

2025 VT Small Group and Individual Commercial Products

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Agenda

- Trends in Behavioral Health Issues
- Product Portfolio Updates
- New Gold Plan Design

#1 Goal for 2025 is to improve BH access for young people and adolescents

Problem Statement

MH concerns continue to grow as top issue in US. Children, adolescents, and young adults are at significant risk as seen by increasing rates of drug use, suicide, and behavioral issues. Social media influence and lingering effects of covid lockdown exacerbate risks and impacts. Access to BH clinicians is difficult and matching specialists to clinical, cultural, spiritual, and social needs and situation of individual and family is also challenging.

MVP's Gia virtual care platform supports members by offering access through Galileo and MyVisitNow to \$0 behavioral health care, but that is limited in scope, and does not address the variety of needs for children and adolescents. MVP partners with several virtual provider networks to expand access to behavioral health care (e.g. Ophelia, Brave, aptihealth, Valera, Array), but navigating the process for a member to identify and access the right provider – in person or virtual - is confusing and difficult. And this is only exacerbated when someone or their child is in crisis.

In the News

[ERs Are Flooded With Kids in Mental Health Crisis, U.S. Doctors' Groups Warn \(usnews.com\)](#)

U.S. News & World Report, Aug 16, 2023, reports the surge in pediatric mental health emergencies has overwhelmed ERs in US.

- ER visits, 2007-2016, increase 120% at children's hospitals, 55% at general hospitals
- 2021, US Surgeon General issues warning that growing mental health crisis among children is a national emergency.

[State of Emergency: A Crisis in Children's Mental Health Care | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)

AAP, Pediatrics, March 2023 –documents critical problem in pediatric outpatient mental health treatment system. Study suggests that only about half of the young people who need specialty mental health care receive it.

[Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic — United States, January 2019–January 2022 | MMWR \(cdc.gov\)](#)

Morbidity and Mortality Weekly Report, CDC, Feb 25, 2023 – The proportion of weekly ED visits for mental health conditions among adolescent females(12-17) increased for 2 conditions (eating, and tic disorders) during 2020; for 4 (depression, eating, tic, and obsessive-compulsive disorders) in 2021; and 5 (anxiety, trauma and stressor related, eating, tic, and obsessive-compulsive disorders) in Jan 2022. The proportion of ED visits with eating disorders doubled, and tripled for tic disorders during the pandemic.

MVP Data

For the 10–19-year-old commercial population, 2020 - 2023

- The % of population with anxiety and fear related disorders increased from 8.3% to 10.9%
- Professional visits for the same condition increased from 302/1000 to 499/1000. And allowed PMPM increased from \$4.65 to \$7.91.
- Increases also in visits for depression disorders, and trauma and stressor related disorders.

These statistics point to an escalating need for treatment where there is already known capacity and access issues.

Outcome Statement

Goals:

Reduce the time between the identification of a concern and the start of the right treatment plan with the right provider

Reduce the likelihood that necessary care is not received

Reduce the likelihood that cost share is a financial barrier to accessing the right care

Plan to Achieve

- Create screening and self-evaluation tool to guide members to the right kind of care and to appropriate providers
- Plan design concepts to reduce financial barriers to care:
 - Cover in full 3 OP in person BH visits for all members
 - Deductible would apply for in person BH visits in QHDHPs.

Value Statement

- Improve member satisfaction with experience finding a BH provider
- Improve engagement of member with provider and treatment plan by making available self-service ability that guides member to an appropriate provider up front
- Improve compliance with treatment plan and quality of care by removing financial barriers to initiating or continuing treatment plan.
- Reduce frequency and cost of emergency visits for BH conditions that could be treated through early outpatient care

Supports MVP Uniques: On Your Side, Access Your Way

New Gold 4 Plan



Vermont Membership by Plan

Membership in VT is down for 2024 – the Gold plans taking the hardest hit.
Do we try to be creative and design a brand-new Gold plan to replace the Gold 2?

	Gold					Platinum		
	Dec-23	Jan-24	Difference			Dec-23	Jan-24	Difference
Gold 1 Standard	2,990	2,702	(288)		Platinum 1 Standard	2,501	2,370	(131)
Gold 2 Non-Standard	353	353	0			2,501	2,370	(131)
Gold 3 HDHP Non-Standard	2,727	2,108	(619)					
	6,070	5,163	(907)					
						Bronze		
	Silver					Dec-23	Jan-24	Difference
	Dec-23	Jan-24	Difference		Bronze 1 Non-Standard	147	119	(28)
Silver 1 Non-Standard	1,351	1,316	(35)		Bronze 2 Standard	643	608	(35)
Silver 2 HDHP Non-Standard	703	828	125		Bronze 3 HDHP Standard	1,786	1,758	(28)
Silver 3 Standard	1,278	1,263	(15)		Bronze 4 Standard	84	109	25
Silver 4 HDHP Standard	1,259	1,324	65		Bronze 5 Non-Standard	146	136	(10)
	4,591	4,731	140			2,806	2,730	(76)

Evaluation Criteria - Non-Standard QHPs

CRITERIA	EXPLANATION
Substantial difference in deductible and/or maximum out of pocket compared to standard plans	No substantial differences
Substantial cost share difference for one or more highly utilized services compared to standard plan designs	<p>The following services are Covered in Full:</p> <ul style="list-style-type: none"> • PCP (Including any services performed in PCP office) • Specialist (Including any services performed in a Specialist office) • Urgent Care • Tier 1 Pharmacy
Plan structure difference compared to standard plan designs	No structure differences
Enhances innovation	<p>The Covered in Full benefits are in response to the increase seen throughout our membership in behavioral health disorders. Removing some of the cost share for the benefits related to BH disorders will hopefully reduce the likelihood that cost share is a financial barrier to accessing the right care</p>
Adds value to the Vermont individual and small business health insurance market	<p>U.S. News & World Report, Aug 16, 2023, reports the surge in pediatric mental health emergencies has overwhelmed ERs in US.</p> <ul style="list-style-type: none"> • ER visits, 2007-2016, increase 120% at children’s hospitals, 55% at general hospitals • 2021, US Surgeon General issues warning that growing mental health crisis among children is a national emergency.

VT Non-Standard Gold 4 Plan (Proposed)

BENEFIT	COST SHARE
Deductible	\$5,000/\$10,000
OOPM	\$8,000/\$16,000
PCP/MH OP	Covered in Full
Specialist	Covered in Full
ER	\$500
Urgent Care	Covered in Full
Inpatient/Skilled Nursing	20% Coinsurance
High Tech Imaging	\$500
PT/OT/ST	\$25/\$50 (No DD PT only)
Lab	\$50 No DD (OP Facility Only)
X-Ray	\$50 No DD (OP Facility Only)
OP Facility	\$1000
OP Surgical Services	\$500
RX Deductible/RX OOPM	\$250/\$500 Brand
T1/T2/T3	CIF/\$40/\$80



This includes all services performed in these settings

- The plan would be priced as our lowest cost Gold plan, but would have to replace the existing Gold 2 plan (353 members) in our portfolio.
- MVP will suggest mapping these members to the Standard Gold 1 plan.

Mapping for Current Gold 2 Members

GOLD	MVP VT Plus Gold 2 (2024)	MVP VT Gold 1 (2025)
	FRVT-HMO-G-002-N	FRVT-HMO-G-001-S
Med Ded	\$850	\$1,400
OOP Max	\$6,600	\$5,600
PCP/MH	\$20 Not Subject to Deductible	3 visits CIF, then \$20 No DD
SPC	\$45 Not Subject to Deductible	\$55 No DD
Ambulance	\$50	\$75 No DD
ER	\$250	\$150
IP	20%	30%
Outpatient	20%	30%
X-Ray	\$80	30%
Lab	\$45	30%
RX T1/T2/T3	\$15 No DD/\$40/50%	\$15 No DD/\$60/50%
RX DD	Brand \$350	Brand \$200
RX OOPM	\$1,500	\$1,600

Other 2025 Product Portfolio Updates



VT Non-Standard Gold 2 (If new Gold 4 is not approved)

GOLD	MVP VT Plus Gold 2	MVP VT Plus Gold 2
	FRVT-HMO-G-002-N	2025 – Final
Med Ded	\$850	\$850
OOP Max	\$6,600	\$6,250
PCP/MH	\$20 Not Subject to Deductible	3 visit at \$0 No DD, then \$25 No DD
SPC	\$45 Not Subject to Deductible	\$45 No DD
Ambulance	\$50	\$50
ER	\$250	\$250
IP	20%	20%
Outpatient	20%	20%
X-Ray	\$80	\$80
Lab	\$45	\$45
RX T1/T2/T3	\$15 No DD/\$40/50%	\$15 (VBID \$1) No DD/\$40/ \$60
RX DD	Brand \$350	Brand \$350
RX OOPM	\$1,500	\$1,600

VT Non-Standard Silver 1 and Reflective

Silver	MVP VT Plus Silver 1	MVP VT Plus Silver 1
	FRVT-HMO-S-001-N	2025 - Final
Med Ded	\$2,500	\$2,500
OOP Max	\$7,500	\$7,600
PCP/MH	First 3 visits \$30 No DD, then \$30	First 3 visits \$0 No DD , then \$30
SPC	\$60	\$60
Ambulance	\$105	\$105
ER	\$400	\$400
IP	50%	50%
Outpatient	\$1,400	\$1,500
RX T1/T2/T3	\$5/50%/50%	\$5 (VBID \$1)/ \$30/\$60
RX DD	\$850	\$850
RX OOPM	\$1,500	\$1,600

VT Non-Standard Bronze 1

Bronze	MVP VT Plus Bronze 1	MVP VT Plus Bronze 1
	FRVT-HMO-B-001-N	2025 - Final
Med Ded	\$7,250	\$7,250
OOP Max	\$8,400	\$8,400
PCP/MH	\$40	First 3 visits at \$0 No DD , then \$40
SPC	\$100	\$100
Ambulance	\$100	\$100
High Tech Imaging	50%	50%
Lab	50%	50%
X-Ray	50%	50%
ST/OT	50%	50%
ER	50%	50%
IP/SNF	50%	50%
Outpatient Facility	50%	50%
Outpatient Surgery	50%	50%
RX T1/T2/T3	\$25(VBID \$3)/\$100/60%	\$10 (VBID \$1)/\$50/\$80
RX DD	Brand \$700	Brand \$700
RX OOPM	Med	Med

VT Non-Standard Bronze 5

Bronze	MVP VT Plus Bronze 5	MVP VT Plus Bronze 5
	FRVT-HMO-B-005-N	2025 - Final
Med Ded	\$9,450	\$9,200
OOP Max	\$9,450	\$9,200
PCP/MH	First 3 visits 0% No DD, then 0%	First 3 visits at 0% No DD, then 0%
SPC	0%	0%
Ambulance	0%	0%
ER	0%	0%
IP	0%	0%
Outpatient	0%	0%
RX T1/T2/T3	\$35 No DD/0%/0%	\$10 No DD (VBID \$1)/0%/0%
RX DD	Med	Med
RX OOPM	Med	Med

Questions

