

**Green Mountain Care Board**  
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*Kevin Mullin, Chair*  
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*Susan Barrett, JD, Executive Director*

*By electronic mail*

July 24, 2019

Michael Donofrio, Esq.  
Stris & Maher, LLP  
28 Elm Street, 2d Floor  
Montpelier, VT 05602

**Re: Blue Cross and Blue Shield of Vermont Small Group & Individual 2020 VHC Rate Filing  
(Docket no. GMCB-006-19rr)**

Dear Mr. Donofrio,

I am writing to follow up on questions that were posed during yesterday's hearing. Pursuant to its authority under 8 V.S.A. § 4062 and 18 V.S.A. § 9375(b)(6), the Board requests that BCBSVT provide the following information to assist with its review of the above-referenced filing. Please be aware that, in addition to this request, the Board intends to ask, through L&E and via SERFF, several more questions regarding the filing.

1. Please provide a breakdown of *unit cost* increases in the following provider categories: (1) GMCB regulated entities; (2) non-GMCB-regulated, direct BCBSVT contract entities; and (3) entities that contract with other Blue entities.
2. If possible, provide a breakdown of *utilization* in the provider categories described in the immediately preceding question. If this is not possible, explain why it is not possible.
3. Please provide a crosswalk comparing the administrative costs discussed in HCA Exhibit 21, page 21, with those identified in BCBSVT Exhibit 1, page 52.
4. Regarding administrative costs reflected in HCA Exhibit 21, page 21, please provide additional explanation regarding the PMPM allocation of costs between BCBSVT's insured and ASO businesses.
5. Provide the relevant portions of the Statutory Accounting Principles referred by Ms. Greene in her testimony concerning the following statement in BCBSVT Exhibit 10: "Under this formula, BCBSVT was required to non-admit, or remove from reserves, \$13.3 million of the DTA balance attributable to AMT credits."
6. Describe whether BCBSVT considers how differences in cost sharing for procedures like colonoscopies (i.e., procedures that can be charged as "screening" but also as "diagnostic" if done



following positive results, for example, from a Cologuard© test) may result in providers recommending a high cost procedure for a screening rather than a lower cost screening option.

Please provide the above information no later than **Tuesday, July 30<sup>th</sup>**.

Sincerely,

*/s/ Michael Barber*

General Counsel  
Green Mountain Care Board

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