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Health Insurer Information

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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):	64,641
Contact Information	
Contact person:	Rebecca Heintz
Contact phone number:	(802) 371-3289

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	1,590,022	88,766	5.6%	0.11633
MHSA claims	374,893	10,204	2.7%	0.01337
Pharmacy Claims	604,485	116,616	19.3%	0.19908
Grand Total	2,569,400	215,586	8.4%	0.32879

Table 2.2: Administrative denials only

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	1,590,022	61,467	3.9%	0.08056
MHSA claims	374,893	8,261	2.2%	0.01083
Pharmacy Claims	604,485	67,342	11.1%	0.11496
Grand Total	2,569,400	137,070	5.3%	0.20635

Table 2.3: Member impact denials only

(1) Claims Category	(2) Total number	(3) Total denied	(4) Denial %	(5) PMPM Denial Rate
Medical claims	1,590,022	27,299	1.7%	0.03578
MHSA claims	374,893	1,943	0.5%	0.00255
Pharmacy Claims	604,485	49,274	8.2%	0.08412
Grand Total	2,569,400	78,516	3.1%	0.12244

Tables 3.1 through 3.3: Utilization Review

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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	32,761	5.14%	65	0.2%	50	77%	1	0.0%	0	0%	1	0.0%	1	100%
MHSA	3,394	3.80%	8	0.2%	4	50%	0	0.0%	0	0%	0	0.0%	0	0%
Pharmacy	9,587	28.89%	448	4.7%	255	57%	24	0.3%	18	75%	4	0.0%	3	75%
Grand Total	45,742	9.61%	521	1.1%	309	59%	25	0.1%	18	72%	5	0.0%	4	80%

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	9,189	0.5%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
MHSA	3,607	0.8%	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	12,796	2.0%	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) 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	4,373	9.7%	11	0.3%	5	45%	2	0.0%	1	50.0%	2	0.0%	2	100%
MHSA	494	10.1%	2	0.4%	2	100%	0	0.0%	0	0.0%	0	0.0%	0	0%
Pharmacy	28	50.0%	0	0.0%	0	0%	0	0.0%	0	0.0%	0	0.0%	0	0%
Grand Total	4,895	10.0%	13	0%	7	54%	2	0%	1	50%	2	0.0%	2	100%

Table 4: Adverse Benefit Determinations

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Table 4: Adverse Benefit Determinations without Utilization Review					
(1) Adverse Benefit Determination Level	Totals and percentages			PMPM	
	(2) Total Appeals	(3) Total Overturned	(4) Overturned Rate	(5) Appeals	(6) Overturned
First level appeals of post-service adverse determinations.	63	28	44%	0.00008	0.00004
Second level appeals of post-service adverse determinations.	2	0	0%	0.00000	0.00000
External review of post-service appeal determinations	1	1	100%	0.00000	0.00000

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)	28	1	4%	3	11%	4	14%	20	71%

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)	28	0	0%	2	7%	7	25%	19	68%

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	1,188	77%	
Not Timely	357	23%	
Total Concurrent Reviews	1,545		
Urgent Pre-Service Reviews			
Timely	374	61%	
Not Timely	240	39%	
Total Urgent Pre-Service Reviews	614		
Non-Urgent Pre-Service Reviews			
Timely	3,579	85%	
Not Timely	616	15%	
Total Non-Urgent Pre-Service Reviews	4,195		
Post-Service Reviews			
Timely	455	84%	
Not Timely	87	16%	
Total Post-Service Reviews	542		
Total Medical UR Decisions Made	6,896		

Table 7.2: Mental Health and Substance Abuse Services		UR Decisions Made	
(1) Review types involving MHSA claims	(2) #	(3) %	
Urgent Concurrent Reviews			
Timely	325	72%	
Not Timely	127	28%	
Total Concurrent Reviews	452		
Urgent Pre-Service Reviews			
Timely	144	52%	
Not Timely	133	48%	
Total Urgent Pre-Service Reviews	277		
Non-Urgent Pre-Service Reviews			
Timely	320	62%	
Not Timely	199	38%	
Total Non-Urgent Pre-Service Reviews	519		
Post-Service Reviews			
Timely	423	86%	
Not Timely	71	14%	
Total Post-Service Reviews	494		
Total MHSA UR Decisions Made	1,742		

Table 7.3: Pharmacy		UR Decisions Made	
(1) Review types involving MHSA claims	(2) #	(3) %	
Urgent Concurrent Reviews			
Timely	1,358	100%	
Not Timely	0	0%	
Total Concurrent Reviews	1,358		
Urgent Pre-Service Reviews			
Timely	1,222	99%	
Not Timely	13	1%	
Total Urgent Pre-Service Reviews	1,235		
Non-Urgent Pre-Service Reviews			
Timely	8,466	100%	
Not Timely	2	0%	
Total Non-Urgent Pre-Service Reviews	8,468		
Post-Service Reviews			
Timely	20	69%	
Not Timely	9	31%	
Total Post-Service Reviews	29		
Total Pharmacy UR Decisions Made	11,090		

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	9	0.14	6	3	-	-	-	-	-
Plan administration	-	-	-	-	-	-	-	-	-
Access to health care	2	0.03	1	1	-	-	-	-	-
Total	11	0.17	7	4	-	-	-	-	-

Table 9A: Provider Satisfaction Survey Results

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	(1) Denominator	Strongly Disagree		Disagree		Neither Agree nor		Agree		Strongly Agree	
		(2) Numerator	(3) Rate	(4) Numerator	(5) Rate	(6) Numerator	(7) Rate	(8) Numerator	(9) Rate	(10) Numerator	(11) Rate
Table 9A: Provider Satisfaction Survey Results											
Overall, are you satisfied with the Plan?	202	7	3.5%	13	6.4%	23	11.4%	113	55.9%	46	22.8%
Would you recommend the Plan to your patients?	207	9	4.3%	6	2.9%	48	23.2%	92	44.4%	52	25.1%
Would you recommend the Plan to other practitioners?	203	9	4.4%	9	4.4%	43	21.2%	95	46.8%	47	23.2%
Are you satisfied with the Plan's responsiveness when you need assistance?	203	8	3.9%	20	9.9%	20	9.9%	98	48.3%	57	28.1%
Are you satisfied with the quality of communications from the Plan?	205	3	1.5%	17	8.3%	41	20.0%	108	52.7%	36	17.6%

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 Vermont removed prior authorization for the following mental health and substance use disorder services: partial hospitalization programs, intensive outpatient programs, facility admissions, residential admissions, diversion bed admissions, and concurrent reviews. This change applies to patients with Blue Cross VT insurance coverage and for patients with New England Health Plan/Access Blue New England coverage who have selected a primary care provider in Vermont. The rendering provider/facility must be contracted with Blue Cross Vermont. The plan also removed prior authorization for MRI services performed by New Hampshire or Vermont Open MRI for Blue Cross Vermont patients and New England Health Plan/Access Blue New England coverage who have selected a primary care provider in Vermont.

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
Chief Executive Officer	\$ 863,817	-	\$ 62,434
Vice President & Treasurer	518,350	-	44,620
Vice President	693,014	-	39,953
Vice President	420,982	-	40,203
Vice President	364,339	-	38,008
Vice President	337,369	-	41,568
Vice President	336,169	-	24,390
Vice President	226,036	-	16,717
Vice President	130,393	-	95,544

Table 10.2: Direct Compensation

(1) Title of Company Officers	(2) Stipend	(3) Bonus	(4) Other Compensation
Board Chairperson	\$ -	\$ -	\$ 55,250
Board Member	-	-	45,750
Board Member	-	-	36,250
Board Member	-	-	31,500
Board Member	-	-	31,250
Board Member	-	-	30,750
Board Member	-	-	26,250
Board Member	-	-	21,750
Board Member	-	-	20,250
Board Member	-	-	20,250
Board Member	-	-	20,000
Board Member	-	-	16,500
Board Member	-	-	5,500
Board Member	-	-	5,500

Table 11: Vermont Marketing and Advertising Expenses

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Table 11: Vermont Marketing and Advertising Expenses

Total	\$549,558
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Table 12: Federal and Vermont Lobbying Expenditures

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Table 12: Lobbying Expenditures

Federal	NONE
Vermont	\$19,600

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
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Table 16: Vermont Charitable Contributions

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Table 16: Vermont Charitable Contributions

Total Charitable Contributions	\$58,425
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