

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Blue Cross and Blue Shield of Vermont)	GMCB-005-21rr
2022 Individual Market Rate Filing)	
)	SERFF No. BCVT-132829271
)	
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In re: Blue Cross and Blue Shield of Vermont)	GMCB-006-21rr
2022 Small Group Market Rate Filing)	
)	SERFF No.: BCVT-132829562

June 7, 2021 Board Questions to Blue Cross Blue Shield of Vermont

Dear Mr. Donofrio and Ms. Asay,

Pursuant to its authority under 8 V.S.A § 4062 and 18 V.S.A. § 9375(b)(6), the Green Mountain Care Board requests that Blue Cross and Blue Shield of Vermont (BCBSVT) provide the following information to assist with the Board’s review of the above-referenced filings. Please provide the requested information no later than Friday, June 25, except please respond to request #13 no later than Friday, June 11, 2021.

1. For each filing, specify the percentage of the proposed premium (not premium increase) and the projected PMPM claims expenditures associated with spending at hospitals under the budget review jurisdiction of the Green Mountain Care Board, broken down by inpatient, outpatient, and physician services.

2. Explain how BCBSVT expects the Transparency in Coverage final rule and the Hospital Price Transparency final rule to impact insurer/provider contracting, if at all.

3. For the most recent year for which data are available, specify the percentages of payments made by BCBSVT under each APM category below across its individual and small group plans. The categories below are described in more detail in the Health Care Payment Learning & Action Network’s Alternative Payment Model Framework Final White Paper dated January 12, 2016, available at <https://hcp-lan.org/workproducts/apm-whitepaper.pdf> and are the subject of issuer reporting in the QIS Implementation Plan and Progress Report Form, OMB 0938-1286.

Category 1 – Fee for Service – No Link to Quality & Value _____%

Category 2 – Fee for Service – Link to Quality & Value _____%

Category 3 – APMs Built on Fee for Service Architecture

- **APMs with Upside Gainsharing** _____%
- **APMs with Upside Gainsharing/Downside Risk** _____%

Category 4 – Population-based Payment

- **Condition-Specific Population-Based Payment** _____%
- **Comprehensive Population-Based Payment** _____%

4. Describe in detail BCBSVT’s efforts and plans to increase the use of higher-value payment approaches and its efforts and plans to implement fixed prospective payments within its ACO program in Vermont.
5. Explain how BCBSVT defines and measures low value care and whether has it has estimated the amount of low value care provided in Vermont.
6. Provide an update on CivicaRX and the timing of its introduction of generic drugs into the market. Explain whether the filing contains any assumptions related to CivicaRX.
7. Explain whether the filing contains any assumptions related to the impact of ambulatory surgery centers and, if it does, describe in detail what those assumptions are and how they were calculated.
8. Specify the number of members directly enrolled in BCBSVT plans and describe in detail the efforts BCBSVT has made to date and will make prior to open enrollment to inform these individuals of the subsidies that may be available to them if they purchase a qualified health plan through Vermont Health Connect.
 - a. At the hearing, please be prepared to explain how many directly enrolled members have enrolled through Vermont Health Connect for the 2021 plan year.
9. Provide support for BCBSVT’s assumption that approximately 13.2% of households enrolled through Vermont Health Connect paid their premium by credit or debit card and explain whether the information BCBSVT received from Vermont Health Connect was broken down by carrier.
10. Explain whether there are any national benchmarks relating to recoveries from carrier fraud, waste, and abuse programs and how BCBSVT monitors or evaluates the effectiveness of its fraud, waste, and abuse program.
11. Page 50 of the actuarial memorandum contains a reconciliation of SHCE and GAAP accounting for 2020. Please provide the same information for 2018 and 2019.

12. In Section 2.1 of the actuarial memorandum, BCBSVT notes that its provider network includes “over 96 percent of the providers in Vermont.” Describe what characterizes the 4% of providers not included in BCBSVT’s provider network.
13. The Board is working to better understand the variability in reimbursements paid to hospitals. How long would it take BCBSVT to calculate the following and does it have any alternative approaches that could be done sooner?

For each Vermont general/community hospital and for Dartmouth-Hitchcock, the ratio of BCBSVT’s inpatient reimbursement to Medicare’s inpatient reimbursement, standardized by MS-DRG relative weights, and the ratio of BCBSVT’s outpatient reimbursement to Medicare’s outpatient reimbursement, standardized by APC relative weights.

Sincerely,

Michael Barber
General Counsel
Green Mountain Care Board