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## **Health Insurer Information**

Health Insurer Information	
Name of Health Insurer:	The Vermont Health Plan, LLC
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 ):	2,793
Contact Information	
Contact person:	Rebecca Heintz
Contact phone number:	(802) 371-3289

# Tables 2.1 through 2.3: Claims Submissions and Denials

Table 2.1: Total clair	Table 2.1: Total claims and denials											
(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate								
Medical claims	34,196	6,422	18.8%	0.19030								
MHSA claims	5,417	939	17.3%	0.02783								
Pharmacy Claims	24,529	7,184	29.3%	0.21288								
<b>Grand Total</b>	64,142	14,545	22.7%	0.43101								

Table 2.2: Administr	Table 2.2: Administrative denials only											
(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate								
Medical claims	34,196	6,270	18.3%	0.18580								
MHSA claims	5,417	926	17.1%	0.02744								
Pharmacy Claims	24,529	6,707	27.3%	0.19875								
<b>Grand Total</b>	64,142	13,903	21.7%	0.41199								

Table 2.3: Member impact denials only											
(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate							
Medical claims	34,196	152	0.4%	0.00450							
MHSA claims	5,417	13	0.2%	0.00039							
Pharmacy Claims	24,529	477	1.9%	0.01414							
<b>Grand Total</b>	64,142	642	1.0%	0.01902							

#### Tables 3.1 through 3.3: Utilization Review

Table 3.1: Pre-ser	vice Prior Authorization	on												
	PA re	PA request PAs at 1st level appeal				PAs at 2nd level appeal				PAs at indpendent 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		(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	836	2%	1	0%	0	0	1	0%	0	0%	0	0%	0	0%
MHSA	5	20%	0	0%	0	0	0	0%	0	0%	0	0%	0	0%
Pharmacy	51	8%	1	2%	0	0	0	0%	0	0%	0	0%	0	0%
Grand Total	892	3%	2	0%	0	0	1	0%	0	0%	0	0%	0	0%

Table	Table 3.2: Concurrent Prior Authorization														
	PA request				PAs at 1st level appeal				PAs at 2nd	level appeal		PAs at indpendent external review level appeal			
P.	(1) A 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	independent	(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
Medi	ical	28	0%	0	0%	0	0	0	0%	0	0%	0	0%	0	0%
MHS	A	7	0%	0	0%	0	0	0	0%	0	0%	0	0%	0	0%
Pharr	macy	0	0%	0	0%	0	0	0	0%	0	0%	0	0%	0	0%
Gran	d Total	35	0%	0	0%	0	0	0	0%	0	0%	0	0%	0	0%

Table 3.3: Post-service with Utilization Review (UR)														
	UR re	equest	UR requests at 1st level appeal				UR requests at 2nd level appeal				UR requests at indpendent 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	46	13%	0	0%	0	0	1	2%	0	0%	0	0%	0	0%
MHSA	4	0%	0	0%	0	0	0	0%	0	0%	0	0%	0	0%
Pharmacy	2	0%	0	0%	0	0	0	0%	0	0%	0	0%	0	0%
Grand Total	52	12%	0	0%	0	0	1	2%	0	0%	0	0%	0	0%

## **Table 4: Adverse Benefit Determinations**

Table 4: /	Adverse Benef	fit Determinations without l	Jtilization Review						
		Totals and percent	tages	РМРМ					
(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.	6	4	67%	0.00018	0.00012				
Second level appeals of post-service adverse determinations.	1	0	0%	0.00003	0.00000				
External review of post-service appeal determinations	0	0	0%	0.00000	0.00000				

## Table 5: Claims processed in timely manner

	Never	r	Sometin	nes	Usual	lly	Always		
Table 5: Claims processing - timely processing	(1) Denominator	(2) Numerator	(3) Rate	(4) Numerator	(5) Rate	(6) Numerator	(7) Rate	(8) Numerator	(9) Rate
CAHPS: Claims processing is timely (Q40)	6	0	0%	0	0%	5	83%	1	17%

## Table 6: Claims processed accurately

	Never		Sometim	es	Usually		Always		
Table 6: Claims processed accurately	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Table 0. Claims processed accurately	Denominator	Numerator	Rate	Numerator	Rate	Numerator	Rate	Numerator	Rate
CAHPS: Claims are processed correctly (Q41)	6	0	0%	0	0%	1	17%	5	83%

### Tables 7.1 through 7.3: Utilization Review decision timelines

Table 7.1: Medical Services	UR Decisi	ons Made
(1)	(2)	(3)
Review types involving medical claims	#	%
Urgent Concurrent Reviews		
Timely	25	89%
Not Timely	3	11%
Total Concurrent Reviews	28	
Urgent Pre-Service Reviews		
Timely	84	88%
Not Timely	12	12%
Total Urgent Pre-Service Reviews	96	
Non-Urgent Pre-Service Reviews		
Timely	671	94%
Not Timely	41	6%
Total Non-UrgentPre-Service Reviews	712	
Post-Service Reviews		
Timely	45	98%
Not Timely	1	2%
Total Post-Service Reviews	46	
Total Medical UR Decisions Made	882	

Table 7.2: Mental Health and Substance Abuse						
Services	UR Decision	ons Made				
(1)	(2)	(3)				
Review types involving MHSA claims	#	%				
Urgent Concurrent Reviews						
Timely	6	86%				
Not Timely	1	14%				
Total Concurrent Reviews	7					
Urgent Pre-Service Reviews						
Timely	5	100%				
Not Timely	0	0%				
Total Urgent Pre-Service Reviews	5					
Non-Urgent Pre-Service Reviews						
Timely	0	0%				
Not Timely	0	0%				
Total Non-UrgentPre-Service Reviews	0					
Post-Service Reviews						
Timely	4	100%				
Not Timely	0	0%				
Total Post-Service Reviews	4					
Total MHSA UR Decisions Made	16					

Table 7.3: Pharmacy	UR Decisi	ons 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	21	100%				
Not Timely	0	0%				
Total Urgent Pre-Service Reviews	21					
Non-Urgent Pre-Service Reviews						
Timely	30	100%				
Not Timely	0	0%				
Total Non-UrgentPre-Service Reviews	30					
Post-Service Reviews						
Timely	2	100%				
Not Timely	0	0%				
Total Post-Service Reviews	2					
Total Pharmacy UR Decisions Made	53					

### **Table 8: Quality of Care Grievances**

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	17	6.09	0	17	0	0%	0	0	0%
Plan administration	0	0	0	0	0	0%	0	0	0%
Access to health care	0	0	0	0	0	0%	0	0	0%
Total	17	6.09	0	17	0	0%	0	0	0%

#### Table 9A: Provider Satisfaction Survey Results

		Strongly [	Disagree	Disagr	ee	Neither Agi	ee nor	Agre	e	Strongl	y Agree
Table 9A: Provider Satisfaction Survey Results	(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

Table 10.1: Corporate Officer Compensation						
(1)						
Title of Company	(2)	(3)	(4)			
Officers	Salary	Bonus	Other Compensation			
Officers NONE	<b>Salary</b> N/A	Bonus N/A	Other Compensation N/A			

Table 10.2: Direct Compensation						
(1)						
Title of Company	(2)	(3)	(4)			
Officers	Stipend	Bonus	Other Compensation			
Officers NONE	Stipend N/A	Bonus N/A	Other Compensation N/A			

## **Table 11: Vermont Marketing and Advertising Expenses**

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Table 11: Vermont Marketing and Advertising Expenses

**Total** \$129,457

## Table 12: Federal and Vermont Lobbying Expenditures

Table 12: Lobbying Expenditures					
Federal NONE					
Vermont	NONE				

## **Table 13: Political Contributions**

	Table 13: Political Contributions					
	(2)	(3)				
(1)	Vermont candidate	Amount of cash or cash				
Recipient	(c) or party (p)	equivalent (in-kind)				
NONE	N/A	\$0				

# Table 14: Dues Paid to Lobbying Groups

Table 14: Dues paid to lobbying groups				
(1)	(2)			
Trade Organization	<b>Dues Paid</b>			
Blue Cross and Blue Shield Association	\$2,220			

## 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 NON

# Table 16: Vermont Charitable Contributions Return to Table of Content Table 16: Vermont Charitable Contributions Total Charitable Contributions NONE