relevant evidence’ means evidence having any tendency to make the existence of any fact that is of consequence to the determination of the action more probable or less probable than it would be without the evidence.” (emphasis added). V.R.E. 401.



in limine to exclude Mr. Fisher's testimony and report on legislative history of affordability on July 17, 2018. At the July 23, 2018 Blue Cross Blue Shield of Vermont hearing the Board excluded Mr. Fisher's expert testimony and report. Mr. Fisher was withdrawn as an expert (but allowed to testify as a rebuttal witness) at MVP's July 24, 2018 hearing.

In the 2020 rate review, the parties addressed the expert issue much sooner. MVP requested at the May 3, 2019 pre-hearing conference (prior to the 2020 rate filing), that it have an opportunity to disclose rebuttal witnesses, and the parties discussed the potential of experts generally. The Board scheduled a June 4 status conference on the issue of rebuttal witnesses set one day after the June 3, 2019 deadline to disclose expert witnesses in the scheduling order. *2020 Decision*, Scheduling Order at ¶ 3. HCA eventually clarified that the Health Care Advocate would *not* be testifying as an expert at the hearing in the 2020 rate review. However, having a discussion on potential experts early on in the process in the 2020 rate review allotted MVP with 31 days prior to expert disclosures to retain an expert, and 80 days in total to prepare the rebuttal expert for hearing. This year, the first notice of a potential economics expert, the May 22, 2023 Request, gave MVP six business days to retain an expert prior to the May 31, 2023 expert disclosure deadline.

This year's Scheduling Order does not provide for rebuttal witnesses. Unlike in the 2020 rate filing, for this year the issue was not raised or contemplated by any party at the time the schedule was discussed. Although MVP has sought to reserve the right to retain a rebuttal witness this year, given the expedited timeline of this administrative proceeding, it would be

virtually impossible for MVP to attempt to retain such a rebuttal economist expert, get them up to speed, and prepare a rebuttal report by July 6.<sup>4</sup>

### **CONCLUSION**

For the foregoing reasons, the Board should entirely exclude L&E from testifying as an expert on affordability at the July 17<sup>th</sup> hearing, and strike any response to the Requests and any related materials as inadmissible.

Dated: June 2, 2023

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<sup>4</sup> *In re: MVP Health Plan, Inc. 2024 Small Group and Individual Group*, Docket Nos. GMCB-4-23rr and GMCB-5-23rr, MVP's Expert Witness Disclosure.

# **EXHIBIT A**



*JACQUELINE B. LEE, FSA, MAAA*  

Vice President & Principal  
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### *RECENT PODCASTS*

#### [Jennifer Gillespie Interview](#)

Jennifer Gillespie, SOA President-Elect for the 2021-2022 term, discusses with Jackie Lee her background, goals, expected challenges, and that which excites her as she steps into her new role. Actuaries of all backgrounds will appreciate the advice provided, including overcoming being less knowledgeable on a topic, and how to be open to risk as an individual.

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### *SUMMARY*

Jackie Lee, FSA, MAAA is a Vice President and Principal with Lewis & Ellis, Inc. in Dallas, TX. She joined L&E in June 2008. Since the beginning of Jackie's actuarial career in 2004, she focused on the individual and group health insurance markets. She assists insurance clients, state insurance departments, and CMS in reviewing policy forms and pricing/rate setting for individual and group products for with various types of health plan types, including but not limited to major medical plans, indemnity plans, Medicare Advantage and Part D plans, Medicaid, and pharmacy plans. Jackie frequently communicates with state insurance departments and their actuaries regarding rate and policy form filings. Additionally, Jackie opines on reserves for several health plans and assists these plans in setting IBNR and other reserves.

More recently, Jackie has assisted companies with pricing Medicare Advantage plans. As part of L&E's MAPD practice, she oversees the development and maintenance of internal pricing models and market competitive tools.

She served on the SOA's Health Section Council from 2016-2020, ending at the Chair of the HSC from 2019-2020. She is the Co-Host of the SOA Health Section Podcasts and a frequent speaker. She is currently serving on the Professional Development Committee helping to shape future in-person and virtual events for the SOA.

In her spare time, she enjoys vacationing and everyday life with her husband and 3 children, Taryn, Parker, & Tucker.

### *PROFESSIONAL*

Fellow, Society of Actuaries

Member, American Academy of Actuaries

Member, AAA Premium Review Work Group, 2015 - Current

Member, SOA Professional Development Committee, 2020 - Current

[Traci Hughes](#)  
Jackie Lee chats with Traci Hughes about her recent article in which five countries were selected to research further into their healthcare efficiencies. They discuss how those strategies may or may not be effective in the US, and how they may shift our focus toward health care efficiency, a goal of the Initiative 18|11 Project.

[Pharmaceutical Patents & Abuses](#)  
Listen as Jackie Lee asks Tony Pistilli, FSA at Santa Barbara Actuaries about his article series on #pharmaceutical patents and abuses. He explains how the patent system works, the effects of historical reforms, potential modern-day abuses of the system and the path forward, and how actuaries can help.

[YPAC: Emerging Leaders](#)

Jackie and the SOA's Young Professional Advisory Council

Member, SOA Group Health Exam Curriculum Committee, 2020 - Current  
Interviewer, SOA Health Section Council (HSC) Educational Podcast Series, 2019 - Current  
2020 SOA Volunteer of the Year Award  
2020 SOA Health Meeting, Outstanding Session Award: *Actuarial Professionalism: Judge & Jury*  
2020 SOA Health Meeting Emcee  
Vice-Chair, SOA HSC Strategic Initiatives Committee 2017 - 2020  
Chair, SOA Health Section Council (HSC), 2019 - 2020  
Vice-Chair, SOA Health Section Council (HSC), 2018 - 2019  
Treasury Secretary, SOA Health Section Council (HSC), 2017 - 2018  
SOA Case Studies Author for the Group and Health Core and Advanced Exams, 2015, 2018 - 2019  
Member, SOA HSC Strategic Initiative, *Commercial Healthcare: What's Next?*, 2017 - 2018

## ***PUBLICATIONS***

### Industry Publications

- [The United States Health Care Spending](#), Medicare Mambo Newsletter, December 2021
- [Medicare Advantage Landscape: A Preview Into Contract Year 2022](#), Medicare Mambo Newsletter, November 2021
- [How Are Medicare Advantage and Part D Plans Changing for Contract Year 2022?](#), Medicare Mambo Newsletter, October 2021
- [Expanding on MA Disenrollment Drivers](#), Medicare Mambo Newsletter, September 2021
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- [“Medicare Advantage Expanded Supplemental Benefits Over the Years”](#) *Health Watch*, Special Edition. March 2021
- [“Coverage for One and for All? The Impact of the Individual Mandate and Guaranteed Issue in the Individual Health Care Market”](#) *Health Watch*. Issue 86 June 2018
- [“Actuarial Practices Relating to Preparing, Reviewing, and Commenting on Rate Filings Prepared in Accordance with the Affordable Care Act”](#) *American Academy of Actuaries, Public Policy Practice Note, Premium Review Work Group*. December 2015

### Monthly Newsletters

Subscribe to the monthly newsletter

2021 November

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(YPAC) Chairperson, Kristen Long, discuss the opportunities YPAC offers for the next generation of actuaries. Topics discussed include the recent Emerging Leaders Summit, networking, and YPAC's goals. Learn how volunteering or becoming a member of YPAC can further your own actuarial career ambitions.

SOA Health Section Council: What's Now & What's Next

Jackie Lee chats about the SOA Health Section Council (HSC) with its Vice Chair, Doug Norris, FSA at Milliman.

Together, they discuss how the HSC is relevant to your actuarial career beyond the Health Meeting, Listservs, podcasts and *HealthWatch* newsletter.

Topics discussed include efforts with continuing education, strategic initiatives, networking, and volunteering.

Precision Medicine

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- [Will American Rescue Plan Impact Health Care Affordability?](#) - May 2021
- ["Medicaid Projected for Surge in Enrollment"](#) - July 2020
- ["Attitudes About Health Care Reform Changing with More Information?"](#) - September 2019
- ["Another Aspect of ACA Struck Down?"](#) - December 2018
- ["Older Americans Must Consider Long-Term Health Care Costs"](#) - July 2018
- ["States Still Trying to Figure Out Individual Health Care Approaches"](#) - March 2018
- ["Tech, Consumer Behavior Driving Health Care Changes"](#) - March 2018
- ["U.S. Seniors Still Dealing with Changing Health Care Landscape"](#) - December 2017
- ["Despite Concerns, Americans Feel Good About Their Health Care"](#) - August 2017
- ["Amid Health Insurance Concerns, Confusion Still Lingers for Many"](#) - April 2017
- ["Rising Drug Prices a Big Driver of Total Health Care Costs"](#) - January 2017
- ["ACA Coverage Presenting Affordable Options to Many Americans"](#) - September 2016
- ["Oregon Likely to See Health Insurance Rates Spike"](#) - June 2016
- ["Those with ACA Health Insurance Tend to Have More Health Problems"](#) - April 2016
- ["Experts Urge Obama Administration to Warn on Increased ACA Fine"](#) - October 2015
- ["Low-Income Workers Shying Away From Health Insurance"](#) - October 2015
- ["Many Americans Costing Themselves Money with Health Insurance Missteps"](#) - August 2015
- ["Will Merging Health Insurance Companies Impact Consumers?"](#) - July 2015
- ["What Will States Do If Health Insurance Subsidies are Struck Down?"](#) - March 2015
- ["Many States' Rising Health Insurance Costs Concerning to Workers"](#) - January 2015
- ["Low-Income Workers Seeing Increased Cost on Health Insurance"](#) - September 2014
- ["California Saw Huge Jump in Health Insurance Premiums Under ACA"](#) - August 2014
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- ["Obama Administration Allows People to Stay on Old Plans Longer"](#) - March 2014
- ["Consumers Likely to Accept Fines for Going Without Insurance This Year"](#) - February 2014
- ["Young People Key to ACA Success, but Desire to Enroll is in Question"](#) - August 2013
- ["More Consumers Enrolling in Wellness Incentive Programs"](#) - June 2013
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#### ***SPEAKING ENGAGEMENTS***

2021 Society of Actuaries: Annual Health Meeting

- "The Great Debate: Individual & Small Group Markets"

## Perspectives

Jackie Lee chats with Jonathan Gray and returning guest Kerri Miller about precision medicine. Learn how manufacturers are beginning to get actuarial and health plan perspectives to enhance their budget-impact models, and how health plans can project new drug costs to enhance their pricing forecasts and negotiations with manufacturers.

## State Regulatory Impact on Prescription Drugs

Join Jackie Lee for the ongoing Pharmacy Strategic Initiative series, led by Gregory Warren, FSA, who teams up in this podcast with Rebecca Owen, FSA, FCA, to discuss her article about the impacts states' regulatory actions have on prescription drug benefits.

## Technology Innovation

Jackie Lee discusses innovative

- “Actuarial Professionalism: Judge & Jury”  
2021 Society of Actuaries: Emerging Leaders Summit
- Event Moderator for Summit’s Premier  
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2020 Society of Actuaries: Health Meeting
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2020 Society of Actuaries: Webinars
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2019 Society of Actuaries: Valuation Actuary Symposium
- “You have to Document that? Health Actuarial Opinion Reporting and Documentation”
- “Ask the Regulator: Professionalism for Health Actuaries Through the Eyes of Regulators”  
2019 Society of Actuaries: Health Meeting
- “Preparing Actuarial Memoranda in Support of the Health Annual Statement of Actuarial Opinion”
- “Large Claims, Large Problems”  
2017 Society of Actuaries: Valuation Actuary Symposium
- “Health Risks, Losses & Insolvencies, Oh My!”
- “The Alphabet Soup of Risk Protection - ORSA & ERM”  
2017 Society of Actuaries: Webinar
- “Walking the Tightrope”  
2014 Society of Actuaries: Health Meeting -
- “ACA Health Reform”
- “Professionalism in Actuarial Memoranda for ACA-related Filings”  
2014 Conference of Consulting Actuaries: Health Reform Meeting
- “State Perspective on Rate Filing Reviews”  
2014 Society of Actuaries: Webinar

technology in healthcare with Sudha Shenoy, including the forces driving change, Managed Care 3.0, leading technology, notable obstacles, and key roles of the public, providers, payers, and benefactors.

- “Health Reform 101”

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- Jennifer Gillespie Interview
- YPAC: Emerging Leaders
- SOA Health Section Council: What’s Now & What’s Next
- Precision Medicine Perspectives
- Specialty Drug Development, Costs and Solutions
- State Regulatory Impact on Prescription Drugs
- Care Management Vendors
- Pandemic Planning: Forecasting & Trends
- Technology Innovation
- Cell and Gene Therapies: Cost Approaches and Actuaries’ Key Role
- Pharmacoeconomics
- A Hawaiian Actuarial Journey
- Leadership Series: Joan Barrett
- Medicare Star Ratings
- Gene Therapy
- Virtual Health Meeting Recap
- Leadership Series: Brian Pauley
- Healthcare in a Recession
- Healthcare in a Pandemic
- Health Reinsurance
- Digital World, Digital Health
- Telehealth: Healthcare in a Pandemic
- COVID-19: Briefing for Impact
- Leadership Series: Sara Teppema
- COVID-19: Updates on Impact
- ACA @ 10: 50 States, 50 Stories
- Actuary + Research: How They Add Up for Your Benefit
- Dental Insurance Access in the U.S. and Why Health Actuaries Should Care
- Medicare Part D Settlements

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# **EXHIBIT B**



## *TRACI HUGHES, FSA, MAAA*

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### *SUMMARY*

Traci Hughes joined Lewis & Ellis in 2012 fresh out of college after interning with L&E for the summer after her graduation. Her areas of focus include statutory reserving and valuation, rate review, pricing and rate setting, and data analytics. Traci is heavily involved in Affordable Care Act (ACA) rate review for many state insurance department and Medicare bid reviews for the Center of Medicare and Medicaid (CMS). Traci has experience volunteer tutoring throughout the years for Fort Worth ISD, friends and family, and Union Gospel Mission, enhancing her abilities to communicate mathematics to people whose expertise is outside of the math world. In her free time, Traci enjoys attending TCU sporting events and checking out local live music.

### *PUBLICATIONS*

[“A Look at Top Health Care Systems Around the World, May 2021”](#)

[“A Primer on Mental Healthcare Supply and Demand, March 2021”](#)

[“The Big Three of Telehealth: Three Benefit, Three Obstacles, Three Delivery Systems, February 2020”](#)

### *SPEAKING ENGAGEMENTS*

- Society of Actuaries Health Meeting - June 2021: “A Look at Top Healthcare Systems and Efficiencies Around the World”
- Southeastern Actuaries Conference - November 2019: “The Big Three of Telehealth: Three Benefit, Three Obstacles, Three Delivery Systems”

- Community-Based Child Welfare National Symposium - October 2019: “Financial: Funding Models”

## *PROFESSIONAL*

Fellow, Society of Actuaries

Member, American Academy of Actuaries

Member, Society of Actuaries Strategic Initiative 18|11, Managed Care 3.0 Taskforce, 2020

## *EDUCATION*

Bachelor of Science in Mathematics, Concentration in Actuarial Science

Minor in Economics

Texas Christian University, Fort Worth, TX

### *Featured Services*

- ▶ Health Care Reform
- ▶ Life Settlements
- ▶ Health Care and Health Insurance
- ▶ Financial Reporting & Analysis
- ▶ Product Development
- ▶ Financial Examinations
- ▶ Market Conduct Examinations

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Omaha: 402-330-1206

Equal Employment opportunity/M/F/disability/protected veteran status



STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

In re: MVP Health Plan, Inc. )  
2024 Small Group and Individual Group ) DOCKET NOS. GMCB-004-23rr  
Vermont Health Connect Rate Filing ) GMCB-005-23rr  
)  
)  
SERFF Nos. MVPH-133660955 )  
MVPH-133660956 )

**CERTIFICATE OF SERVICE**

I, Ryan M. Long, Esq., hereby certify that I have served a copy of *MVP's First Motion in Limine* via e-mail upon the following:

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Jennifer DaPolito, MPH  
Laura Beliveau, Esq.  
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Dated: June 2, 2023

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