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Health Insurer Information

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Health Insurer Information	
Name of Health Insurer:	MVP Health Plan, Inc. MVP Health Insurance Company
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):	38412
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	395,442	16,885	4.27%	0.036248763
MHSA claims	49,790	1,797	3.61%	0.003857804
Pharmacy Claims	426,244	39,429	9.25%	0.084653
Grand Total	871,476	58,111	17.13%	0.124759567

Table 2.2: Administrative denials only

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	395,442	13,302	3.36%	0.028556769
MHSA claims	49,790	1,147	2.30%	0.002462383
Pharmacy Claims	426,244	20,108	4.72%	0.043171
Grand Total	871,476	34,557	10.38%	0.074190152

Table 2.3: Member impact denials only

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	395,442	3,583	0.91%	0.007691994
MHSA claims	49,790	650	1.31%	0.001395422
Pharmacy Claims	426,244	19,321	4.53%	0.041482
Grand Total	871,476	23,554	6.75%	0.050569416

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	7618	20.18%	90	67.16%	57	64.04%	6	100%	3	50.00%	2	100%	1	50.00%
MHSA	98	44.90%	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	1240	35.32%	44	32.84%	27	61.36%	0	0	0	0	0	0	0	0
Grand Total	8956	22.54%	134	100.00%	84	63.15%	6	100%	3	50.00%	2	100%	1	50.00%

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	992	6.05%	0	0	0	0	0	0	0	0	0	0	0	0
MHSA	153	1.96%	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
Grand Total	1145	5.50%	0	0	0	0	0	0	0	0	0	0	0	0

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	123	32.52%	17	100%	6	35.29%	4	100%	0	0.00%	1	100%	0	0.00%
MHSA	6	0.00%	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
Grand Total	129	33.33%	17	100%	6	35.29	4	100%	0	0	1	100%	0	0

Table 4: Adverse Benefit Determinations

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Table 4: Adverse Benefit Determinations without Utilization Review					
(1) Adverse Benefit Determination Level	Totals and percentages			PMPM	
	(2) Total Appeals	(3) Total Overturned	(4) Overturned Rate	(5) Appeals	(6) Overturned
First level appeals of post-service adverse determinations.	8	2	25.00%	0.000208	0.000052
Second level appeals of post-service adverse determinations.	4	0	0	0.000104	0
External review of post-service appeal determinations	1	1	100%	0.000026	0.000026

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)	75	0	0.00%	8	10.70%	25	33.33%	42	56.00%

Table 6: Claims processed accurately

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		Never		Sometimes		Usually		Always	
Table 6: Claims processed accurately	(1) Denominator	(2) Numerator	(3) Rate	(4) Numerator	(5) Rate	(6) Numerator	(7) Rate	(8) Numerator	(9) Rate
CAHPS: Claims are processed correctly (Q41)	74	1	1.40%	6	8.10%	16	21.60%	51	68.90%

Tables 7.1 through 7.3: Utilization Review decision timelines

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Table 7.1: Medical Services	UR Decisions Made	
(1)	(2)	(3)
Review types involving medical claims	#	%
Urgent Concurrent Reviews		
Timely	624	94.26%
Not Timely	38	5.74%
Total Concurrent Reviews	662	
Urgent Pre-Service Reviews		
Timely	267	99.26%
Not Timely	2	0.74%
Total Urgent Pre-Service Reviews	269	
Non-Urgent Pre-Service Reviews		
Timely	7119	96387%
Not Timely	230	3.13%
Total Non-UrgentPre-Service Reviews	7349	
Post-Service Reviews		
Timely	135	90.60%
Not Timely	14	9.40%
Total Post-Service Reviews	149	
Total Medical UR Decisions Made	8429	

Table 7.2: Mental Health and Substance Abuse Services	UR Decisions Made	
(1)	(2)	(3)
Review types involving MHSA claims	#	%
Urgent Concurrent Reviews		
Timely	1	25%
Not Timely	3	75%
Total Concurrent Reviews	4	
Urgent Pre-Service Reviews		
Timely	15	100%
Not Timely	0	0%
Total Urgent Pre-Service Reviews	15	
Non-Urgent Pre-Service Reviews		
Timely	76	91.57%
Not Timely	7	8.43%
Total Non-UrgentPre-Service Reviews	83	
Post-Service Reviews		
Timely	5	83.33%
Not Timely	1	16.67%
Total Post-Service Reviews	6	
Total MHSA UR Decisions Made	108	

Table 7.3: Pharmacy	UR Decisions Made	
(1)	(2)	(3)
Review types involving Pharmacy claims	#	%
Urgent Concurrent Reviews		
Timely	0	
Not Timely	0	
Total Concurrent Reviews	0	
Urgent Pre-Service Reviews		
Timely	1216	95.22%
Not Timely	61	4.78%
Total Urgent Pre-Service Reviews	1277	
Non-Urgent Pre-Service Reviews		
Timely	0	
Not Timely	0	
Total Non-UrgentPre-Service Reviews	0	
Post-Service Reviews		
Timely	0	
Not Timely	0	
Total Post-Service Reviews	0	
Total Pharmacy UR Decisions Made	1277	

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	2	0.0521	0	2	0	0	0	0	0
Plan administration	0	0	0	0	0	0	0	0	0
Access to health care	1	0.026	0	1	1	100%	0	0	0
Total	3	0.078	0	3	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?	699	36	5.2%	33	4.7%	153	21.9%	343	49.1%	134	19.2%
Would you recommend the Plan to your patients?	623	41	6.6%	34	5.5%	194	31.1%	241	38.7%	113	18.1%
Would you recommend the Plan to other practitioners?	623	44	7.1%	42	6.7%	187	30.0%	228	36.6%	122	19.6%
Are you satisfied with the Plan's responsiveness when you need assistance?	693	22	3.2%	20	2.9%	203	29.3%	321	46.3%	127	18.3%
Are you satisfied with the quality of communications from the Plan?	695	23	3.3%	16	2.3%	196	28.2%	325	46.8%	135	19.4%

Table 9B: Actions taken for provider satisfaction

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Table 9B: Actions taken on provider satisfaction

In 2021, MVP launched several initiatives related to improving the accuracy of provider demographics on file, that subsequently posted to MVP's Provider search online. The directory search was updated to show areas of focus, and Access & Availability calls were conducted for PCPs, specific physical medicine specialties, and Behaviora Health providers to validate address and panel information. Where the information was not accurate, the updates were performed immediately. This makes it easier for members to choose providers that will best meet their health care needs. Healthsparq was used to to update the directory with the capability to indicate providers of Telehealth services. MVP also implemented an initiative to collect current email addresses and have them loaded so that providers can receive timely updates to their office via email rather than via fax or post office mail.

Table 11: Vermont Marketing and Advertising Expenses

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Table 11: Vermont Marketing and Advertising Expenses

Total	\$1,205,614.00
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Table 12: Federal and Vermont Lobbying Expenditures

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Table 12: Lobbying Expenditures	
Federal	\$72,000
Vermont	\$48,710

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	\$94,477.53
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