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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 State
Total number of states in which health insurer operates:	2
List of names of states where licensed (other than Vermont):	New York State
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 ):	28,949
Contact Information	
Contact person:	Donna Hermann
Contact phone number:	518-386-7838

## 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	258,353	11,378	4.40%	0.032753002
MHSA claims	24,907	1,488	5.97%	0.004283395
Pharmacy Claims	273,383	22,122	8.09%	0.063680956
<b>Grand Total</b>	<b>556,643</b>	<b>34,988</b>	<b>6.29%</b>	<b>0.100717354</b>

**Table 2.2: Administrative denials only**

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	258,353	3,579	1.39%	0.010302601
MHSA claims	24,907	453	1.82%	0.001304017
Pharmacy Claims	273,383	10,417	3.81%	0.029986643
<b>Grand Total</b>	<b>556,643</b>	<b>14,449</b>	<b>2.60%</b>	<b>0.041593262</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	358,353	7,619	3.02%	0.021932249
MHSA claims	24,907	1,035	4.16%	0.002979378
Pharmacy Claims	273,383	11,705	4.28%	0.033694313
<b>Grand Total</b>	<b>656,643</b>	<b>20,359</b>	<b>3.10%</b>	<b>0.058605939</b>

**Tables 3.1 through 3.3: Utilization Review**

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**Table 3.1: Pre-service Prior Authorization**

(1) PA category	PA request		PAs at 1st level appeal				PAs at 2nd level appeal				PAs at independent external review level appeal			
	(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	6294	16%	19	0.30%	7	36.84%	0	0.00%	0	0.00%	0	0	0	0
MHSA	329	1%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0	0	0
Pharmacy	1123	33%	42	3.74%	4	9.52%	3	0.27%	1	2.38%	0	0	0	0
<b>Grand Total</b>	<b>6623</b>		<b>61</b>	<b>0.92%</b>	<b>11</b>	<b>18.03%</b>	<b>3</b>	<b>0.05%</b>	<b>1</b>	<b>1.64%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Table 3.2: Concurrent Prior Authorization**

(1) PA category	PA request		PAs at 1st level appeal				PAs at 2nd level appeal				PAs at independent external review level appeal			
	(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	189	8%	0	0	0	0	0	0	0	0	0	0	0	0
MHSA	119	0%	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0		0	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>305</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

(1) UR category	UR request		UR requests at 1st level appeal				UR requests at 2nd level appeal				UR requests at independent external review level appeal			
	(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	507	25%	5	0.99%	2	40.00%	0	0%	0	0%	0	0%	0	0%
MHSA	4	0%	0	0.00%	0	0.00%	0	0%	0	0%	0	0%	0	0%
Pharmacy	0	0	0	0.00%	0	0.00%	0	0%	0	0%	0	0%	0	0%
<b>Grand Total</b>	<b>511</b>		<b>5</b>	<b>0.98%</b>	<b>2</b>	<b>40.00%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</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.	24	5	20.83%	0.000069	0.000014
Second level appeals of post-service adverse determinations.	0				
External review of post-service appeal determinations	0				

**Table 5: Claims processed in timely manner**

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		Never		Sometimes		Usually		Always	
Table 5: Claims processing - timely processing	(1) Denominator	(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>	81	6	7.41%	10	12.35	29	35.80%	36	44.44%

**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>	83	2	2.41%	11	13.25%	28	33.73%	42	50.60%

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

<b>Table 7.1: Medical Services</b>	<b>UR Decisions Made</b>	
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
<b>Review types involving medical claims</b>	<b>#</b>	<b>%</b>
<b>Urgent Concurrent Reviews</b>		
Timely	161	93%
Not Timely	12	7%
Total Concurrent Reviews	173	
<b>Urgent Pre-Service Reviews</b>		
Timely	214	98%
Not Timely	5	2%
Total Urgent Pre-Service Reviews	219	
<b>Non-Urgent Pre-Service Reviews</b>		
Timely	5965	98%
Not Timely	123	2%
Total Non-Urgent Pre-Service Reviews	6088	
<b>Post-Service Reviews</b>		
Timely	472	93%
Not Timely	35	7%
Total Post-Service Reviews	507	
<b>Total Medical UR Decisions Made</b>	<b>6987</b>	

<b>Table 7.2: Mental Health and Substance Abuse Services</b>	<b>UR Decisions Made</b>	
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
<b>Review types involving MHSA claims</b>	<b>#</b>	<b>%</b>
<b>Urgent Concurrent Reviews</b>		
Timely	119	100%
Not Timely	0	0
Total Concurrent Reviews	119	
<b>Urgent Pre-Service Reviews</b>		
Timely	166	99%
Not Timely	2	1%
Total Urgent Pre-Service Reviews	168	
<b>Non-Urgent Pre-Service Reviews</b>		

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

Timely	161	100%
Not Timely	0	0
Total Non-UrgentPre-Service Reviews	161	
<b>Post-Service Reviews</b>		
Timely	4	100%
Not Timely	0	0%
Total Post-Service Reviews	4	
<b>Total MHA UR Decisions Made</b>	<b>452</b>	

<b>Table 7.3: Pharmacy</b>	<b>UR Decisions Made</b>	
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
<b>Review types involving Pharmacy claims</b>	<b>#</b>	<b>%</b>
<b>Urgent Concurrent Reviews</b>		
Timely	0	
Not Timely	0	
Total Concurrent Reviews	0	
<b>Urgent Pre-Service Reviews</b>		
Timely	1110	99%
Not Timely	13	1%
Total Urgent Pre-Service Reviews	1123	
<b>Non-Urgent Pre-Service Reviews</b>		
Timely	0	
Not Timely	0	
Total Non-UrgentPre-Service Reviews	0	
<b>Post-Service Reviews</b>		
Timely	0	
Not Timely	0	
Total Post-Service Reviews		
<b>Total Pharmacy UR Decisions Made</b>	<b>1123</b>	

**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	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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Table 9a: Provider Satisfaction Survey Results	(1) Denominator	Strongly Agree		Agree		Neither Agree or Disagree		Disagree		Strongly Disagree	
		(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?	401	56	14.0%	187	46.6%	93	23.2%	44	11.0%	21	5.2%
Would you recommend the plan to your patients?	395	52	13.2%	132	33.4%	133	33.7%	49	12.4%	29	7.3%
Would you recommend the plan to other practioners?	398	54	13.6%	136	34.2%	124	31.2%	53	13.3%	31	7.8%
Are you satisfied with the plan's responsiveness when you need assistance?	395	67	17.0%	186	47.1%	108	27.3%	17	4.3%	17	4.3%
Are you satisfied with the quality of communications from the plan?	398	66	16.6%	196	49.2%	102	25.6%	17	4.3%	17	4.3%

## Table 9B: Actions taken for provider satisfaction

Table 9B: Actions taken on provider satisfaction

In 2018 MVP began development and implementation of several programs/processes expected to improve provider satisfaction: **Online Demographic Form** – In May of 2018 MVP released the new online tool to allow providers to communicate demographic changes to MVP directly online. In July of 2018 MVP made this mandatory for all demographic changes. This has improved processing time for provider demographic changes. MVP continues to make enhancements to the online form based on feedback we receive from provider's.

**Provider Resource Manual** – in 2018 MVP identified through the provider satisfaction survey that the MVP provider resource manual was difficult to find and understand. In 2018 we began reviewing the manual with internal departments on how to make improvements to the manual. MVP has hired a technical writer for 2019 to revamp the entire manual to make it more user friendly for providers to find, search, and understand.

**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.

**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.



**Table 11: Vermont Marketing and Advertising Expenses**

Table 11: Vermont Marketing and Advertising Expenses	
Total	\$1,605,814.00

## Table 12: Federal and Vermont Lobbying Expenditures

Table 12: Lobbying Expenditures	
Federal	\$72,000.00
Vermont	\$51,233.00





**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	\$77,038.30