

2023 MVP Direct Bill Product Training

Medicare Advantage Plans:

Direct Bill Traditional, UVMHA & DSNP

August 2022



Training Instructions

MVP'S Medicare Advantage Direct Bill Product Training:

- This training will take you approximately 30 minutes to complete
- There is no audio, and you can advance each slide on your own
- A knowledge check will be provided at the end of the training program
 - Completion of the knowledge check is a requirement
 - With a **score of 85%** or higher

MVP Health Care



Who is MVP Health Care?

MVP'S Medicare Advantage Expertise:

- MVP has over **30 years of experience** serving Medicare beneficiaries
- One of the leaders in Medicare Advantage in New York and Vermont
- MVP Health Care's Medicare Advantage plans are highly rated by Medicare. This reflects our commitment to quality, service, and customer satisfaction
- Regional provider with NYS based dedicated customer service
- MVP has 23,000+ doctors and hospitals in network across NYS and VT

MVP's Medicare Advantage Service Area

- MVP's Medicare Advantage **service area** spans all counties in New York, except NYC and Long Island; as well as the entire state of Vermont
- MVP's service area is divided into regions
- MVP's plan offerings will vary depending on region
- Agents can search plan offerings by county

MVP's Medicare Advantage Plans

- MVP Health Care offers two types of Direct Bill Medicare Advantage plans to its members:

1) HMO-POS (Health Maintenance Organization-Point of Service)

2) PPO (Preferred Provider Organization)

- To be eligible for an MVP Medicare Advantage plan, you must:
 - Live in MVP's service area at least **six** months of the year.
 - Have both **Medicare Part A** and **Part B** to enroll.
 - Continue to **pay your Part B premium.**

HMO-POS (Health Maintenance Organization-Point of Service)

- An HMO-POS requires members to select a PCP and allows members to see non-par providers in or out of our service area for covered services. Members must reside within the plan's service area.
- The out-of-network coverage is limited. MVP pays 70% for covered services up to a set dollar amount and the member pays 30%. Out-of-network benefits may be more costly to the member.
- Out-of-network providers must accept traditional Medicare for members to utilize their services

PPO (Preferred Provider Organization)

- PPO plans do not require members to select a PCP.
- Members can receive covered services from providers in and out of the network
- **Out-of-network coverage is unlimited.**
 - If a member receives care from a provider who does not contract with MVP, they pay the out-of-network co-pay or co-insurance, which may cost more than in network services.
 - Out-of-network providers must accept traditional Medicare for members to utilize their services
- Members must reside within the plan's service area.

Medicare Advantage – A Quick Review

Medicare Advantage (MA) is a Medicare program administrated by private insurers. Medicare Advantage plans are Medicare Part C. You must have Medicare Part A and Part B to be eligible.

Medicare Advantage plans are different from Medigap plans, also known as supplemental plans. Medicare Advantage plans replace Original Medicare. Medigap plans work with Original Medicare to cover some or all of what Original Medicare doesn't cover, such as deductibles, coinsurance, or copays. MVP does not offer Medigap plans. Medicare Beneficiaries cannot be enrolled in a Medicare Advantage plan and a stand-alone Part D plan.

In 2010, CMS implemented a "Star" rating system, giving Medicare Advantage plans between 1-5 stars as a means of measuring the overall quality of a plan.

Plan Similarities

There are several similarities across MVP's MA plans. For example:

- Eligibility requirements are the same
- All plans utilize the same pharmacy benefits manager, CVS/Caremark
- MVP's Medicare Advantage plans do **NOT** use the CIGNA network
- MVPs MA members can see any participating provider across **ALL** of MVP's regions
- Emergency care and urgent care are covered worldwide. Dialysis is covered nationwide.
- Members have access to the SilverSneakers network of fitness centers

Plan Similarities (cont.)

All of MVP's MA plans have an **Out-Of-Pocket Maximum (OOP max)** limit to help protect our members from catastrophic medical expenses. The OOP max limits how much a member must pay (copays, coinsurance, deductibles) before the plan will pick up 100% of covered expenses.

For example, if a member has a \$7550 OOP max, once the member has paid \$7,550 worth of copays, coinsurance and/or deductibles, the member will be covered at 100% for all covered medical services.

Some expenses, such as Part D prescription drugs, acupuncture, and supplemental eyewear and dental benefits do not count toward a member's OOP max.

MVP Medicare Advantage

2023 Plan Information



Medicare Plan Benefits

• Facility Services

- Inpatient & Outpatients
- Observation
- Emergency Room
- Skilled Nursing Facility

• Physician Services

- Office Visits
- Urgent Care
- Behavioral Health
- Chiropractic and Acupuncture (based on medical necessity)

• Ancillary Services

- Ambulance
- X-rays
- Lab Tests
- Durable Medical Equipment
- Physical Therapy
- Home Health Care
- Ultrasounds

Medicare Plan Benefits

- Primary care visits for all plans is a \$0 copay
- Medicare preventative benefits are **covered in full**
 - Physicals
 - Colonoscopies
 - Mammogram screenings
 - Bone density scans
 - Prostate screenings
 - Flu & Covid Shots
 - And many more

Plan Benefits

Doctor Visits

MVP's Medicare Advantage plans cover the doctor's visits that Original Medicare covers, such as Primary Care and Specialist visits.

MVP's Medicare Advantage plans cover additional services including:

- Acupuncture
- Routine Vision and Hearing Exams
- Chiropractic
- Podiatry

Emergency Care

Emergency Care is covered worldwide

- Emergency Room
- Urgent Care
- Ambulance transport (non-emergent transport is **not** covered)

Rehabilitation Therapy Benefit

- Skilled Nursing Facility (SNF)
 - When medically necessary
 - No 3-day inpatient stay required
- Home Health care
- Outpatient rehabilitation services
 - Covered services include: physical therapy, occupational therapy, and speech language therapy.
- Mental Health care
- Outpatient Substance Abuse counseling

Part D Benefits

- Formulary
 - List of covered medications by the plan and any requirements associated with a medication
 - Tier 1 – Preferred Generic Drugs
 - Tier 2 – Generic Drugs
 - Tier 3 – Preferred Brand Name Drugs
 - Tier 4 – Non- Preferred Drugs
 - Tier 5 – Specialty Drugs (high-cost specialty generic and brand-name drugs that cost \$830 or more for a one-month supply)
- Copays/Coinsurance vary based on medication's tier
- Deductible
 - Part D deductible applies to tiers 3-5 (if the plan has a deductible)

CVS/Caremark

MVP's Prescription Benefit Manager (PBM)

Offer a discount for members with prescription delivery by mail in a 90-day supply for the cost of two months (3-month supply for the cost of 2 months)

➤ *Certain medications are excluded from mail order services*

MVP members are not only limited to CVS pharmacies

➤ *MVP is contracted with most retail pharmacies (CVS, Rite Aid, Kinney Drugs, Walgreens, Walmart, Wegmans, and more)*

2023 Service Area Changes

Vermont & Northern NY

Reduction

- WellSelect w/ Part D
- Patriot Plan

Hudson Valley, CNY, & East

Reduction

- Patriot Plan
- MVP Smartfund (MSA)
(Contract Removal)

Patriot Plan w/ Part D

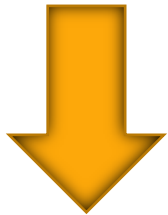
Expansion

- Sullivan, Warren, Washington, Fulton, Montgomery, Schoharie, Delaware, Otsego, Herkimer, Lewis, Madison, Chenango, Broome, Cortland, Cayuga, Tompkins, Tioga, Chemung, Schuyler

Dual Special Needs Plan

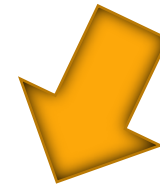
Expansion

- Integrated Benefits Plan (IBP)
- Non-Integrated Plan
- Monroe County, NY



Available Plans:

- MVP Preferred Gold w/o Part D
- MVP Secure Plus w/ Part D
- UVMHA Select w/Part D
- UVMHA Secure w/Part D
- UVMHA Preferred w/Part D

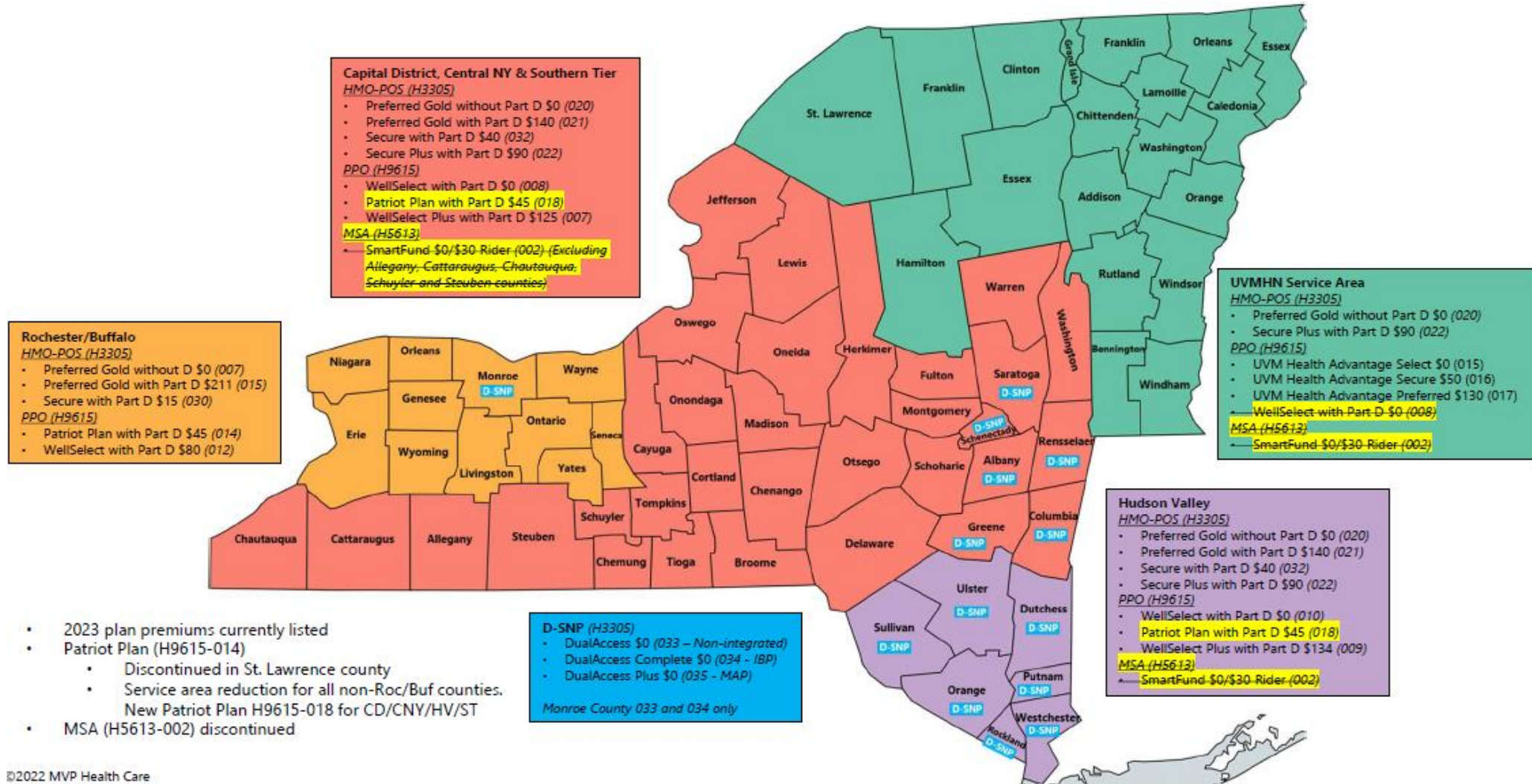


Available Plans:

- MVP Preferred Gold w/o Part D
- MVP WellSelect w/Part D
- MVP Secure w/Part D
- Patriot Plan w/Part D
- MVP Secure Plus w/ Part D
- MVP WellSelect Plus w/Part D
- MVP Preferred Gold w/Part D

***Not all plans available in all regions**

2023 Medicare Direct Bill Plans



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Capital District, CNY, & Southern Tier

HMO-POS	Premium
Preferred Gold without Part D	\$0
Preferred Gold with Part D	\$140
Secure with Part D	\$40
Secure Plus with Part D	\$90
PPO	Premium
WellSelect with Part D	\$0
Patriot Plan with Part D	\$45
WellSelect Plus with Part D	\$125

Rochester/Buffalo

HMO-POS	Premium
Preferred Gold without Part D	\$0
Preferred Gold with Part D	\$211
Secure with Part D	\$15
PPO	Premium
Patriot Plan with Part D	\$45
WellSelect with Part D	\$80

UVMHN

HMO-POS	Premium
Preferred Gold without Part D	\$0
Secure Plus with Part D	\$90
PPO	Premium
UVM Health Advantage Select	\$0
UVM Health Advantage Secure	\$50
UVM Health Advantage Preferred	\$130

Hudson Valley

HMO-POS	Premium
Preferred Gold without Part D	\$0
Preferred Gold with Part D	\$140
Secure with Part D	\$40
Secure Plus with Part D	\$90
PPO	Premium
WellSelect with Part D	\$0
Patriot Plan with Part D	\$45
WellSelect Plus with Part D	\$134

"MA-Only" – No Part D

Preferred Gold **without** Part D

Benefit Highlights

- Low Medical Cost Shares
- \$50 OTC Allowance
- \$225 Vision Allowance
- Hearing Aid Allowance
- Preventative & Comprehensive Dental
- Non-Emergency Transportation
- Meal Delivery

MVP DSNP



What is a D-SNP?

Dual-Eligible Special Needs Plan (D-SNP):

Type of Medicare Advantage Plan for individuals enrolled in Medicare and Medicaid (dually eligible individuals). Like other Medicare Advantage Plans, D-SNPs typically require use of an in-network provider for Medicare services

What is Low Income Subsidy (LIS)?

Low Income Subsidy (LIS) is a Federal program to help people pay for Medicare Part D prescription drug costs. LIS is also known as “Extra Help”.

LIS is available to all Medicare Advantage Beneficiaries, including those eligible for a D-SNP, that meet the income requirements.

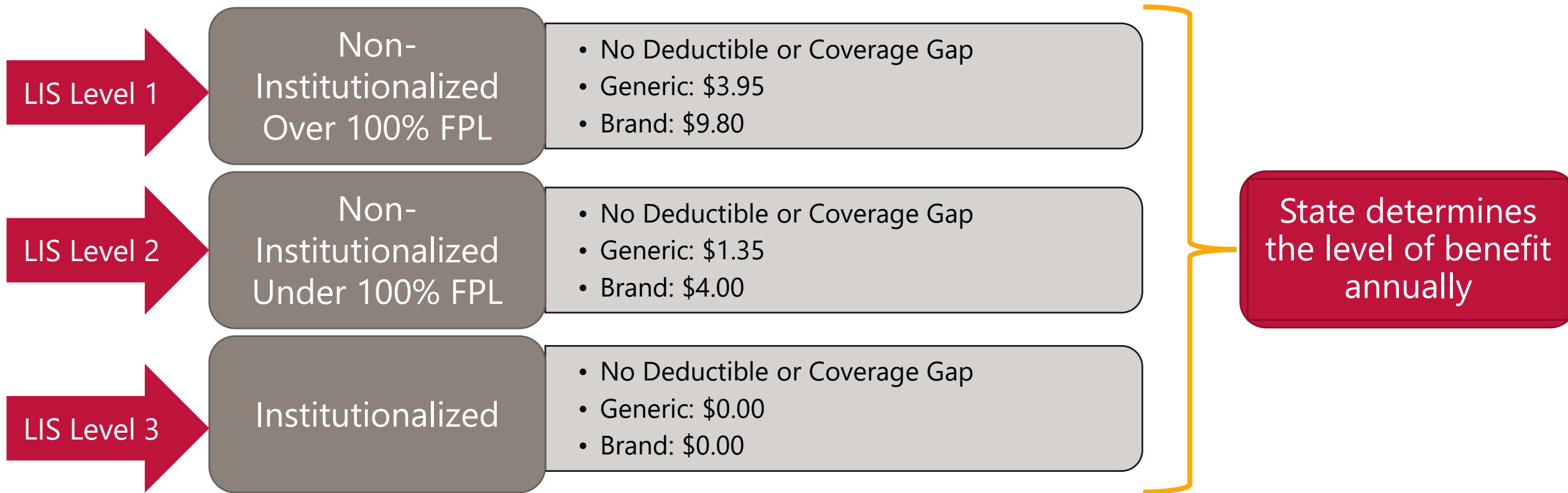
- There are 4 levels of LIS, which are dependent on income and resources.
- Depending on the level, the Part D deductible may be eliminated. Copays are fixed at a reduced rate or eliminated.
- No coverage gap or Part D late enrollment penalties if an individual qualifies for LIS.



One of the reasons people are eligible to enroll in a D-SNP is due to low income. **It is crucial that LIS eligibility is confirmed before enrolling** a prospect into a D-SNP so they can receive help paying for Part D prescription drug costs. Additionally, LIS eligibility will assure that a D-SNP member will not pay a plan premium.

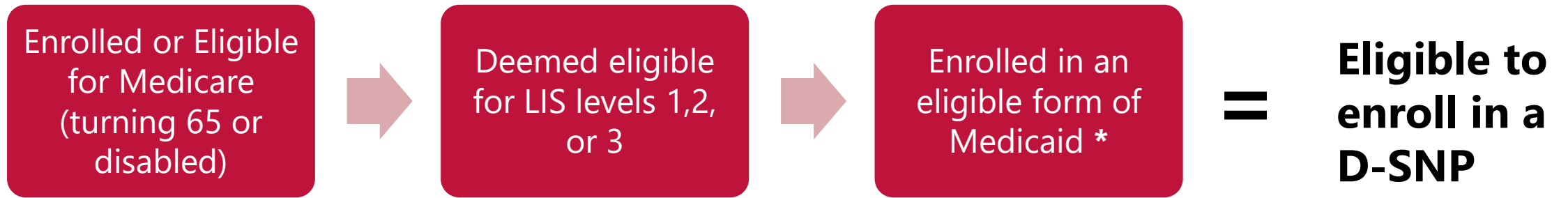
D-SNP Eligible LIS Levels

Out of the 4 Levels of LIS, Levels 1, 2, and 3 are eligible for D-SNP Enrollment



* FPL = Federal Poverty Level

D-SNP Eligibility Basics



* Not all forms of Medicaid are eligible for enrollment in a D-SNP. Some forms of Medicaid that only cover certain medical services or have certain medical services "carved out" (not covered) are not eligible.

Social Determinants of Health (SDOH)

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Due to the complex nature of the D-SNP population, D-SNP care coordination and benefits are tailored to address SDOH.

Social Determinants of Health



Social Determinants of Health
Copyright-free

 Healthy People 2030

How SDOH can Influence Health



Poor access to education has been linked to lower economic stability and poor health outcomes.



Lacking adequate transportation to get to medical appointments



Not having enough money to meet basic needs (food, shelter, health care)



Experiencing Social Isolation which leads to higher rates of depression



Living in an area where access to healthy food is limited (Food Desert)

Model of Care (MOC)

Each Special Needs Plan program develops a Model of Care (MOC) and a Quality Improvement Plan to evaluate its effectiveness.

The MOC is a plan for delivering care management and care coordination to:

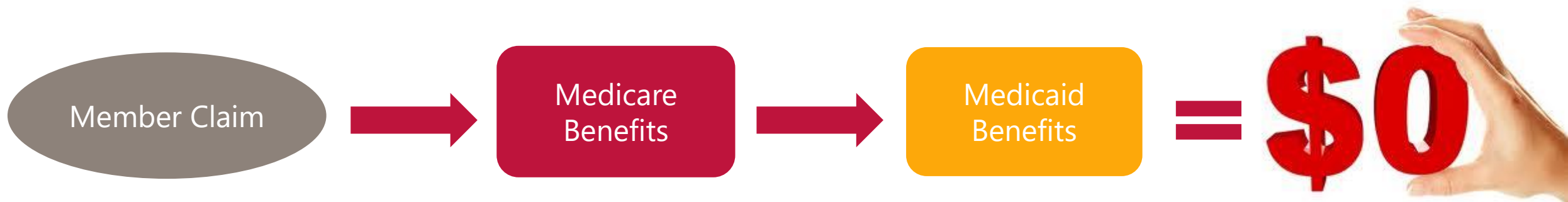
- Improve quality
- Increase access
- Create affordability
- Integrate and coordinate care across specialties
- Provide seamless transitions of care
- Improve use of preventive health services
- Encourage appropriate use and cost effectiveness
- Improve member health

D-SNP Member Costs for Medical Benefits

D-SNP plans are structured as zero premium plans that have no member cost-sharing for medical benefits – No copays, coinsurances, no deductibles.

- Medicare is the primary payor. Most medical services are configured for Medicare to pay a certain percentage of a claim first.
- Medicaid pays second. Medicaid will pay the leftover balance of a medical claim after Medicare pays.
- Some services are only eligible under Medicare or Medicaid. These services are configured for no member cost-sharing.

Note – There is potential for member cost sharing for some ancillary services, like Dental, that could be offered as an allowance-based benefit. Additionally, D-SNP members could be subject to nominal Part D drug copays.



DSNP Joint Venture



Belong Health



Belong Health is a company development platform that launches new “built-for-purpose” companies to solve market-changing problems in health care.



MVP has entered three agreements as part of the development of a Joint Venture to support the launch of a new D-SNP product January 1, 2022—(Operating Agreement, Services Org Agreement, and an IPA Agreement).



Belong brings depth of knowledge and experience in a variety of areas, care management of complex populations, home-based services, supporting provider engagement strategies and analytics, and community-based support.

MVP D-SNP Overview



MVP D-SNP Plans

MVP DualAccess (HMO D-SNP) Non-Integrated	MVP DualAccess Complete (HMO D-SNP) IBP (Integrated Benefit Plan)	MVP DualAccess Plus (HMO D-SNP) MAP (Medicaid Advantage Plus)
<ul style="list-style-type: none">• Medicare coverage through MVP D-SNP• Medicaid is generally Fee-For-Service• Limited coordination of benefits• Plan required to notify NYS when a high-risk dual has been admitted to a hospital or Skilled Nursing Facility (SNF)	<ul style="list-style-type: none">• Medicare coverage through MVP D-SNP• Medicaid coverage through MVP Mainstream Medicaid or MVP HARP plan• Operates as one plan for the member with all integrated services• Members <u>do not</u> require long term support services (LTSS) more than 120 days	<ul style="list-style-type: none">• Medicare coverage through MVP D-SNP• Medicaid coverage through MVP Medicaid Advantage Plus (MAP)• Operates as one plan for the member with all integrated services• Members <u>do</u> require long term support services (LTSS) more than 120 days

Plan Benefit “Extras”

MVP DualAccess (HMO D-SNP) Non-Integrated
<ul style="list-style-type: none">✓ OTC Card✓ Transportation✓ Meal Delivery – Post Hospitalization✓ Silver Sneakers✓ Gia / Virtual PT

MVP DualAccess Complete (HMO D-SNP) IBP
<ul style="list-style-type: none">✓ OTC Card✓ Transportation✓ Meal Delivery – Post Hospitalization✓ Silver Sneakers✓ Gia / Virtual PT✓ Preventive & Comprehensive Dental✓ Routine Vision & Eyewear✓ Routine Hearing & Hearing Aids✓ Medical Supplies

MVP DualAccess Plus (HMO D-SNP) MAP
<ul style="list-style-type: none">✓ OTC Card✓ Transportation✓ Meal Delivery – Post Hospitalization✓ Silver Sneakers✓ Gia / Virtual PT✓ Preventive & Comprehensive Dental✓ Routine Vision & Eyewear✓ Routine Hearing & Hearing Aids✓ Medical Supplies✓ Personal Emergency Response Systems (PERS)✓ Congregate Meals

Primary Care Physician (PCP)

D-SNP Members must select a Primary Care Physician (PCP) because the D-SNP product is an HMO.

PCPs make sure a member gets the right health exams, tests, and vaccines

- They let members know when it's time for a flu shot, cancer screening, blood test, or checkup.
- They are the members partner in helping them to eat healthy foods, exercise, quit smoking, manage stress, and much more.



Dental, Hearing, Vision Coverage

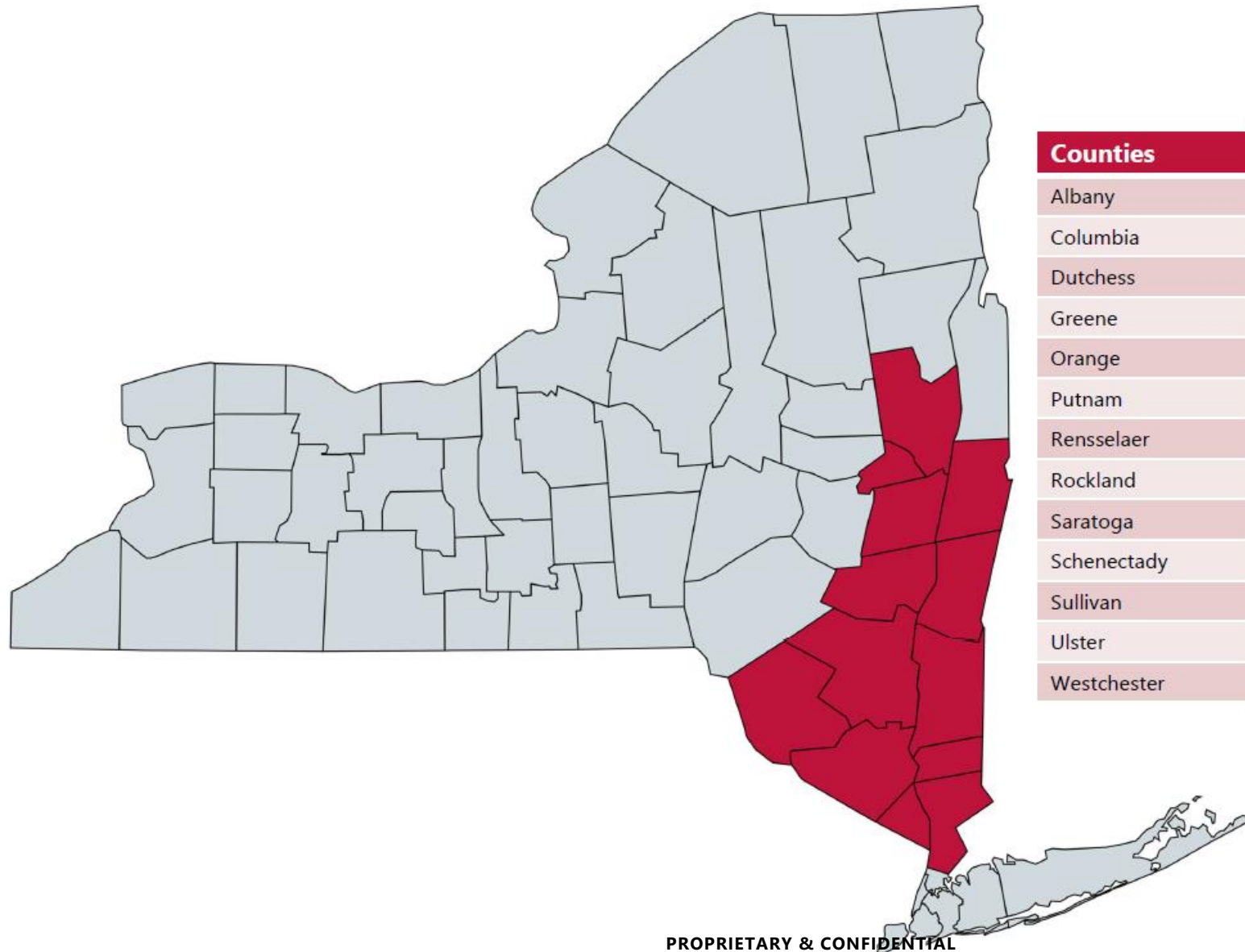
Medicare

- Medicare Covered Dental (very limited)
- Comprehensive Endodontics (IBP & MAP Only)
- Diagnostic Hearing Exam
- Diagnostic Vision Exam

Medicaid

- Preventive & Limited Comprehensive Dental
- Routine Hearing Exam & Hearing Aids
- Routine Vision Exam and Eyewear

MVP Dual Access Service Area 2022



For 2023: Planned expansion into Monroe County

MVP Medicare Patriot Plan with Part D (PPO)

Patriot Plan

Available to all Medicare eligibles – this Veteran centric plan adds an extra layer of health care protection. The plan can be used alongside existing VA benefits and gives members access to a variety of additional benefits, services, and coverage.



Patriot Plan is now offered throughout the region, and it is no longer county specific

Unlimited rides to VA facilities
(45-mile limit one-way)

UVM Health Advantage Plan



UVM Health Advantage Plan Overview

MVP has partnered with the University of Vermont Medical Health Network (UVMHN) to co-create a unique doctor-influenced Medicare Advantage plan to meet the specific health care needs of older adults in Vermont and northern New York.



Excellent Price Points: \$0, \$50, and \$130 monthly premiums



Benefits: enhanced plan benefits (e.g., max out of pocket, Rx deductible, PCP visits, specialist visits, hospital stays)



Supplemental Benefits: Vision exam and eyewear, comprehensive dental, hearing aid, transportation and OTC allowance



Whole Health: Condition-specific supports & tools, wellness and self-management, social needs and fitness benefits

Targeted CHF and Diabetes Benefits

- Removal of prior authorization from home health post discharge
- Medically tailored meals post discharge
- \$0 copay Phase I, II, & III cardiac rehab
- \$0 copay for cardiology specialty care office visits
- \$0 copay routine podiatry visits for members with diabetes
- Low-cost orthotics & diabetic shoes (only 5% co-insurance)
- \$0 Freestyle, OneTouch, Precision, or Prodigy glucometer & related supplies
- Free cardiac or diabetes home health kit
 - Connected scale (bariatric scale option)
 - Digital BP cuff (bariatric size option)
 - Reminder-pill box
 - Digital pulse oximeter



Tailored Benefits for Chronic Disease Care

Congestive Heart Failure & Diabetes



Supporting successful transitions home



Eliminating access barriers to chronic disease care



Behavior change & lifestyle support



Self-care Support through Tools

2023 “Extra Benefits”

Access to Care

Supplemental benefit for non-emergent transportation to medical appointments. Modes of transportation include ride-share service, medical sedan, wheelchair van, and stretcher service.

UVMHA-24 or 44 rides, 60-mile cap one-way rides

Patriot Plan – Unlimited rides to VA Facility, 45-mile cap one-way to VA Facility. 24 rides to non-VA facility, 30-mile cap one-way ride to non-VA facility

DSNP- 36 one-way rides, 30-mile cap

Other Direct Bill Plans – 12, 24, 36 one-way rides, (depending on plan type) 30-mile cap



Vendor: American Logistics (ALC)

How can members use it?: Members will be instructed to call ALC's customer service. MVP's Customer Care Center and/or Care Management can assist certain members.

Vision and Eyewear



\$0 routine eye exams for all plans

All plans have eyewear allowance

- Allowance renews each year

MVP has partnered with EyeMed

- Independent, national and regional providers
- Offer additional discounts

Eyewear Benefit Options

\$150 annual allowance

\$175 annual allowance

\$225 annual allowance

Varies based on region/plan type

Plan Type	Eye Exam Benefit
HMO-POS	<ul style="list-style-type: none">• \$0 co-pay for provider that is participating with MVP & EyeMed• \$0 co-pay up to \$300 allowance for provider that is participating with MVP but not participating with EyeMed
PPO	<ul style="list-style-type: none">• \$0 co-pay for provider that is participating with MVP & EyeMed• \$0 co-pay up to \$300 allowance for any provider that does not participate with EyeMed

DSNP Vision

\$200 Vision Allowance

- Non-Integrated & Integrated Plans

Expansion to DSNP plan only
in 2023



Food Insecurity & Healthy Food Access

Designed to provide equitable access to food

\$50 per month - no rollover

- Customer must have a diagnosis of a chronic condition as identified on the CMS approved list
 - Examples; pre-diabetes, hypertension, osteoporosis, COPD
- Accessible through the same OTC card customers already have
- Shop Online for the following options:
 - Shelf-Stable products
 - Fresh Produce Boxes
 - Freshly Prepared Meals



Provided to ALL DSNP plans in 2023

Joint Replacement Care Kits

Piloting to all MVP plans

Kit Designed for Post-Joint Replacement Surgery

Kit Contents:

- ✓ Long-Handled Shower Sponge
- ✓ Long-Handled Shoehorn
- ✓ Long-Handled Grabber
- ✓ Non-Slip Bathmat
- ✓ Elastic Shoelaces
- ✓ Sock-Aid



Part D Senior Savings Model

All Medicare Advantage Plans

****Non-Part D and DSNP Plans Excluded****

Formulary Insulin from participating manufacturers capped at **\$35 copay** per member per month

UVMHA Plan Exclusive Component

\$100 every 6-months Store Specific Gift Card

- All members with diabetes prescribed an anti-diabetic classified drug is eligible
- All customers must maintain a 75% medication adherence measured bi-annually
- Must participate in the MVP medication therapy management (MTM) bi-annually



Diabetic Supply Benefit

Preferred Brands

- **OneTouch**
- **FreeStyle**
- **Precision**
- **Prodigy**

Preferred brands are covered at a low or no co-pay.

Hearing Aid Benefit Enhancement

**TruHearing Brand Advanced:
\$699 Copay**

**TruHearing Brand Premium:
\$999 Copay**

OR

**\$600 per ear Allowance to
apply towards TruHearing's
pricing for
all top 6 manufacturers**



Preventative & Comprehensive Dental Services

Preventative Dental:

- All plans include coverage for two oral exams, two routine cleanings, and two sets of x-rays per year

Comprehensive Dental:

- Additional benefits included on some plans or can be added to plans for \$25 a month
- \$1000 per year with a \$100 deductible
- DSNP: \$1000 per year, no deductible



Meal Delivery Service

- 14 meals delivered post-discharge from an Inpatient Admission
- \$0 cost to the member
- Administered by case management and Belong Health (DSNP)
- Fits Multiple Dietary Needs



Condition-Specific Meal Delivery

UVMHA plans only

3-Months of Food Delivery

CHF Diagnosis

- ✓ Post Inpatient hospitalization or Observation stay

Diabetes Diagnosis

- ✓ Post Inpatient hospitalization or Observation stay

Mental Health Diagnosis

- ✓ Post Inpatient hospitalization



Over The Counter (OTC) Benefit



Supplemental benefit where members receive an allowance to purchase CMS-approved over-the-counter medications and items.

Offered to all DSNP plans

Benefit: \$25, \$35, \$50, or \$75 per quarter depending on plan selected. Quarterly amounts do not roll over.

Vendor: InComm

How can members use it?: New eligible members will receive a card to use at retail sites, plus website and mail order. Existing members who have the OTC benefit in 2022 will continue to use their current OTC card.

Eligible Retailers: CVS, Walmart, Rite Aid, Walgreens (and more)



Two-day
delivery
guarantee on
all orders

SilverSneakers

18-year relationship between MVP and SilverSneakers

FREE to all MVP Medicare members

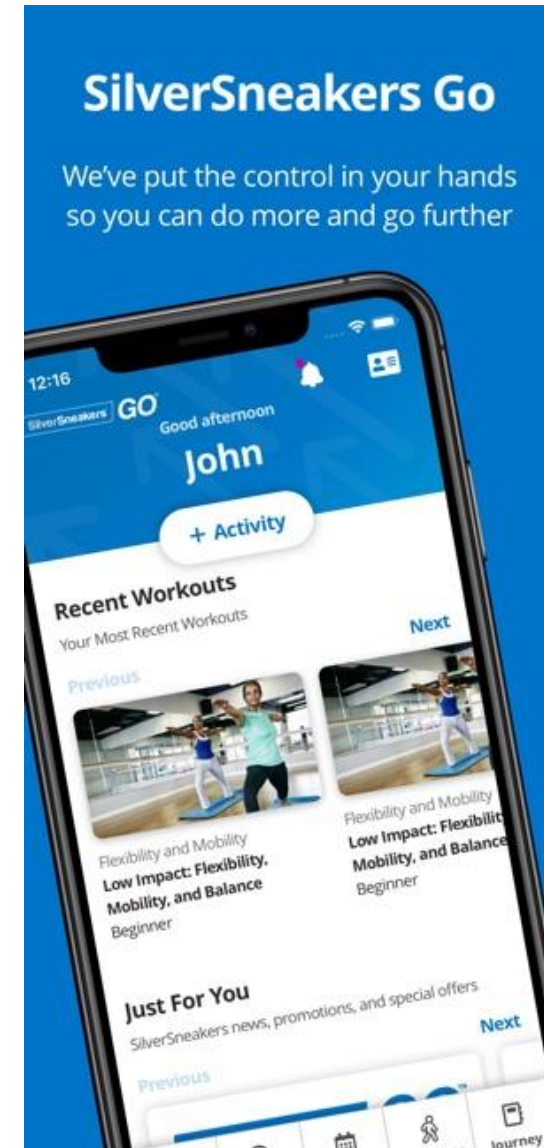
- Exercise when traveling at 16,000 locations nationwide
- Can be a member at multiple locations simultaneously

Virtual & At-Home capabilities

- 'Live' Social media classes
- Steps kits and on demand workout videos
- GOfitness app offers fitness activity planning, scheduling, tracking, location and class finder, notifications and more
- Web support for health and nutrition tips

Tuition Rewards Program

- Can earn money towards a child's college education with exercise participation





Available
with no
cost!

Living Well Programs

24/7 NURSE ADVICE LINE

Call anytime day or night for answers to health questions.

LIVING WELL CLASSES

Free or discounted programs and classes.

MEMBER NEWSLETTER

Issued quarterly.

MVP/MATRIX IN-HOME HEALTH VISIT

Free health assessment in the comfort of your own home.

CONDITION HEALTH & CASE MANAGEMENT

Daily living help and support with health problems and mental health issues.

MEDICATION THERAPY MANAGEMENT

Speak with an MVP pharmacist by phone.

DIABETES PREVENTION

Type 2 diabetes is preventable – let MVP help!

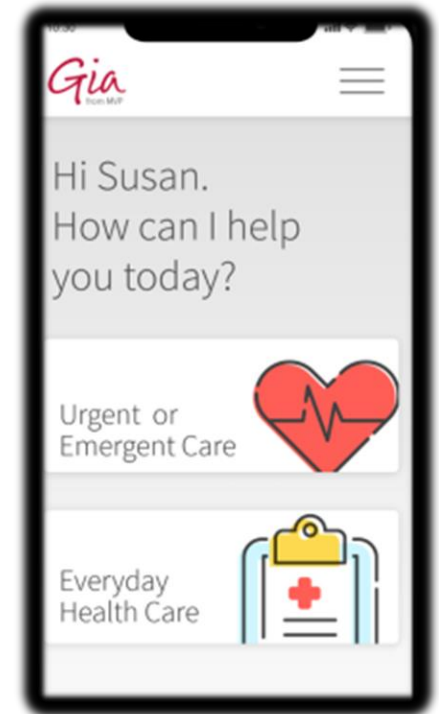
GIA

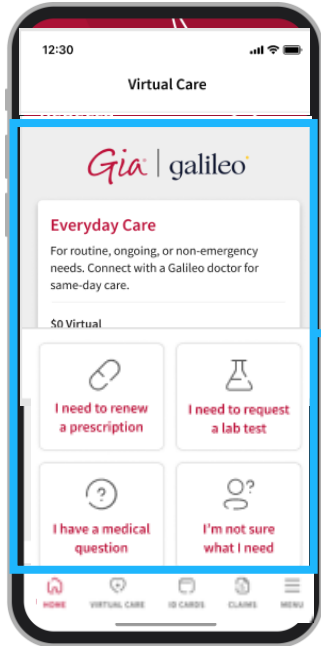
Gia is your ultimate health care connection.

Available 24/7 by phone, web or mobile app, Gia expertly assesses your health needs and quickly refers you to the right care.

Access to free Telemedicine services including:

- 24/7 Emergency Care
- 24/7 Urgent Care
- Mental Health and Psychiatry
- Everyday Health Care
- Lactation Consultants
- Nutritionists and Dieticians
- And more





Virtual primary care with multi-specialty providers and collaborative care model via text and video chat

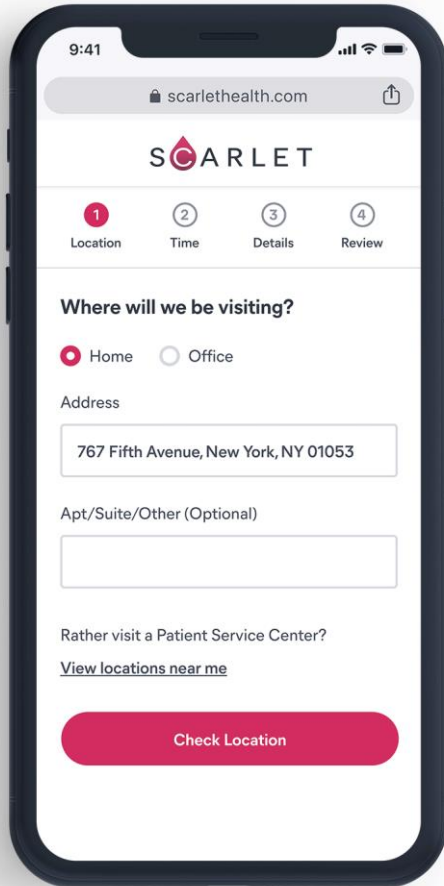
Everyday Health Care: prescriptions, lab tests, chronic care management

Management of ongoing preventive care visits, health concerns, and chronic health conditions

Thoughtful transitions to in-person care and referral reduction

Full bilingual experience and Spanish-speaking providers

SCARLET



Mobile, on-demand lab test collection

Over 1,500 lab tests available for collection at a member's home or office

Members receive real-time updates and relevant information about their appointment and test results

Member can access directly with a lab order (mvphealthcare.com/labs) or through a UCM visit (Galileo working to partner with Scarlet as well)

Well-Being Services

“Well-Being Rewards”

- Retiring 12/31/2022.
- Offerings within our products are being redesigned for a 2024 launch



“Get Set Up Program”

- Over 2K classes covering a diverse set of topics
- Classes are live, interactive, and taught 24/7



Knowledge Check



Test Your Knowledge!

Congratulations – you've completed 2023 MVP Direct Bill Product Training.

Reminder: You must score an **85% or better** and you will be allowed multiple attempts to pass. You will receive a score upon completion of the exam.

Thank you.

We appreciate you for being a valuable partner.

