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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):	78,340
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	643,135	32,663	5.1%	0.03433
MHSA claims	112,650	5,608	5.0%	0.00589
Pharmacy Claims	620,746	101,514	16.4%	0.10669
Grand Total	1,376,531	139,785	10.2%	0.14691

Table 2.2: Administrative denials only

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	643,135	28,628	4.5%	0.03009
MHSA claims	112,650	5,067	4.5%	0.00533
Pharmacy Claims	620,746	98,747	15.9%	0.10378
Grand Total	1,376,531	132,442	9.6%	0.13919

Table 2.3: Member impact denials only

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	643,135	4,035	0.6%	0.00424
MHSA claims	112,650	541	0.5%	0.00057
Pharmacy Claims	620,746	2,767	0.4%	0.00291
Grand Total	1,376,531	7,343	0.5%	0.00772

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	20,134	2%	16	0.1%	6	38%	2	0%	1	50%	1	0%	1	100%
MHSA	317	7%	3	0.9%	1	33%	0	0%	0	0%	0	0%	0	0%
Pharmacy	1,486	11%	54	3.6%	25	46%	4	0%	1	25%	1	0%	0	0%
Grand Total	21,937	3%	73	0.3%	32	44%	6	0%	2	33%	2	0%	1	50%

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	634	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
MHSA	305	0%	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	939	1%	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	1,356	14%	10	1%	7	70%	3	0%	3	100%	3	0%	1	33%
MHSA	109	14%	5	5%	2	40%	1	1%	1	100%	0	0%	0	0%
Pharmacy	49	4%	2	4%	1	50%	0	0%	0	0%	0	0%	0	0%
Grand Total	1,514	14%	17	1%	10	59%	4	0%	4	100%	3	0%	1	33%

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.	155	86	55%	0.00016	0.00009
Second level appeals of post-service adverse determinations.	30	13	43%	0.00003	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		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)	28	0	0%	3	11%	11	39%	14	50%

Table 6: Claims processed accurately

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Table 6: Claims processed accurately	(1) Denominator	Never		Sometimes		Usually		Always	
		(2) Numerator	(3) Rate	(4) Numerator	(5) Rate	(6) Numerator	(7) Rate	(8) Numerator	(9) Rate
CAHPS: Claims are processed correctly (Q41)	29	0	0%	4	14%	8	27%	17	59%

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	502	79%	
Not Timely	132	21%	
Total Concurrent Reviews	634		
Urgent Pre-Service Reviews			
Timely	2733	95%	
Not Timely	148	5%	
Total Urgent Pre-Service Reviews	2881		
Non-Urgent Pre-Service Reviews			
Timely	16070	98%	
Not Timely	299	2%	
Total Non-UrgentPre-Service Reviews	16369		
Post-Service Reviews			
Timely	1155	86%	
Not Timely	193	14%	
Total Post-Service Reviews	1348		
Total Medical UR Decisions Made	21232		

Table 7.2: Mental Health and Substance Abuse Services		UR Decisions Made	
(1)	(2)	(3)	
Review types involving MHSA claims	#	%	
Urgent Concurrent Reviews			
Timely	278	91%	
Not Timely	27	9%	
Total Concurrent Reviews	305		
Urgent Pre-Service Reviews			
Timely	169	88%	
Not Timely	22	12%	
Total Urgent Pre-Service Reviews	191		
Non-Urgent Pre-Service Reviews			
Timely	101	80%	
Not Timely	25	20%	
Total Non-UrgentPre-Service Reviews	126		
Post-Service Reviews			
Timely	105	96%	
Not Timely	4	4%	
Total Post-Service Reviews	109		
Total MHSA UR Decisions Made	731		

Table 7.3: Pharmacy		UR Decisions Made	
(1)	(2)	(3)	
Review types involving Pharmacy claims	#	%	
Urgent Concurrent Reviews			
Timely	0	0%	
Not Timely	0	0%	
Total Concurrent Reviews	0		
Urgent Pre-Service Reviews			
Timely	618	97%	
Not Timely	16	3%	
Total Urgent Pre-Service Reviews	634		
Non-Urgent Pre-Service Reviews			
Timely	850	100%	
Not Timely	2	0%	
Total Non-UrgentPre-Service Reviews	852		
Post-Service Reviews			
Timely	45	92%	
Not Timely	4	8%	
Total Post-Service Reviews	49		
Total Pharmacy UR Decisions Made	1535		

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	62	0.79	0	62	0	0%	0	0	0%
Plan administration	0	0.00	0	0	0	0%	0	0	0%
Access to health care	2	0.03	0	2	0	0%	0	0	0%
Total	64	0.82	0	64	0	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?	558	4	0.7%	13	2.3%	30	5.4%	263	47.1%	248	44.4%
Would you recommend the Plan to your patients?	524	4	0.8%	6	1.1%	63	12.0%	206	39.3%	245	46.8%
Would you recommend the Plan to other practitioners?	545	3	0.6%	9	1.7%	41	7.5%	218	40.0%	274	50.3%
Are you satisfied with the Plan's responsiveness when you need assistance?	534	2	0.4%	3	0.6%	30	5.6%	216	40.4%	283	53.0%
Are you satisfied with the quality of communications from the Plan?	522	0	0.0%	3	0.6%	89	17.0%	313	60.0%	117	22.4%

Table 9B: Actions taken for provider satisfaction

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Table 9B: Actions taken on provider satisfaction

- Continue to provide education on all pharmacy related initiatives through BCBSVT's pharmacy detailer.
- Tracked both survey data and internal credentialing timeliness reports.
- Promotion of how to refer patients to case management and chronic conditions program published in FinePoints.
- Communicated survey findings to the Clinical Community Advisory Group.
- Continued workgroups to review coordination of care for our members to identify barriers and implement interventions.
- Continued use of communication templates for denials.

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	\$ 654,827	\$ -	\$ 25,935
Vice President & Treasurer	407,410	-	23,094
Vice President	327,831	-	20,715
Vice President	324,469	-	23,006
Vice President	324,919	-	19,230
Vice President	303,075	-	21,582
Vice President	237,835	-	70,077

Table 10.2: Direct Compensation

(1) Title of Company Officers	(2) Stipend	(3) Bonus	(4) Other Compensation
Board Chair	\$ -	\$ -	\$ 48,350
Board Member	-	-	41,750
Board Member	-	-	30,200
Board Member	-	-	27,400
Board Member	-	-	25,000
Board Member	-	-	23,000
Board Member	-	-	22,550
Board Member	-	-	22,300
Board Member	-	-	21,500
Board Member	-	-	21,350
Board Member	-	-	13,250
Board Member	-	-	12,500
Board Member	-	-	6,750
Board Member	-	-	6,750
Board Member	-	-	3,150
Board Member	-	-	2,650

Table 11: Vermont Marketing and Advertising Expenses

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Table 11: Vermont Marketing and Advertising Expenses

Total	\$1,141,469
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Table 12: Federal and Vermont Lobbying Expenditures

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Table 12: Lobbying Expenditures

Federal	NONE
Vermont	\$37,817

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
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Table 16: Vermont Charitable Contributions

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Table 16: Vermont Charitable Contributions

Total Charitable Contributions	\$16,523
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