

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Blue Cross Blue Shield of Vermont) GMCB-003-24rr
2025 Individual Market Rate Filing) SERFF No. BCVT-133654578

In re: Blue Cross Blue Shield of Vermont) GMCB-004-24rr
2025 Small Group Market Rate Filing) SERFF No. BCVT-133654592

**RESPONSE OF BLUE CROSS VT TO JULY 24, 2024 POST-HEARING
QUESTIONS**

Below, Blue Cross and Blue Shield of Vermont (Blue Cross VT) provides its responses to the Green Mountain Care Board’s July 24, 2024 questions.

Question 1

How is the higher-than-expected utilization thus far in 2024 distributed across hospitals (VT and NH border hospitals)? Is BCBSVT seeing a similar surge at non-GMCB-regulated facilities?

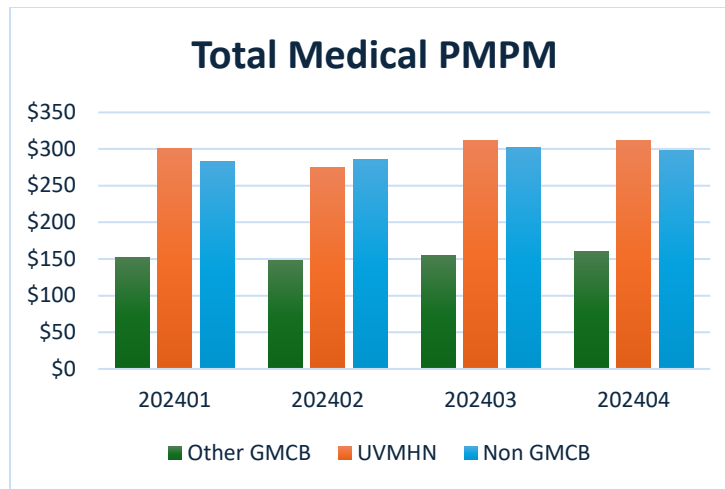
Response

This question asks about “higher-than-expected utilization.” Our response below depicts how claims costs (not utilization specifically) are distributed.

To develop this response, we looked at actual claims incurred and paid through June 2024. We included all lines of business but excluded members who have Medicare as their primary insurance.

As noted at hearing and in Ruth Greene’s prefiled testimony, January and February 2024 claims matched our expectations. Then claims jumped in March and have remained elevated since. The table below shows the per member per month (PMPM) for UVMHN, other GMCB regulated facilities, and all non-GMCB regulated medical claims.

Incurred Month	UVMHN	Other GMCB	Non GMCB	Total
Jan 2024	\$300	\$152	\$283	\$735
Feb 2024	\$274	\$148	\$286	\$708
Mar 2024	\$312	\$155	\$302	\$768
Apr 2024	\$312	\$160	\$298	\$770



Question 2

Page 18 of Exhibit 19 describes “modest savings” to date from the affiliation with BCBSM. Quantify these savings and the impact on rates. Also explain when BCBSVT expects to “transition [its] technology and systems” and quantify the “substantial expenditures on technology” that BCBSVT expects to forego as a result of the transition.

Response

As shown on page 40 of Exhibit 1, the savings from the affiliation included in the 2025 projected rates are \$265,804, reducing the premium rate increase by about 0.1%.

Blue Cross VT is in the early planning stages of determining the best approach to accessing the technology capabilities of BCBSM. The scope, order and timing of that transition will take shape later this year. Once additional savings are realized, they will be reflected in the premiums, similarly to how the administrative charges in these rates were reduced for already achieved savings.

For context, a strategic assessment completed in 2021-2022 determined that Blue Cross VT would need to charge the VT marketplace in the range of an additional \$20 million annually to achieve and sustain a level of technology maturity that would support the demands of our customers, members and providers. Without the economies of scale available to us via the affiliation with BCBSM, our customers and members would bear the full cost of those necessary investments. By leveraging BCBSM’s technological capabilities, we anticipate shielding our members and customers from a substantial portion of those costs.

Question 3

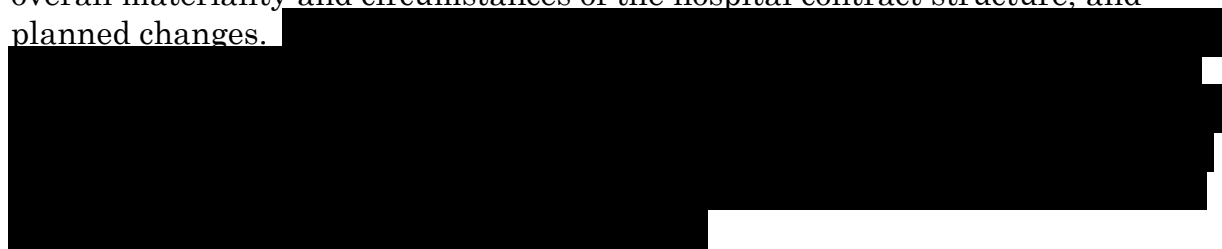
Provide a breakdown of each Vermont hospital's commercial rate commitments over the past five years, whether those commitments were exceeded, and, for each commitment that was exceeded, whether relief was granted by the hospital.

Response

Please see attached CONFIDENTIAL Responses to *GMCB Post-Hearing Questions.xlsx*, tab [Q3 & Q12] for details. Note that FY20 and FY21 assessments were impacted by both COVID and the UVMHN cyberattack. COVID services were excluded from FY20 and FY21 analytics, but results may still be less reliable than the other years presented.

In the attached response, the *Agreed Upon Increase* column represents the aggregate increase agreed to at the beginning of the fiscal year. The *variance to target* column represents the delta between the *agreed upon increase* and the actual increase in the fiscal year. A positive number indicated that the hospital exceeded their aggregate expected increase in cost trend, after normalizing for utilization and intensity changes.

Each look-back result is assessed in the context of the results of recent years, overall materiality and circumstances of the hospital contract structure, and planned changes.



Question 4

What percentage of BCBSVT's medical costs in the individual and small group lines of business are associated with care provided at UVMHN hospitals?

Response

Using calendar year 2023 as the base, which is consistent with the table at the bottom of page 23 of Exhibit 1, UVMHN hospitals are 35.6% of the medical costs for the QHP lines of business.

Question 5

Provide a chart showing what proportion of the trend for GMCB-regulated facilities is associated with changes in utilization, price, and intensity at each facility. Is BCBSVT seeing similar patterns at non-GMCB-regulated facilities?

Response

Please see attached *Reponses to GMCB Post-Hearing Questions.xlsx, tab [Q5] for details*. The table shows the proportion of the overall actual trend for the 12-month period ended April 2024 as compared to the period ended April 2023. This data includes all our lines of business. When breaking up trends by such specific and sometimes small components, additional data is needed to ensure that the size of the population is large enough to avoid random variations. For this purpose, intensity reflects both the change in types of services within a category (different levels of E&M for example) and the mix of services (more ER versus Urgent Care for example). For changes in intensity due to changes in types of services or coding of services, it is very difficult to tease out from the data Blue Cross VT has if it is due to true underlying morbidity changes in the population or different coding and billing practices.

It is also very resource intensive to “police” provider billing practices, and payers in Vermont are now limited in light of Act 111 and Act 185 from using industry standard tools to do so. Providers and hospitals on the other hand are incentivized to maximize their revenue through more aggressive (accurate or otherwise) billing, with no countervailing state legislation to curb that incentive. The net result – payers with limited capacity to vet provider billing and providers with no limits on their (understandable) incentive to optimize their billing practices to maximize revenue – undermines the state policy goal of containing the overall cost of care. And it hamstring payers’ ability to use this particular lever to control health care costs, which in turn limits the Board’s ability to look to payers for savings in this area.

Regardless of the reason, increases in intensity of services increase revenue to providers and facilities and are part of their net patient revenue targets. Utilization, intensity, and costs are all part of the equation when hospital budgets are setting revenue targets. If cost trends are reduced, hospitals may increase utilization and/or intensity to achieve their revenue targets.

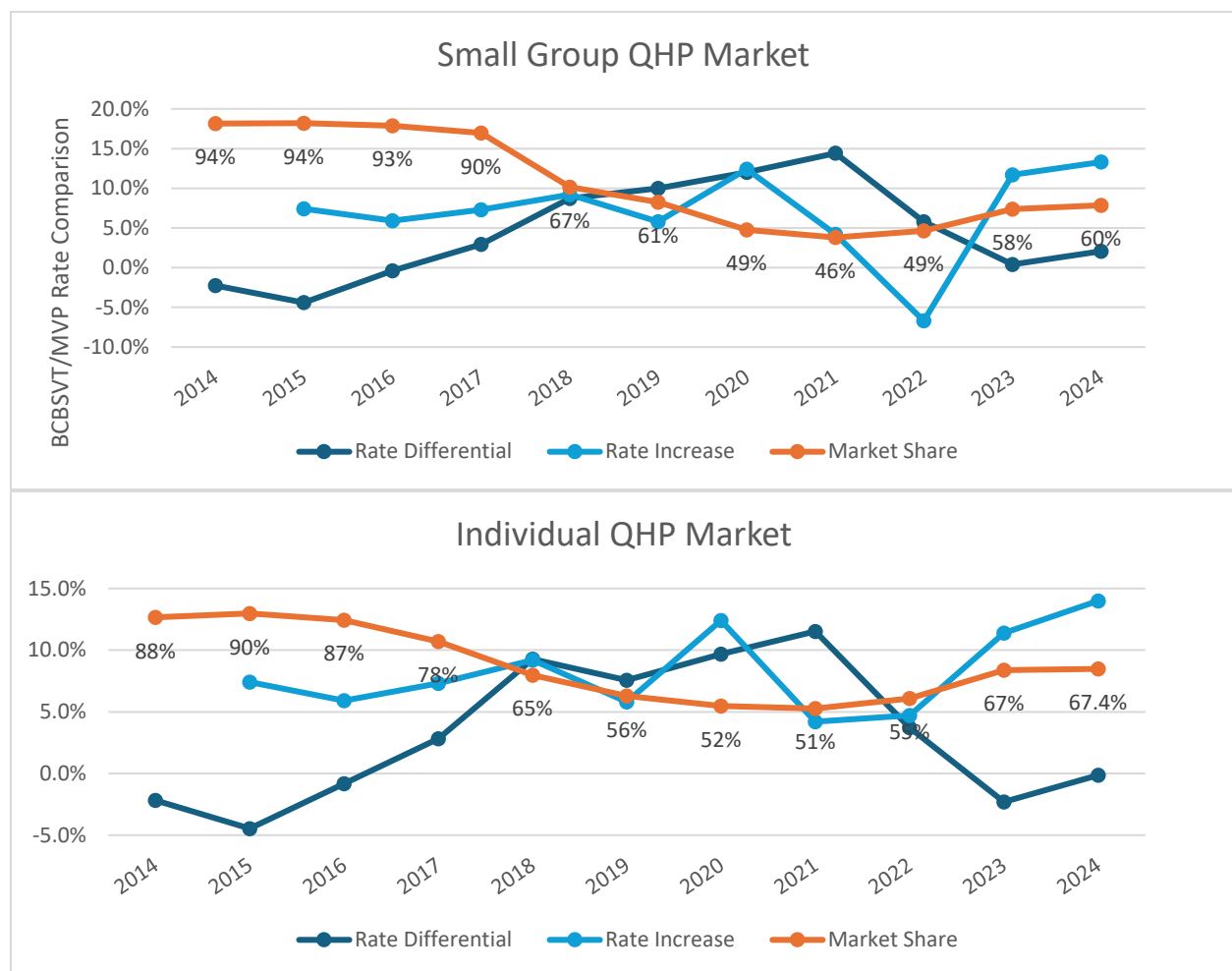
To provide the Board more information about the trends at each GMCB facility, we are also providing the details we used to populate that table on the Q5 tab. This information is included in the [Q5_supp] tab. The main categories include all medical claims, while the subcategories are a meaningful and material subset of medical claims.

Question 6

Describe how this year's proposed rate increases are likely to affect BCBSVT's enrollment and how these enrollment changes may impact BCBSVT's RBC.

Response

While the 2025 QHP proposed rate increases are the largest we have requested in the history of these markets, Blue Cross VT has had a few years of mid-teen increases with membership growth. It is not the rate increases themselves that have caused membership declines but partly the relationship of our rates to MVP's rates, along with other options for Small Groups. The graphs below show the historical market share, rate increases and average rate differential.



Some members might choose other options than Blue Cross VT QHP, and predicting the magnitude is extremely difficult, especially on the individual side, where the new silver loading guidance creates a dynamic that we have not experienced before, and subsidies effectively insulate a large number of members from the full impact of rate increases.

Membership losses impact many components of the RBC calculation. The table below shows the different impacted components and descriptions of the impacts to RBC.

Component	Impact
Claims Volume	Fewer members reduces the claim volume and therefore reduces the authorized control level (ACL)
Administrative Charge	Fewer members leaves a gap in the overall funding of our fixed administrative costs, contributing to underfunding and negatively impacting other lines of business
Net Income	Fewer members, assuming that they are average risk, leads to a lower contribution to reserves (net income) on an absolute dollar basis

The table below shows the two-year incremental impacts to RBC for a few hypothetical membership loss scenarios in the QHP markets in 2025 and flat membership after that. As shown in the table, the positive reductions in ACL are quickly outweighed by the negative impacts on contribution to member reserves and funding of fixed administrative charges.

Membership Loss	2025 (year 1)	2026 (year 2)
2,000	1%	(5%)
5,000	4%	(14%)
8,000	6%	(23%)

Membership gains and losses year to year are one of the variables that adequate member reserves are designed to cover. Premium estimates for the coming year need to be actuarially sound and adequately fund CTR regardless of future membership gains or losses which, as mentioned above, are affected by many factors and difficult to predict.

Question 7

Does BCBSVT waive prior authorization for low-cost providers other than Vermont Open MRI?

Response

Our prior authorization policy with Vermont and New Hampshire Open MRIs was driven primarily by the facilities' low denial rates for prior authorization requests. Their success with prior authorization submissions was bolstered by offering lower costs for services, upgraded MRI equipment, convenient scheduling,

and expanded hours to address access issues for members. With the elimination of all prior authorization for services ordered by primary care providers, our ability to direct care to lower-cost facilities through prior authorization policies is substantially limited.

Question 8

Has BCBSVT reviewed available price transparency data to compare its reimbursement rates for VT and border NH hospitals with the reimbursement rates of national carriers such as Cigna and United. If not, why not? If so, please share the results of the comparison.

Response

Blue Cross VT has been accessing and analyzing hospital chargemaster and transparency files since they were first available in January 2019. Before July 2024, we found these files were inconsistent in format, were missing data, or contained data that was 12 months or more out of date. We also found that we were unable to validate the accuracy of the Blue Cross VT data, making us question the accuracy of the data. We provided feedback to hospitals when we identified incorrect information.

As of July 2024, the utility of the files has greatly improved now that there is a consistent format and more detail on reimbursement methodology. We are currently processing and analyzing these files to validate Blue Cross VT information and identify contracting opportunities. While the files are much easier to use, we have found that inconsistencies in format, missing data, and out-of-date files remain.

The table below shows the hospital price transparency file inventory as of July 10, 2024.

Hospital	File Type	Does Format Appear Standard?	Is File up to Date (contain FY 2024 rates)?	Notes
Alice Peck	CSV	Y	Y	
Brattleboro	JSON	Y	N	updated 8/11/2023
Cheshire	CSV	Y	Y	
Copley	Excel	N	Y	
Cottage	CSV	Y	Y	
CVMC	CSV	Y	Y	
Gifford	Excel	N	N	updated 10/1/2022
Grace Cottage	JSON	Y	Y	
Littleton	CSV	Y	N	updated 3/27/2023
DHMC	CSV	Y	Y	
Mt Ascutney	JSON	Y	Y	
North Country	Excel	N	Y	
Northeastern	CSV	Y	Y	
Northwestern	CSV	Y	Y	
Porter	CSV	Y	Y	
RRMC	CSV	Y	Y	
SWMC	CSV	Y	Y	
Springfield	Excel	Y	Y	
Upper CT Valley	CSV	Y	Y	
UVMMC	CSV	Y	Y	
Valley Regional	CSV	Y	Y	

Please see attached *CONFIDENTIAL Responses to GMCB Post-Hearing Questions.xlsx*, tab [Q8] for additional details on our assessment of these files.

Question 9

Is BCBSVT seeing members “buy down” in benefits due to high premium increases in recent years? In the small group market, does BCBSVT have any insight into whether employers are shifting more of the premium cost onto their employees?

Response

The table below shows the percentage of renewing members that renewed in the same metal level, renewed in a leaner metal level, or renewed in a richer metal level.

	2022 OEP	2023 OEP	2024 OEP
Reenrolled in same metal level	94.3%	93.7%	93.4%
Reenrolled in richer metal level	1.8%	3.5%	4.0%
Reenrolled in leaner metal level	4.0%	2.8%	2.6%

As shown in the table above, a very small portion of the members who renew with Blue Cross VT change metal level.

Question 10

With respect to page 14 of Ex. 12, what assumptions were made in BCBSVT's RBC modeling regarding gains or losses of the Vermont Blue Advantage business?

Response

Blue Cross VT owns 49% of Vermont Blue Advantage (VBA), and therefore the impact to RBC is 49% of the overall projection for VBA.

The losses relating to VBA included in the Blue Cross VT RBC projections were [REDACTED] and [REDACTED] in 2024 and 2025, respectively. Combined, these reduce RBC by [REDACTED] percentage points.

Question 11

With respect to table on page 8 of Ex. 12, what are the years of data underlying the rankings and what are the orders of magnitude of difference between hospitals.

Response

The time period used for this assessment was claims incurred October 1, 2022 to September 30, 2023 and paid through December 31, 2023. An inpatient cost ratio of 1.0 indicates that during the time period, the cost per inpatient admission adjusted for DRG weight or intensity was at the network average. A cost ratio of 1.1 indicates the costs at that facility were 10% higher than the network average while a cost ratio less than 1 indicates an average cost less than the network average.

Inpatient Rank	Facility	Cost Ratio
1	[REDACTED]	[REDACTED]
2	[REDACTED]	[REDACTED]
3	[REDACTED]	[REDACTED]
4	[REDACTED]	[REDACTED]
5	[REDACTED]	[REDACTED]
6	[REDACTED]	[REDACTED]
7	[REDACTED]	[REDACTED]
8	[REDACTED]	[REDACTED]
9	[REDACTED]	[REDACTED]
10	[REDACTED]	[REDACTED]
11	[REDACTED]	[REDACTED]
12	[REDACTED]	[REDACTED]
13	[REDACTED]	[REDACTED]
14	[REDACTED]	[REDACTED]
15	[REDACTED]	[REDACTED]
16	[REDACTED]	[REDACTED]
17	[REDACTED]	[REDACTED]
18	[REDACTED]	[REDACTED]
19	[REDACTED]	[REDACTED]
20	[REDACTED]	[REDACTED]
21	[REDACTED]	[REDACTED]
22	[REDACTED]	[REDACTED]

An outpatient cost ratio of 1.0 indicates that during the time period, the cost per outpatient service by procedure code was at the network average. A cost ratio of 1.1 indicates the cost per unit at that facility were 10% higher than the network average while a cost ratio less than 1 indicates an average cost less than the network average.

Outpatient Rank	Facility	Cost Ratio
1	[REDACTED]	[REDACTED]
2	[REDACTED]	[REDACTED]
3	[REDACTED]	[REDACTED]
4	[REDACTED]	[REDACTED]
5	[REDACTED]	[REDACTED]
6	[REDACTED]	[REDACTED]
7	[REDACTED]	[REDACTED]
8	[REDACTED]	[REDACTED]
9	[REDACTED]	[REDACTED]
10	[REDACTED]	[REDACTED]
11	[REDACTED]	[REDACTED]
12	[REDACTED]	[REDACTED]
13	[REDACTED]	[REDACTED]
14	[REDACTED]	[REDACTED]
15	[REDACTED]	[REDACTED]
16	[REDACTED]	[REDACTED]
17	[REDACTED]	[REDACTED]
18	[REDACTED]	[REDACTED]
19	[REDACTED]	[REDACTED]
20	[REDACTED]	[REDACTED]
21	[REDACTED]	[REDACTED]
22	[REDACTED]	[REDACTED]

Question 12

In the past 5 years, has BCBSVT negotiated a different increase for any GMCB-regulated hospital than the cap allowed by the Board (up or down)? If so, provide details.

Response

Yes. Please see attached CONFIDENTIAL Reponses to *GMCB Post-Hearing Questions.xlsx*, tab [Q3 & Q12] for details. We included this information in the same table as the information for our response to Q3.

Question 13

How is BCBSVT factoring quality into its negotiations with providers?

Response

We developed the Enhanced Community Primary Care (ECPC) program to reward Vermont non-hospital-owned primary care practices for quality and total cost of care. A practice's scores on quality and cost of care metrics will determine an incentive on a per member per month basis that is paid to that practice based on their attributed membership for the next 12 months.

Additionally, we offer the Feedback Informed Treatment (FIT) quality-based program to mental health and substance use disorder (MHSUD) providers, incentivizing providers who participate. FIT is an empirically supported approach for evaluating and improving the quality and effectiveness of MHSUD services. It involves routinely and formally soliciting feedback from patients regarding the therapeutic alliance and outcome of care. The resulting information informs and tailors care delivery.

Blue Cross VT has explored quality reporting data sets and bundled payment systems over the years. These products can be extremely costly and we have had challenges engaging providers in to design bundled payments that incorporate quality measures and agreeing to agree to common rules around inclusions and exclusions. A new data set from the Blue Cross Blue Shield Association and tools developed in conjunction with BCBSM may provide additional opportunities to identify and implement new contracting opportunities with providers who deliver high quality, efficient, and appropriateness as well as low-cost care.

In the hospital setting, quality is typically tied to some sort of risk arrangement. Such arrangements can include all services (facility and professional), facility services only, or professional services only. Assessing hospital quality on a more granular or service-based level, e.g., laboratory or surgical services, is challenging because we do not typically negotiate on a service level with hospitals.

Dated: August 1, 2024

Stris & Maher LLP

/s/ Michael Donofrio
Michael Donofrio
15 East State Street, Suite 2
Montpelier, VT 05602
Telephone: (802) 858-4465
mdonofrio@stris.com

CERTIFICATE OF SERVICE

I certify that I served the above Response of Blue Cross VT to July 24, 2024 Post-Hearing Questions on Michael Barber, Laura Beliveau, and Tara Bredice of the Green Mountain Care Board and on Charles Becker and Eric Schultheis of the Office of the Health Care Advocate, by electronic mail, on August 1, 2024.

/s/ Michael Donofrio

Michael Donofrio

Stris & Maher LLP

15 East State Street, Suite 2

Montpelier, VT 05602

Telephone: (802) 858-4465

mdonofrio@stris.com

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2025 VERMONT QHP MARKET RATE FILINGS - INDIVIDUAL**

RESPONSES TO GMCB POST-HEARING QUESTIONS, DATED JULY 24, 2024

Hospital	Fiscal Year	GMCB Approved Change *	Agreed Upon Increase	Variance to Target (retrospective review)	Action
Brattleboro	FY19	3.90%			
	FY20	3.40%			
	FY21	4.90%			
	FY22	4.60%			
	FY23	14.61%			
Central VT Medical Center	FY19	2.30%			
	FY20	5.90%			
	FY21	7.00%			
	FY22	8.7% (6% + 2.7% mid-year)			
	FY23	12.50%			
Copley	FY19	4.50%			
	FY20	9.80%			
	FY21	6.00%			
	FY22	4.00%			
	FY23	12.00%			
Gifford	FY19	4.00%			
	FY20	5.00%			
	FY21	4.00%			
	FY22	3.50%			
	FY23	3.65%			
Grace Cottage	FY19	3.20%			
	FY20	3.20%			
	FY21	3.20%			
	FY22	5.00%			
	FY23	5.00%			
Mt Ascutney	FY19	2.90%			
	FY20	3.20%			
	FY21	4.60%			
	FY22	2.20%			
	FY23	4.70%			
North Country	FY19	3.60%			
	FY20	4.20%			
	FY21	3.60%			
	FY22	3.30%			
	FY23	12.24%			
NVRH	FY19	3.00%			
	FY20	3.00%			
	FY21	3.90%			
	FY22	3.00%			
	FY23	10.75%			
NMC	FY19	2.00%			
	FY20	5.90%			
	FY21	13.00%			
	FY22	3.00%			
	FY23	9.60%			
Porter	FY19	2.80%			
	FY20	2.60%			
	FY21	4.00%			
	FY22	4.00%			
	FY23	11.45%			
RRMC	FY19	2.60%			
	FY20	2.70%			
	FY21	6.00%			
	FY22	3.60%			
	FY23	17.40%			
SVMC	FY19	3.00%			
	FY20	2.80%			
	FY21	3.50%			
	FY22	4.80%			
	FY23	9.50%			
Springfield	FY19	10.00%			
	FY20	0.00%			
	FY21	4.00%			
	FY22	8.30%			
	FY23	10.00%			
UVMHC	FY19	2.50%			
	FY20	3.50%			
	FY21	6.00%			
	FY22	8.55% (6.05% + 2.50% mid-year)			
	FY23	14.77%			

* FY20 - FY23 - Non-UVMHN https://gmcboard.vermont.gov/sites/gmcb/files/documents/2022_09_28_FY23_Debrief_Updated_with_Board_Feedback_0.pdf
<https://gmcboard.vermont.gov/sites/gmcb/files/documents/B22%20Approved%20Budget%20Submissions%20with%20NPR%20and%20wghtd%20ave%20rate%20graphs%20revised%2020211123.pdf>
 FY19 Non-UVMHN
 UVMHN Actual GMCB Budget Orders FY19 - FY23

Note that FY20 and FY21 assessments were impacted by both COVID and the UVMHN cyberattack. COVID services were excluded from FY20 and FY21 analytics but results may still be less reliable than other years.

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2025 VERMONT QHP MARKET RATE FILINGS - INDIVIDUAL**

RESPONSES TO GMCB POST-HEARING QUESTIONS, DATED JULY 24, 2024

	Inpatient			Outpatient			Professional			Specialty Rx in Medical Setting		
	Utilization	Cost	Intensity	Utilization	Cost	Intensity	Utilization	Cost	Intensity	Utilization	Cost	Intensity
Brattleboro												
Copley												
CVMC												
Gifford												
Grace Cottage												
Mt Ascutney												
NMC												
North Country												
NVRH												
Porter												
RRMC												
Southwestern												
Springfield												
UVMHC												
GMCB Total	1.9%	9.7%	0.5%	5.5%	9.4%	2.6%	5.8%	6.3%	-0.3%	-0.3%	10.0%	6.9%
Non GMCB	1.1%	5.7%	-5.1%	2.7%	6.1%	2.3%	5.0%	4.9%	0.1%	-4.9%	6.8%	5.0%

Note that "intensity" in this table includes the impact of changing the distribution of services between facilities.

RESPONSES TO GMCB POST-HEARING QUESTIONS, DATED JULY 24, 2024

MAIN CATEGORIES - MEDIC

	Mt Ascutney			NMC			North Country			NVRH			Porter		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Inpatient															
Year Ending															
Admits/1000															
Days/1000															
ALOS															
Allowed/Admit															
Unit Cost Normalized Cost/Admit															
PMPMs															

	Mt Ascutney			NMC			North Country			NVRH			Porter		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Outpatient															
Year Ending															
Visits/1000															
Services/1000															
Services per Visit															
Allowed per Visit															
Unit Cost Normalized Cost/Visit															
PMPMs															

	Mt Ascutney			NMC			North Country			NVRH			Porter		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Professional															
Year Ending															
Visits/1000															
Services/1000															
Services per Visit															
Allowed per Visit															
Unit Cost Normalized Cost/Visit															
PMPMs															

	Mt Ascutney			NMC			North Country			NVRH			Porter		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Specialty Rx in Medical Setting															
Year Ending															
Visits/1000															
Services/1000															
Services per Visit															
Allowed per Visit															
Unit Cost Normalized Cost/Visit															
PMPMs															

SUB CATEGORIES - MEDICAL

	Mt Ascutney			NMC			North Country			NVRH			Porter		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Acute Inpatient															
Year Ending															
Admits/1000															
Days/1000															
ALOS															
Allowed/Admit															
Unit Cost Normalized Cost/Admit															
PMPMs															

	Mt Ascutney			NMC			North Country			NVRH			Porter		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Diagnostic Radiology															
Year Ending															
Visits/1000															
Services/1000															
Services per Visit															
Allowed per Visit															
Unit Cost Normalized Cost/Visit															
PMPMs															

	Mt Ascutney			NMC			North Country			NVRH			Porter		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Emergency Room (Outpatient)															
Year Ending															
Visits/1000															
Services/1000															
Services per Visit															
Allowed per Visit															
Unit Cost Normalized Cost/Visit															
PMPMs															

	Mt Ascutney			NMC			North Country			NVRH			Porter		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Lab/Path (Outpatient)															
Year Ending															
Visits/1000															
Services/1000															
Services per Visit															
Allowed per Visit															
Unit Cost Normalized Cost/Visit															
PMPMs															

	Mt Ascutney			NMC			North Country			NVRH			Porter		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Outpatient Surgical Encounters															
Year Ending															
Visits/1000															
Services/1000															
Services per Visit															
Allowed per Visit															
Unit Cost Normalized Cost/Visit															
PMPMs															

	Mt Ascutney			NMC			North Country			NVRH			Porter		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Evaluation & Management Services															
Year Ending															
Visits/1000															
Services/1000															
Services per Visit															
Allowed per Visit															
Unit Cost Normalized Cost/Visit															
PMPMs															

RESPONSES TO GMCB POST-HEARING QUESTIONS, DATED JULY 24, 2024

MAIN CATEGORIES - MEDIC

	RRMC			Southwestern			Springfield			UVMMC		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Inpatient												
Year Ending												
Admits/1000												
Days/1000												
ALOS												
Allowed/Admit												
Unit Cost Normalized Cost/Admit												
PMPMs												

	RRMC			Southwestern			Springfield			UVMMC		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Outpatient												
Year Ending												
Visits/1000												
Services/1000												
Services per Visit												
Allowed per Visit												
Unit Cost Normalized Cost/Visit												
PMPMs												

	RRMC			Southwestern			Springfield			UVMMC		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Professional												
Year Ending												
Visits/1000												
Services/1000												
Services per Visit												
Allowed per Visit												
Unit Cost Normalized Cost/Visit												
PMPMs												

	RRMC			Southwestern			Springfield			UVMMC		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Specialty Rx in Medical Setting												
Year Ending												
Visits/1000												
Services/1000												
Services per Visit												
Allowed per Visit												
Unit Cost Normalized Cost/Visit												
PMPMs												

SUB CATEGORIES - MEDICAL

	RRMC			Southwestern			Springfield			UVMMC		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Acute Inpatient												
Year Ending												
Admits/1000												
Days/1000												
ALOS												
Allowed/Admit												
Unit Cost Normalized Cost/Admit												
PMPMs												

	RRMC			Southwestern			Springfield			UVMMC		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Diagnostic Radiology												
Year Ending												
Visits/1000												
Services/1000												
Services per Visit												
Allowed per Visit												
Unit Cost Normalized Cost/Visit												
PMPMs												

	RRMC			Southwestern			Springfield			UVMMC		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Emergency Room (Outpatient)												
Year Ending												
Visits/1000												
Services/1000												
Services per Visit												
Allowed per Visit												
Unit Cost Normalized Cost/Visit												
PMPMs												

	RRMC			Southwestern			Springfield			UVMMC		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Lab/Path (Outpatient)												
Year Ending												
Visits/1000												
Services/1000												
Services per Visit												
Allowed per Visit												
Unit Cost Normalized Cost/Visit												
PMPMs												

	RRMC			Southwestern			Springfield			UVMMC		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Outpatient Surgical Encounters												
Year Ending												
Visits/1000												
Services/1000												
Services per Visit												
Allowed per Visit												
Unit Cost Normalized Cost/Visit												
PMPMs												


	RRMC			Southwestern			Springfield			UVMMC		
	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend	Apr 2023	Apr 2024	Trend
Evaluation & Management Services												
Year Ending												
Visits/1000												
Services/1000												
Services per Visit												
Allowed per Visit												
Unit Cost Normalized Cost/Visit												
PMPMs												


**BLUE CROSS AND BLUE SHIELD OF VERMONT
2025 VERMONT QHP MARKET RATE FILINGS - INDIVIDUAL**


RESPONSES TO GMCB POST-HEARING QUESTIONS, DATED JULY 24, 2024

July 2024 Preliminary Transparency File Terms & Competitive Review

KEY

 Blue Cross VT appears to have advantage on majority of codes

 Blue Cross VT and Competition are mixed or terms are mostly equal

 Competition appears to have advantage on majority of codes

Facility	Category	Term	Blue Cross VT Non-Managed	Blue Cross VT Managed	Cigna	MVP	% of codes where Blue Cross VT has advantage	
							Over Cigna	Over MVP
CVMC	Inpatient	DRG Coefficient	✓	✓	✓	✗		
		Discount off Charges	✓	✓	✓	✓		
		Fee Schedule	✓	✓	✓	✓		
	Outpatient	Discount off Charges	✓	✓	✓	✓		
		Fee Schedule	✓	✓	✓	✓		
		Discount off Charges	✓	✓	✓	✓		
Porter	Inpatient	DRG Coefficient	✓	✓	✓	✓		
		Delivery Case Rate	✗	✗	✓	✓		
		C Section Case Rate	✗	✗	✓	✓		
		Nursery Case Rate (Rev Code 171)	✗	✗	✓	✓		
	Outpatient	Fee Schedule	✓	✓	✗	✗		
		Discount off Charges	✓	✓	✓	✓		
UVMC	Inpatient	DRG Coefficient	✓	✓	✓	✓		
		Newborn Coefficient	✗	✗	✗	✓		
		Outlier Discount off Charges	✓	✓	✓	✓		
		Outlier Discount off Charges - Drugs	✓	✓	✓	✓		
		Newborns Discount off Charges	✓	✓	✗	✗		
		Fee Schedule	✓	✓	✓	✓		
		Default Discount off Charges	✓	✓	✓	✓		
	Outpatient	Prosthetics Discount off Charges	✓	✓	✓	✓		
		OR Discount off Charges	✓	✓	✓	✓		
		ER Case Rate	✗	✗	✓	✗		
	Professional	Fee Schedule	✓	✓	✓	✓		
		Anesth. Coeff	✓	✓	✓	✓		
		Maternity Anesth Coefficient	✓	✓	✓	✓		
Maternity Anesth Case Rate		✗	✗	✓	✗			
Discount off Charges		✓	✓	✓	✓			
RRMC	Inpatient	Discount off Charges	✓	✓	✓	✓		
		Discount off Charges	✓	✓	✓	✓		
	Professional	Fee Schedule	✓	✓	✓	✓		
SWVTMC	Inpatient	Discount off Charges	✓	✓	✓	✓		
		Discount off Charges	✓	✓	✓	✓		
	Professional	Professional - Anesth Coefficient	✓	✓	✓	✓		
NWMC	Inpatient	Discount off Charges	✓	✓	✓	✓		
		Discount off Charges	✓	✓	✓	✓		