Blue Cross Blue Shield of Vermont

State of Vermont Health Insurance Taxes, Fees and Assessments

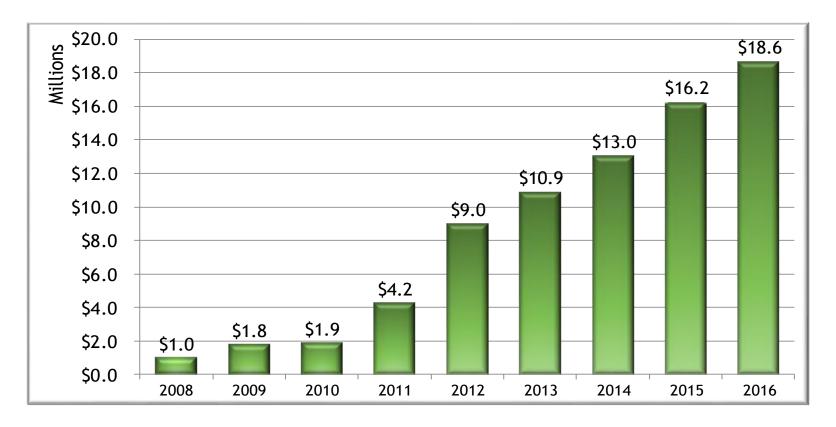
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Context

- Over last several years, Vermont has implemented many new health care reform programs and expanded its regulatory infrastructure
- Generally, funding for reform has been created via new or increased fees charged to the health care industry, particularly insurance carriers
 - BCBSVT is largest commercial carrier in VT, with over 70% market share
- BCBSVT is a single-state, independent licensee of the BCBS Association
 - Non-profit
 - No access to capital markets
 - Primary revenue source is insurance premiums
- Vermont state taxes, fees and assessments must be charged directly to customers in premiums
 - As a single-state Blue Plan, all of BCBSVT's customers are Vermonters and/or employees of Vermont-based companies
- Fees have increased nearly twenty-fold over the last eight years

Historical Vermont Taxes and Fees - BCBSVT*



- Increases in 2011 (partial year) and 2012 (full year) related to enactment of HCCA
- 2015 increase due to catch-up of GMCB bill back fees and BluePrint expansion
- 2016 increase due to further BluePrint increases
- 8-year compound annual growth rate (CAGR) of approximately 45%



^{*} Includes amounts assessed to BCBSVT and TVHP combined

Vermont Taxes and Fees Detail - BCBSVT

		Booked	Booked
Item		2015	2016
Blueprint for Health	\$	5,742,710	8,248,823
Health Care Claims Assessment*		7,207,797	7,413,883
VITL fee*		1,792,940	1,844,204
GMCB bill back		963,708	597,765
VT Program for Quality		349,292	188,970
DFR exam assessments		-	168,520
Rule 9-03 review assessments		109,139	118,854
Medicare Supplement review		42,431	52,568
DFR exchange/stop loss consultant review		-	9,925
Form and rate filings		3,130	2,565
DFR financial analysis		555	820
Annual statement filing fees	_	200	200
Total	\$_	16,211,902	18,647,097

^{*} Components of the Health Care Claims Tax are broken out separately

Impact on BCBSVT Customer Premiums 2016 Vermont Taxes and Fees*

	Insured			Medicare	
	L	_arge Group^	QHP	Supplemental	
BCBSVT fees	\$	1,025,064	6,772,762	78,934	
TVHP fees	_	970,076		129,717	
Total fees	\$	1,995,140	6,772,762	208,651	
BCBSVT members		13,524	71,123	3,543	
TVHP members	_	3,198		6,175	
Total members		16,722	71,123	9,718	
BCBSVT PMPM	\$	6.02	8.11	1.82	
TVHP PMPM		20.11		1.91	
Total PMPM	\$	9.12	8.11	1.88	
BCBSVT % of premium		1.3%	1.8%	0.9%	
TVHP % of premium	_	5.0%	0.0%	1.2%	
Total % of premium		2.1%	1.8%	1.1%	

^{*} Amounts will not tie exactly to rate filings, which are projections and are based on information available at the time. Exhibit includes only fully insured segments; remainder of fees are charged to self-funded business.

[^] BCBSVT and TVHP are combined into one large group rate filing; the amount flowing to rates for both entities is approximately the combined PMPM.



GMCB Bill Back - FY 2018 Proposal

Historical bill backs

Fiscal Year		Bill Back	Increase over Prior Year	CAGR
2013	\$	395,000		
2014	***************************************	890,000	125.3%	
2015		1,474,300	65.7%	93.2%
2016		1,546,407	4.9%	57.6%
2017		2,045,925	32.3%	50.9%
2018 (Proposed)		3,743,883	83.0%	56.8%

Projected BCBSVT share of bill backs

Fiscal Year	BCBSVT	TVHP	Total
2016	\$ 386,602	279,555	666,157
2017	 511,481	370,000	881,481
2018 (Proposed)	 935,971	675,000	1,610,971

General Recommendations Related to Vermont Taxes and Fees

- Review and regularly update methodology for allocating fees to health care system (ACOs, hospitals, insurance carriers, etc.)
- Complete Return on Investment calculations for each program;
 validate data against actual results
 - Evaluate existing programs and eliminate those without a demonstrated, positive ROI
 - Complete ROI analysis before implementing new programs
- Solicit input from health care experts (hospitals, insurance carriers, etc.) when considering new or proposed legislation

Questions / Discussion