



625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

July 15, 2024

Via email Sebastian.Arduengo@vermont.gov

State of Vermont
Department of Financial Regulation
Attn: Sebastian Arduengo
89 Main Street
Montpelier, VT 05260-3103

RE: MVP Health Plan, Inc.'s 2024 VT Rule H-2009-03 Filing

Dear Mr. Arduengo:

I, Karla Austen, Chief Financial Officer of MVP Health Plan, Inc. ("MVP"), attest to the Commissioner of the Department of Financial Regulation, that MVP is in compliance with Part 5 of Rule H-2009-03.

MVP has provisional status in the network management category. Such status has been extended through August 7, 2024, and will remain until the successful completion of the NCQA resurvey that is currently in progress. At such time we will forward the updated status.

Sincerely,

Karla Austen
Chief Financial Officer
MVP Health Plan, Inc.



625 State Street
Schenectady, NY 12305-2111
mvphhealthcare.com

MVP Health Plan, Inc
Vermont Rule H-2009-03 Data filing checklist 2024
Filing due July 15, 2024

1. Attestation of Compliance to Part 5 of Rule H-2009-03

5.1 Ensuring Adequacy of Access to Providers and Continuity of Services

5.2 Credentialing Verification Practices

5.3 Provider Contracting, Fiscal Incentives and Disincentives

Document provided: MVP 2024 Attestation of Compliance to Part 5 of Rule H-2009-03

2. Section 6.3 Network Adequacy Reporting - Report showing network availability and opportunities for improvement.

Document provided: Network Adequacy Reporting MVP 2024

3. Detailed Accreditation report from NCQA that includes VT QHP Plans

Documents provided:

- NCQA Certification for Commercial HMO-POS;
- NCQA Commercial HMO-POS Final Score Summary Sheet;
- NCQA Certification for VT Exchange; and
- NCQA VT Marketplace Final Score Summary Sheet

4. List of Prescription Drugs that fall in the “specialty” category that can only be acquired through the specialty vendor.

Document provided: MVP Specialty Lock List May 2024



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mvphealthcare.com

July 2, 2024

Network Adequacy Reporting

Section 6.3

MVP has assessed its provider network according to the regulations stipulated in the State of Vermont's Rule H. For 95.7% of the required services, MVP is maintaining a network adequacy rate of 99% or higher. In areas where MVP falls below the regulatory standard, it is due to membership in rural counties where the provider type simply does not exist or is outside of the time/distance standards because of geography. MVP does recruit providers upon member request, even in areas where state requirements are already being met with the existing network, and consistently accepts new providers into the network. MVP continues to enroll additional telehealth providers, enabling additional access to services for members in underserved areas. MVP is has actively recruited additional Behavioral Health providers into the network and will continue to recruit in 2024.



National Committee for Quality Assurance
has awarded

MVP Health Plan, Inc.

Commercial HMO/POS Combined

an accreditation status of

Accredited

for service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.



CHAIR, BOARD OF DIRECTORS

PRESIDENT

CHAIR, REVIEW OVERSIGHT COMMITTEE

10/30/2023

DATE GRANTED

10/30/2026

EXPIRATION DATE

SCORE SUMMARY OVERALL RESULTS

Organization: MVP Health Plan, Inc.
License: 96866

Warning: A manual browser refresh may be required to view updated scores

RESULTS AND SCORES SELECTOR

Results and Scores Selector Overall Results and Summary of Scores

VIEW SCORING SUMMARY FOR

Evaluation product: Renewal Survey [VIEW must-pass results](#) NQQA STATUS: **Accredited**

Units of Assessment: Commercial HMO/POS Combined [VIEW cap element results](#)

Warning: Must Pass >= 3 may be subject to denial by ROC

CATEGORY SCORING THRESHOLDS

STANDARD CATEGORY	CATEGORY RESULT	POINTS RECEIVED AND PERCENTAGE	TOTAL APPLICABLE POINTS (TOTAL POSSIBLE)	≥80% THRESHOLD POINTS (ACCREDITED)	< 80% - ≥ 55% THRESHOLD POINTS (PROVISIONAL)	< 55% THRESHOLD POINTS (DENIED)	MUST-PASS REQUIREMENTS
QI - Quality Management and Improvement	ACCREDITED	12.00 (100.00%)	12.00	9.60	6.60	6.48	
PHM - Population Health Management	ACCREDITED	18.00 (100.00%)	18.00	14.40	9.90	9.72	
NET - Network Management	ACCREDITED	22.50 (97.83%)	23.00	18.40	12.65	12.42	
UM - Utilization Management	ACCREDITED	38.00 (100.00%)	38.00	30.40	20.90	20.52	0 Failed Must-Pass Elements
CR - Credentialing	ACCREDITED	12.50 (96.15%)	13.00	10.40	7.15	7.02	0 Failed Must-Pass Elements
ME - Member Experience	ACCREDITED	24.00 (100.00%)	24.00	19.20	13.20	12.96	



National Committee for Quality Assurance
has awarded

MVP Health Plan, Inc.

Exchange HMO

the status of

Provisional

for service and clinical quality that meet some basic requirements

for consumer protection and quality improvement.



David Choi, MD

CHAIR, BOARD OF DIRECTORS

Margaret S. J. K.

PRESIDENT

[Signature]

CHAIR, REVIEW OVERSIGHT COMMITTEE

04/07/2023

DATE GRANTED

04/07/2024

EXPIRATION DATE



1100 13th Street NW, Third Floor
Washington, DC 20005

phone 202.955.3500
fax 202.955.3599
www.ncqa.org

June 28, 2023

Christopher Del Vecchio
President and Chief Executive Officer
MVP Health Plan, Inc.
625 State Street
Schenectady, NY 12305

Dear Mr. Del Vecchio:

The NCQA Reconsideration Committee convened on June 22, 2022, to review the reconsideration request by **MVP Health Plan, Inc.** of the Review Oversight Committee's decision for the following 2022 *Standards and Guidelines for the Accreditation of Health Plans* status:

<u>Product Line/Product</u>	<u>Accreditation Status</u>	<u>Effective date</u>
Exchange HMO	Provisional	April 7, 2023 – August 7, 2024

Based on its in-depth review of the Reconsideration materials, the final review report, and NCQA HPA *Standards and Guidelines*, the Reconsideration Committee decided to **maintain the Provisional statuses for MVP Health Plan, Inc.** The NCQA Health Plan Report Card will update to reflect this status by no later than the 15th of July.

The Reconsideration Committee found that MVP Health Plan, Inc. did not meet the following standards:

- PHM 2, Element B: Population Assessment
- PHM 2, Element D: Segmentation
- NET 1, Element A: Cultural Needs and Preferences
- NET 2, Element A: Access to Primary Care
- NET 2, Element B: Access to Behavioral Healthcare
- NET 2, Element C: Access to Specialty Care
- NET 3, Element A: Assessment of Member Experience Accessing the Network
- NET 3, Element B: Opportunities to Improve Access to Nonbehavioral Healthcare Services
- NET 3, Element C: Opportunities to Improve Access to Behavioral Healthcare Services
- NET 5, Element C: Assessment of Physician Directory Accuracy

A detailed reconsideration analysis on the criteria is available to your organization via the Interactive Review Tool (IRT). Please review all aspects of the analysis as valuable insight is provided for each element.

Per the HP Accreditation Standards and Guidelines, an organization with Provisional must undergo a Resurvey within 12 months of the Accreditation decision. At a minimum, the scope of the Resurvey will include all elements scored 'Partially Met' or 'Not Met' in the PHM and NET standards categories. Your organization also has the option to be re-evaluated on any other 'Partially Met' or 'Not Met' elements in other standards category where the 80 percent threshold was met. Your organization will receive a 'Provisional' status until successful completion of the Resurvey.

In order to maintain your accreditation status(es), MVP Health Plan, Inc. will need to participate in a resurvey approximately three months prior to the expiration date. Your next survey will be on the standards in effect at the time of the survey. Please direct inquiries regarding survey scheduling and dates to Cindy Francis, Program Manager, Accreditation (francis@ncqa.org). All remaining inquiries related to the Resurvey review, please contact Sue Matthiesen, Assistant Vice President, Accreditation Operations (matthiesen@ncqa.org).

Sincerely,



Patrick Dahill
Assistant Vice President, Accreditation and Recognition Policy
dahill@ncqa.org
202-955-1780

cc: Sue Matthiesen, Assistant Vice President, Accreditation Operations
Kim Walters, Assistant Director, Accreditation Operations
Alexia Webster, Senior Manager, Investigations & Program Integrity

SCORE SUMMARY OVERALL RESULTS

Organization: MVP Health Plan, Inc.
License: 98831

ⓘ A manual browser refresh may be required to view updated scores

License Selector

MVP Health Plan, Inc. (s) - 98831

RESULTS AND SCORES SELECTOR

Results and Scores Selector Overall Results and Summary of Scores

VIEW SCORING SUMMARY FOR

Evaluation product Renewal Survey

[VIEW must-pass results](#)

Units of Assessment Exchange HMO

[VIEW cap element results](#)

ⓘ Warning: Must Pass >= 3 may be subject to denial by ROC

ⓘ Results generated or otherwise received from use of this application are preliminary and do not constitute a final score or a NCOA status determination. NCOA is not bound by the scoring guidelines. The ROC makes the final NCOA scoring decision and status determination.

CATEGORY SCORING THRESHOLDS

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QI - Quality Management and Improvement	ACCREDITED	12.00 (100.00%)	12.00	9.60	6.60	6.48	
PHM - Population Health Management	ACCREDITED	18.00 (100.00%)	18.00	14.40	9.90	9.72	
NET - Network Management	PROVISIONAL	14.50 (63.04%)	23.00	18.40	12.65	12.42	
UM - Utilization Management	ACCREDITED	44.00 (100.00%)	44.00	35.20	24.20	23.76	0 Failed Must-Pass Elements
CR - Credentialing	ACCREDITED	14.00 (100.00%)	14.00	11.20	7.70	7.56	0 Failed Must-Pass Elements
ME - Member Experience	ACCREDITED	19.50 (81.25%)	24.00	19.20	13.20	12.96	

Specialty Pharmacy Drug List May 2024

ACROMEGALY

LANREOTIDE ACETATE
OCTREOTIDE ACETATE
SANDOSTATIN
SOMATULINE DEPOT*
SOMAVERT*

ALOPECIA AREATA

LITFULO*

ALPHA-1 ANTITRYPSIN DEFICIENCY

ARALAST NP*
GLASSIA*
ZEMAIRA*

AMYLOIDOSIS

AMVUTTRA*
ONPATTRO*
VYNDAMAX*
VYNDAQEL*

ASTHMA

CINQAIR*
DUPIXENT
FASENRA*
NUCALA*
TEZSPIRE*
XOLAIR*

ATOPIC DERMATITIS

ADBRY*
CIBINQO
DUPIXENT

BONE DISORDERS - OTHER

SOHONOS*
VOXZOGO*

COAGULATION DISORDERS

CEPROTIN*

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

ARCALYST*
ILARIS*

CUSHING'S

MIFEPRISTONE

CYSTIC FIBROSIS

BETHKIS*

BRONCHITOL*
CAYSTON*
KITABIS PAK*
PULMOZYME*
TOBI PODHALER*
TOBI*
TOBRAMYCIN

DERMATOLOGICAL DISORDERS - OTHER

VYJUVEK*

DUPUYTREN'S CONTRACTURE

XIAFLEX*

ENDOCRINE DISORDERS - OTHER

CORTROPHIN*

ENZYME DEFICIENCY DISORDERS - OTHER

BETAINE ANHYDROUS
NITISINONE
RYPLAZIM*

GASTROINTESTINAL DISORDERS-OTHER

GATTEX*
OCALIVA*
SOLESTA*

GOUT

KRYSTEXXA*

GROWTH HORMONE AND RELATED DISORDERS

EGRIFTA*
GENOTROPIN
HUMATROPE
INCRELEX*
NGENLA*
NORDITROPIN
NUTROPIN*
OMNITROPE*
SAIZEN*
SEROSTIM*
SKYTROFA*
SOGROYA*
ZOMACTON

HEMATOPOIETICS

MOZOBIL*
PLERIXAFOR

HEMOPHILIA

ADVATE*

ADYNOVATE*
AFSTYLA*
ALPHANATE*
ALPHANINE SD*
ALPROLIX*
ALTUVIIIIO*
BENEFIX*
COAGADEX*
CORIFACT*
ELOCTATE*
ESPEROCT*
FEIBA*
FIBRYGA*
HEMGENIX*
HEMLIBRA*
HEMOFIL-M*
HUMATE-P*
IDELVION*
IXINITY*
JIVI*
KOATE*
KOATE-DVI*
KOGENATE FS*
KOVALTRY*
NOVOEIGHT*
NOVOSEVEN*
NUWIQ*
OBIZUR*
PROFILNINE SD*
REBINYN*
RECOMBINATE*
RIASTAP*
RIXUBIS*
ROCTAVIAN*
SEVENFACT*
TRETEN*
VONVENDI*
WILATE*
XYNTHA*

HEPATITIS B

ADEFOVIR DIPIVOXIL
BARACLUDE
ENTECAVIR

LAMIVUDINE

VEMLIDY

HEPATITIS C

EPCLUSA

HARVONI

LEDIPASVIR/SOFOSBUVIR

MAVYRET

PEGASYS*

RIBAVIRIN

SOFOSBUVIR/VELPATASVIR

SOVALDI

VOSEVI

ZEPATIER

HEREDITARY ANGIOEDEMA

BERINERT*

CINRYZE*

FIRAZYR*

HAEGARDA*

ICATIBANT ACETATE

KALBITOR*

RUCONEST*

TAKHZYRO*

HORMONAL THERAPIES

AVEED*

ELIGARD

FENSOLVI*

FIRMAGON

LEUPROLIDE ACETATE

LUPRON DEPOT

LUPRON DEPOT-PED

SUPPRELIN LA*

TRELSTAR MIXJECT

ZOLADEX

IMMUNE DEFICIENCIES AND RELATED DISORDERS

ASCENIV*

BIVIGAM*

CUTAQUIG*

CUVITRU*

CYTOGAM

FLEBOGAMMA DIF*

GAMASTAN*

GAMMAGARD LIQUID*

GAMMAGARD S/D*

GAMMAKED*
GAMMAPLEX*
GAMUNEX-C*
HEPAGAM B
HIZENTRA*
HYPERHEP B*
HYPERRHO S/D*
HYQVIA*
MICRHOGAM ULTRA-FILTERED
NABI-HB*
OCTAGAM*
PANZYGA*
PRIVIGEN*
RHOGAM ULTRA-FILTERED PLUS
RHOPHYLAC*
VARIZIG
WINRHO SDF
XEMBIFY*

INFECTIOUS DISEASE - OTHER

ACTIMMUNE*

INFERTILITY

CETRORELIX ACETATE
CETROTIDE
CHORIONIC GONADOTROPIN
FOLLISTIM AQ
FYREMADEL
GANIRELIX ACETATE
GONAL-F
MENOPUR
NOVAREL
OVIDREL
PREGNYL

INFLAMMATORY BOWEL DISEASE

ADALIMUMAB-ADBIM
AVSOLA*
CIMZIA
CYLTEZO
ENTYVIO*
HUMIRA
HUMIRA*
HYRIMOZ
IDACIO
INFLECTRA*

INFLIXIMAB*
OMVOH*
REMICADE*
RENFLEXIS*
RINVOQ
SKYRIZI
STELARA IV*
VELSIPITY*
YUFLYMA
ZYMFENTRA

IRON OVERLOAD

DEFERASIROX
DEFERIPRONE*
DEFEROXAMINE
DESFERAL
EXJADE*
JADENU*

LYSOSOMAL STORAGE DISORDER

ALDURAZYME*
CERDELGA*
CEREZYME*
CYSTAGON*
ELAPRASE*
ELELYSO*
FABRAZYME*
KANUMA*
LUMIZYME*
MIGLUSTAT
NAGLAZYME*
NEXVIAZYME*
OPFOLDA*
POMBILITI*
VIMIZIM*
VPRIV*
XENPOZYME*

MENTAL HEALTH CONDITIONS

ZULRESSO*
ZURZUVAE*

MOVEMENT DISORDERS

APOKYN*
APOMORPHINE
AUSTEDO
DROXIDOPA

DUOPA*
INGREZZA*
NORTHERA*
NUPLAZID*
RADICAVA ORS*
RADICAVA*
RELYVRIO*
TETRABENAZINE
XENAZINE*

MULTIPLE SCLEROSIS

AMPYRA*
AUBAGIO*
AVONEX
BAFIERTAM*
BETASERON
BRIUMVI*
COPAXONE
DALFAMPRIDINE
DIMETHYL FUMARATE
EXTAVIA*
FINGOLIMOD
GILENYA
GLATIRAMER ACETATE
GLATOPA
KESIMPTA*
LEMTRADA*
MAVENCLAD*
MAYZENT*
MITOXANTRONE
OCREVUS*
PLEGRIDY*
PONVORY*
REBIF
TECFIDERA*
TERIFLUNOMIDE
TYSABRI*
VUMERITY*
ZEPOSIA*

MUSCULAR DYSTROPHY

DEFLAZACORT
EMFLAZA*
ELEVIDYS*

NEUROLOGICAL DISORDERS

ADUHELM*
LEQEMBI*
SKYSONA*

NEUROMUSCULAR

RYSTIGGO*
VYVGART HYTRULO*
VYVGART*

OCULAR DISORDERS

BEOVU*
BYOOVIZ*
CIMERLI*
EYLEA*
ILUVIEN*
LUCENTIS*
OZURDEX*
RETISERT*
SUSVIMO*
TEPEZZA*
VABYSMO*
VISUDYNE*

ONCOLOGY

ABRAXANE*
ADCETRIS*
ALYMSYS
AVASTIN*
AZACITIDINE
BAVENCIO*
BELEODAQ*
BELRAPZO*
BENDAMUSTINE HYDROCHLORID
BENDEKA*
BESPONSA*
BLINCYTO*
BORTEZOMIB
COLUMVI*
CYRAMZA*
DARZALEX FASPRO*
DARZALEX*
DECITABINE
EMPLICITI*
ENHERTU*
ERBITUX
EVOMELA*

FOLOTYN
GAZYVA*
HALAVEN
HERCEPTIN HYLECTA*
HERCEPTIN*
HERZUMA
IMFINZI*
IMJUDO*
ISTODAX*
IXEMPRA
JEMPERLI*
JEVTANA*
KADCYLA*
KANJINTI*
KEYTRUDA*
KHAPZORY*
KYPROLIS*
LEVOLEUCOVORIN CALCIUM
LOQTORZI*
LUNSUMIO*
MARGENZA*
MVASI*
MYLOTARG*
OGIVRI*
ONIVYDE*
ONTRUZANT*
OPDIVO*
OPDUALAG*
PACLITAXEL PROTEIN-BOUND
PADCEV*
PERJETA*
PHESGO*
POLIVY*
PORTRAZZA*
POTELIGEO*
PROLEUKIN
RIABNI*
RITUXAN HYCELA*
RITUXAN*
ROMIDEPSIN
RUXIENCE
RYBREVANT*
RYLAZE*

SARCLISA*
SYLVANT*
TECENTRIQ*
TEMODAR (INJECTABLE)
TEMSIROLIMUS
TEPADINA
THIOTEPA
THYROGEN*
TIVDAK*
TORISEL
TRAZIMERA
TREANDA*
TRUXIMA
VALRUBICIN
VALSTAR*
VECTIBIX*
VEGZELMA
VELCADE
VIDAZA*
VIVIMUSTA*
VYXEOS*
XGEVA
YERVOY*
YONDELIS*
ZALTRAP*
ZEPZELCA*
ZIRABEV*
ZOLEDRONIC ACID
ZYNYZ*

OSTEOPOROSIS

EVENITY
FORTEO
PROLIA
RECLAST
TERIPARATIDE
TYMLOS*
ZOLEDRONIC ACID

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

SOLIRIS*
ULTOMIRIS*

PHENYLKETONURIA

KUVAN*
PALYNZIQ*

SAPROPTERIN DIHYDROCHLORIDE

PSORIASIS

ADALIMUMAB-ADBIM
BIMZELX
COSENTYX*
CYLTEZO
HUMIRA
HYRIMOZ
IDACIO
ILUMYA*
OTEZLA
SILIQ
SKYRIZI
SOTYKTU*
STELARA
TALTZ*
TREMIFYA

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA
ADEMPAS*
ALYQ
AMBRISANTAN
BOSENTAN*
EPOPROSTENOL*
FLOLAN*
LETAIRIS*
LIQREV
OPSUMIT*
OPSYNVI*
ORENITRAM*
REMODULIN*
REVATIO
SILDENAFIL CITRATE
TADALAFIL
TADLIQ
TRACLEER*
TREPROSTINIL SODIUM*
TYVASO DPI*
TYVASO*
UPTRAVI*
VELETRI*
VENTAVIS*
WINREVAIR*

PULMONARY DISORDERS - OTHER

ESBRIET*
OFEV*
PIRFENIDONE

RARE DISORDERS - OTHER

CRYSVITA*
DOJOLVI*
ENSPRYNG*
GAMIFANT*
UPLIZNA*
VIJOICE*
ZOKINVY*

RENAL DISEASE

CINACALCET HCL
FILSPARI*
PARSABIV*
RIVFLOZA*
SENSIPAR
TIOPRONIN

RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS*

RHEUMATOID ARTHRITIS

ABRILADA
ACTEMRA*
ADALIMUMAB-AACF
ADALIMUMAB-AATY
ADALIMUMAB-ADAZ
ADALIMUMAB-ADBM
ADALIMUMAB-FKJP
ADALIMUMAB-RYVK
AMJEVITA
CYLTEZO
ENBREL
HADLIMA
HULIO
HUMIRA
HUMIRA*
HYRIMOZ
IDACIO
KEVZARA*
OLUMIANT*
ORENCIA
OTREXUP

RASUVO
RINVOQ
SIMLANDI
SIMPONI
SIMPONI ARIA
TOFIDENCE*
TYENNE
XELJANZ
YUFLYMA
YUSIMRY

SEIZURE DISORDERS

ACTHAR*
EPIDIOLEX*
SABRIL*
VIGABATRIN

SICKLE CELL DISEASE

ADAKVEO
ENDARI*
LYFGENIA*
OXBRYTA*

SLEEP DISORDER

LUMRYZ*
TASIMELTEON
WAKIX*

SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA*
SAPHNELO*

THROMBOCYTOPENIA

ADZYNMA*
ALVAIZ*
DOPTELET*
MULPLETA
NPLATE
PROMACTA*

UREA CYCLE DISORDERS

BUPHENYL*
CARGLUMIC ACID
OLPRUVA*
RAVICTI*
SODIUM PHENYL BUTYRATE

WILSON'S DISEASE

CUPRIMINE

DEPEN TITRA
PENICILLAMINE
SYPRINE
TRIENTINE

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