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Health Insurer Information

Health Insurer Information	
Name of Health Insurer:	MVP Health Insurance Company and MVP Health Plan, Inc.
State of Domicile:	New York
Total number of states in which health insurer operates:	2
List of names of states where licensed (other than Vermont):	New York
Total number of Vermont lives covered (defined as the total of the Individual Comprehensive Health Coverage, Small Group Comprehensive Health Coverage and Large Group Comprehensive Health Coverage columns in Part 1 of the filed Supplemental Healthcare Exhibit for the State of Vermont):	15,073
Contact Information	
Contact person:	Bill Endres
Contact phone number:	518-386-7703

Tables 2.1 through 2.3: Claims Submissions and Denials

Table 2.1: Total claims and denials				
(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	124,104	6,060	4.88%	0.03350343
MHSA claims	10,526	639	6.07%	0.00353279
Pharmacy Claims	131,878	11,190	8.49%	0.06186525
Grand Total	266,508	17,889	6.71%	0.09890146

Table 2.2: Administrative denials only				
(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	124,104	2,431	1.96%	0.01344007
MHSA claims	10,526	212	2.01%	0.00117207
Pharmacy Claims	131,878	6,107	4.63%	0.03376328
Grand Total	266,508	8,750	3.28%	0.04837542

Table 2.3: Member impact denials only				
(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	124,104	3,629	2.92%	0.02006336
MHSA claims	10,526	427	4.06%	0.00236072
Pharmacy Claims	131,878	5,083	3.85%	0.02810197
Grand Total	266,508	9,139	3.43%	0.05052605

Tables 3.1 through 3.3: Utilization Review

Table 3.1: Pre-service Prior Authorization

PA request		PAs at 1st level appeal					PAs at 2nd level appeal				PAs at independent external review level appeal			
(1) PA category	(2) Count of PA types	(3) Percent of total PA denied	(4) Count of PAs appealed to 1st level	(5) Percent of total of PAs appealed to 1st level	(6) Count of PAs appealed to 1st level that were overturned	(7) Percent of PAs appealed to 1st level that were overturned	(8) Count of PAs appealed to 2nd level	(9) Percent of total of PAs appealed to 2nd level	(10) Count of PAs appealed to 2nd level that were overturned	(11) Percent of PAs appealed to 2nd level that were overturned	(12) Count of PAs appealed to independent external review	(13) Percent of total of PAs appealed to independent external review	(14) Count of PAs appealed to independent external review that were overturned	(15) Percent of PAs appealed to independent external review that were overturned
Medical	3,623	13.36%	4	0.11%	3	75.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
MHSA	187	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Pharmacy	495	29.29%	6	1.21%	1	16.67%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Grand Total	4,305	14.61%	10	1.32%	4	40.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Table 3.2: Concurrent Prior Authorization

PA request		PAs at 1st level appeal					PAs at 2nd level appeal				PAs at independent external review level appeal			
(1) PA category	(2) Count of PA types	(3) Percent of total PA denied	(4) Count of PAs appealed to 1st level	(5) Percent of total of PAs appealed to 1st level	(6) Count of PAs appealed to 1st level that were overturned	(7) Percent of PAs appealed to 1st level that were overturned	(8) Count of PAs appealed to 2nd level	(9) Percent of total of PAs appealed to 2nd level	(10) Count of PAs appealed to 2nd level that were overturned	(11) Percent of PAs appealed to 2nd level that were overturned	(12) Count of PAs appealed to independent external review	(13) Percent of total of PAs appealed to independent external review	(14) Count of PAs appealed to independent external review that were overturned	(15) Percent of PAs appealed to independent external review that were overturned
Medical	164	21.34%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
MHSA	93	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Pharmacy	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Grand Total	257	13.61%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Table 3.3: Post-service with Utilization Review (UR)

UR request		UR requests at 1st level appeal					UR requests at 2nd level appeal				UR requests at independent external review level appeal			
(1) UR category	(2) Count of UR request types	(3) Percent of total UR requests denied	(4) Count of UR requests appealed to 1st level	(5) Percent of total of UR requests appealed to 1st level	(6) Count of UR requests appealed to 1st level that were overturned	(7) Percent of UR requests appealed to 1st level that were overturned	(8) Count of UR requests appealed to 2nd level	(9) Percent of total of UR requests appealed to 2nd level	(10) Count of UR requests appealed to 2nd level that were overturned	(11) Percent of UR requests appealed to 2nd level that were overturned	(12) Count of UR requests appealed to independent external review	(13) Percent of total of UR requests appealed to independent external review	(14) Count of UR requests appealed to independent external review that were overturned	(15) Percent of UR requests appealed to independent external review that were overturned
Medical	54	14.81%	1	1.85%	1	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
MHSA	4	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Pharmacy	0	0.00%	1	N/A	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Grand Total	58	13.79%	2	3.45%	1	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Table 4: Adverse Benefit Determinations

Table 4: Adverse Benefit Determinations without Utilization Review					
	Totals and percentages			PMPM	
(1) Adverse Benefit Determination Level	(2) Total Appeals	(3) Total Overturned	(4) Overturned Rate	(5) Appeals	(6) Overturned
First level appeals of post-service adverse determinations.	8	1	12.50%	0.000044	0.000006
Second level appeals of post-service adverse determinations.	0	0	0.00%	0	0
External review of post-service appeal determinations	0	0	0.00%	0	0

Table 5: Claims processed in timely manner

Table 5: Claims processing timely processing	(1) Denominator	Never		Sometimes		Usually		Always	
		(2) Numerator	(3) Rate	(4) Numerator	(5) Rate	(6) Numerator	(7) Rate	(8) Numerator	(9) Rate
CAHPS: Claims processing is timely (Q40)	52	2	3.85%	11	21.15%	10	19.23%	29	55.77%

Table 6: Claims processed accurately

Table 6: Claims processed accurately	(1) Denominator	Never		Sometimes		Usually		Always	
		(2) Numerator	(3) Rate	(4) Numerator	(5) Rate	(6) Numerator	(7) Rate	(8) Numerator	(9) Rate
CAHPS: Claims are processed correctly (Q41)	45	2	4.44%	6	13.33%	11	24.44%	26	57.78%

Tables 7.1 through 7.3: Utilization Review decision timelines

Table 7.1: Medical Services	UR Decisions Made	
(1) Review types involving medical claims	(2) #	(3) %
Urgent Concurrent Reviews		
Timely	63	92.65%
Not Timely	5	7.35%
Total Concurrent Reviews	68	
Urgent Pre-Service Reviews		
Timely	95	100.00%
Not Timely	0	0.00%
Total Urgent Pre-Service Reviews	95	
Non-Urgent Pre-Service Reviews		
Timely	3473	95.83%
Not Timely	151	4.17%
Total Non-Urgent Pre-Service Reviews	3624	
Post-Service Reviews		
Timely	47	87.04%
Not Timely	7	12.96%
Total Post-Service Reviews	54	
Total Medical UR Decisions Made	3841	

Table 7.2: Mental Health and Substance Abuse Services	UR Decisions Made	
(1) Review types involving MHSA claims	(2) #	(3) %
Urgent Concurrent Reviews		
Timely	93	100.00%
Not Timely	0	0.00%
Total Concurrent Reviews	93	
Urgent Pre-Service Reviews		
Timely	80	100.00%
Not Timely	0	0.00%
Total Urgent Pre-Service Reviews	80	
Non-Urgent Pre-Service Reviews		

Tables 7.1 through 7.3: Utilization Review decision timelines

Timely	107	100.00%
Not Timely	0	0.00%
Total Non-UrgentPre-Service Reviews	107	
Post-Service Reviews		
Timely	4	100.00%
Not Timely	0	0.00%
Total Post-Service Reviews	4	
Total MHSA UR Decisions Made	284	

Table 7.3: Pharmacy	UR Decisions Made	
(1)	(2)	(3)
Review types involving Pharmacy claims	#	%
Urgent Concurrent Reviews		
Timely	0	0.00%
Not Timely	0	0.00%
Total Concurrent Reviews	0	
Urgent Pre-Service Reviews		
Timely	493	99.60%
Not Timely	2	0.40%
Total Urgent Pre-Service Reviews	495	
Non-Urgent Pre-Service Reviews		
Timely	0	0.00%
Not Timely	0	0.00%
Total Non-UrgentPre-Service Reviews	0	
Post-Service Reviews		
Timely	0	0.00%
Not Timely	0	0.00%
Total Post-Service Reviews	0	
Total Pharmacy UR Decisions Made	495	

Table 8: Quality of Care Grievances

Table 8: Quality of Care Grievances									
(1) Type of grievance	(2) Total # of grievances received during reporting period	(3) Total # of grievances per 1000 members	(4) # of grievances remaining unresolved from prior reporting period	(5) # of total grievances resolved after 1st review during reporting period	(6) # of 1st level reviews resolved in member's favor during reporting period	(7) % of 1st level reviews resolved in member's favor during reporting period	(8) # of grievances resolved after 2nd review during reporting period	(9) # of 2nd level reviews resolved in member's favor during reporting period	(10) % of 2nd level reviews resolved in member's favor during reporting period
Provider performance and office management	0	0	0	0	0	0	0	0	0
Plan administration	4	0.0221	0	5	0	0	0	0	0
Access to health care	0	0	0	0	0	0	0	0	0
Total	4	0.0221	0	5	0	0	0	0	0

Table 9A: Provider Satisfaction Survey Results

Table 5: Provider Satisfaction Survey Results	Strongly Agree			Agree		Neither Agree or Disagree		Disagree		Strongly Disagree	
	(1) Denominator	(2) Numerator	(3) Rate	(4) Numerator	(5) Rate	(6) Numerator	(7) Rate	(8) Numerator	(9) Rate	(10) Numerator	(11) Rate
Overall, are you satisfied with the plan?	284	39	13.73%	130	45.77%	72	25.35%	26	9.15%	17	5.99%
Would you recommend the plan to your patients?	283	36	12.72%	100	35.34%	110	38.87%	17	6.01%	20	7.07%
Would you recommend the plan to other practitioners?	281	36	12.81%	101	35.94%	100	35.59%	21	7.47%	23	8.19%
Are you satisfied with the plan's responsiveness when you need assistance?	280	49	17.50%	121	43.21%	82	29.29%	19	6.79%	9	3.21%
Are you satisfied with the quality of communications from the plan?	285	47	16.49%	128	44.91%	82	28.77%	17	5.96%	11	3.86%

Table 9B: Actions taken for provider satisfaction

Table 9B: Actions taken on provider satisfaction

Overview of MVP Interventions to improve satisfaction:

The MVP Vermont Professional Relations team is expected to respond to any provider inquiry within twenty-four hours or one full business day. In many cases, they are able to answer emails and phone calls in real time with virtually no wait time at all. Additionally, each Professional Relations Representative in VT has been empowered to manage their own territories, and this has promoted positive relationship building with our community physicians, hospital business managers, and PHO contacts. The Vermont Provider Relations manager and contract managers work collaboratively to serve provider groups and PHOs (i.e. United Health Alliance). It is each Provider Relations Representative's own "pride of ownership" and commitment to their physicians and providers that is the key to making improvements in response time.

In 2017 MVP began development and implementation of several programs/processes expected to improve provider satisfaction:

1. **Provider Toolkit** – MVP recognized that the contracting and credentialing process may be a bit difficult for the provider to understand. In 2017 PR reps delivered the new MVP provider toolkit that is a step by step guide on the process. It identifies what MVP needs to move a provider's application through the contracting and credentialing process. In addition it helps them understand the different steps to the process. Lastly it also explains how providers can easily update their demographic information with MVP and what MVP needs during the recredentialing process. The Toolkit received very positive responses from providers who indicated it helped them navigate the contracting and credentialing processes. MVP continues to make updates to the toolkit as requirements change.

2. **Provider Dashboard** – The online dashboard is available to all PR Representatives for each of their groups. The dashboard allows the rep to review the practices claims submitted, approved, and denied. It also allows them to dig deeper to see the most common denials.

3. **Online Demographic Form** – In 2017 MVP started development of an online tool to allow providers to submit demographic changes to MVP directly online. The current process requires the provider to print a form, complete it by hand, and email it back. This is time consuming for providers and often results in incorrect data. This new online form will allow providers to create this form and submit it right online therefore improving data quality and ease of use for providers. This is expected to be available to providers in the 1st quarter of 2018.

4. **Customer Care Center for Providers** – In 2017 MVP expanded the hours for the provider call center. This allowed provider to call MVP much earlier in the morning therefore decrease wait times for the providers.

Tables 10.1 through 10.2: Corporate Officer and Direct Compensation

Table 10.1: Corporate Officer Compensation			
(1) Title of Company Officers	(2) Salary	(3) Bonus	(4) Other Compensation
Chief Executive Officer	\$800,001	\$794,626	\$289,338
Secretary 1	\$218,275	\$39,625	\$13,932
Secretary 2	\$242,500	\$122,306	\$54,639
Treasurer	\$442,339	\$213,437	\$86,161
Executive Vice President 1	\$615,777	\$374,039	\$78,846
Executive Vice President 2	\$433,462	\$62,456	\$46,781
Executive Vice President 3	\$383,525	\$205,202	\$56,691
Executive Vice President 4	\$328,461	\$174,602	\$61,926
Executive Vice President 5	\$197,710	\$196,098	\$42,477

Table 10.2: Direct Compensation			
(1) Title of Company Officers	(2) Stipend	(3) Bonus	(4) Other Compensation
Board Member #1	\$39,500		
Board Member #2	\$43,500		
Board Member #3	\$48,500		
Board Member #4	\$52,331		
Board Member #5	\$40,125		
Board Member #6	\$63,599		
Board Member #7	\$73,500		
Board Member #8	\$42,500		
Board Member #9	\$56,319		
Board Member #10	\$39,599		
Board Member #11	\$38,971		
Board Member #12	\$40,150		
Board Member #13	\$40,500		
Board Member #14	\$42,775		
Board Member #15	\$73,125		

Table 11: Vermont Marketing and Advertising Expenses

Table 11: Vermont Marketing and Advertising Expenses	
Total	\$329,955.00

Table 12: Federal and Vermont Lobbying Expenditures

Table 12: Lobbying Expenditures	
Federal	\$60,000
Vermont	\$60,250

Table 15: Legal Expenses related to claims or services denials

Table 15: Legal Expenses related to claims or services denials	
Total Legal Expenses	\$0.00

Table 16: Vermont Charitable Contributions

Table 16: Vermont Charitable Contributions

Total Charitable Contributions	\$34,489.24
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