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## Health Insurer Information

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Health Insurer Information	
Name of Health Insurer:	MVP Health Plan, Inc. and MVP Health Insurance Company
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 ):	37,316
Contact Information	
Contact person:	Barbara Storti
Contact phone number:	518 388-2469

## Tables 2.1 through 2.3: Claims Submissions and Denials

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**Table 2.1: Total claims and denials**

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	325,535	15,293	4.70%	0.032239
MHSA claims	43,663	2,335	5.35%	0.005156
Pharmacy Claims	384,213	37,653	9.80%	0.083149
<b>Grand Total</b>	<b>753,411</b>	<b>55,281</b>	<b>7.34%</b>	<b>0.120544</b>

**Table 2.2: Administrative denials only**

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	325,535	11,788	3.62%	0.024929
MHSA claims	43,663	1,493	3.42%	0.003297
Pharmacy Claims	384,213	19,730	5.14%	0.043570
<b>Grand Total</b>	<b>753,411</b>	<b>33,011</b>	<b>4.38%</b>	<b>0.071796</b>

**Table 2.3: Member impact denials only**

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	325,535	3,505	1.08%	0.007309
MHSA claims	43,663	842	1.93%	0.001859
Pharmacy Claims	384,213	17,923	4.66%	0.039579
<b>Grand Total</b>	<b>753,411</b>	<b>22,270</b>	<b>2.96%</b>	<b>0.048748</b>

**Tables 3.1 through 3.3: Utilization Review**

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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	5298	19.57%	49	0.92%	25	51.02%	5	0.09%	1	2.04%	3	0.06%	2	6.12%
MHSA	185	27.57%	0	0.00%	0	0.00%	0	0	0	0.00%	0	0.00%	0	0.00%
Pharmacy	1787	39.05%	67	3.75%	49	73.13%	2	0.11%	0	0.00%	1	0.06%	1	1.49%
<b>Grand Total</b>	<b>7270</b>		<b>116</b>	<b>1.60%</b>	<b>74</b>	<b>63.79%</b>	<b>7</b>	<b>0.10%</b>	<b>1</b>	<b>0.86%</b>	<b>4</b>	<b>0.06%</b>	<b>3</b>	<b>3.45%</b>

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	868	8.99%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
MHSA	148	4.05%	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%
<b>Grand Total</b>	<b>1016</b>		<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>

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	152	21.71%	7	4.61%	1	14.29%	3	1.97%	1	14.29%	0	0.00%	0	0.00%
MHSA	43	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%
<b>Grand Total</b>	<b>195</b>		<b>7</b>	<b>3.59%</b>	<b>1</b>	<b>14.29%</b>	<b>3</b>	<b>1.54%</b>	<b>1</b>	<b>14.29%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>

## Table 4: Adverse Benefit Determinations

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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.	7	1	14.29%	0.000015	0.000002
Second level appeals of post-service adverse determinations.	3	1	33.33%	0.000007	0.000002
External review of post-service appeal determinations	0	0	0	0	0

## Table 5: Claims processed in timely manner

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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
<a href="#">CAHPS: Claims processing is timely (Q40)</a>	101	3	3%	8	7.90%	29	28.70%	61	60.40%

## Table 6: Claims processed accurately

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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
<a href="#">CAHPS: Claims are processed correctly (Q41)</a>	98	2	2.00%	4	4.10%	21	21.40%	71	72.40%

**Tables 7.1 through 7.3: Utilization Review decision timelines**

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Table 7.1: Medical Services	UR Decisions Made	
(1) Review types involving medical claims	(2) #	(3) %
<b>Urgent Concurrent Reviews</b>		
Timely	489	96.83%
Not Timely	16	3.17%
Total Concurrent Reviews	505	
<b>Urgent Pre-Service Reviews</b>		
Timely	215	99.54%
Not Timely	1	0.46%
Total Urgent Pre-Service Reviews	216	
<b>Non-Urgent Pre-Service Reviews</b>		
Timely	4894	96.30%
Not Timely	188	3.70%
Total Non-UrgentPre-Service Reviews	5082	
<b>Post-Service Reviews</b>		
Timely	135	89.40%
Not Timely	16	10.60%
Total Post-Service Reviews	151	
<b>Total Medical UR Decisions Made</b>	<b>5954</b>	

Table 7.3: Pharmacy	UR Decisions Made	
(1) Review types involving Pharmacy claims	(2) #	(3) %
<b>Urgent Concurrent Reviews</b>		
Timely	0	0.00%
Not Timely	0	0.00%
Total Concurrent Reviews	0	
<b>Urgent Pre-Service Reviews</b>		
Timely	1745	97.65%
Not Timely	42	2.35%
Total Urgent Pre-Service Reviews	1787	
<b>Non-Urgent Pre-Service Reviews</b>		
Timely	0	0.00%
Not Timely	0	0.00%
Total Non-UrgentPre-Service Reviews	0	
<b>Post-Service Reviews</b>		
Timely	0	0.00%
Not Timely	0	0.00%
Total Post-Service Reviews	0	
<b>Total Pharmacy UR Decisions Made</b>	<b>1787</b>	

Table 7.2: Mental Health and Substance Abuse Services	UR Decisions Made	
(1) Review types involving MHSA claims	(2) #	(3) %
<b>Urgent Concurrent Reviews</b>		
Timely	37	90.24%
Not Timely	4	9.76%
Total Concurrent Reviews	41	
<b>Urgent Pre-Service Reviews</b>		
Timely	24	**77.42%
Not Timely	7	22.58%
Total Urgent Pre-Service Reviews	31	
<b>Non-Urgent Pre-Service Reviews</b>		
Timely	127	82.47%
Not Timely	27	17.53%
Total Non-UrgentPre-Service Reviews	154	
<b>Post-Service Reviews</b>		
Timely	42	97.67%
Not Timely	1	2.33%
Total Post-Service Reviews	43	
<b>Total MHSA UR Decisions Made</b>	<b>269</b>	



## Table 8: Quality of Care Grievances

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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	0	0	0	0	0	0	0	0	0
Access to health care	0	0	0	0	0	0	0	0	0
<b>Total</b>	0	0.000	0	0	0	0.0%	0	0	0.0%

## Table 9A: Provider Satisfaction Survey Results

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		Strongly Agree		Agree		Neither Agree or Disagree		Disagree		Strongly Disagree	
Table 5: Provider Satisfaction Survey Results	(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?	351	102	29.1%	136	38.7%	88	25.1%	14	4.0%	11	3.1%
Would you recommend the plan to your patients?	350	111	31.7%	128	36.6%	84	24.0%	16	4.6%	11	3.1%
Would you recommend the plan to other practioners?	355	109	30.7%	126	35.5%	86	24.2%	17	4.8%	17	4.8%
Are you satisfied with the plan's responsiveness when you need assistance?	353	105	29.7%	118	33.4%	96	27.2%	17	4.8%	17	4.8%
Are you satisfied with the quality of communications from the plan?	356	110	30.9%	164	46.1%	49	13.8%	18	5.1%	15	4.2%

## Table 9B: Actions taken for provider satisfaction

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### Table 9B: Actions taken on provider satisfaction

In 2020 MVP ended their contract with Landmark/eviCore for the Chiro and Acupuncture network. MVP recruited those providers to directly contract with MVP. Changes were made to reimburse these providers more than Landmark. In addition MVP began to receive requests from Behavioral Health Providers in Vt to allow non licensed BH providers to provide services to members under a licensed provider. MVP will be starting to allow this in 2021 going forward. At the end of 2019 MVP also sent out amendments to increase the reimbursement fee schedule for Behavioral Health Providers, so we saw an improvement in reimbursement satisfaction amongst these provider types. Lastly, MVP received a lot of requests from providers who wanted to move their practices to be virtual only and not have a physical location. A physical location was always required for providers, in 2020 MVP implemented a new credentialing policy which allowed providers to change their practice to a virtual only practice.

## Tables 10.1 through 10.2: Corporate Officer and Direct Compensation

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**Table 10.1: Corporate Officer Compensation**

(1) Title of Company Officers	(2) Salary	(3) Bonus	(4) Other Compensation
Chief Executive Officer and Director	\$882,692	\$1,190,000	\$85,289
President and Chief Operating Officer	\$237,803	\$251,500	\$585,261
Treasurer	\$503,654	\$351,500	\$52,324
Executive Vice President 1	\$399,808	\$265,000	\$40,339
Executive Vice President 2	\$415,385	\$294,750	\$43,596
Executive Vice President 3	\$379,039	\$251,000	\$25,990
Executive Vice President 4	\$230,389	\$228,885	\$178,884
Executive Vice President 5	\$380,146	\$141,066	\$34,831
Executive Vice President 6	\$290,770	\$197,237	\$22,496
Executive Vice President 7	\$275,701	\$106,350	\$16,853

**Table 10.2: Direct Compensation**

(1) Title of Company Officers	(2) Stipend	(3) Bonus	(4) Other Compensation
Board Member #1	73,500.00	\$	\$
Board Member #2	63,500.00		
Board Member #3	59,459.89		
Board Member #4	51,616.42		
Board Member #5	51,500.00		
Board Member #6	51,500.00		
Board Member #7	43,630.25		
Board Member #8	43,500.00		
Board Member #9	42,600.25		
Board Member #10	42,500.00		
Board Member #11 6 months	16,250.00		

## Table 11: Vermont Marketing and Advertising Expenses

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### Table 11: Vermont Marketing and Advertising Expenses

Total	\$886,508
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## Table 12: Federal and Vermont Lobbying Expenditures

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Table 12: Lobbying Expenditures	
Federal	\$ 72,000.00
Vermont	\$ 56,000.00

**The amounts included in the chart above are aggregate amounts for MVP Health Care. Please note that lobbying expenditures are paid through MVP Health Plan, Inc. and MVP Service Corp and allocated to various MVP entities through a cost allocation process. These aggregate amounts reflect an enterprise-wide total.**

## Table 13: Political Contributions

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Table 13: Political Contributions		
(1) Recipient	(2) Vermont candidate (c) or party (p)	(3) Amount of cash or cash equivalent (in-kind)
Name	c/p	\$
N/A	N/A	N/A

**MVP made no political contributions to Vermont state election campaigns or political parties in 2020. The MVP Health Care, Inc. VT PAC account was closed on December 16, 2014.**

## Table 14: Dues Paid to Lobbying Groups

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Table 14: Dues paid to lobbying groups

(1) Trade Organization	(2) Dues Paid
Name	\$
America's Health Insurance Plans (AHIP)	96,495.56

**The dues paid to the trade association are an aggregate amount paid on behalf of all MVP companies. The amount included in the chart above represents the percentage of MVP dues that are attributable to lobbying activities and grassroots efforts on behalf of AHIP members.**



## Table 15: Legal Expenses related to claims or services denials

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### Table 15: Legal Expenses related to claims or services denials

Total Legal Expenses	\$0
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## Table 16: Vermont Charitable Contributions

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### Table 16: Vermont Charitable Contributions

<b>Total Charitable Contributions</b>	\$139,814
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