

Table of Content (Blue Cross and Blue Shield of Vermont)

Tab 1	<u>General Information</u>
Tab 2	<u>Claim Submissions and Denials</u>
Tab 3	<u>Utilization Review</u>
Tab 4	<u>Adverse Benefit Determinations without Utilization Review</u>
Tab 5	<u>Claims Processed in a Timely Manner</u>
Tab 6	<u>Claims Processed Accurately, financially and administratively</u>
Tab 7	<u>Utilization Review Decisions Meeting Timeliness</u>
Tab 8	<u>Quality of Care Grievances</u>
Tab 9A	<u>Provider Satisfaction Survey Results</u>
Tab 9B	<u>Provider Satisfaction Survey - Actions Taken</u>
Tab 10	<u>Corporate Officer and Board Compensation</u>
Tab 11	<u>Vermont Marketing and Advertising Expenses</u>
Tab 12	<u>Federal and Vermont Lobbying Expenditures</u>
Tab 13	<u>Political Contributions</u>
Tab 14	<u>Dues Paid to Lobbying Groups</u>
Tab 15	<u>Legal Expenses Related to Claims or Services Denials</u>
Tab 16	<u>Vermont Charitable Contributions</u>

Health Insurer Information

[Return to Table of Content](#)

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):	73,966
Contact Information	
Contact person:	Rebecca Heintz
Contact phone number:	(802) 371-3289

Tables 2.1 through 2.3: Claims Submissions and Denials

[Return to Table of Content](#)

Table 2.1: Total claims and denials

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	787,529	102,358	13.0%	0.11302
MHSA claims	142,641	15,014	10.5%	0.01658
Pharmacy Claims	574,244	135,664	23.6%	0.14980
Grand Total	1,504,414	253,036	16.8%	0.27940

Table 2.2: Administrative denials only

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	787,529	73,446	9.3%	0.08110
MHSA claims	142,641	12,213	8.6%	0.01349
Pharmacy Claims	574,244	114,140	19.9%	0.12603
Grand Total	1,504,414	199,799	13.3%	0.22062

Table 2.3: Member impact denials only

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	787,529	28,912	3.7%	0.03192
MHSA claims	142,641	2,801	2.0%	0.00309
Pharmacy Claims	574,244	21,524	3.7%	0.02377
Grand Total	1,504,414	53,237	3.5%	0.05878

Tables 3.1 through 3.3: Utilization Review

[Return to Table of Content](#)

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	25,313	8.1%	22	0.1%	8	36%	2	0%	0	0%	1	0%	0	0%
MHSA	1,080	3.1%	0	0.0%	0	0%	0	0%	0	0%	0	0%	0	0%
Pharmacy	4,491	15.4%	42	0.9%	26	62%	2	0%	2	100%	1	0%	0	0%
Grand Total	30,884	9.0%	64	0.2%	34	53%	4	0%	2	50%	2	0%	0	0%

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	1,583	0.6%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
MHSA	1,024	0.3%	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	0%
Grand Total	2,607	0.5%	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	2,364	10.4%	12	1%	5	42%	0	0%	0	0%	4	0%	1	25%
MHSA	157	8.3%	5	3%	1	20%	1	1%	0	0%	0	0%	0	0%
Pharmacy	13	0.0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Grand Total	2,534	15.0%	17	1%	6	35%	1	0%	0	0%	4	0%	1	25%

Table 4: Adverse Benefit Determinations

[Return to Table of Content](#)

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.	110	47	43%	0.00012	0.00005
Second level appeals of post-service adverse determinations.	6	1	17%	0.00001	0.00000
External review of post-service appeal determinations	2	0	0%	0.00000	0.00000

Table 5: Claims processed in timely manner

[Return to Table of Content](#)

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)	40	0	0%	3	8%	19	48%	18	45%

Table 6: Claims processed accurately

[Return to Table of Content](#)

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)	38	0	0%	1	3%	10	26%	27	71%

Tables 7.1 through 7.3: Utilization Review decision timelines

[Return to Table of Content](#)

Table 7.1: Medical Services	UR Decisions Made	
(1)	(2)	(3)
Review types involving medical claims	#	%
Urgent Concurrent Reviews		
Timely	885	55.9%
Not Timely	698	44.1%
Total Concurrent Reviews	1,583	
Urgent Pre-Service Reviews		
Timely	1,921	79.6%
Not Timely	493	20.4%
Total Urgent Pre-Service Reviews	2,414	
Non-Urgent Pre-Service Reviews		
Timely	24,726	94.5%
Not Timely	1,449	5.5%
Total Non-UrgentPre-Service Reviews	26,175	
Post-Service Reviews		
Timely	2,307	97.8%
Not Timely	52	2.2%
Total Post-Service Reviews	2,359	
Total Medical UR Decisions Made	32,531	

Table 7.2: Mental Health and Substance Abuse Services	UR Decisions Made	
(1)	(2)	(3)
Review types involving MHSA claims	#	%
Urgent Concurrent Reviews		
Timely	765	74.7%
Not Timely	259	25.3%
Total Concurrent Reviews	1,024	
Urgent Pre-Service Reviews		
Timely	603	83.4%
Not Timely	120	16.6%
Total Urgent Pre-Service Reviews	723	
Non-Urgent Pre-Service Reviews		
Timely	329	91.4%
Not Timely	31	8.6%
Total Non-UrgentPre-Service Reviews	360	
Post-Service Reviews		
Timely	149	94.9%
Not Timely	8	5.1%
Total Post-Service Reviews	157	
Total MHSA UR Decisions Made	2,264	

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	801	94.8%
Not Timely	44	5.2%
Total Urgent Pre-Service Reviews	845	
Non-Urgent Pre-Service Reviews		
Timely	3,541	97.1%
Not Timely	105	2.9%
Total Non-UrgentPre-Service Reviews	3,646	
Post-Service Reviews		
Timely	13	100.0%
Not Timely	-	0.0%
Total Post-Service Reviews	13	
Total Pharmacy UR Decisions Made	4,504	

[Return to Table of Content](#)

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	116	1.57	2	114	-	-	-	-	-
Plan administration	-	-	-	-	-	-	-	-	-
Access to health care	4	0.05	-	4	-	-	-	-	-
Total	120	1.62	2	118	-	-	-	-	-

Table 9A: Provider Satisfaction Survey Results

[Return to Table of Content](#)

Table 9A: Provider Satisfaction Survey Results	Strongly			Disagree		Neither Agree nor		Agree		Strongly Agree	
	Denominator	Num	Data	Number	Data	Number	Data	Number	Data	Number	Data
Overall, are you satisfied with the Plan?	450	8	1.8%	14	3.1%	23	5.1%	232	51.6%	173	38.4%
Would you recommend the Plan to your patients?	411	3	0.7%	5	1.2%	63	15.3%	162	39.4%	178	43.3%
Would you recommend the Plan to other practitioners?	442	5	1.1%	7	1.6%	45	10.2%	185	41.9%	200	45.2%
Are you satisfied with the Plan's responsiveness when you need assistance?	423	3	0.7%	13	3.1%	32	7.6%	192	45.4%	183	43.3%
Are you satisfied with the quality of communications from the Plan?	399	1	0.3%	12	3.0%	87	21.8%	238	59.6%	61	15.3%

Table 9B: Actions taken for provider satisfaction

[Return to Table of Content](#)

Table 9B: Actions taken on provider satisfaction

- The Provider Relations team continued to follow desk procedures for their out of office process and provider communication practices.
- Provider Relations distributes preventative brochures to providers via email or in-person visits.
- The Integrated Health Department achieved steady state for their transitions of care tools: PatientPing and WellFrame.

Tables 10.1 through 10.2: Corporate Officer and Direct Compensation

[Return to Table of Content](#)

Table 10.1: Corporate Officer Compensation

(1) Title of Company Officers	(2) Salary	(3) Bonus	(4) Other Compensation
Chief Executive Officer	\$ 645,712	\$ -	\$ 35,407
Vice President & Treasurer	435,285	-	23,765
Vice President	353,906	-	23,531
Vice President	323,948	-	21,226
Vice President	330,688	-	10,883
Vice President	299,356	-	21,545
Vice President	289,038	-	9,807

Table 10.2: Direct Compensation

(1) Title of Company Officers	(2) Stipend	(3) Bonus	(4) Other Compensation
Board Chairperson	\$ -	\$ -	\$ 47,750
Board Member	-	-	37,750
Board Member	-	-	30,250
Board Member	-	-	29,250
Board Member	-	-	27,750
Board Member	-	-	25,750
Board Member	-	-	25,500
Board Member	-	-	24,750
Board Member	-	-	23,750
Board Member	-	-	22,500
Board Member	-	-	21,750
Board Member	-	-	12,750
Board Member	-	-	7,500
Board Member	-	-	6,750
Board Member	-	-	6,750

Table 11: Vermont Marketing and Advertising Expenses

[Return to Table of Content](#)

Table 11: Vermont Marketing and Advertising Expenses

Total	\$1,364,603
--------------	-------------

Table 12: Federal and Vermont Lobbying Expenditures

[Return to Table of Content](#)

Table 12: Lobbying Expenditures	
Federal	NONE
Vermont	\$36,704

Table 15: Legal Expenses related to claims or services denials

[Return to Table of Content](#)

Table 15: Legal Expenses related to claims or services denials

Total Legal Expenses	NONE
----------------------	------

Table 16: Vermont Charitable Contributions

[Return to Table of Content](#)

Table 16: Vermont Charitable Contributions

Total Charitable Contributions	\$20,555
---------------------------------------	----------