

# BLUE CROSS VERMONT UNIT COST BENCHMARKING

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February 2, 2026

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# PLAN PERFORMANCE ANALYTICS - DASHBOARD



## Population Benchmarking Overview

Avg. Medical Member Counts Plan: 0.12M Region: 8.52M Nat'l: 49.84M

Avg. Pharmacy Member Counts Plan: 0.09M Region: 5.28M Nat'l: 31.76M

Select Plan:  Measure:  Benefit Type:  Benchmark Region:  Current Period: (Y1) Aug2024-Jul2025

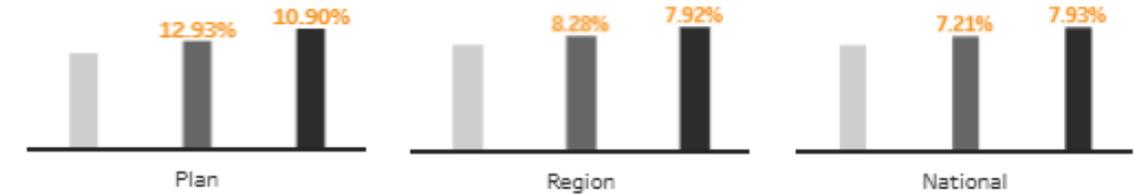
### Allowed PMPM Comparison

[Inpatient](#) / [Outpatient](#) / [Professional](#) / [Pharmacy](#)

	Allowed PMPM	Allowed PMPM Age-Gender Adj.
Plan	\$1,016.93	
Region	\$714.30	\$762.10
National	\$664.87	\$718.86

### Allowed PMPM Trend

Y3/Y2/Y1 (Label show % change vs. prior year)

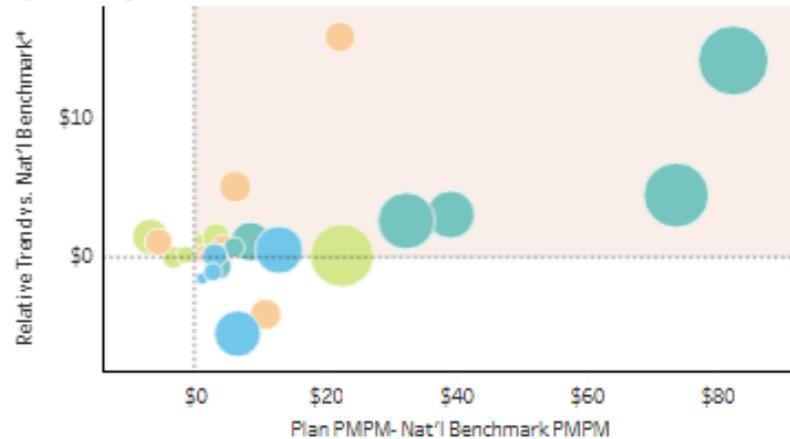


### Explore by Service Category

#### Opportunity Areas

- Inpatient: Service Type L1
- Outpatient: RBCS Category
- Professional: RBCS Category
- Pharmacy: Drug Group

Only dots with significant contribution to Allowed PMPM included.



\*Defined as (Plan's Allowed PMPM \$ change vs. prior year) - (Nat'l Benchmark's Allowed PMPM \$ change vs. prior year)

#### Inpatient

##### Benchmark Comparisons (Y1)

	Allowed PMPM	Trend	Vs. Prior Yr
Plan	\$136.11		-0.81%
Region	\$108.23		3.79%
National	\$109.74		6.50%

#### Outpatient

##### Benchmark Comparisons (Y1)

	Allowed PMPM	Trend	Vs. Prior Yr
Plan	\$431.70		10.72%
Region	\$209.61		7.47%
National	\$185.34		8.63%

#### Professional

##### Benchmark Comparisons (Y1)

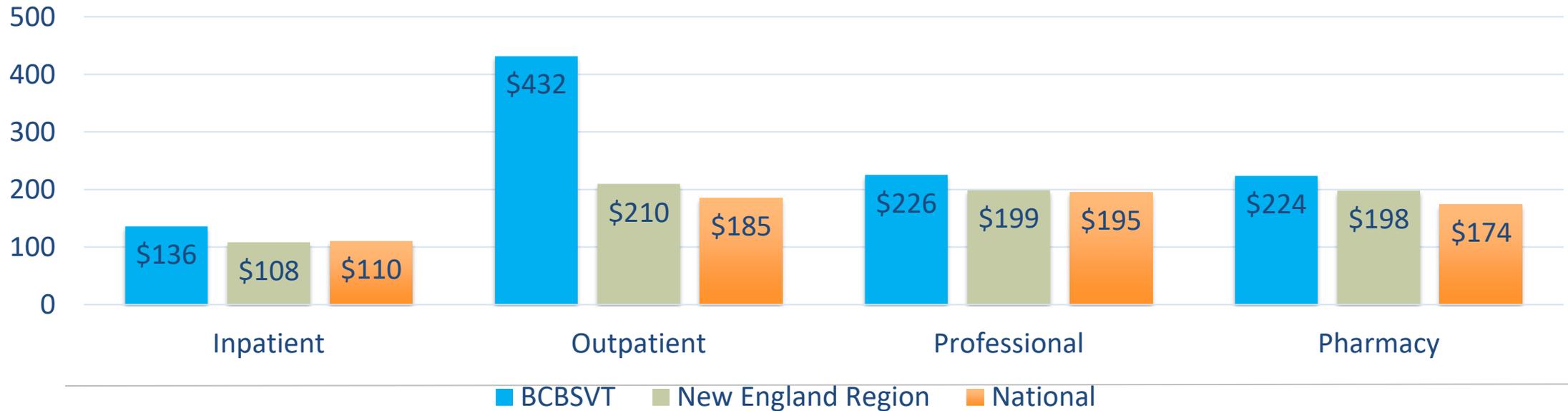
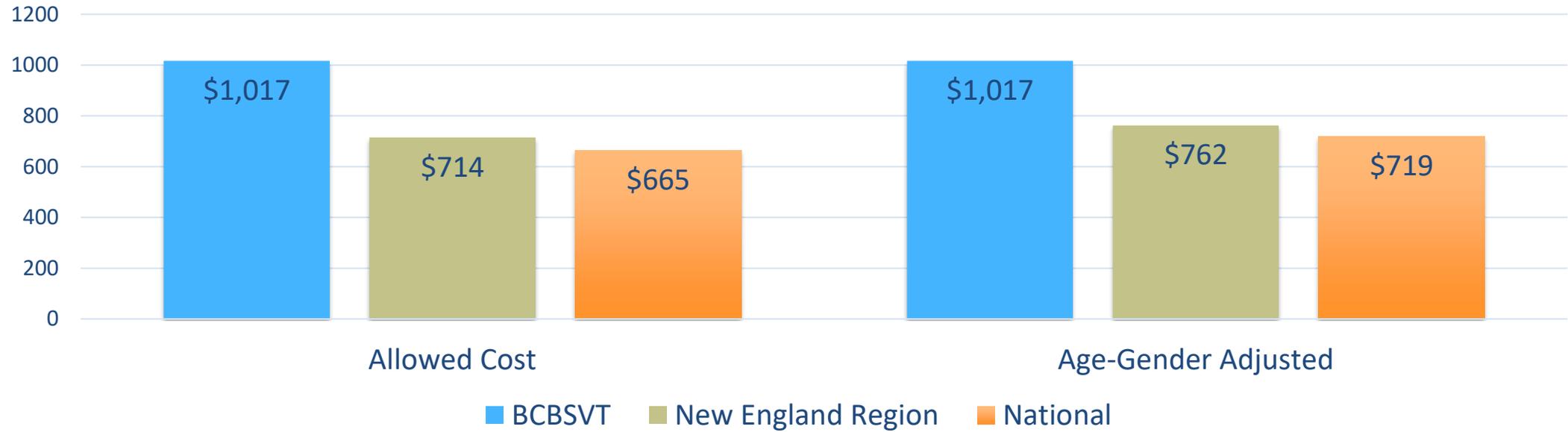
	Allowed PMPM	Trend	Vs. Prior Yr
Plan	\$225.59		9.58%
Region	\$198.71		5.27%
National	\$195.08		7.39%

#### Pharmacy

##### Benchmark Comparisons (Y1)

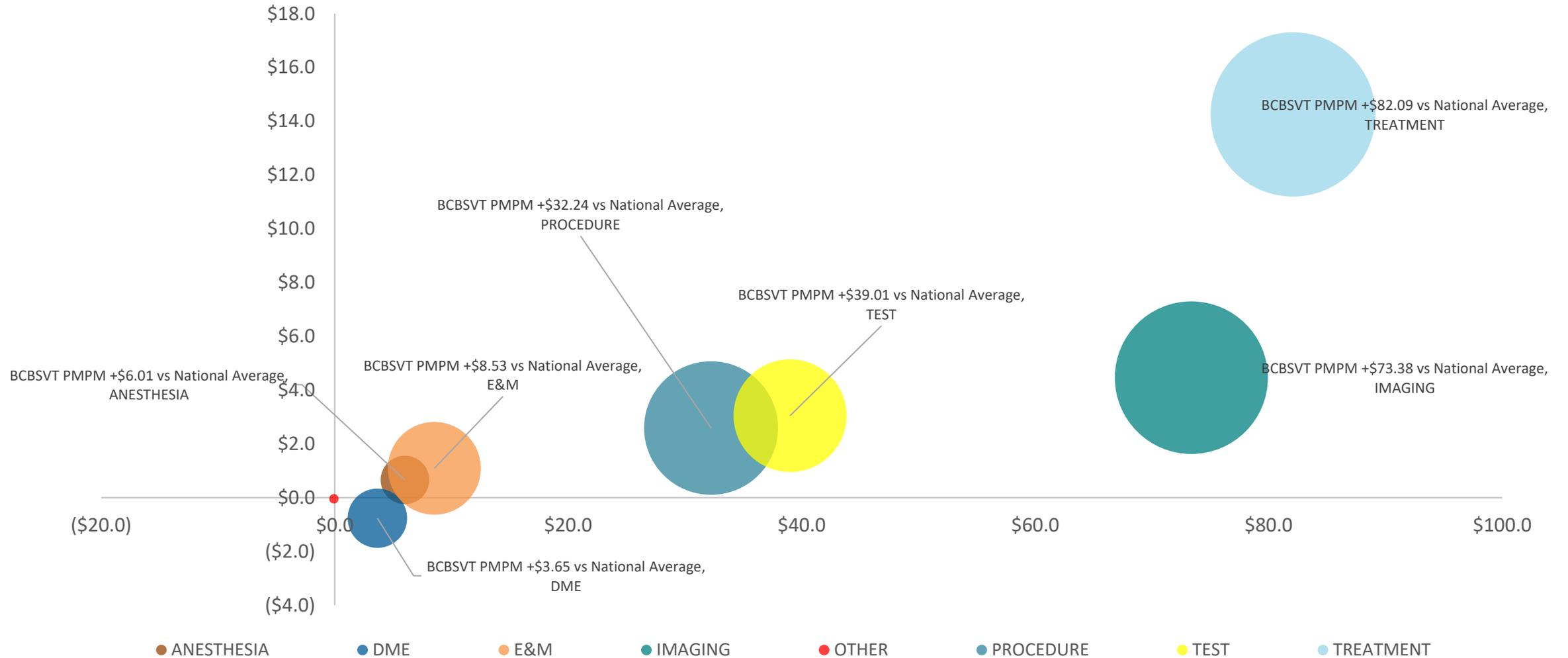
	Allowed PMPM	Trend	Vs. Prior Yr
Plan	\$223.52		21.49%
Region	\$197.74		13.77%
National	\$174.71		8.70%

# PLAN PERFORMANCE ANALYTICS



# PPA BENCHMARK COMPARISONS

## BCBS Vermont Outpatient PMPM and Trend vs National 50% Benchmark



# CODE LEVEL DETAIL

## Outpatient: RBCS Exploration

Avg. Member Counts Plan: 0.12M Region: 8.52M Nat'l: 49.84M

Select Measure: Allowed PMPM  
 Select variance measure: Var vs. Nat'l Benchmark  
 Sort by: Var vs. Nat'l Benchmark  
 Service Type L1: Lab  
 Service Type L2: (All)  
 Variance Selection: -0.24 to 2.16

Code & Code Description	# Services	Var vs. Nat'l Benchmark
88305 TISSUE EXAM BY PATHOLOGIST	10,441	\$3.03
80061 LIPID PANEL	31,881	\$2.23
80053 COMPREHEN METABOLIC PANEL	40,323	\$3.23
84443 ASSAY THYROID STIM HORMONE	17,683	\$1.76
80050 GENERAL HEALTH PANEL	8,310	\$1.56
36415 ROUTINE VENIPUNCTURE	62,226	\$1.29
83036 HEMOGLOBIN GLYCOSYLATED A1C	20,084	\$1.21
82306 VITAMIN D 25 HYDROXY	10,153	\$1.20
85025 COMPLETE CBC W/AUTO DIFF WBC	30,100	\$1.43
84153 ASSAY OF PSA TOTAL	6,293	\$0.62
82728 ASSAY OF FERRITIN	8,916	\$0.66
86803 HEPATITIS C AB TEST	5,955	\$0.49

### Allowed PMPM

	Allowed PMPM	% Var vs Plan
Plan	\$3.03	
Region	\$1.11	173.18%
Nat'l	\$0.87	247.38%

### Utilization

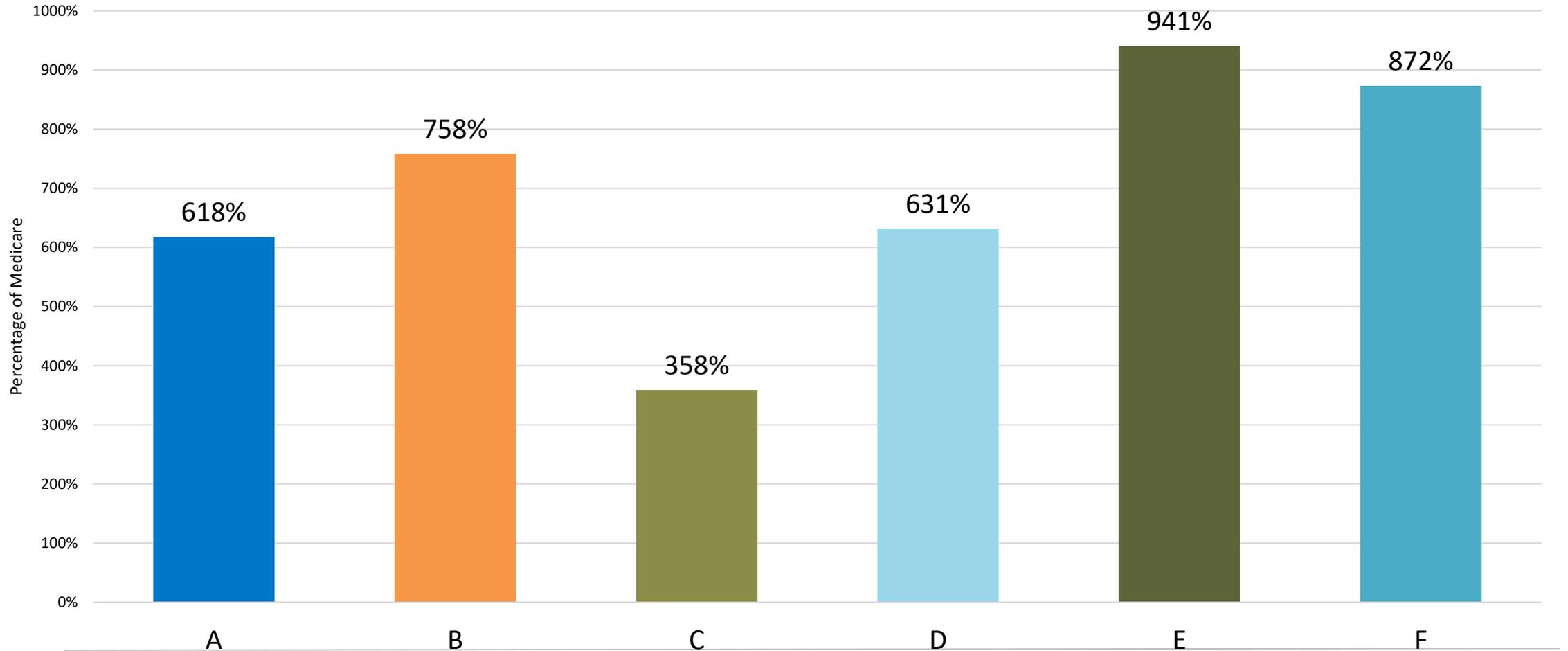
	Services per 1,000	% Var vs Plan
Plan	88	
Region	45	95.30%
Nat'l	32	174.15%

### Unit Cost

	Allowed per Service	% Var vs Plan
Plan	\$413.52	
Region	\$295.63	39.87%
Nat'l	\$326.35	26.71%

# OUTPATIENT HOSPITAL CLAIMS REPRICING ANALYSIS – LABORATORY SERVICES

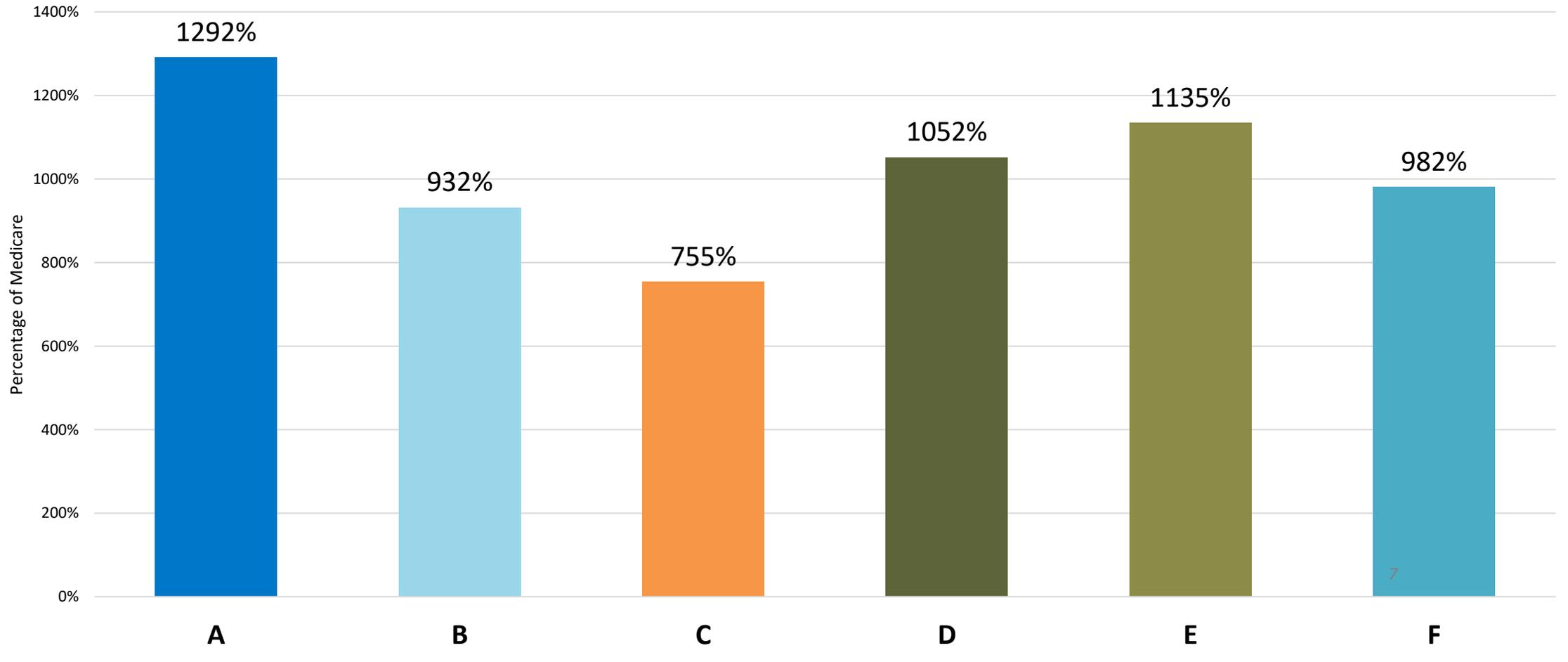
Blue Cross VT Percentage of Medicare for Laboratory Services



From BRG Consulting, CY2024, CAH excluded, Medicare Primary Excluded, local, FEP and Host, Vermont hospitals only

# OUTPATIENT HOSPITAL CLAIMS REPRICING ANALYSIS – DIAGNOSTIC RADIOLOGY

Blue Cross VT Percentage of Medicare for Diagnostic Radiology Services



From BRG Consulting, CY2024, CAH excluded, Medicare Primary Excluded, local, FEP and Host, Vermont hospitals only

# BENCHMARKING LAB & RAD TO MEDICARE

Reducing lab reimbursement to 300% of Medicare and radiology reimbursement to 500% of Medicare would reduce total outpatient reimbursement by 20%, an approximate \$100 million reduction for Blue Cross VT members.

Overall Outpatient - 2024		Estimated Outpatient After Act 55				Lab				Radiology				Overall Proposed			
Total Allowed Amount Overall Outpatient	Percentage of Medicare Overall Outpatient	Total Allowed Amount	Percentage of Medicare Overall Outpatient	Total Allowed Amount	Current Percentage of Medicare	Lab Target % of MC	% Change	Total Allowed Amount	Current Percentage of Medicare	Rad Target % of MC	% Change	New Total Allowed Overall Outpatient	New % of MC	\$ Change	% Change		
\$ 607	459%	\$ 488	369%	\$ 71	659%	300%	-54%	\$ 108	1129%	500%	-56%	\$ 389	294.15%	\$ (99)	-20%		

(Total allowed reflects plan paid and member cost share in millions)

# BENCHMARKING LAB & RAD TO MEDICARE

Blue Cross VT Total Outpatient % of Medicare  
Before & After Lab and Radiology Reductions

