

STATE OF NEW HAMPSHIRE

In Re: MVP Health Plan

Docket No.: INS No. 07-054-EP

CONSENT ORDER

In the interest of settling the above-referenced matter, the New Hampshire Insurance Department (hereinafter referred to as "the Department") and the Respondent, MVP Health Plan of New Hampshire, Inc. (hereinafter referred to as "MVP"), do hereby enter this Agreement and stipulate to the following:

Background

1. In 2003, the Department developed and implemented a comprehensive health care information system in conjunction with the Department of Health and Human Services (hereinafter "NHDHSS"), and the Department promulgated rules for the submission of claims data
2. On February 2, 2005 the Department finalized the Uniform Reporting System for Health Care Claims Data Sets, which requires that "every licensed health carrier in New Hampshire that has a minimum of \$250,000.00 dollars in annual premium to submit a registration form to the Department or its designee and to file its claim data." When applicable, the qualifying health carrier is required to submit: a member eligibility file, a medical claims file, and a pharmacy claims file. Ins. 4004.01(a). However, pursuant to 4004.01(d), carriers that write "less than \$250,000 in accident and health insurance premiums in New Hampshire on an annual basis" are not required to submit such claims data sets.
3. Dependent upon the subject carrier's number of covered New Hampshire lives, carriers are required to submit the claims data sets on a monthly or quarterly basis. For carriers having fewer than 2,000 covered New Hampshire lives, Ins. 4000 provides for the data sets to be submitted on a quarterly basis. Ins. 4005.07.
4. MVP has approximately 1,200 covered New Hampshire lives. As such, MVP believed it would not become subject to Ins. 4000 until January 1, 2007 and, as such, would not be required to submit the claims data sets until after completion of the first quarter 2007 and thereafter on a going forward quarterly basis only.
5. The Department of Health and Human Services retained the Maine Health Information Center (hereinafter "MHIC") as the designated collection agents for the claims data.
6. On April 8, 2005 MVP became licensed as a health maintenance organization in the State of New Hampshire. Prior to 2005, MVP did not operate in New Hampshire, and in 2005

- MVP wrote only approximately \$78,000 in premium on an annual basis. In 2006, MVP wrote approximately \$1.6 million in premium on an annual basis in 2006.
7. From November 2006 to December 23, 2006, the Department and MVP discussed their respective interpretations of Ins. 4000. On December 23, 2006 MVP advised the Department of its disagreement with the Department's interpretation, but respectfully agreed to provide the claims data sets on March 1, 2007 and to provide such claims data sets back to July 1, 2005. Prior to that date, MVP believed, under its good faith interpretation of Ins. 4004.01(a), 4004.01(d) and 4005.07 (hereinafter the "Rules"), that it would not become subject to the Rules until January 1, 2007, as stated in paragraph four (4).
 8. On January 17, 2007 MVP received its first communication from MHIC indicating that MVP must submit claims data to MHIC for 2006. MVP, newly aware of its obligation, immediately sought to meet an agreed upon deadline of March 1, 2007.
 9. From January through April 16, 2007, MVP's Information Technology Department worked diligently with MHIC to submit acceptable test and production files.
 10. Several events beyond MVP's control materially delayed its submission of an acceptable set of claims data including: technical difficulties in submitting files to MHIC due to a snowstorm that left MHIC's offices closed and its employees unavailable to assist MVP; a problem with MHIC's computer server that rendered it unable to receive any files from MVP for a period of several days; additional submission and field requirements imposed on MVP which are not present in the Rules and were not provided to MVP by MHIC; and critical typographical errors in the medical file specifications.
 11. On March 29, 2007 MVP successfully delivered all member eligibility files and pharmacy claims files, but failed to deliver the medical claims files required because of the aforementioned events and the extensiveness of the data required which included data from MVP's first business effective date of July 1, 2005. MVP repeatedly resubmitted all medical claims data test files within the ten day time period required by Ins. 4005.06.
 12. On April 16, 2007 MVP successfully delivered the complaint medical claims data sets required.

For the purpose of amicably resolving the above-referenced matter the Respondent agrees to the following and the Department accepts the same:

1. MVP violated Ins. 4004.01 (a) of the Department's rules by failing to submit all the necessary compliant data by the agreed upon date of March 1, 2007.
2. MVP submitted compliant member eligibility and pharmacy claims data files on March 29, 2007, and submitted complaint medical claims files on April 16, 2007.
3. Because the Respondent has substantially complied with the Department's rules in good faith, agreed to voluntarily provide claims data sets back to its effective date of operations, and because of the technical difficulties experienced by MHIC, the Department agrees to reduce the total assessment allowable under RSA 420-G: 16.
4. The Respondent agrees to pay a total assessment in the amount of \$100.00 for the 33 working days of noncompliance after March 1, 2007, resulting in a total assessment of \$3,300.00.

WHEREFORE, based on the foregoing, we have set our hands to this Agreement with it taking effect upon the signature of Alexander K. Feldvebel, Deputy Insurance Commissioner.

SO AGREED.

NEW HAMPSHIRE INSURANCE DEPARTMENT

DATE: 6/13/07

Alexander K. Feldvebel
Alexander K. Feldvebel, Deputy Commissioner

MVP HEALTH PLAN OF NEW HAMPSHIRE, INC.

DATE: 6/21/07

Nancy E. Faccione
Nancy E. Faccione, Esq.
as representative for the Respondent