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**BLUE CROSS AND BLUE SHIELD OF VERMONT**

# Health Insurer Information

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| Health Insurer Information | |
|---|---|
| Name of Health Insurer: | Blue Cross and Blue Shield of Vermont |
| State of Domicile: | Vermont |
| Total number of states in which health insurer operates: | 1 |
| List of names of states where licensed (other than Vermont): | N/A |
| 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 ): | 142,386 |
| **Contact Information** | |
| Contact person: | Rebecca Heintz |
| Contact phone number: | (802) 371-3289 |

# 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 | 1380045 | 75482 | 5.5% | 0.04451 |
| MHSA claims | 192680 | 11427 | 5.9% | 0.00674 |
| Pharmacy Claims | 1129415 | 126825 | 11.2% | 0.07479 |
| Grand Total | 2702140 | 213734 | 7.9% | 0.12605 |

**Table 2.2: Administrative denials only**

| (1) Claims Category | (2) Total number | (3) Total denied | (4) Denial % | (5) PMPM Denial Rate |
|---|---|---|---|---|
| Medical claims | 1380045 | 65354 | 4.7% | 0.03854 |
| MHSA claims | 192680 | 10195 | 5.3% | 0.00601 |
| Pharmacy Claims | 1129415 | 104282 | 9.2% | 0.06150 |
| Grand Total | 2702140 | 179831 | 6.7% | 0.10605 |

**Table 2.3: Member impact denials only**

| (1) Claims Category | (2) Total number | (3) Total denied | (4) Denial % | (5) PMPM Denial Rate |
|---|---|---|---|---|
| Medical claims | 1380045 | 10128 | 0.7% | 0.00597 |
| MHSA claims | 192680 | 1232 | 0.6% | 0.00073 |
| Pharmacy Claims | 1129415 | 22543 | 2.0% | 0.01329 |
| Grand Total | 2702140 | 33903 | 1.3% | 0.01999 |

## Tables 3.1 through 3.3: Utilization Review

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

| | PA request | | PAs at 1st level appeal | | | | PAs at 2nd level appeal | | | | PAs at independent external review level appeal | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) PA category | (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 | 34918 | 6% | 27 | 0.1% | 8 | 30% | 0 | 0.0% | 0 | 0% | 5 | 0% | 3 | 60% |
| MHSA | 1645 | 1% | 2 | 0.1% | 1 | 50% | 0 | 0.0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Pharmacy | 7132 | 14% | 101 | 1.4% | 64 | 63% | 6 | 0.1% | 3 | 50% | 2 | 0% | 2 | 100% |
| Grand Total | 43695 | 7% | 130 | 0.3% | 73 | 56% | 6 | 0.0% | 3 | 50% | 7 | 0% | 5 | 71% |

**Table 3.2: Concurrent Prior Authorization**

| | PA request | | PAs at 1st level appeal | | | | PAs at 2nd level appeal | | | | PAs at independent external review level appeal | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) PA category | (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 | 257 | 1% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| MHSA | 100 | 1% | 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 | 0% |
| Grand Total | 357 | 1% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |

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

| | UR request | | UR requests at 1st level appeal | | | | UR requests at 2nd level appeal | | | | UR requests at independent external review level appeal | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) UR category | (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 | 1833 | 8% | 27 | 1.5% | 9 | 33% | 7 | 0.4% | 3 | 43% | 3 | 0.2% | 1 | 33% |
| MHSA | 77 | 10% | 15 | 19% | 2 | 13% | 0 | 0.0% | 0 | 0% | 1 | 1.3% | 0 | 0% |
| Pharmacy | 7 | 14% | 0 | 0% | 0 | 0% | 0 | 0.0% | 0 | 0% | 0 | 0.0% | 0 | 0% |
| Grand Total | 1917 | 8% | 42 | 2% | 11 | 26% | 7 | 0.4% | 3 | 43% | 4 | 0.2% | 1 | 25% |

# 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. | 293 | 165 | 56% | 0.00017 | 0.00010 |
| Second level appeals of post-service adverse determinations. | 31 | 13 | 42% | 0.00002 | 0.00001 |
| External review of post-service appeal determinations | 2 | 0 | 0% | 0.00000 | 0.00000 |

## Table 5: Claims processed in timely manner

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| Table 5: Claims processing - timely processing | (1) Denominator | Never (2) Numerator | Never (3) Rate | Sometimes (4) Numerator | Sometimes (5) Rate | Usually (6) Numerator | Usually (7) Rate | Always (8) Numerator | Always (9) Rate |
|---|---|---|---|---|---|---|---|---|---|
| CAHPS: Claims processing is timely (Q40) | 209 | 2 | 1% | 13 | 6% | 73 | 35% | 121 | 58% |

BCBSVT surveys a sample of its members annually to determine whether members view it as processing claims in a timely manner. The standard survey question and scoring categories (Never, Sometimes, Usually or Always) are from the most recent version of the federal Centers for Medicare and Medicaid Services Health Plan Consumer Assessment of Health Care Providers & Systems® ("CAPHS®") survey.

The grid above displays the number of members responding and their response to the survey question.

## Table 6: Claims processed accurately

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| Table 6: Claims processed accurately | (1) Denominator | Never (2) Numerator | Never (3) Rate | Sometimes (4) Numerator | Sometimes (5) Rate | Usually (6) Numerator | Usually (7) Rate | Always (8) Numerator | Always (9) Rate |
|---|---|---|---|---|---|---|---|---|---|
| CAHPS: Claims are processed correctly (Q41) | 210 | 0 | 0% | 7 | 3% | 55 | 26% | 148 | 71% |

BCBSVT surveys a sample of its members annually to determine whether members view it as processing claims accurately (financially and administratively). The standard survey question and scoring categories (Never, Sometimes, Usually or Always) are from the most recent version of the federal Centers for Medicare and Medicaid Services Health Plan Consumer Assessment of Health Care Providers & Systems® ("CAPHS®") survey.

The grid above displays the number of members responding and their response to the survey question.

# Tables 7.1 through 7.3: Utilization Review decision timelines

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| Table 7.1: Medical Services | UR Decisions Made | |
|---|---|---|
| (1) Review types involving medical claims | (2) # | (3) % |
| **Urgent Concurrent Reviews** | | |
| Timely | 191 | 74% |
| Not Timely | 66 | 26% |
| Total Concurrent Reviews | 257 | |
| **Urgent Pre-Service Reviews** | | |
| Timely | 3126 | 85% |
| Not Timely | 566 | 15% |
| Total Urgent Pre-Service Reviews | 3692 | |
| **Non-Urgent Pre-Service Reviews** | | |
| Timely | 30520 | 98% |
| Not Timely | 706 | 2% |
| Total Non-UrgentPre-Service Reviews | 31226 | |
| **Post-Service Reviews** | | |
| Timely | 1745 | 95% |
| Not Timely | 88 | 5% |
| Total Post-Service Reviews | 1833 | |
| **Total Medical UR Decisions Made** | 37008 | |

In this Tab, health insurers report on the number and percentage of utilization review decisions according to the relevant timelines:

1) Concurrent reviews requested within the applicable DOL timeframes are decided:

a) within 24 hours of (timely) receipt for emergency care;

b) as soon as possible for requests to extend care taking into account the medical exigencies; and,

c) before the expiration of a previously approved course of treatment that is being terminated or reduced;

2) urgent preservice reviews are decided within 48 hours of receipt;

3) non-urgent preservice reviews are decided within two business days of receipt; and

4) post-service reviews are decided within 30 days of receipt.

Weekends and legal holidays do not count as business days. Non-urgent requests received after normal business hours are deemed to have been received on the next business day. Requests for review while in facility or to extend a previously approved course of treatment that are received after the applicable DOL timelines have expired shall be treated as pre-service requests taking into account the medical exigencies.

For review requests that are filed without sufficient information, the tolling of timeframes for the health insurer to request and receive necessary information are to be handled as provided by applicable law. Reporting in this Tab shall separate medical services (without mental health or substance abuse services), mental health or substance abuse services, and pharmacy claims.

Table 7.1 Medical Services Decisions (not including mental health and substance abuse services decisions reported in table 7.2)

For each category of review listed in column (1) provide the number of utilization review decisions made in column (2), broken down by whether they were timely or not, and then the total count. Provide the percentage of the total in each subcategory in column (3).

| Table 7.2: Mental Health and Substance Abuse Services | UR Decisions Made | |
|---|---|---|
| (1) Review types involving MHSA claims | (2) # | (3) % |
| **Urgent Concurrent Reviews** | | |
| Timely | 89 | 89% |
| Not Timely | 11 | 11% |
| Total Concurrent Reviews | 100 | |
| **Urgent Pre-Service Reviews** | | |
| Timely | 1456 | 94% |
| Not Timely | 90 | 6% |
| Total Urgent Pre-Service Reviews | 1546 | |
| **Non-Urgent Pre-Service Reviews** | | |
| Timely | 91 | 92% |
| Not Timely | 8 | 8% |
| Total Non-UrgentPre-Service Reviews | 99 | |
| **Post-Service Reviews** | | |
| Timely | 76 | 99% |
| Not Timely | 1 | 1% |
| Total Post-Service Reviews | 77 | |
| **Total MHSA UR Decisions Made** | 1822 | |

Table 7.2 Mental Health and Substance Abuse Services Decisions

For each category of review listed in column (1) provide the number of utilization review decisions made in column (2), broken down by whether they were timely or not, and then the total count. Provide the percentage of the total in each subcategory in column (3).

| Table 7.3: Pharmacy | UR Decisions Made | |
|---|---|---|
| (1) Review types involving Pharmacy claims | (2) # | (3) % |
| **Urgent Concurrent Reviews** | | |
| Timely | 0 | 0% |
| Not Timely | 0 | 0% |
| Total Concurrent Reviews | 0 | |
| **Urgent Pre-Service Reviews** | | |
| Timely | 625 | 92% |
| Not Timely | 54 | 8% |
| Total Urgent Pre-Service Reviews | 679 | |
| **Non-Urgent Pre-Service Reviews** | | |
| Timely | 5517 | 95% |
| Not Timely | 269 | 5% |
| Total Non-UrgentPre-Service Reviews | 5786 | |
| **Post-Service Reviews** | | |
| Timely | 7 | 100% |
| Not Timely | 0 | 0 |
| Total Post-Service Reviews | 7 | |
| **Total Pharmacy UR Decisions Made** | 6472 | |

Table 7.3 Pharmacy Decisions

For each category of review listed in column (1) provide the number of utilization review decisions made in column (2), broken down by whether they were timely or not, and then the total count. Provide the percentage of the total in each subcategory in column (3).

# 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 | 23 | 0.16 | 0 | 23 | 0 | 0% | 0 | 0 | 0% |
| Plan administration | 0 | 0.00 | 0 | - | 0 | 0% | 0 | 0 | 0% |
| Access to health care | 2 | 0.01 | 0 | 2 | 0 | 0% | 0 | 0 | 0% |
| **Total** | 25 | 0.18 | 0 | 25 | 0 | 0% | 0 | 0 | 0% |

# Table 9A: Provider Satisfaction Survey Results

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## Attached separately

BCBSVT surveys a sample of its contracted providers annually to determine their level of satisfaction with the plan using questions approved by the Department of Financial Regulation. The PowerPoint file that follows is a summary of the results of the provider survey.

# Table 9B: Actions taken for provider satisfaction

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| Table 9B: Actions taken on provider satisfaction |
| --- |
| - Discussed 2015 survey results with medical and mental health providers in the Blue Cross and Blue Shield of Vermont Community Clinical Advisory Group. Results of these discussions informed the design of the 2016 survey. |
| - Completed total survey redesign through an interdepartmental review of past surveys. The goal of the new survey was to increase ease of completion for providers, provide standardization of responses across all specialties and produce actionable data for the Plan. |
| - Provider Relations Department established and communicated standard response time to all calls and emails. |
| - Academic detailer continued to meet with providers one on one to provide both clinical and procedural education. |

# Tables 10.1 through 10.2: Corporate Officer and Direct Compensation

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**Table 10.1: Corporate Officer Compensation**

| (1) Title of Company Officers | (2) Salary | (3) Bonus | (4) Other Compensation |
|---|---|---|---|
| Chief Executive Officer | $ 613,729 | - | $ 22,136 |
| Vice President | 299,802 | - | 84,282 |
| Vice President & Treasurer | 359,742 | - | 22,563 |
| Vice President | 353,694 | - | 10,850 |
| Vice President & Secretary | 321,492 | - | 23,428 |
| Vice President | 287,321 | - | 19,925 |
| Vice President | 269,950 | - | 10,688 |
| Vice President | 251,688 | - | 2,895 |
| Vice President | 163,487 | - | 9,126 |

**Table 10.2: Direct Compensation**

| (1) Title of Company Officers | (2) Stipend | (3) Bonus | (4) Other Compensation |
|---|---|---|---|
| Board Chair | - | - | $ 39,350 |
| Board Member | - | - | 32,450 |
| Board Member | - | - | 24,750 |
| Board Member | - | - | 22,650 |
| Board Member | - | - | 21,950 |
| Board Member | - | - | 21,850 |
| Board Member | - | - | 20,350 |
| Board Member | - | - | 20,350 |
| Board Member | - | - | 19,550 |
| Board Member | - | - | 17,950 |
| Board Member | - | - | 17,150 |
| Board Member | - | - | 15,250 |
| Board Member | - | - | 15,250 |
| Board Member | - | - | 14,450 |
| Board Member | - | - | 8,400 |
| Board Member | - | - | 5,950 |

# Table 11: Vermont Marketing and Advertising Expenses

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| Table 11: Vermont Marketing and Advertising Expenses | | |
|---|---|---|
| **Total** | $ | 750,397 |

# Table 12: Federal and Vermont Lobbying Expenditures

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| Table 12: Lobbying Expenditures | | |
|---|---|---|
| **Federal** | $ | - |
| **Vermont** | $ | 19,560 |

# Table 13: Political Contributions

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| Table 13: Political Contributions | | |
|---|---|---|
| (1) Recipient | (2) Vermont candidate (c) or party (p) | (3) Amount of cash or cash equivalent (in-kind) |
| NONE | NONE | $ - |
| | | |
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# Table 14: Dues Paid to Lobbying Groups

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| Table 14: Dues paid to lobbying groups | |
|---|---|
| (1)<br>Trade Organization | (2)<br>Dues Paid |
| Blue Cross and Blue Shield Association | $ 65,790 |
| | |
| | |
| | |
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# 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** | NONE |

# Table 16: Vermont Charitable Contributions

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| Table 16: Vermont Charitable Contributions | | |
|---|---|---|
| **Total Charitable Contributions** | $ | 23,500 |