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Health Insurer Information

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Health Insurer Information	
Name of Health Insurer:	Cigna Health and Life Insurance Company
State of Domicile:	CT
Total number of states in which health insurer operates:	50 and District of Columbia
List of names of states where licensed (other than Vermont):	CHLIC is licensed in all 50 states, Puerto Rico and the US. Virgin Islands
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):	4,085
Contact Information	
Contact person:	Michael Trottier
Contact phone number:	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	80,875	3,995	4.9%	0.08150
MHSA claims	1,715	165	9.6%	0.00337
Pharmacy Claims	34,393	5,813	16.9%	0.11858
Grand Total	116,983	9,973	8.5%	0.20345

Table 2.2: Administrative denials only

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	80,875	2,820	3.5%	0.05753
MHSA claims	1,715	22	1.3%	0.00045
Pharmacy Claims	34,393	772	2.2%	0.01575
Grand Total	116,983	3,614	3.1%	0.07373

Table 2.3: Member impact denials only

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	80,875	1,175	1.5%	0.02397
MHSA claims	1,715	143	8.3%	0.00292
Pharmacy Claims	34,393	5,041	14.7%	0.10284
Grand Total	116,983	6,359	5.4%	0.12972

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.	11	0	0	0.00022	0
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
CAHPS: Claims processing is timely (Q40)	130	3	2.30%	8	6.20%	48	36.90%	71	54.60%

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)	134	2	1.50%	8	6.00%	39	29.10%	85	63.40%

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	93	70%
Not Timely	40	30%
Total Concurrent Reviews	133	
Urgent Pre-Service Reviews		
Timely	44	94%
Not Timely	3	6%
Total Urgent Pre-Service Reviews	47	
Non-Urgent Pre-Service Reviews		
Timely	228	83%
Not Timely	47	17%
Total Non-Urgent Pre-Service Reviews	275	
Post-Service Reviews		
Timely	42	98%
Not Timely	1	2%
Total Post-Service Reviews	43	
Total Medical UR Decisions Made	514	

Table 7.2: Mental Health and Substance Abuse Services	UR Decisions Made	
(1) Review types involving MHSA claims	(2) #	(3) %
Urgent Concurrent Reviews		
Timely	62	98%
Not Timely	1	2%
Total Concurrent Reviews	63	
Urgent Pre-Service Reviews		
Timely	9	100%
Not Timely	0	0%
Total Urgent Pre-Service Reviews	9	
Non-Urgent Pre-Service Reviews		
Timely	0	100%
Not Timely	0	0%
Total Non-Urgent Pre-Service Reviews	0	
Post-Service Reviews		
Timely	4	67%
Not Timely	2	33%
Total Post-Service Reviews	6	
Total MHSA UR Decisions Made	78	

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	109	71%
Not Timely	44	29%
Total Urgent Pre-Service Reviews	153	
Non-Urgent Pre-Service Reviews		
Timely	344	80%
Not Timely	87	20%
Total Non-Urgent Pre-Service Reviews	431	
Post-Service Reviews		
Timely	0	0%
Not Timely	0	0%
Total Post-Service Reviews	0	
Total Pharmacy UR Decisions Made	584	

Table 8: Quality of Care Grievances[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	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
Total	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, I am satisfied with [MCO].	63%	44%
2 I would recommend [MCO] to other practitioners and to my patients.	58%/54%	32%/27%
3 [MCO's] staff is responsive when I need assistance.	64%	41%
4 [MCO's] quality of communications, such as care management tools, policy bulletins and manuals, is adequate.	61%	44%

Table 9B: Actions taken for provider satisfaction

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**Table 9B: Actions taken on provider satisfaction
2022 Cigna Health Care Professional Satisfaction Improvement Action Plan**

Description	Time Line	Status
A. Communications		
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 www.CIGNAforhcp.com	Q1 2022	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. Digital Solutions		
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.	Q1 2022	Education Ongoing
3. Virtual claim assistant with chat-Beta testing	Q3 2022	In Process
4. Customizable claim search and reporting, including message center-Beta testing	Q2 2022	In Process
5. Improvements to registration and access process for CignaforHCP.com	Q4 2022	In Process
6. Continue to enhance the breadth of functionality and the ease of use of the CIGNA website for health care professionals (cignaforhcp.com).	Ongoing	Ongoing
7. Conduct webinars to ease adoption of eServices (such as claim reconsideration, claim attachments, general website usage, etc.).	Ongoing	Ongoing
8. Meet with Providers to solicit feedback on future electronic solutions.	Ongoing	Ongoing
Begin work for ability to bundle EFT payments with other payers via Zelis	In Process	In Process
C. EGWP/Medicare Advantage		
1. Begin education for Employer Group Waiver Plans and Medicare Advantage	Q1 2022 and Ongoing	In Process and Ongoing
D. Voice of Health Care Professional Research		
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

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
President & CEO	1,500,000	2,700,000	15,672,266
EVP, CFO	800,000	900,000	3,596,507
EVP, General Counsel	750,000	935,000	3,587,598
President & COO Evernorth	948,462	1,187,500	5,509,719
CEO, Evernorth	1,500,000	-	9,063,360
President, Government & Solutions	978,462	-	6,064,465

Table 10.2: Direct Compensation

(1) Title of Company Officers	(2) Stipend	(3) Bonus	(4) Other Compensation
Board Chair	320,000	-	285,735
Board Member	120,000	-	190,411
Board Member	120,000	-	190,411
Board Member	138,750	-	201,883
Board Member (joined Sept 2021)	60,000	-	97,911
Board Member (joined March 2021)	120,000	-	190,411
Board Member	120,000	-	190,411
Board Member	120,000	-	190,411
Board Member	145,000	-	190,411
Board Member (retired April 2021)	72,500	-	105,397
Board Member	145,000	-	190,411
Board Member	145,000	-	253,279
Board Member	145,000	-	303,350

Table 11: Vermont Marketing and Advertising Expenses

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Table 11: Vermont Marketing and Advertising Expenses

Total	\$191,544
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Table 12: Federal and Vermont Lobbying Expenditures

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Table 12: Lobbying Expenditures	
Federal	\$9,140,000
Vermont	\$37,000

Table 14: Dues Paid to Lobbying Groups

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Table 14: Dues paid to lobbying groups	
(1) Trade Organization	(2) Dues Paid
America's Health Insurance Plans	\$2,500,000
Association of Behavioral Health & Wellness	\$136,900
Association of California Life & Health Insurance Companies	\$90,000
The Business Roundtable	\$300,000
Connecticut Association of Health Plans	\$138,341
Florida Association of Health Plans Inc.	\$130,000
Healthcare Distribution Alliance	\$299,800
The Insurance Federation of Pennsylvania Inc.	\$51,051
Massachusetts Association of Health Plans	\$91,930
National Association of Dental Plans	\$65,821
New Jersey Association of Health Plans	\$118,000
Pharmaceutical Care Management Association	\$4,481,000
Texas Association of Health Plans	\$75,000
U.S. Chamber of Commerce	\$285,000
Virginia Association of Health Plans	\$78,017

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
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