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May 31, 2024

Ms. Traci Hughes, FSA, MAAA  
Lewis & Ellis, Inc.  
700 Central Expressway South, Suite 550  
Allen, TX 75013

Re: 2025 Vermont Exchange Rate Filing – Small Group  
SERFF Tracking #: MVPH-134081005

Dear Ms. Hughes:

This letter is in response to your correspondence received 05/23/24 regarding the above-mentioned rate filing. The responses to your questions are provided below.

1. Please provide the 2023 RATEE report from CMS.

Response: This file has been determined to be confidential and will be provided under separate cover.

2. Please provide the average age factor for MVP's small group market for 2023 and 2024.

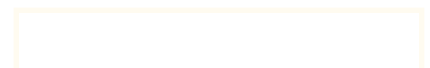
Response: Please see the table below for the average HHS age factor for this market in each year. Note that 2024 membership data only includes through February.

Age Factors for MVP's Small Group Market	
Year	Average Age Factor
2023	1.647
2024	1.635

3. Please provide the company's historical RBC ratio for a minimum of three years.

Response: Please see the table below.

MVPHP RBC Ratio	
Year	Actual
2021	354.0%
2022	369.3%
2023	416.5%





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4. Please reconcile WS2 of the URRT, rows 21-22, showing a rate increase of 9.5% to the requested rate increase shown in the Actuarial Memo and SERFF of 9.3%.

Response: Please see “Question #4” in the attached Excel document for derivations of the two percentages. This difference is driven by the membership used to weight each plan for the total average rate increase. The URRT uses our current enrollment as of February 2024. The rate increase exhibit, which is referenced in the Actuarial Memo and SERFF, uses our projected 2025 membership. This includes shifts in members from the terminated Gold 2 plan. The URRT does not include terminated plans in the calculation. There may be small differences between the rate increase exhibit and the calculation we provided in the support file due to rounding of rate changes in the URRT and weighting based on contract size.

5. Please provide detailed quantitative and qualitative support for the 2024 & 2025 medical unit cost trend assumption separately for Vermont providers that are governed by the GMCB and all other providers. The support for the providers governed by GMCB should reconcile to the approved budget changes for FY24 (<https://gmcbboard.vermont.gov/FY2024hospitalbudgets>) and include an explanation and support for any differences. The support for all other providers should include the data and any adjustments that were made to the data to determine the best estimate of unit cost changes.

Response:

### **Facility Trends**

For Facility (Inpatient and Outpatient) trends, facilities can generally be bucketed into three categories:

1. Vermont facilities under GMCB jurisdiction
2. Facilities MVP negotiates contractual discounts with directly but are not under GMCB jurisdiction
3. Facilities under a rental network arrangement, facilities that are non-participating, or facilities where discounts are negotiated on a claim-by-claim basis.

The starting point for MVP’s facility trends in this rate filing is facility claims processed for all Vermont small group members for the calendar year 2023.

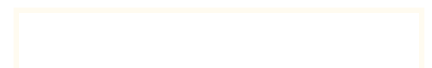
For facilities under GMCB jurisdiction, MVP is using the approved rate increases as referenced above, with the following exceptions:

### **Central Vermont Medical Center (CVMC)**

In CVMC’s budget submission the standard requested changes were 11.9% for IP, 11.1% for OP, and 5.0% PHY, for a total commercial increase of 10.0%. This submission was approved at 5.0% and therefore MVP is reflecting the proportional increase for each area of service: 6.0% for IP, 5.6% for OP, and 2.5% for PHY.

### **Copley Hospital**

In Copley’s budget submission the standard requested changes were 16.2% for IP, 16.2% for OP, and 3.5% PHY, for a total commercial increase of 15.0%. This submission was approved at 8.0% and therefore the proportional increase for each area of service is 8.6% for IP and 8.6% for OP. The Green Mountain Care Board approved a 7% mid-year





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budget increase effective in April 2024, so MVP is reflecting 14.3% in 2024 for both IP and OP. The assumed 2025 trend reflects the approved 8.6%.

### **North Country Hospital**

In North Country's budget submission, the standard requested changes were 5.0% for IP, 5.0% for OP, and 0.0% PHY, for a total commercial increase of 4.5%. This submission was approved at 4.0% and therefore MVP is reflecting the proportional increase for each area of service: 4.4% for IP and 4.4% for OP.

### **Northeast Vermont Regional Hospital**

In NVRH's budget submission, the standard requested changes were 16.8% for IP, 16.8% for OP, and 0.0% PHY, for a total commercial increase of 15.0%. This submission was approved at 8.0% and therefore MVP is reflecting the proportional increase for each area of service: 9.0% for IP and 9.0% for OP.

### **Springfield Hospital**

In Springfield's budget submission, the standard requested changes were 1.8% for IP, 8.4% for OP, and 7.7% PHY, for a total commercial increase of 7.0%. This submission was approved at 6.0% and therefore MVP is reflecting the proportional increase for each area of service: 1.5% for IP and 7.2% for OP.

### **University of Vermont Medical Center (UVMCMC)**

In UVMCMC's budget submission the standard requested changes were 11.3% for IP, 11.3% for OP, and 5.0% PHY, for a total commercial increase of 10.0%. This submission was approved at 3.1% and therefore MVP is reflecting the proportional increase for each area of service: 3.5% for IP, 3.5% for OP, and 1.6% for PHY.

2025 medical unit cost trend assumptions were assumed to be equal to the approved budgets from 2024, with the exception of Copley as explained above. The trends for facilities under the GMCB's jurisdiction are 3.9% IP / 5.1% OP for 2024/2023 and 3.8% IP / 5.0% OP for 2025/2024.

### **Non-GMCB Facilities**





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Overall facility trends are calculated using a weighted average based on 2023 utilization and are 4.8% IP / 5.2% OP for 2024/2023 and 4.8% IP / 5.5% OP for 2025/2024. Please see the tab "Question #5 Facility Trends" in the attached Excel workbook for the quantitative derivation of the trends.

### **Physician Trends**

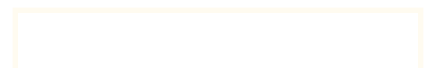
MVP has a few different contracting partners for physician claims in Vermont, including medical groups in VT/NH/NY, individual physicians participating in MVP's network, and physicians outside of MVP's network. The following physician groups are under the GMCB's jurisdiction: UVMHC, Porter, Rutland and CVMC. Those trends match the approved GMCB rate increases for 2024, with the same exceptions previously explained. 2025 trends are assumed to be equal to 2024 trends for these providers.

All the other groups participating with MVP reflect MVP's best estimate of negotiated payment rates for 2024 and 2025, including claims for Vermont members at New York physician groups.

The individual trends are weighted together using 2023 experience for all Vermont small group members (in a similar fashion to the facility trends). The resulting physician trend is 1.7% for 2024/2023 and 1.3% for 2024/2023. Please see the "Question #5 Physician Trends" tab in the attached Excel workbook for a quantitative derivation of this calculation.

*6. We acknowledge the following from page 5 of the Actuarial Memorandum: "MVP analyzed historical medical utilization trends for its VT block of business and determined that the data has been too volatile in recent years to use for medical utilization trend purposes. MVP attributes this volatility to the significant membership growth for this block of business and COVID-19." Please provide the analysis of the historical medical utilization trends. This analysis should include quantitative and qualitative components.*

Response: MVP used the triple exponential smoothing forecasting method for analyzing historical utilization patterns and projecting them to the rating period. MVP has experienced membership volatility in this block of business in the recent past, which may influence the results of historical trend methodologies. The utilization data is aggregated into rolling 12-month time periods at the service category level and adjusted for age/gender based on the Milliman age/gender table. The data inputs as well as the model outputs for the service categories can be seen on tabs "Question #6 Inpatient", "Question #6 Outpatient", and "Question #6 Physician" in the provided excel workbook. The results of the blended distribution can be seen in tab "Question #6 Aggregate" in the provided excel workbook. MVP has determined that the range of utilization trends forecasted by the model is too large to have confidence in the result.





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*7. Provide quantitative support for the 1.036 trend factor applied to the claims for the deductible in Exhibit 2a.*

Response: To value the impact of trend on claims under the deductible level, MVP utilized the probability distribution function table from its benefit relativity model that corresponds to all medical and pharmacy claims (except for preventive services covered in full). The average cost per claim band was calculated both with and without the total allowed claim trend from the filing, and the “deductible value” is calculated as:

[ Sum product of average claim band and frequency for bands below the deductible] PLUS [ Deductible level times probability of claims above the deductible].

The deductible trend is then calculated as the change in the “deductible value” from the experience period to the rating period.

The total deductible trend is calculated as:

[Sum product of the deductible trend for a plan based on its single deductible level and that plans experience period membership] Divided by [Total experience period membership]

The quantitative derivation of the trend factor has been determined to be confidential and has been provided under separate cover.

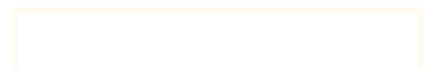
*8. Please provide quantitative and further qualitative support for the utilization, unit cost, and deductible leveraging Rx trends in Exhibit 2b.*

Response: MVP is provided with pharmacy trend estimates by its Pharmacy Benefit Manager, CVSHealth. These trends are run for all of MVP’s Vermont fully insured membership (ACA and Large Group) and use historical utilization and unit cost data for those populations. This historical data is combined with CVSHealth estimates of changes in utilization, unit cost and generic dispensing rates to calculate their best estimate of Gross PMPM claim cost trends for 2024 and 2025. MVP also applies its best estimate of contract changes between the experience period and the rating period to the unit cost information using a trend model provided by CVSHealth. Please see the attached exhibit (CONFIDENTIAL\_MVP\_Vermont\_4Q2023\_CSTM\_02152024) which provides CVSHealth’s best estimate of trends as of the time of the filing.

The individual cost components (unit cost and utilization by Generic/Brand/Specialty) are included in the Rx Trend Summary in Exhibit 2a for 2024 and 2025. The trends are annualized and match those on Exhibit 2b. The individual cost components are calculated as follows:

**Generic:** Unit Cost trend is represented by Generic Non-Specialty Cost/Day trend which is found in cell L46 on Page 1 (2024) and Page 2 (2025) of the attached. Generic Non-Specialty Gross Cost PMPM Trend can be found in cell J46 on Page 3 (2024) and Page 4 (2025) of the attached. Utilization is then calculated by taking Gross Cost PMPM Trend divided by the unit cost trend.

**Brand:** Unit Cost trend is represented by Brand Non-Specialty Cost/Day trend which is found in cell M46 on Page 1 (2024) and Page 2 (2025) of the attached. Brand Non-Specialty Gross Cost PMPM Trend can be found in cell F46 on Page 3 (2024) and Page 4 (2025) of the attached. Utilization is then calculated by taking Gross Cost PMPM Trend





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divided by the unit cost trend. The impact of brand drugs moving to generic is implicitly covered under the cost/day trend under this methodology. This reflects the utilization of the current drug being re-weighted from the brand bucket to the generic bucket.

**Specialty:** Utilization trend is represented by Specialty Utilization trend which is found in cell N47 on Page 1 (2024) and Page 2 (2025) of the attached. Specialty Gross Cost PMPM can be found in cell G47 on Page 1 (2024) and Page 2 (2025) of the attached. Specialty unit cost trend is then calculated by taking Gross Cost PMPM Trend divided by the utilization trend.

CVSHealth buckets non-Specialty drugs by the first 2 characters of the GPI and Specialty drugs using their proprietary Rx Navigator methodology. The individual contribution of these buckets to Gross Cost PMPM trend can be found in column I of Page 1 (2024) and Page 2 (2025) of the attached. The Other bucket for non-Specialty claims includes all GPI categories not explicitly listed and the other bucket for Specialty claims include all conditions not explicitly listed.

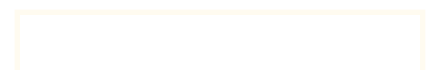
MVP uses the trend factors calculated above and applies them to the experience period cost per script and scripts per 1,000 members to compute an annual paid trend. Scripts per 1,000 is trended using the utilization trends, while the allowed cost per script and coinsurance cost per script amounts are trended using the unit cost trends. Copay per script amounts are not trended and the deductible per script amounts are trended using the paid leveraging factor.

All of these trended items are then converted to a PMPM using the formula ( projected cost per script \* projected scripts per 1,000 members / 12,000 ) and the projected paid claims PMPM is calculated as the difference between the projected allowed claims PMPM and the sum of the cost sharing PMPM amounts. The total (24 month) paid trend (gross of rebate changes) is then calculated as the projected paid claims PMPM divided by the experience period paid claims PMPM. The paid claims net of pharmacy rebates is calculated as the projected net paid claims PMPM divided by the experience period net paid claims PMPM.

The amounts paid under the deductible by members in the experience period are converted to a per script basis. This per script amount is then trended and converted to a projected PMPM as explained above. The trend factor used for this line item is equivalent to the annualized trend factor for claims under the deductible on the medical side, the derivation of which can be found in the response to Question #7.

*9. Please provide the historical annual Rx trends observed from 2020-2023, as well as the actual-to-expected ratio for the Rx trend in each year.*

Response: Please see the following table for this trend analysis. Trends are taken from the most recent rate filing where a trend occurred (for instance, the 2022 to 2023 expected trend is taken from the 2024 VT Exchange filing). Also note that actuals and expected in the table below reflect both small and individual data since our PBM provides us with one trend for Vermont.





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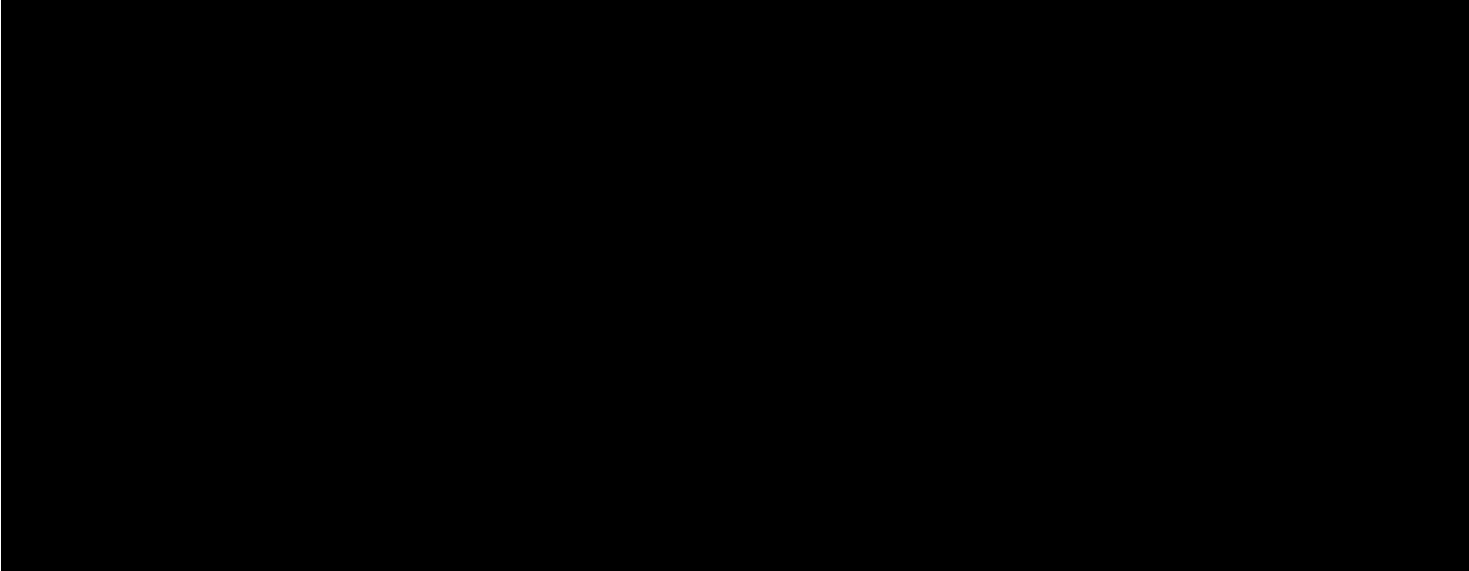
While reviewing the table, it is important to note that this is a risk-adjusted population, and MVP’s membership and demographic mix have changed considerably over the period being measured. Therefore, reviewing the actual-to-expected trends in isolation does not indicate the impact of these trends on MVP’s financial performance.

**Comparison of Actual to Expected Pharmacy Allowed Trend,  
2020 to 2023, VT Exchange**

Year	Actual	Expected	Difference
2023/2022	18.4%	10.8%	6.9%
2022/2021	20.7%	10.4%	9.3%
2021/2020	13.8%	5.3%	8.0%
2020/2019	21.7%	5.8%	15.0%

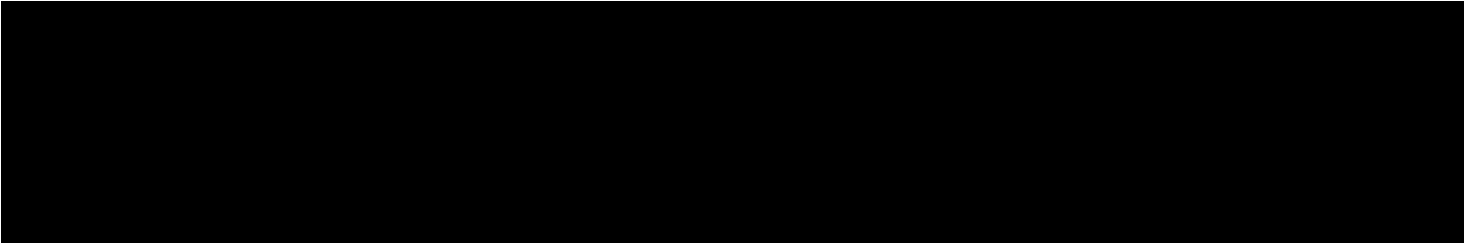
10. Page 3 of the Actuarial Memorandum states “our emerging unpaid experience indicates that there are high-cost claims only attributable to small group, so we have modified the IBNR factor for the entire VT population to reflect these amounts specifically in the small group filing”. Please provide quantitative and further qualitative support for the IBNR adjustment, including the small-group-specific adjustment factor.

Response: Please see the tab “Question #10” in the attached Excel file which provides a quantitative derivation of the separate Small Group and Individual IBNR factors used in the 2025 filings, along with a confirmation that the alternative methodology used results in the same reserve amount is held (in total dollars) as is held in MVP’s internal reserving model.





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To adjust the total reserve by the group size, MVP performed the calculation that is detailed in the attached Excel file. Specifically, MVP calculated an IBNR factor removing the known claims. For Individual, the reserve is the sumproduct of the paid claims and the IBNR factor removing the known claims for every month. For Small Group, the reserve is calculated as:

$$[\text{PAID CLAIMS}] * [\text{IBNR FACTOR REMOVING THE KNOWN CLAIMS}] + [\text{KNOWN CLAIM AMOUNTS}]$$

As you can see in the attached Excel file, using this alternative methodology (extending the Individual logic to the Large Group claims, which are not in scope in this filing) results in a total reserve that is equivalent to the reserve produced in the reserving model.

11. Please provide qualitative and quantitative support for the decrease in “Other Medical Expenses not in claim warehouse” and “Net Reinsurance Expense” shown on page 4 of the Actuarial Memorandum. Please elaborate on what is driving the decreased amounts for these two items compared to last year’s filing.

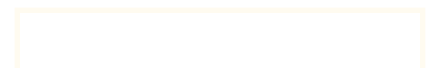
Response: The decrease in “Other Medical Expenses not in claim warehouse” between the 2024 and 2025 rate filing is driven by moving the majority of our claim settlements to another line item in the table, “Claim Settlements to Providers”. Please see the table below. Notice that \$6.48 is the sum of the lines “Other Medical Expenses not in claim warehouse” and “Claim Settlements to Providers”.

	2024 Rate Filing	2025 Rate Filing
Claims Settlement	\$1.98	\$3.80
Other Items	\$1.68	\$2.68
<b>Total</b>	<b>\$3.66</b>	<b>\$6.48</b>

The decrease in net reinsurance expense from \$1.09 to \$0.65 PMPM is due to a decrease in reinsurance premiums from 2022 to 2023.

12. Please provide further qualitative and quantitative support for the Well-Being Reimbursement and Claim Settlements to Providers amounts shown on page 4 of the Actuarial Memorandum.

Response: Vermont small group members incurred \$247,766, or \$1.28 PMPM, of wellness dollars in the experience period. We are trending this by 40% over two years to the projection period based on historical utilization increases. Not only are we seeing more utilizers, but those who utilize the benefit are sticky. The table below shows how the claims for this benefit has increased over the past few years for all of our VT members, with a particularly large increase in the past year.







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VT Commercial Well-Being Data by Incurred Year			
Incurred Year	Total Well-Being Expense	Expense PMPM	YoY Increase
2020	\$61,920	\$0.14	
2021	\$83,166	\$0.18	29%
2022	\$99,924	\$0.23	28%
2023	\$547,766	\$1.61	600%

13. For each month from January 2019 through March 2024, please provide the total allowed costs, member months, and any normalization factors appropriate to normalize for changes in unit costs, population age factors, and induced utilization.

Response: Please see the tab "Question #13" in the attached Excel document which provides this information. The age normalization reflects the age curve created by HHS and the induced demand normalization factors reflect the induced demand slope MVP uses to price (which complies with HHS guidelines). The unit cost normalization reflects the best estimate of unit cost trends from the most recent filing that a trend was presented (i.e. 2023/2022 trend is from the 2024 Exchange filing, as opposed to the 2023 Exchange filing).

MVP would like to note that any changes to allowed claims for a risk-adjusted population should include a review of risk adjustment payments and receipts. MVP's risk adjustment payments as a percentage of allowed claims have increased over this period and this will serve to deflate allowed trends above and beyond analysis of a static population.

14. Please provide further qualitative and quantitative support for the adjustment on lines 11-14 of Exhibit 3. This should include a derivation of the calculated impact, disclosure of all assumptions made, as well as support and/or sources used as a basis for assumptions made.

Response:

*Line 11- Adjustment for Waived Cost Share Due to COVID-19*

MVP is removing \$0.27 PMPM to account for cost sharing related to the COVID-19 pandemic including treatment, visits, and testing that was waived during the experience period. Cost sharing for these services began to be the member's responsibility in 2024 with the unwinding of the Public Health Emergency. Please see the tab "Question #14 Waived Cost Share" in the attached Excel document for further support. A cost share factor based on historical utilization was developed and applied to the COVID services.





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*Line 12- Adjustment for COVID Vaccines*

MVP will be responsible for the full administration cost and ingredient cost of COVID-19 vaccines in the projection period. The \$0.40 PMPM value found in line 12 represents the **difference** between the projected cost and the experience cost. Further support is provided in the response to Question #15.

*Line 13- Adjustment for Hearing Aids as EHB*

Hearing aids were added as an essential health benefit in 2024. MVP analyzed historical experience in its New York population and used a three-year average to calculate the additional \$0.33 PMPM. Please see the tab "Question #14 Hearing Aids" in the attached Excel document for further support.

*Line 14- Adjustment for Abortions Covered in Full*

Vermont has mandated coverage of abortions without cost sharing except before the deductible on HDHPs. MVP analyzed its historical VT experience for this block and used a three-year average to calculate the additional \$0.03 PMPM. Please see the tab "Question #14 Abortions" in the attached Excel document for further support.

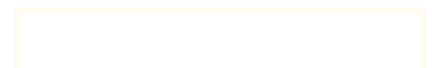
*15. The Actuarial Memo states the following about the morbidity adjustment for the impact of COVID vaccines:*

*"During the experience period, MVP was responsible for the administration cost of COVID-19 vaccines for all 12 months but began to be responsible for the full ingredient cost of those vaccines starting in September 2023. MVP is projecting the cost for 2025 to be: the 2023 utilization of COVID-19 vaccines for all 12 months multiplied by \$140, which represents the full amount for ingredient and administration costs." If MVP was responsible for the ingredient cost starting in September 2023, that implies that there are 4 months of ingredient costs included in the experience period. However, MVP is adding 12 months of ingredient costs into the rating period. Why isn't MVP adding only 8 months of ingredient costs into the rating period?*

Response: MVP calculated the Covid Vaccine adjustment by subtracting the total 2023 Covid Vaccine PMPM from what the PMPM would have been if each administered vaccine cost \$140. The actual PMPM in 2023 for Covid Vaccines was \$1.46 but it would have been \$1.85 if the cost per vaccine was \$140 for the entire year (instead of just September – December). Thus, MVP made the \$0.40 adjustment up due to this expected increase in Covid Vaccine cost. Please see the tab "Question #15" in the attached Excel document for further support.

*16. Page 5 of the Actuarial Memorandum states that "MVP is preparing to file an amendment to our rate filing shortly after submission to include the final impact of [Vermont House Bill H.766] in our premium rates." Further, MVP states that "our preliminary analysis suggest this would increase premium rates by 8-10%." We note that H.766 was signed into law on May 10th. Please provide only an updated URRT and the updated "VT 2025 Exchange Rate Filing..." rate development exhibits file only. No further revised files will be needed at this time. Additionally, please provide quantitative and qualitative support for the derivation of the applied impact due to H. 766.*

Response: We are still quantifying the impact of this bill and request that you grant us an extension. We can respond to this question by Tuesday, June 4<sup>th</sup>.





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17. Please provide quantitative support for the Benefit Relativity and Induced Demand Reflected in Index Rate factor in Exhibit 6.

Response: Please see the tab “Question #17” in the attached Excel document for a quantitative derivation of the experience period average Benefit Relativity and Induced Demand factor. The relativities for all plans are calculated using the same benefit relativity model that is used to price the 2025 plans, and the induced demand factor is calculated using a similar methodology as the rate filing.

The average factor is calculated by member-weighting the product of the benefit relativity model actuarial value and induced demand factor, consistent with prior filings.

18. Please provide quantitative and further qualitative support for the expected 2023 risk adjustment payment.

Response: Please see the attached exhibit (CONFIDENTIAL Round 1 2023 VT Risk Adjustment Study - MVP Health Plan) for the study provided by the external actuarial consultant. The tab “Question #18” in the attached Excel document demonstrates how this value was used to calculate the federal risk adjustment program impact on Exhibit 3. MVP did not make any changes to the estimated risk adjustment payment for population changes, as the goal of risk adjustment in pricing should be to place carriers at the same level (in this case, 2023 claims at a 1.0 risk level) when calculating their rate increases, and any incorporation of 2024 (or projected 2025) membership changes between carriers assumes the carriers are no longer pricing to the same level. MVP did not incorporate model changes from 2023 to 2025 into our estimates, as we do not have enough data to make a determination about their impact.

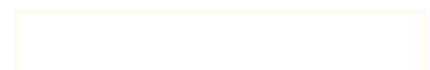
19. Please provide the national study performed by Wakely Consulting Group for the 0.77% impact of the National High Cost Reinsurance Pool.

Response: This file has been determined to be confidential and will be provided under separate cover.

20. Please provide a breakdown of the assumed general administrative load of \$51.44 shown in Exhibit 5 by expense category. Please also provide this breakdown for the actual 2023 expenses.

Response: Please see the table below which provides a breakout of the administrative expense by major category.

VT Small Group Administrative Expense by Category	
	2025 Admin PMPM
Personnel Expenses	\$33.78
Software	\$2.83
Consulting/Project Expenses	\$5.20
All Other Administrative Expenses	\$9.62
Total	\$51.44





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21. What were the drivers of the significant increase in administrative costs in SHCE admin PMPM from 2022 to 2023, as shown on page 9 of the Actuarial Memorandum?

Response: The main drivers of the increase in administrative costs from 2022 to 2023 were increased spending of personnel related costs, software/hardware, and advertising/promotion.

22. Please provide the historical actual to expected profit margin for a minimum of three years.

Response: See the table below for the historical actual to expected profit margin in the individual market. The actual margin was calculated on a run rate basis instead of a financial statement basis to best represent our premiums and claims in each period.

VT Small Group Actual to Expected Profit Margin		
Year	Actual	Expected (Approved)
2021	-8.1%	0.5%
2022	-10.3%	1.0%
2023	-5.0%	-0.2%

23. Please provide the actual bad debt expense as a percentage of premium for 2023.

Response: Please see the tab "Question #23" in the attached Excel document for historical actual bad debt information.

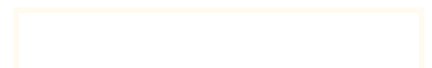
24. Please provide the historical loss ratio for a minimum of three years. Additionally, please provide the projection loss ratio for 2024, based on 2024 experience to date.

Response: Please see rows 167-175 of the Actuarial Memo Dataset provided with the initial submission for loss ratio information.

If you have any questions or require any additional information, please contact me at ebachner@mvphhealthcare.com.

Sincerely,

Eric Bachner, ASA  
 Director, Commercial Market & Valuation Actuary  
 MVP Health Care, Inc.



Question #4

Plan Name	VT Standard Platinum 1 (2025)	VT Standard Gold 1 (2025)	VT Non-Standard Gold 4 (2025)	VT Standard Gold 1 (2025) (Shift from Gold 2)	VT Non-Standard Gold 3 (2025)	VT Standard Silver 3 (2025)	VT Standard Silver 4 (2025)	VT Non-Standard Silver 2 (2025)
Plan ID (Standard Component ID)	77566VT0050001	77566VT0050002	77566VT0050032	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050024
Metal	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver
Plan Category	Renewing	Renewing	New	Terminating	Renewing	Renewing	Renewing	Renewing
Plan Category All Renewing for Calc	Renewing	Renewing	New	Renewing	Renewing	Renewing	Renewing	Renewing
Cumulative Rate Change % (over 12 mos prior) Rounded from URRT	8.120%	8.840%	0.000%	5.180%	9.240%	10.860%	9.850%	9.930%
URRT Current Enrollment	2,351	2,704	0	349	2,095	3	8	1
Rate Increase Exhibit Enrollment (For Memo)	2,351	2,704	0	349	2,095	3	8	1
Current Premium PMPM	\$973.10	\$817.16	\$0.00	\$861.44	\$820.64	\$720.03	\$734.06	\$740.87
Product Rate Increase % Using URRT Membership	9.5%							
Product Rate Increase % Using Rate Increase Exhibit Membership	9.3%							

Question #4

VT Non-Standard Silver 1 (2025) 77566VT0050007 Silver Renewing Renewing	VT Standard Silver 3 II (2025) 77566VT0050030 Silver Renewing Renewing	VT Standard Silver 4 II (2025) 77566VT0050031 Silver Renewing Renewing	VT Non-Standard Silver 2 II (2025) 77566VT0050029 Silver Renewing Renewing	VT Non-Standard Silver 1 II (2025) 77566VT0050028 Silver Renewing Renewing	VT Standard Bronze 2 (2025) 77566VT0050009 Bronze Renewing Renewing	VT Standard Bronze 3 (2025) 77566VT0050010 Bronze Renewing Renewing	VT Standard Bronze 4 (2025) 77566VT0050025 Bronze Renewing Renewing	VT Non-Standard Bronze 5 (2025) 77566VT0050026 Bronze Renewing Renewing	VT Non-Standard Bronze 1 (2025) 77566VT0050011 Bronze Renewing Renewing	
	10.740%	10.860%	9.860%	9.930%	10.740%	11.090%	10.480%	9.750%	10.770%	11.700%
61	1,275	1,330	838	1,247	621	1,769	120	137	118	
61	1,275	1,330	838	1,247	621	1,769	120	137	118	
\$652.63	\$660.74	\$632.50	\$667.54	\$669.54	\$585.70	\$561.97	\$578.84	\$591.72	\$573.71	

Question #5 Facility Trends

Derivation of Inpatient Trends for VT Exchange, 2024-2025, by Provider					
Facility Name	Inpatient %	2024 IP		2025 IP	
		Contract	2024 Trended IP %	Contract	Notes
Brattleboro Memorial Hospital					GMCB Rate effective 10/01/23 Best estimate of contract negotiation
Brattleboro Retreat					
Central Vermont Physicians Medical Center					GMCB Rate effective 10/01/23
Copley Hospital					GMCB Rate effective 10/01/23
Gifford Medical Center					GMCB Rate effective 10/01/23
Grace Cottage Hospital					GMCB Rate effective 10/01/23 Best estimate of contract negotiation
Green Mountain Surgery Center					
Mt. Ascutney Hospital					GMCB Rate effective 10/01/23
North Country Hospital					GMCB Rate effective 10/01/23
Northeast Vermont Regional Hospital					GMCB Rate effective 10/01/23
Northwestern Medical Center					GMCB Rate effective 10/01/23
Porter Hospital					GMCB Rate effective 10/01/23
Rutland Regional					GMCB Rate effective 10/01/23
Southwestern Vermont Medical Center					GMCB Rate effective 10/01/23
Springfield Hospital					GMCB Rate effective 10/01/23
University of Vermont Medical Center					GMCB Rate effective 10/01/23 Best estimate of contract negotiation
Dartmouth-Hitchcock Medical Center (NH)					
Rental/NY/Negotiated/Other					Blend of best estimates and effective contracts
<b>TOTAL, GMCB HOSPITALS</b>	<b>50.4%</b>	<b>3.9%</b>	<b>50.0%</b>	<b>3.8%</b>	
<b>TOTAL, ALL HOSPITALS</b>	<b>100.0%</b>	<b>4.8%</b>	<b>100.0%</b>	<b>4.8%</b>	

Derivation of Outpatient Trends for VT Exchange, 2024-2025, by Provider					
Facility Name	Outpatient %	2024 OP		2025 OP	
		Contract	2024 Trended OP %	Contract	Notes
Brattleboro Memorial Hospital					GMCB Rate effective 10/01/23 Best estimate of contract negotiation
Brattleboro Retreat					
Central Vermont Physicians Medical Center					GMCB Rate effective 10/01/23
Copley Hospital					GMCB Rate effective 10/01/23
Gifford Medical Center					GMCB Rate effective 10/01/23
Grace Cottage Hospital					GMCB Rate effective 10/01/23 Best estimate of contract negotiation
Green Mountain Surgery Center					
Mt. Ascutney Hospital					GMCB Rate effective 10/01/23
North Country Hospital					GMCB Rate effective 10/01/23
Northeast Vermont Regional Hospital					GMCB Rate effective 10/01/23
Northwestern Medical Center					GMCB Rate effective 10/01/23
Porter Hospital					GMCB Rate effective 10/01/23
Rutland Regional					GMCB Rate effective 10/01/23
Southwestern Vermont Medical Center					GMCB Rate effective 10/01/23
Springfield Hospital					GMCB Rate effective 10/01/23
University of Vermont Medical Center					GMCB Rate effective 10/01/23 Best estimate of contract negotiation
Dartmouth-Hitchcock Medical Center (NH)					
Rental/NY/Negotiated/Other					Blend of best estimates and effective contracts
<b>TOTAL, GMCB HOSPITALS</b>	<b>73.6%</b>	<b>5.1%</b>	<b>73.6%</b>	<b>5.0%</b>	
<b>TOTAL, ALL HOSPITALS</b>	<b>100.0%</b>	<b>5.2%</b>	<b>100.0%</b>	<b>5.5%</b>	

Question #5 Physician Trends

**Derivation of Physician Trends for VT Exchange, 2024-2025, by Provider**

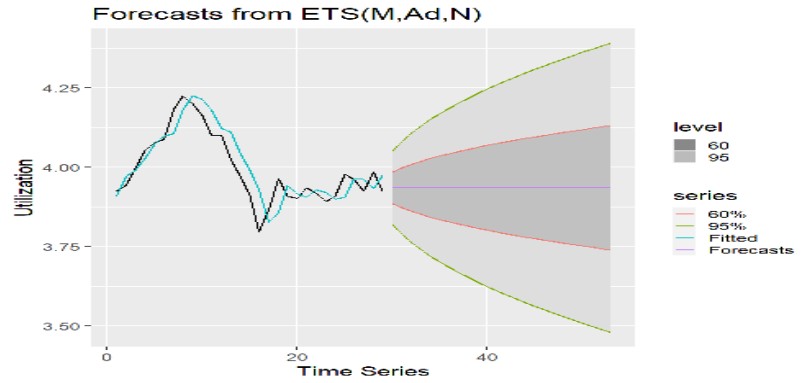
Facility Name	Physician %	2024 PHY		2025 PHY	
		Contract	2024 Trended PHY %	Contract	
UVMHC					
Rutland Regional					
CVMC					
Porter Hospital					
HealthFirst					
VT Community					
All Other Vermont					
VT PT-OT					
VT BH					
VT Chiro					
New Hampshire Participating					
Ambulatory - Ancillary					
DME - Ancillary					
Home Infusion - Ancillary					
Lab - Ancillary					
Rental/NY/Negotiated/Other					
<b>TOTAL</b>	<b>100.0%</b>	<b>1.7%</b>	<b>100.0%</b>	<b>1.3%</b>	



Prediction Intervals for Utilization

Data set: VT IP

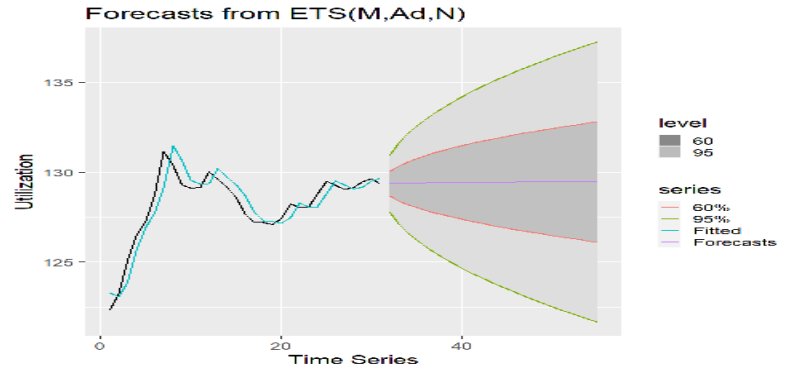
R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2021-06	1	3.924209407					
2021-07	2	3.943194525					
2021-08	3	3.996441905					
2021-09	4	4.053764201					
2021-10	5	4.07762955					
2021-11	6	4.086869135					
2021-12	7	4.18294201					
2022-01	8	4.223912842					
2022-02	9	4.199713959					
2022-03	10	4.163198343					
2022-04	11	4.100982667					
2022-05	12	4.101575002					
2022-06	13	4.023547766					
2022-07	14	3.973248699					
2022-08	15	3.911672041					
2022-09	16	3.796917228					
2022-10	17	3.865756267					
2022-11	18	3.965552228					
2022-12	19	3.909236041					
2023-01	20	3.901984278					
2023-02	21	3.935036943					
2023-03	22	3.917829034					
2023-04	23	3.892587358					
2023-05	24	3.908093793					
2023-06	25	3.9792618					
2023-07	26	3.961855021					
2023-08	27	3.924609191					
2023-09	28	3.985996295					
2023-10	29	3.924486872					
2023-11	30		3.935533959	3.886055001	3.985012917	3.820307571	4.050760348
2023-12	31		3.935561236	3.872669481	3.99845299	3.789099183	4.082023289
2024-01	32		3.935583058	3.861589005	4.00957711	3.76326602	4.107900096
2024-02	33		3.935600515	3.851904749	4.019296281	3.740690168	4.130510862
2024-03	34		3.935614481	3.843186118	4.028042845	3.720367698	4.150861265
2024-04	35		3.935625654	3.835188554	4.036062755	3.701728158	4.169523151
2024-05	36		3.935634593	3.827757142	4.043512044	3.684410039	4.186859147
2024-06	37		3.935641744	3.820786233	4.050497255	3.668166713	4.203116775
2024-07	38		3.935647465	3.814199821	4.057095108	3.652820704	4.218474225
2024-08	39		3.935652041	3.807940973	4.06336311	3.638239042	4.233065041
2024-09	40		3.935655703	3.801965662	4.069345744	3.624318898	4.246992508
2024-10	41		3.935658632	3.796238972	4.075078292	3.610978715	4.260338549
2024-11	42		3.935660975	3.79073263	4.08058932	3.598152456	4.273169494
2024-12	43		3.93566285	3.785423343	4.085902357	3.585785719	4.285539981
2025-01	44		3.93566435	3.780291638	4.091037062	3.573833032	4.297495668
2025-02	45		3.93566555	3.775321034	4.096010066	3.562255916	4.309075183
2025-03	46		3.935666509	3.770497432	4.100835587	3.551021458	4.320311561
2025-04	47		3.935667277	3.765808658	4.105525897	3.54010124	4.331233314
2025-05	48		3.935667892	3.761244112	4.110091671	3.529470529	4.341865254
2025-06	49		3.935668383	3.756794499	4.114542267	3.519107635	4.352229132
2025-07	50		3.935668776	3.752451613	4.11888594	3.508993417	4.362344136
2025-08	51		3.935669091	3.748208168	4.123130014	3.499110884	4.372227298
2025-09	52		3.935669343	3.744057663	4.127281022	3.489444871	4.381893815
2025-10	53		3.935669544	3.739994265	4.131344822	3.479981779	4.391357308



Prediction Intervals for Utilization

Data set: VT OP

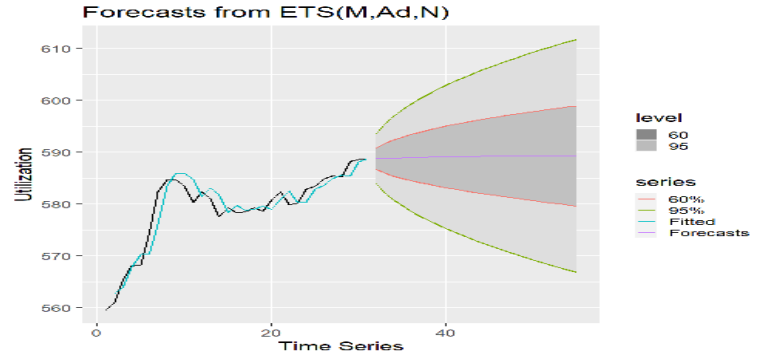
R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2021-06	1	122.3755937					
2021-07	2	123.2507142					
2021-08	3	125.104325					
2021-09	4	126.4723009					
2021-10	5	127.3117071					
2021-11	6	128.7512778					
2021-12	7	131.1499335					
2022-01	8	130.3775359					
2022-02	9	129.2933521					
2022-03	10	129.128427					
2022-04	11	129.1657661					
2022-05	12	130.0437934					
2022-06	13	129.5928495					
2022-07	14	129.1748811					
2022-08	15	128.5863935					
2022-09	16	127.7034053					
2022-10	17	127.2131319					
2022-11	18	127.209282					
2022-12	19	127.0986798					
2023-01	20	127.4229811					
2023-02	21	128.2384051					
2023-03	22	128.0480614					
2023-04	23	128.0276943					
2023-05	24	128.7733004					
2023-06	25	129.5033326					
2023-07	26	129.276305					
2023-08	27	129.0402769					
2023-09	28	129.1670053					
2023-10	29	129.4844705					
2023-11	30	129.647635					
2023-12	31	129.3532666					
2024-01	32		129.3672747	128.6861687	130.0483808	127.7811179	130.9534316
2024-02	33		129.3795617	128.4162349	130.3428886	127.1361703	131.6229532
2024-03	34		129.3903391	128.210399	130.5702792	126.6424996	132.1381787
2024-04	35		129.3997924	128.0371965	130.7623882	126.2265849	132.5729998
2024-05	36		129.4080841	127.8845327	130.9316355	125.860044	132.9561242
2024-06	37		129.4153572	127.7462649	131.0844494	125.5283821	133.3023322
2024-07	38		129.4217366	127.6187847	131.2246884	125.2230299	133.6204433
2024-08	39		129.4273322	127.4997697	131.3548947	124.9384328	133.9162317
2024-09	40		129.4322404	127.3876267	131.4768541	124.6707526	134.1937281
2024-10	41		129.4365455	127.2812101	131.5918809	124.4172094	134.4558815
2024-11	42		129.4403216	127.1796654	131.7009779	124.1757148	134.7049285
2024-12	43		129.4436339	127.0823362	131.8049316	123.9446537	134.942614
2025-01	44		129.4465391	126.9887057	131.9043726	123.7227469	135.1703313
2025-02	45		129.4490874	126.8983587	131.9998162	123.5089611	135.3892138
2025-03	46		129.4513227	126.8109556	132.0916897	123.302447	135.6001983
2025-04	47		129.4532832	126.7262144	132.1803521	123.1024968	135.8040697
2025-05	48		129.455003	126.6438977	132.2661082	122.9085128	136.0014931
2025-06	49		129.4565114	126.5638032	132.3492195	122.7199849	136.1930379
2025-07	50		129.4578345	126.485757	132.4299119	122.536473	136.3791959
2025-08	51		129.458995	126.4096077	132.5083822	122.3575948	136.5603952
2025-09	52		129.4600129	126.3352228	132.584803	122.1830149	136.737011
2025-10	53		129.4609058	126.2624852	132.6593264	122.0124373	136.9093743
2025-11	54		129.461689	126.1912907	132.7320872	121.8455993	137.0777787
2025-12	55		129.4623759	126.1215463	132.8032056	121.6822659	137.242486



Prediction Intervals for Utilization

Data set: VT PHY

R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence
2021-06	1	559.5926943					
2021-07	2	561.0510047					
2021-08	3	565.4223621					
2021-09	4	568.0690613					
2021-10	5	568.2827917					
2021-11	6	574.549943					
2021-12	7	582.351805					
2022-01	8	584.6558117					
2022-02	9	584.7572946					
2022-03	10	583.5600365					
2022-04	11	580.2938304					
2022-05	12	582.3408699					
2022-06	13	581.0238574					
2022-07	14	577.5277458					
2022-08	15	579.2720953					
2022-09	16	578.2847308					
2022-10	17	578.5386547					
2022-11	18	579.2754012					
2022-12	19	578.6207984					
2023-01	20	580.7257532					
2023-02	21	582.3716579					
2023-03	22	579.8901691					
2023-04	23	580.1335167					
2023-05	24	582.8637166					
2023-06	25	583.4734663					
2023-07	26	584.8560574					
2023-08	27	585.4764395					
2023-09	28	585.207523					
2023-10	29	588.2159179					
2023-11	30	588.6321916					
2023-12	31	588.6625047					
2024-01	32		588.7404035	586.6658502	590.8149569	583.9091924	593.5716146
2024-02	33		588.8077023	585.9509	591.6645045	582.1547932	595.4606113
2024-03	34		588.8671003	585.4000657	592.3341348	580.7930848	596.9411157
2024-04	35		588.919525	584.9344735	592.9045765	579.6391538	598.1998962
2024-05	36		588.9657951	584.5225874	593.4090029	578.6184716	599.3131187
2024-06	37		589.0066332	584.1481787	593.8650876	577.6922849	600.3209815
2024-07	38		589.0426769	583.801687	594.2836669	576.8374816	601.2478723
2024-08	39		589.0744892	583.4769733	594.672005	576.0390178	602.1099605
2024-09	40		589.1025667	583.169851	595.0352824	575.2864834	602.9186501
2024-10	41		589.127348	582.8773325	595.3773635	574.5723382	603.6823577
2024-11	42		589.14922	582.5972089	595.701231	573.8909242	604.4075157
2024-12	43		589.1685242	582.327799	596.0092494	573.2378721	605.0991763
2025-01	44		589.1855621	582.0677916	596.303327	572.6097281	605.7613962
2025-02	45		589.2005998	581.8161426	596.5850571	572.0037068	606.3974929
2025-03	46		589.2138721	581.5720048	596.8557394	571.4175238	607.0102205
2025-04	47		589.2255863	581.3346801	597.1164925	570.8492772	607.6018954
2025-05	48		589.2359252	581.1035842	597.3682662	570.2973638	608.1744867
2025-06	49		589.2450504	580.8782221	597.6118787	569.7604158	608.7296849
2025-07	50		589.2531042	580.6581689	597.8480396	569.237255	609.2689535
2025-08	51		589.2602126	580.4430566	598.0773686	568.7268568	609.7935684
2025-09	52		589.2664864	580.2325628	598.3004101	568.2283231	610.3046497
2025-10	53		589.2720237	580.0264029	598.5176445	567.740861	610.8031865
2025-11	54		589.276911	579.8243236	598.7294983	567.2637653	611.2900566
2025-12	55		589.2812244	579.6260975	598.9363513	566.7964056	611.7660433



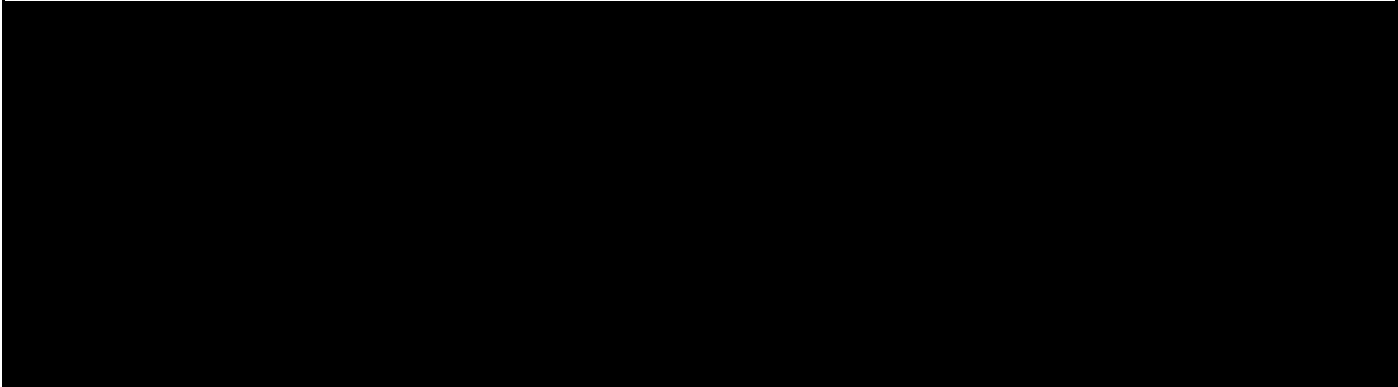
Question #6 Aggregate

Utilization	R12 Ending	Timeline	Values	Forecast	Lower Bound 60% Confidence	Upper Bound 60% Confidence	Lower Bound 95% Confidence	Upper Bound 95% Confidence		
IP	2023-10	29	3.92							
IP	2025-10	53		3.94	3.74	4.13	3.48	4.39		
OP	2023-12	31	129.35							
OP	2025-12	55		129.46	126.12	132.80	121.68	137.24		
PHY	2023-12	31	588.66							
PHY	2025-12	55		589.28	579.63	598.94	566.80	611.77		
<b>24 month Trends</b>										
Utilization	Mean	Standard Deviation	Weight							
IP	0.28%	5.92%	21.17%							
OP	0.08%	3.07%	50.53%							
PHY	0.11%	1.95%	28.30%							
Blend	0.13%	2.07%								
<b>2-Year Trends</b>										
5th Percentile	10th Percentile	20th Percentile	30th Percentile	40th Percentile	50th Percentile	60th Percentile	70th Percentile	80th Percentile	90th Percentile	95th Percentile
-3.27%	-2.52%	-1.61%	-0.95%	-0.39%	0.13%	0.66%	1.22%	1.87%	2.78%	3.54%

EP Allowed Trend  
RP Allowed Trend  
Exp Pd Allowed PMPM  
Rating Pd Trended Allowed PMPM



Deductible Level	HDHP Allowed \$	Distinct Mbrs	Average Annual Cost of Claim in Band	Freq	Experiences Pd Trended average annual cost of claim per band	Rating Pd Trended average annual cost of claim per band	Deductible Value Exp Pd	Deductible Value Rating Pd	Paid Yr 1	Paid Yr 2	Deductible Trend
[Redacted Content]											



Member Months    Distinct Members    Avg Months per Member

Plan Name	2023 SG Member Months	Deductible	Deductible Trend
[Redacted]			
Total Deductible Trend			1.036

**2023 Reserve Calculation, MVP Vermont Total**

Incurred Month	Paid Claims	Incurred Claims	Reserve for Unreported Claims	Reserve for Reported Claims yet to be Paid	Reserve Factor, without Reported Claims
202312	\$15,290,309	\$17,350,110	\$1,672,885.32	\$386,916	1.109
202311	\$16,637,866	\$17,401,828	\$763,961.36	\$0	1.046
202310	\$16,172,146	\$16,762,348	\$343,480.94	\$246,722	1.021
202309	\$16,238,927	\$16,611,553	\$372,626.07	\$0	1.023
202308	\$15,669,658	\$15,845,804	\$176,145.67	\$0	1.011
202307	\$14,087,163	\$14,181,084	\$93,920.63	\$0	1.007
202306	\$15,263,143	\$15,843,689	\$81,062.18	\$499,484	1.005
202305	\$15,679,643	\$15,774,380	\$94,737.48	\$0	1.006
202304	\$15,703,226	\$15,737,218	\$33,991.99	\$0	1.002
202303	\$17,603,896	\$17,643,311	\$39,414.41	\$0	1.002
202302	\$12,895,950	\$12,893,145	(\$2,805.63)	\$0	1.000
202301	\$13,884,444	\$13,901,258	\$16,814.66	\$0	1.001
<b>TOTAL</b>	<b>\$185,126,371</b>	<b>\$189,945,727</b>	<b>\$3,686,235</b>	<b>\$1,133,121</b>	<b>1.020</b>
	<b>Total Reserve, Model</b>	<b>\$4,819,356</b>			

**2023 Reserve Calculation, MVP Vermont Group Size Specific**

Incurred Month	Paid Claims- INDV	Paid Claims- SG	Paid Claims- LG	Incurred Claims- INDV	Incurred Claims- SG	Incurred Claims- LG	IBNR Factor- INDV	IBNR Factor- SG
202312	\$6,470,622	\$7,933,556	\$886,131	\$7,178,561	\$9,188,468	\$983,081	1.109	1.158
202311	\$7,107,608	\$8,868,893	\$661,379	\$7,433,968	\$9,276,126	\$691,748	1.046	1.046
202310	\$6,476,589	\$9,018,856	\$676,702	\$6,614,146	\$9,457,129	\$691,075	1.021	1.049
202309	\$6,529,853	\$8,949,124	\$759,950	\$6,679,690	\$9,154,475	\$777,389	1.023	1.023
202308	\$6,307,532	\$8,591,269	\$770,858	\$6,378,437	\$8,687,846	\$779,523	1.011	1.011
202307	\$5,953,124	\$7,111,173	\$1,022,874	\$5,992,814	\$7,158,584	\$1,029,694	1.007	1.007
202306	\$6,586,075	\$7,962,325	\$714,747	\$6,621,053	\$8,504,096	\$718,543	1.005	1.068
202305	\$6,694,670	\$8,419,269	\$565,704	\$6,735,119	\$8,470,139	\$569,122	1.006	1.006
202304	\$6,355,042	\$8,514,804	\$833,382	\$6,368,799	\$8,533,235	\$835,186	1.002	1.002
202303	\$7,559,990	\$9,134,877	\$909,046	\$7,576,917	\$9,155,330	\$911,082	1.002	1.002
202302	\$5,544,158	\$6,636,294	\$715,507	\$5,542,951	\$6,634,850	\$715,352	1.000	1.000
202301	\$6,087,009	\$7,078,366	\$719,069	\$6,094,381	\$7,086,938	\$719,939	1.001	1.001
<b>TOTAL</b>	<b>\$77,672,271</b>	<b>\$98,218,806</b>	<b>\$9,235,350</b>	<b>\$79,216,835</b>	<b>\$101,307,216</b>	<b>\$9,421,733</b>	<b>1.020</b>	<b>1.031</b>
					<b>Total Reserve, Alternate Methodology</b>	<b>\$4,819,357</b>		





Question #14 Waived Cost Share

<b>Adjustments to Make to Experience Period Data due to Cost Share Changes</b>	
<b>(Remove Dollars)/Add Dollars</b>	<b>VT AR44 Small Group</b>
<b>Treatment</b>	<b>(\$0.07)</b>
<b>Visits</b>	<b>(\$0.13)</b>
<b>Testing</b>	<b>(\$0.07)</b>
<b>Total Adjustment</b>	<b>(\$0.27)</b>

Question #14 Hearing Aids

<b>Adjustments to Make to Experience Period Data due to Hearing Aids as EHB</b>				
	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>3 Year Total</b>
<b>Claim Expense</b>	\$308,635	\$290,142	\$190,158	\$788,935
<b>Member Months</b>	886256	780934	720211	2387401
<b>Claim Expense PMPM</b>	\$0.35	\$0.37	\$0.26	<b>\$0.33</b>

Question #14 Abortions

<b>Adjustments to Make to Experience Period Data due to Abortions Covered in Full</b>				
	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>3 Year Total</b>
<b>Allowed-COB</b>	\$30,419	\$26,838	\$14,654	\$71,911
<b>Claim Expense</b>	\$22,439	\$18,057	\$12,559	\$53,056
<b>Cost Sharing</b>	\$7,980	\$8,781	\$2,095	\$18,855
<b>Member Months</b>	260792	249300	192917	703009
<b>Cost Share PMPM</b>	\$0.03	\$0.04	\$0.01	<b>\$0.03</b>

Question #15

Calculation of Adjustment to Make to Experience Period Data due to Covid Vaccine Cost Increase		
2023 Membership	192,917	a
2023 Total Covid Vaccine Cost	\$280,928	b
2023 # of Vaccines Administered	2,551	c
2023 Actual Cost PMPM of Covid Vaccines	\$1.46	=b/a
Assumed 2025 Cost per Vaccine	\$140.00	d
2023 PMPM with \$140 vaccine cost	\$1.85	=(d*c)/a
Additional Cost over EP	\$0.40	=((d*c)/a)-(b/a)

Question #17

**Derivation of Experience Period Average AV and Induced Demand Factor**

				Weighted Average AV * ID
				<b>0.8261</b>
<b>Medical Coplan</b>	<b>Member Months</b>	<b>Pricing Model AV</b>	<b>Induced Demand Factor</b>	<b>AV * ID</b>
VT Standard Bronze 3 (2023)	21,713	0.617	1.000	0.617
VT Non-Standard Gold 3 (2023)	32,846	0.853	1.080	0.921
VT Standard Silver 4 (2023)	448	0.696	1.030	0.717
VT Standard Silver 3 (2023)	9	0.680	1.030	0.700
VT Non-Standard Bronze 1 (2023)	1,854	0.613	1.000	0.613
VT Standard Bronze 2 (2023)	7,769	0.613	1.000	0.613
VT Standard Bronze 4 (2023)	1,102	0.628	1.000	0.628
VT Non-Standard Bronze 5 (2023)	1,669	0.615	1.000	0.615
VT Standard Gold 1 (2023)	35,951	0.825	1.080	0.891
VT Non-Standard Gold 2 (2023)	4,395	0.855	1.080	0.923
VT Standard Platinum 1 (2023)	30,662	0.935	1.150	1.075
VT Non-Standard Silver 1 (2023)	592	0.688	1.030	0.709
VT Non-Standard Silver 2 II (2023)	8,374	0.703	1.030	0.725
VT Standard Silver 4 II (2023)	14,564	0.696	1.030	0.717
VT Non-Standard Silver 1 II (2023)	15,507	0.688	1.030	0.709
VT Standard Silver 3 II (2023)	15,462	0.680	1.030	0.700

Question #18

<b>Derivation of Expected Risk Adjustment Payment</b>	
2023 Expected Transfer Payment	-\$5,283,764
2023 Member Months	192917
Risk Adjustment PMPM	-\$27.39
Adjusted Experience Period Claim Expense PMPM (line 10)	\$636.60
2023 Risk Adjustment, % of Paid Index Rate	4.3%
Paid Index Rate PMPM (line 26)	\$717.01
Federal Risk Adjustment Program Impact (line 27)	\$30.85

Question #23

<b>Historical Bad Debt as % of Premium, 2021 to 2023</b>			
<b>Small Group</b>			
<b>Year</b>	<b>Bad Debt</b>	<b>Premium</b>	<b>Bad Debt as % Premium</b>
2021	\$34,362	\$148,055,670	0.02%
2022	\$75,800	\$143,443,945	0.05%
2023	\$55,609	\$129,780,210	0.04%
Total	\$165,770	\$421,279,825	0.04%