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BLUE CROSS AND BLUE SHIELD OF VERMONT

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Health Insurer Information

BLUE CROSS AND BLUE SHIELD OF VERMONT

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):	66,147
Contact Information	
Contact person:	Rebecca Heintz
Contact phone number:	(802) 371-3289

Tables 2.1 through 2.3: Claims Submissions and Denials

BLUE CROSS AND BLUE SHIELD OF VERMONT

Table 2.1: Total claims and denials										
(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate						
Medical claims	1,887,210	67,268	3.6%	0.08508						
MHSA claims	242,784	16,241	6.7%	0.02054						
Pharmacy Claims	646,234	149,279	23.1%	0.24315						
Grand Total	2,776,228	232,788	8.4%	0.34877						

Table 2.2: Administrative denials only											
(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate							
Medical claims	1,887,210	49,115	2.6%	0.06212							
MHSA claims	242,784	14,362	5.9%	0.01816							
Pharmacy Claims	646,234	84,954	13.1%	0.13838							
Grand Total	2,776,228	148,431	5.3%	0.21866							

Table 2.3: Member impact denials only										
(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate						
Medical claims	1,887,210	18,153	1.0%	0.02296						
MHSA claims	242,784	1,879	0.8%	0.00238						
Pharmacy Claims	646,234	64,325	10.0%	0.10478						
Grand Total	2,776,228	84,357	3.0%	0.13011						

	Content													
Table 3.1: Pre-servi	ce Prior Authorization													
	PA re	equest		PAs at 1st level appeal PAs at 1st level appeal PAs at indpendent external review level appeal					eal					
(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 PA appealed to independent external review were overturn
Medical	15,854	14.93%	69	0.4%	37	54%	0	0.0%	0	0%	1	0.0%	1	100%
MHSA	826	18.28%	7	0.8%	3	43%	1	0.1%	1	100%	0	0.0%	0	0%
Pharmacy	11,651	30.33%	567	4.9%	307	54%	31	0.3%	23	74%	5	0.0%	5	100%
Grand Total	28,331	21.36%	643	2.3%	347	54%	32	0.1%	24	75%	6	0.0%	6	100%
Table 3.2: Concurrent Prior Authorization														
	PA re	equest		PAs at 1st I	evel appeal			PAs at 2nd	level appeal		P.	As at indpendent exte	rnal review level app	eal
(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 PA appealed to independent external review were overturn
Medical	4,813	2.1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
MHSA	568	5.1%	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%
Grand Total	5,381	2.4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Table 3.3: Post-serv	rice with Utilization Re	eview (UR)												
	UR re	equest		UR requests at	1st level appeal			UR requests at	2nd level appeal		UR re	quests at indpendent	external review level	appeal
			(4)	(5)	(6) Count of PAs	(7) Percent of PAs	(8)	(9)	(10) Count of PAs	(11) Percent of PAs	(12) Count of PAs	(13) Percent of total of	(14) Count of PAs	(15) Percent of PA

33% 100% 100%

75%

0.0% 0.0% 0.0%

0.0% 0.0% 0.0% 0.1% 0.0% 0.0%

0.1%

100% 0% 0%

67%

0.2% 6.9% 100.0%

1%

2,677 131 1

2,809

Medical MHSA Pharmacy

Grand Total

20.5% 30.5% 0.0%

21.0%

Table 4: Adverse Benefit Determinations

BLUE CROSS AND BLUE SHIELD OF VERMONT

Table 4: A	Adverse Benef	fit Determinations without l					
		Totals and percent	tages	PM	PM		
(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.	94	45	48%	0.00012	0.00006		
Second level appeals of post- service adverse determinations.	3	2	67%	0.00000	0.00000		
External review of post-service appeal determinations	0	1	100%	0.00000	0.00000		

Table 5: Claims processed in timely manner

BLUE CROSS AND BLUE SHIELD OF VERMONT

		Never		Sometin	nes	Usual	ly	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)	3	0	0%	0	0%	0	0%	3	100%

Table 6: Claims processed accurately

BLUE CROSS AND BLUE SHIELD OF VERMONT

		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
CAHPS: Claims are processed correctly (Q41)	3	0	0%	0	0%	0	0%	3	100%

Tables 7.1 through 7.3: Utilization Review decision timelines BLUE CROSS AND BLUE SHIELD OF VERMONT Return to Table of Content Table 7.1: Medical Services UR Decisions Made (1) Review types involving medical claims (2) # (3) % Urgent Concurrent Reviews 4,809 100% Not Timely 0% Total Concurrent Reviews 4,813 Urgent Pre-Service Reviews 1,399 92% Timely Not Timely 121 Total Urgent Pre-Service Reviews Non-Urgent Pre-Service Reviews 1,520 Timely 12,474 98% 264 Total Non-UrgentPre-Service Reviews Post-Service Reviews 12,738 Timely 2,665 100% Not Timely 12 0% Total Post-Service Reviews 2,677 Total Medical UR Decisions Made 21,748 Table 7.2: Mental Health and Substance Abuse Services UR Decisions Made (1) Review types involving MHSA claims (2) (3) Urgent Concurrent Reviews Timely 556 98% Not Timely 12 Total Concurrent Reviews 568 Urgent Pre-Service Reviews 93% Timely 256 Not Timely 18 7% Total Urgent Pre-Service Reviews 274 Non-Urgent Pre-Service Reviews Timely 515 93% Not Timely 37 Total Non-UrgentPre-Service Reviews 552 Post-Service Reviews Timely 131 100% Not Timely 0 0% Total Post-Service Reviews 131 Total MHSA UR Decisions Made UR Decisions Made Table 7.3: Pharmacy (2) (1) Review types involving Pharmacy claims (3) %

Urgent Concurrent Reviews
Timely

Urgent Pre-Service Reviews

Total Non-UrgentPre-Service Reviews

Post-Service Reviews
Timely

Total Post-Service Reviews

Total Pharmacy UR Decisions Made

Not Timely

Total Concurrent Reviews

Timely

Not Timely

Total Urgent Pre-Service Reviews

Non-Urgent Pre-Service Reviews

Timely

Not Timely

Not Timely

0

0

13,217

30

0

30

0

13.247

0%

100%

100%

0%

0%

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	13	0.20	0	7	-	-	-	,	-
Plan administration	-	-	-	-	-	-	-	-	-
Access to health care	2	0.03	0	1	-	-	-	-	-
Total	15	0.23	0	8	-	-	-	-	-

Table 9A: Provider Satisfaction Survey Results

BLUE CROSS AND BLUE SHIELD OF VERMONT

		Strongly Disagree		Disagree		Neither Agree nor		Agree		Strongly 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?	100	2	2.0%	6	6.0%	13	13.0%	58	58.0%	21	21.0%
Would you recommend the Plan to your patients?	94	1	1.1%	4	4.3%	21	22.3%	46	48.9%	22	23.4%
Would you recommend the Plan to other practitioners?	99	2	2.0%	3	3.0%	18	18.2%	53	53.5%	23	23.2%
Are you satisfied with the Plan's responsiveness when you need assistance?	98	4	4.1%	9	9.2%	14	14.3%	45	45.9%	26	26.5%
Are you satisfied with the quality of communications from the Plan?	96	2	2.1%	5	5.2%	21	21.9%	58	60.4%	10	10.4%

Table 9B: Actions taken for provider satisfaction

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Table 9B: Actions taken on provider satisfaction

To improve provider satisfaction with the Plan, Blue Cross Blue Shield of Vermont (BCBSVT) expanded the community provider Value-Based Care payments to include the Enhanced Community Primary Care providers in order to support high quality care while encouraging low cost referral patterns for screenings and specialist care. Community providers also had the opportunity to meet virtually with BCBSVT's Medical Director for a newly developed informational series. The BCBSVT Provider Portal had some enhancements to improve communication. This included a section designated for Provider News and Updates. Customer Service continues to recruit and train new staff to decrease wait times and provide the best experience possible.

Tables 10.1 through 10.2: Corporate Officer and Direct Compensation

BLUE CROSS AND BLUE SHIELD OF VERMONT

Table 10.1: Corporate Officer Compensation										
(1) Title of Company Officers	(2) Salary	(3) Bonus	(4) Other Compensation							
Chief Executive Officer	\$ 943,890	-	\$ 66,215							
Vice President & Treasurer	568,659	-	26,334							
Vice President	770,665	-	31,985							
Vice President	485,442	-	27,451							
Vice President	427,761	-	29,975							
Vice President	403,500	-	26,098							
Vice President	350,980	-	37,209							
Vice President	265,000	-	21,021							

Table 10.2: Direct Compensation						
(1) Title of Company Officers		(2) Stipend		(3) Bonus	(4) Other Compensation	
Board Chairperson	\$	-	\$	-	\$ 41,500	
Board Member		-		-	27,000	
Board Member		-		-	23,500	
Board Member		-		-	21,000	
Board Member		-		-	20,250	
Board Member		-		-	20,000	
Board Member		-		-	18,250	
Board Member		-		-	2,750	

Table 11: Vermont Marketing and Advertising Expenses

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Table 11: Vermont Marketing and Advertising Expenses

Total \$255,406

Table 12: Federal and Vermont Lobbying Expenditures

BLUE CROSS AND BLUE SHIELD OF VERMONT

Table 12: Lobbying Expenditures				
Federal	NONE			
Vermont	\$45,200			

Table 13: Political Contributions

BLUE CROSS AND BLUE SHIELD OF VERMONT

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	N/A			

Table 14: Dues Paid to Lobbying Groups

BLUE CROSS AND BLUE SHIELD OF VERMONT

Table 14: Dues paid to lobbying groups					
(1)	(2)				
Trade Organization	Dues Paid				
Blue Cross and Blue Shield Association	\$10,902				

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

Table 16: Vermont Charitable Contributions

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Table 16: Vermont Charitable Contributions

Total Charitable Contributions \$9,232