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## Health Insurer Information

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### Health Insurer Information

<b>Name of Health Insurer:</b>	Cigna Health and Life Insurance Company
<b>State of Domicile:</b>	CT
<b>Total number of states in which health insurer operates:</b>	50 and District of Columbia
<b>List of names of states where licensed (other than Vermont):</b>	CHLIC is licensed in all 50 states, Puerto Rico and the US. Virgin Islands
<b>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 ):</b>	3,151
<b>Contact Information</b>	
<b>Contact person:</b>	Michael Trottier
<b>Contact phone number:</b>	860.226.6753

## 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	55,652	3,051	5.5%	0.08069
MHSA claims	1,406	195	13.9%	0.00516
Pharmacy Claims	26,930	4,843	18.0%	0.12808
<b>Grand Total</b>	<b>83,988</b>	<b>8,089</b>	<b>9.6%</b>	<b>0.21393</b>

**Table 2.2: Administrative denials only**

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	55,652	2,158	3.9%	0.05707
MHSA claims	1,406	89	6.3%	0.00235
Pharmacy Claims	26,930	641	2.4%	0.01695
<b>Grand Total</b>	<b>83,988</b>	<b>2,888</b>	<b>3.4%</b>	<b>0.07638</b>

**Table 2.3: Member impact denials only**

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	55,652	894	1.6%	0.02364
MHSA claims	1,406	107	7.6%	0.00283

	<b>Pharmacy Claims</b>	26,930	3,609	13.4%	0.09545
	<b>Grand Total</b>	83,988	4,610	5.5%	0.12192



MHSA	1	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
<b>Grand Total</b>	2107	1%	82	4%	19	23%	0	0	0	0	0	0	0	0

## 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.	85	18	21%	0.002247964	0.000476039
Second level appeals of post-service adverse determinations.	0	0	0	0	0
External review of post-service appeal determinations	0	0	0	0	0

**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
<a href="#">CAHPS: Claims processing is timely (Q40)</a>	115	3	2.6%	8	7.0%	46	40.0%	58	50.4%



**Table 6: Claims processed accurately**

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	Never		Sometimes		Usually		Always		
Table 6: Claims processed accurately	(1) Denominator	(2) Numerator	(3) Rate	(4) Numerator	(5) Rate	(6) Numerator	(7) Rate	(8) Numerator	(9) Rate
<a href="#">CAHPS: Claims are processed correctly (Q41)</a>	115	1	0.90%	7	6.10%	34	29.60%	73	63.50%

## Tables 7.1 through 7.3: Utilization Review decision timelines

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<b>Table 7.1: Medical Services</b>	<b>UR Decisions Made</b>	
<b>(1)</b> Review types involving medical claims	<b>(2)</b> #	<b>(3)</b> %
<b>Urgent Concurrent Reviews</b>		
Timely	90	84.11%
Not Timely	17	15.89%
Total Concurrent Reviews	107	
<b>Urgent Pre-Service Reviews</b>		
Timely	46	76.67%
Not Timely	14	23.33%
Total Urgent Pre-Service Reviews	60	
<b>Non-Urgent Pre-Service Reviews</b>		
Timely	97	78.86%
Not Timely	26	21.14%
Total Non-Urgent Pre-Service Reviews	123	
<b>Post-Service Reviews</b>		
Timely	29	96.67%
Not Timely	1	3.33%
Total Post-Service Reviews	30	
<b>Total Medical UR Decisions Made</b>	<b>320</b>	

<b>Table 7.2: Mental Health and Substance Abuse Services</b>	<b>UR Decisions Made</b>	
<b>(1)</b> Review types involving MHSA claims	<b>(2)</b> #	<b>(3)</b> %
<b>Urgent Concurrent Reviews</b>		
Timely	62	98.41%
Not Timely	1	1.59%
Total Concurrent Reviews	63	
<b>Urgent Pre-Service Reviews</b>		
Timely	6	100.00%

Not Timely	0	0.00%
Total Urgent Pre-Service Reviews	6	
<b>Non-Urgent Pre-Service Reviews</b>		
Timely	8	100.00%
Not Timely	0	0.00%
Total Non-UrgentPre-Service Reviews	8	
<b>Post-Service Reviews</b>		
Timely	1	100.00%
Not Timely	0	0.00%
Total Post-Service Reviews	1	
<b>Total MHSA UR Decisions Made</b>	<b>70</b>	

<b>Table 7.3: Pharmacy</b>	<b>UR Decisions Made</b>	
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
<b>Review types involving Pharmacy claims</b>	<b>#</b>	<b>%</b>
<b>Urgent Concurrent Reviews</b>		
Timely	0	0%
Not Timely	0	0%
Total Concurrent Reviews	0	
<b>Urgent Pre-Service Reviews</b>		
Timely	72	94%
Not Timely	5	6%
Total Urgent Pre-Service Reviews	77	
<b>Non-Urgent Pre-Service Reviews</b>		
Timely	176	54%
Not Timely	149	46%
Total Non-UrgentPre-Service Reviews	325	
<b>Post-Service Reviews</b>		
Timely	0	0%
Not Timely	0	0%
Total Post-Service Reviews	0	
<b>Total Pharmacy UR Decisions Made</b>	<b>402</b>	

## 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	0	0	0	0	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
<b>Total</b>	0	0.000	0	0	0	0.0%	0	0	0.0%

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

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

Department-Specified Provider Survey Questions		Medical	Behavioral
1	Overall, you are satisfied with Cigna.	48%	37%
2	You would recommend Cigna to your patients.	31%	25%
3	You would recommend Cigna to other practitioners.	34%	24%
4	You are satisfied with Cigna's responsiveness when you need assistance.	45%	36%
5	You are satisfied with the quality of communications from Cigna.	41%	38%

## Table 9B: Actions taken for provider satisfaction

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### Table 9B: Actions taken on provider satisfaction

#### 2023 Cigna Health Care Professional Satisfaction Improvement Action Plan

Description	Time Line	Status
<b>A. Communications</b>		
1. Maintain and expand provider email database (physicians, office managers and hospital administrators). Utilize this to send timely communications regarding updated policies and procedures. Currently at approximately 3,400 for VT providers.	Ongoing	Ongoing
2. Update Provider Reference Guides on <a href="http://www.CIGNAforhcp.com">www.CIGNAforhcp.com</a>	Q1 2023	Complete
3. Conduct provider preference survey to better understand how and when providers want communication from Cigna	Yearly	Yearly
4. Work with local professional groups (i.e. AAHAM).	Ongoing	Ongoing
<b>B. Digital Solutions</b>		
1. Begin process to integrate Cigna Medicare into CignaforHCP.com	In Process	In Process
2. Education of on-line claim reconsideration and appeals. Targeted outreach to providers based on call volume.	In Process	Education Ongoing

3. Virtual claim assistant with chat pilot testing	Q4 2022 Phase 1 Pilot Testing Complete	Phased Rollout
4. Claim message center	Q2 2023	Development In Process
5. Customizable claim search and reporting - Claim 360	Live Q4 2022	Complete
6. Improvements to registration and access process for CignaforHCP.com	Q1 2023	Ongoing
7. Continue to enhance the breadth of functionality and the ease of use of the CIGNA website for health care professionals (cignaforhcp.com).	Ongoing	Ongoing
8. Conduct webinars to ease adoption of eServices (such as claim reconsideration, claim attachments, general website usage, etc.). Schedule published in quarterly Network News and posted on CignaforHCP.com	Ongoing	Ongoing
9. Meet with Providers to solicit feedback on future electronic solutions.	Ongoing	Ongoing
10. Begin work for ability to bundle EFT payments with other payers via Zelis	Q3 2023	Development In Process
11. Correspondence Center on CignaforHCP.com	Q4 2023 Initial Review	Initial Development in Process
12. Explore functionality for real time credentialing and re-credentialing status checks for providers	2023 Review	In Process

**C. EGWP/Medicare Advantage**

1. Continue education for Employer Group Waiver Plans and Medicare Advantage	Ongoing	In Process and Ongoing
2. Add an additional FTE to support providers with EGWP/MA education and issue resolution.	Q2 2023	In Process
<b>D. Voice of Health Care Professional Research</b>		
1. Recruit additional VT physicians to attend the Cigna New England Physician Advisory Council.	Ongoing	Ongoing
2. Expand the Voice the the Health Care Professional Research Program by: A) continue to use trigger and touch point specific surveys to obtain health care professional feedback. B) Conduct separate surveys for hospitals, physicians, and administrators.	Ongoing	Ongoing
4. Provide dedicated Provider Relations support for escalated issues for VT providers	Ongoing	Ongoing







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

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Table 11: Vermont Marketing and Advertising Expenses	
<b>Total</b>	\$204,025

**Table 12: Federal and Vermont Lobbying Expenditures**

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Table 12: Lobbying Expenditures	
Federal	\$8,580,000
Vermont	\$8,771.97



## Table 14: Dues Paid to Lobbying Groups

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**Table 14: Dues paid to lobbying groups**

(1) Trade Organization	(2) Dues Paid
Alliance for Connected Care	\$60,000
America's Health Insurance Plans	\$3,750,000
Association of Behavioral Health & Wellness	\$136,900
Association of California Life & Health Insurance Companies	\$80,000
National Association of Dental Plans	\$68,900
Pharmaceutical Care Management Association	\$4,600,000
The Business Roundtable	\$300,000
U.S. Chamber of Commerce	\$200,000
CT Association of Health Plans (CTAHP)	\$141,272
CT Business & Industry Assoc (CBIA)	\$40,000
FL Association of Health Plans (FAHP)	\$140,000
Federation of Iowa Insurers	\$600
IL Life Insurance Council (ILIC)	\$26,000
LA Association of Business & Industry (LABI)	\$2,000
LA Association of Health Plans (LAPH)	\$16,389
Massachusetts Assoc of Health Plans	\$32,285
League of Life & Health Insurers of MD	\$37,500
ME Association of Health Plans	\$44,533
MN Chamber of Commerce	\$13,845
NJ Association of Health Plans	\$118,000
NY Health Plan Assoc (NYHPA)	\$90,314

OH Association of Health Plans (OAHP)	\$28,875
OK Association of Health Plans (OKAHP)	\$15,914
OK State Chamber of Oklahoma	\$4,538
Insurance Federation of Pennsylvania	\$51,051
TX Assoc of Life & Health Insurers (TALHI)	\$15,000
TX Association of Health Plans (TAHP)	\$100,000
TX Employers for Insurance Reform	\$25,000
UT Health Insurance Assoc (UHIA)	\$5,000
VA Association of Health Plans	\$87,011
Assoc of WA Business (AWB)	\$5,000

**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	\$0



**Table 16: Vermont Charitable Contributions**

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Table 16: Vermont Charitable Contributions	
Total Charitable Contributions	\$104,206.67