

STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

In re: MVP Health Plan, Inc. ) GMCB-005-24rr  
2025 Individual Market Rate Filing )  
 ) SERFF No. MVPH-134081032  
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In re: MVP Health Plan, Inc. ) GMCB-006-24rr  
2025 Small Group Market Rate Filing )  
 ) SERFF No.: MVPH-134081005  
 )

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

The Green Mountain Care Board (GMCB) hereby requests that MVP Health Plan, Inc. (MVP) provide the following information to assist with the review of the above-referenced filings. Please provide responses no later than August 2, 2024.

1. Supplement the information in Exhibits 24 and 25 by providing the rating impact of the following scenario: Hospital budgets are approved at the GMCB’s guidance of 3.4% commercial rate growth per payer. *See* GMCB FY 2025 Hospital Budget Guidance & Reporting Requirements (rev. Apr. 18, 2024), 8.
2. Provide a chart showing the administrative charges built into MVP’s 2019 – 2023 premiums and MVP’s actual administrative expenses for those years.
3. Regarding Exhibit 27, what is the range of potential outcomes for 2024?
4. How many people use the online cost calculator described in Exhibit 16 at 15:23 – 16:7. Describe the quality information that is included in the tool and where that information comes from or what it is based on.
5. Regarding Exhibit 16, page 13, lines 12 -13, what are “appropriate” reimbursement levels and how are they determined?
6. Regarding MVP’s response to Q.5 of the GMCB’s interrogatory (Exhibit 15, page 3):
  - a) Why is it “appropriate” to pay VT providers more than NY providers for the same services?
  - b) Please compare the commercial drug reimbursement rate for each hospital in VT to the median rate in NY.
7. Has MVP reviewed available price transparency data to compare its reimbursement rates for VT and border NH hospitals with the reimbursement rates of national carriers such as

Cigna and United. If not, why not? If so, please share the results of the comparison.

8. Why has the language included in last year's hospital budget orders specifying that the rate approvals are a cap not worked to move providers off that ceiling?
9. Has MVP paid any Vermont hospital amounts greater than the rate cap allowed by the GMCB? If so, provide details.
10. Provide a breakdown of each Vermont hospital's commercial rate commitments over the past five years, whether those commitments were exceeded, and, for each commitment that was exceeded, whether relief was granted by the hospital.
11. Is MVP seeing members "buy down" in benefits due to high premium increases in recent years? In the small group market, does MVP have any insight into whether employers are shifting more of the premium cost onto their employees?
12. In the past 5 years, has MVP negotiated a different increase for any GMCB-regulated hospital than the cap allowed by the Board (up or down)? If so, provide details.
13. Provide more detail regarding the different contractual arrangements described at Exhibit 16, page 19, lines 5 – 10 (A.34) and why those different arrangements exist and the pros and cons of each. Also provide more information on the arrangement described in the second sentence of A.50 (p. 26, lines 13 - 14) and how and why that came to be.
14. How many members in MVP's individual and small group plans in Vermont have a PCP? How does MVP help its members find a PCP if they lack one and how does MVP incentivize its members to complete at least one annual wellness visit per year?
15. Do other parties contribute to cost or work in connection with MVP's MA product? Do other parties share in the gains or losses from that product?
16. Has MVP negotiated any reduced provider reimbursements because of lower quality? If so, please provide more information.

Dated: July 25, 2024.

Sincerely,

s/ Michael Barber

Michael Barber

General Counsel, Green Mountain Care Board

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