

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Blue Cross and Blue Shield of Vermont 2023 Individual Market Rate Filing)))))	GMCB-003-22rr SERFF No. BCVT-133243519
In re: Blue Cross and Blue Shield of Vermont 2023 Small Group Market Rate Filing))))	GMCB-004-22rr SERFF No.: BCVT-133243509

Dear Mr. Battles,

Pursuant to its authority under 8 V.S.A § 4062, 18 V.S.A. § 9375(b)(6), and Green Mountain Care Board Rule 2.000, § 2.304(a), the 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 July 5, 2022.

1. Provide BCBSVT’s 2021 Supplemental Health Care Exhibit.
2. Use the following table to 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 in total and for the listed categories of claims.

Claims Category	Individual Market		Small Group Market	
	% of Premium	PMPM	% of Premium	PMPM
Inpatient Facility				
Outpatient Facility				
Medical Pharmaceuticals				
Professional Services				
Total for regulated hospitals				

3. For the most recent year for which data are available (please specify), provide the dollar value of payments and the percentages of payments made by BCBSVT under each

alternative payment model category below across BCBSVT’s individual and small group plans and identify the relevant program or payment arrangement(s).

(YEAR)			
HCP-LAN Category	Program or Payment Arrangement(s)	\$ value	% of total
Category 1: FFS-No link to Quality and Value			
1: FFS-No link to Quality & Value			
Category 2: FFS-Link to Quality and Value			
2A: Foundational payments for infrastructure & operations			
2B: Pay for reporting			
2C: Pay for performance			
Category 3: APMs Built on FFS Architecture			
3A: APMs with shared savings			
3B: APMs with shared savings and downside risk			
3N: Risk based payments NOT linked to quality			
Category 4: Population-Based Payment			
4A: Condition-specific population-based payment			
4B: Comprehensive population-based payment			
<i>4B with reconciliation to FFS and ultimate accountability for TCOC</i>			
<i>4B with NO reconciliation to FFS</i>			
4C: Integrated finance & delivery system			
4N: Capitated payments NOT linked to quality			

- In its presentation to the GMCB on April 27, 2022, a BCBSVT representative identified provider hesitancy as an obstacle to evolving the FPP pilot and stated that OneCare Vermont needed to let BCBSVT know when it is the right time to move away from reconciliation. Please provide an update on the status of any discussions with OneCare Vermont regarding evolution of this pilot to a fixed payment program.

5. The GMCB has recently produced reports regarding reimbursement variation (e.g., by payer, by provider, by service line, and by percentage of costs covered). See [Green Mountain Care Board, Reimbursement Variation Report \(2017 to 2020\)](#); [Health Management Associates, Examination of Payment and Cost Coverage Variation Across Payers for Hospital Services \(Oct. 27, 2021\)](#). Describe how reimbursement variation factors into BCBSVT's pricing decisions, if at all.
6. In response to GMCB questions last year, BCBSVT stated that, to minimize low value care, it "focuses on policies and procedures that protect patient safety, prevent overtreatment, and support high quality, cost effective care." BCBSVT also stated that it targets "specific areas where we have concerns for either persisting issues of low value care, or safety, such as the use of benzodiazepines in the elderly." Please identify more specifically the kinds of policies and procedures referenced in the prior response and explain how they are designed to reduce low value care (e.g., through enhanced clinical decision support for providers). How are the specific areas of concern identified? As part of your response, please explain whether the policies and procedures or areas of concern are informed by the Choosing Wisely initiative or U.S. Preventive Services Task Force recommendations.
7. How many members were directly enrolled in a BCBSVT plan as of May 31, 2022, and how many members were directly enrolled in a BCBSVT plan as of May 31, 2021? Describe BCBSVT's efforts to inform individuals enrolled in these plans of the subsidies that may be available to them if they transfer to a Vermont Health Connect plan.

Sincerely,

s/ Michael Barber

Michael Barber

General Counsel, Green Mountain Care Board

(802) 828-1741

michael.barber@vermont.gov