

June 12, 2024

Eric Bachner
MVP Health Plan, Inc.
625 State Street
Schenectady, NY 12305

Re: MVP Health Plan, Inc.
2025 Vermont Exchange Rate Filing – Individual
SERFF Tracking #: MVPH-134081032
Objection #2

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Follow-up to Objection #1, Question 5 – Brattleboro Retreat is now under GMCB hospital budget review/approval. The approved increase was 1.9% or below (see here <https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY24%20Hospital%20Budget%20Order%20-%20Brattleboro%20Retreat%20-%20FINAL.pdf>). The unit cost exhibit does not show compliance with the order. Please reconcile and provide an updated unit cost trend exhibit that is in compliance. No further updated documentation will be needed at this time.
2. Follow-up to Objection #1, Question 9 – What is driving the higher actual trends compared to expected? Are these drivers expected to be one-time occurrences or recurring? What drivers are expected to contribute to decreasing Rx trend in 2025?
3. Follow-up to Objection #1, Question 17 – Please provide the analysis MVP performed on the “membership enrollment and average deductible data from 2022 and 2023”. Please explain how MVP determined no adjustment for Medicaid redeterminations was necessary because of this analysis.
4. Follow-up to Objection #1, Question 21 – Please provide a breakdown of the actual 2023 expenses by expense category, similar to the table provided for projected 2025 amounts.

5. Follow-up to Objection #1, Question 21 – Please provide a breakdown of the projected 2024 expenses by expense category, similar to the table provided for projected 2025 amounts.
6. Please provide the following:
 - a. Monthly enrollment count of membership that joined as a result of Medicaid Redetermination from April 2023 through April 2024.
 - b. The 2023 allowed claims PMPM, paid claims PMPM, average age, and PLRS for the population that joined as a result of Medicaid Redetermination and, separately, all other membership (i.e., not redetermined).
7. Please complete the following table regarding the rating year 2024 QHP Filing URRT morbidity adjustment:

	2024 QHP Filing (As Filed)	2024 QHP Filing (As Ordered)
COVID-19 Testing	-0.04%	-0.04%
COVID-19 Vaccinations	+0.3%	??
[fill in as appropriate]	--	??
[fill in as appropriate]	--	??
Total Morbidity Adjustment	+0.3%	+0.0%

8. Please provide the age distribution, by each age, of MVP’s current membership.
9. Regarding the support provided for the adjustment for H766, please address the following:
 - a. The support states, “MVP analyzed claim lines that were edited and/or denied in its 2023 commercial Vermont population and found that these edits saved approximately...” and “MVP also reviewed claim editing procedures and payment policies enacted by vendors on MVP’s behalf and found those will add an additional...” Please clarify whether this amount represents all claims lines edit and/or denied or if this amount represents claims lines edited and/or denied in a manner that was beyond the current Medicare and/or Medicaid guidelines. If the latter, please provide adjusted amounts that reflect only those claims that were edited and/or denied in a manner that was beyond the current Medicare and/or Medicaid guidelines.
 - b. The support states, “MVP’s actuarial team was provided cost estimates for the prohibition of health plans ‘imposing prior authorization requirements on any admission, item, service, treatment or procedure ordered by a primary care provider’... This totaled approximately...” Please demonstrate how this amount does not overlap with the two amounts provided as quoted above in part (a).
 - c. Please provide quantitative support for the calculation of the risk adjustment PMPM in the URRT before versus after the impact of H766.
 - d. The updated URRT after the impact of H766 that was provided shows an increase in the capitation trend compared to the URRT before the impact of H766, please provide qualitative and quantitative support for why and how the impact of H766 affects the capitation trend.
 - e. Please provide the 2023 claims denial rate.
 - f. Please provide total 2023 reduced or denied billed claim amounts by reason, similar to the following structure:

Denial/Edit Reason	Reduction or Denied Billed Amount

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 19, 2024.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,



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