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Health Insurer Information

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Health Insurer Information	
Name of Health Insurer:	MVP Health Plan, Inc.
State of Domicile:	NY
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):	27671
Contact Information	
Contact person:	Barbara Storti
Contact phone number:	518 991-3574

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	281,856	12,731	4.52	0.037418035
MHSA claims	38,772	2,060	5.31	0.006054603
Pharmacy Claims	338,935	40,760	12.03	0.099874
Grand Total	659,563	55,551	8.42%	0.082081

Table 2.2: Administrative denials only

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	281,856	9,136	3.24	0.026851871
MHSA claims	38,772	1,284	3.31	0.00377384
Pharmacy Claims	338,935	21,612	6.38	0.052956
Grand Total	659,563	32,032	4.86%	0.0783

Table 2.3: Member impact denials only

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	281,856	3,595	1.28	0.010566164
MHSA claims	38,772	776	2	0.002280763
Pharmacy Claims	338,935	19,148	5.65	0.046918
Grand Total	659,563	23,519	3.57%	0.087232

Tables 3.1 through 3.3: Utilization Review

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Table 3.1: Pre-service Prior Authorization															
PA request			(3.1) Pre-service Reconsiderations (included in column (2))	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	6599	12.48%	274	50	0.01%	27	54.00%	0	0	0	0	0	0	0	0
MHSA	7	14.29%	3	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	1859	51%	173	63	0.03%	26	41.26%	0	0	0	0	0	0	0	0
Grand Total	8465	20.84%	450	113	0.01%	53	46.90%	0	0	0	0	0	0	0	0

Table 3.2: Concurrent Prior Authorization															
PA request			(3.1) Concurrent Reconsiderations (included in column (2))	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	450	2.44%	11	0	0	0	0	0	0	0	0	0	0	0	0
MHSA	15	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	465	2.37%	11	0	0	0	0	0	0	0	0	0	0	0	0

Table 3.3: Post-service with Utilization Review (UR)															
UR request			(3.1) Retrospective Reconsiderations (included in column (2))	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	347	17.63%	14	8	0.02%	1	0.13%	0	0	0	0	1	0.02%	0	0.00%
MHSA	9	11.11%	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	3	66.67%	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	359	20.10%	14	8	0.02%	1	0.13%	0	0	0	0	1	0.02%	0	0.00%

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.	6	1	0.17	0.021683	0.003613
Second level appeals of post-service adverse determinations.	0	0	0	0	0
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
CAHPS: Claims processing is timely (Q40)	96	1	1.10%	7	7%	31	33.00%	55	58.50%

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
CAHPS: Claims are processed correctly (Q41)	94	1	1.1	6	6.40%	28	29.8	59	62.80%

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) %
Urgent Concurrent Reviews		
Timely	443	98.44%
Not Timely	7	1.56%
Total Concurrent Reviews	450	
Urgent Pre-Service Reviews		
Timely	626	90.20%
Not Timely	68	9.80%
Total Urgent Pre-Service Reviews	694	
Non-Urgent Pre-Service Reviews		
Timely	5556	99.20%
Not Timely	45	0.80%
Total Non-UrgentPre-Service Reviews	5601	
Post-Service Reviews		
Timely	342	92.93%
Not Timely	26	7.07%
Total Post-Service Reviews	368	
Total Medical UR Decisions Made	7113	

Table 7.2: Mental Health and Substance Abuse Services	UR Decisions Made	
(1) Review types involving MHSA claims	(2) #	(3) %
Urgent Concurrent Reviews		
Timely	436	98.42%
Not Timely	7	1.58%
Total Concurrent Reviews	443	
Urgent Pre-Service Reviews		
Timely	2	100.00%
Not Timely	0	0.00%
Total Urgent Pre-Service Reviews	2	
Non-Urgent Pre-Service Reviews		
Timely	5	100.00%
Not Timely	0	0.00%
Total Non-UrgentPre-Service Reviews	5	
Post-Service Reviews		
Timely	5	55.56%
Not Timely	4	44.44%
Total Post-Service Reviews	9	
Total MHSA UR Decisions Made	459	

Table 7.3: Pharmacy	UR Decisions Made	
(1) Review types involving Pharmacy claims	(2) #	(3) %
Urgent Concurrent Reviews		
Timely	0	0.00%
Not Timely	0	0.00%
Total Concurrent Reviews	0	
Urgent Pre-Service Reviews		
Timely	450	97.83%
Not Timely	10	2.17%
Total Urgent Pre-Service Reviews	460	
Non-Urgent Pre-Service Reviews		
Timely	1381	98.71%
Not Timely	18	1.29%
Total Non-UrgentPre-Service Reviews	1399	
Post-Service Reviews		
Timely	3	100.00%
Not Timely	0	NA
Total Post-Service Reviews	3	
Total Pharmacy UR Decisions Made	1862	

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	1	0.003613	0	0	1	100%	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
Total	1	0.003613	0	0	1	100%	0	0	0.0%

Table 9A: Provider Satisfaction Survey Results

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Table 9A: Provider Satisfaction Survey Results	Strongly Disagree			Disagree		Neither Agree nor		Agree		Strongly Agree	
	(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?	328	6	1.80%	15	4.60%	58	17.70%	173	52.70%	76	23.20%
Would you recommend the Plan to your patients?	328	10	3%	18	5.50%	90	27.40%	137	41.80%	73	22.30%
Would you recommend the Plan to other practitioners?	326	10	3.10%	21	6.40%	80	24.50%	144	44.20%	71	21.80%
Are you satisfied with the Plan's responsiveness when you need assistance?	322	8	2.50%	16	5%	94	29.20%	134	41.60%	70	21.70%
Are you satisfied with the quality of communications from the Plan?	326	6	1.80%	15	4.60%	94	28.80%	145	44.50%	66	20.20%

Table 9B: Actions taken for provider satisfaction

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Table 9B: Actions taken on provider satisfaction

In 2023, MVP established a Behavioral Health (BH) provider recruitment campaign and contracted approximately 150 new providers. MVP improved the process by which providers enroll to use the portal, enabling self-service for functions such as member eligibility, policy access and claims follow up. Additionally, provider onboarding reference material was enhanced to improve the new provider experience, and made available on MVP's website.

Table 11: Vermont Marketing and Advertising Expenses

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Table 11: Vermont Marketing and Advertising Expenses

Total	\$1,322,120
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Table 12: Federal and Vermont Lobbying Expenditures

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Table 12: Lobbying Expenditures

Federal	\$84,000
Vermont	\$54,387

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

Total Charitable Contributions	\$52,696.94
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