VERMONT
GREEN MOUNTAIN CARE BOARD

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DELIVERED ELECTRONICALLY

June 25, 2024

Traci Hughes
Vice President & Principal
Lewis & Ellis, Inc.

Dear Ms. Hughes:

To assist the Board with its review of MVP Health Plan, Inc.'s (MVP) 2025 individual and small group rate filings (Docket Nos. GMCB-005-24rr & GMCB-006-24rr), please ask MVP to provide the following information.

1. Please provide more information about the Well-Being Reimbursement program described on page 4 of the Actuarial Memorandum. What are the categories for which members can receive reimbursement? What method has MVP chosen to allow members to submit for reimbursement? Provide any evidence MVP possesses showing that the program is improving member health and lowering claims costs overall.

2. Please provide additional information about MVP's current claims edits and payment policies that will be removed or restricted as a result of Act No. 111 of 2024 (H.766) and describe in greater detail how MVP determined the impact of removing or restricting these claims edits and payment policies. For each edit or policy (or category thereof), provide the corresponding dollar amount, ensuring that the total equals the billed charges amount mentioned in MVP's response to Objection 1, Question 16.

3. Is the $25,000,000 surplus note issued on 02/20/2024 to MVP HSC (2023 MVPHP Annual Statement at 26.6) included in MVPHP's "TOTAL Adjusted Capital" amount listed on line 14 of page 29?

4. Confirm that MVP has renewed its contract with CVS/Caremark for pharmacy benefit management (PBM) services and state when the new contract term ends. Did MVP negotiate with CVS/Caremark over the terms of the new contract? If so, please describe any contract enhancements that MVP received as a result of the negotiations and demonstrate the impact of those enhancements on the filed rates.

5. Prior to renewing the contract with CVS/Caremark, did MVP:

    a. audit CVS/Caremark's performance under the prior contract? If so, describe all aspects of the audit.
    b. perform any market comparison checks to evaluate whether MVP is receiving the best possible terms for PBM services? If so, thoroughly describe the process, including timelines, evaluation criteria, and benchmarks.
    c. solicit or receive bids or outreach from any PBM other than CVS/Caremark?

6. In general, what are the "known contract changes for 2024 and 2025" that are reflected in the Rx trend factors? What is your best estimate of how those contract changes impacted the Rx unit cost trends in the filings?

7. Has MVP evaluated CVS Caremark's TrueCost program, which CVS describes as offering a deeper level of transparency" and "the same or better value," to determine whether the program would benefit MVP's members? If so, what were MVP's findings?

8. Does MVP acknowledge that some of its members are purchasing prescriptions "off benefit" through services such as GoodRx or Mark Cuban Cost Plus Drug Company, because, in many cases, those members are able to obtain lower prices "off benefit" than they receive through their benefit plan? Does MVP or its PBM have hard data on the amount of such "off benefit" spending by its Vermont QHP membership? If so, please provide the data. What does MVP see as the plusses and minuses of "off benefit" drug spending?

Sincerely,

/s/ Michael Barber

General Counsel
Green Mountain Care Board

Cc: Gary Karnedy
Ryan Long
Hannah Lebel
HCA Rate Review
GMCB Rate Review