STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re:	Blue Cross and Blue Shield of Vermont 2024 Individual Market Rate Filing	))))	GMCB-002-23rr SERFF No. BCVT-133654578
In re:	Blue Cross and Blue Shield of Vermont 2024 Small Group Market Rate Filing	))))	GMCB-003-23rr SERFF No. BCVT-133654592

Dear Ms. Asay and Mr. Donofrio,

The Green Mountain Care Board hereby 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 responses to all questions by June 21, 2023.

1. Provide BCBSVT's 2022 Supplemental Health Care Exhibit.

2. 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			
CU4B: Comprehensive population-based payment			
4B with reconciliation to FFS and ultimate accountability for TCOC			
4B with NO reconciliation to FFS			
4C: Integrated finance & delivery system			
4N: Capitated payments NOT linked to quality			

3. On page 18 of the actuarial memorandum, BCBSVT estimates that the addition of a hearing aid benefit will increase the allowed PMPM by $1.30. Explain how BCBSVT's estimate compares to the projected 0.10% allowed cost impact calculated by Wakely Consulting Group in the Benchmark Plan Benefit Valuation Report, which is available at https://dfr.vermont.gov/sites/finreg/files/doc_library/VT_Appendix%20B_Actuarial%20Report.pdf.

4. Explain whether BCBSVT observed an increase in cancellations or shifts in enrollment by metal level due to the high premium increases in 2023.

5. Explain whether the efforts described in Attachment E of the filing have been effective in reducing the number of subsidy-eligible direct enrollees.

6. Explain how BCBSVT determined that it will need $2.25 PMPM for payment reform efforts in 2024 and what it plans to spend these funds on.

7. Describe how BCBSVT prospectively assesses its solvency and provide BCBSVT's best estimate of its RBC ratio at the end of 2023 and 2024.

8. In a table format, show how the projected contribution to surplus from each filing and BCBSVT's projected RBC ratio at the end of 2024 would be impacted if the rates were reduced by 1%, 2%, 3%, 4%, and 5% (assuming no corresponding decrease in costs).

9. The Board has been informed that BCBSVT recently modified its policy on audio-only telehealth visits to exclude certain CPT codes commonly billed by primary care practices. Explain the changes BCBSVT made to its policy, the rationale for these changes, and the magnitude of the impact on providers.

10. The Board is interested in better understanding how BCBSVT reimburses non-hospital-affiliated providers in its service area and what BCBSVT has assumed in the filings regarding reimbursement increases for these providers. To that end, please:

a. Describe the different fee schedules used by BCBSVT, the types of providers or services reimbursed under each fee schedule, and which markets the fee schedules apply to.

b. Describe the magnitude and timing of all increases to the fee schedules used to reimburse non-hospital-affiliated providers between now and the end of 2024, identify with specificity where in Exhibit 3A of the filing these increases are reflected, and explain whether the increases will be targeted to certain providers or codes.

c. How does BCBSVT define each provider type and how does this definition relate to the "professional" premium category of the URRT?

11. Explain how, if at all, BCBSVT assesses the equity and sufficiency of payments across care settings.

12. The Board is interested in understanding how the charge increases allowed in the individual and small group filings compare to actual charge increases implemented by BCBSVT. To that end, please provide, in a table format for each year since 2014:

    a. The charge increases for independent providers allowed in BCBSVT's individual and small group filings and the actual increases implemented by BCBSVT. Explain any variances.

    b. The charge increases for hospitals allowed in the rate filing and the actual increases implemented by BCBSVT. Explain any variances.

Sincerely,

s/ *Michael Barber*
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