

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

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

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

HCA SUGGESTED QUESTIONS FOR MVP HEALTH PLAN, INC.

The Office of the Health Care Advocate (HCA) suggests the following questions to the Green Mountain Care Board (GMCB) to pose to MVP Health Plan, Inc (MVP).

1. Please provide more information about the Well-Being Reimbursement program. 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 upon enactment of H.766. 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. The Rx trend projection data provided by MVP's PBM and produced in response to Objection 1, Question 8, presents the Rx trend data in terms of gross costs. We note that MVP's PBM announced a new product last year, CVS Caremark TrueCost.¹ An executive summary of the new product describes the current system of drug pricing as "no longer sustainable" and "ready for industry-shifting change." The new product provides a "multi-year net cost guarantee that incorporates all of the discounts" and "a deeper level of transparency while ensuring the same or better value." Does MVP agree

¹ https://business.caremark.com/content/dam/enterprise/business-caremark/insights/pdfs/2024/exec_summary_reshaping_pharmacy_pricing.pdf

with its PBM that the current system is no longer sustainable? Has MVP evaluated whether a system of pharmacy benefit management based on true net costs plus dispensing and administrative fees would benefit its members? If so, please share the findings of the evaluation.

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?

Dated in Montpelier, Vermont, this 12th day of June 2024.

/s/ Charles Becker

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CERTIFICATE OF SERVICE

I, Charles Becker, hereby certify that I have served the above HCA Suggested Questions for MVP Health Plan, Inc. on Michael Barber, Laura Beliveau, and Tara Bredice of the Green Mountain Care Board and Gary Karnedy, Ryan Long, and Hannah Lebel, Primmer Piper Eggleston & Cramer PC, representatives of MVP Health Care in the above-captioned matters, by electronic mail, delivery receipt requested, this 12th day of June 2024.

/s/ Charles Becker

Charles Becker

Staff Attorney

Office of the Health Care Advocate

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