BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association

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June 23, 2025

ANNUAL PROVIDER NOTICE

Dear Provider,

Each year, we share important provider updates to help strengthen our collaboration and your ability to support our members. Below and in the pages that follow, you'll find information about:

- Helping your patients get the most out of their coverage
  - Locating our members' rights and responsibilities statement
  - Our case management process, including eligibility criteria and how to refer your patients
- Our utilization review process
  - How to get a copy of our utilization management criteria
  - Discussing a medical necessity denial with a Plan physician or pharmacist
- How we're ensuring access for our members and tackling rising healthcare costs
  - Our standards for appointment access and provider availability
  - Reporting suspected fraud, waste, and abuse to our Special Investigations Unit

Reminders and Important Links

- **Provider Directory Information:** You are legally required, per the Consolidated Appropriations Act of 2023, to verify your provider directory information every quarter. If you haven't done so this quarter, look for an email from noreply@onbaseonline.com and follow the instructions to verify or update your information.
- **Provider Handbook:** www.bluecrossvt.org/documents/provider-handbook
- **Medication Lists:** Find the most up to date formulary information for Vermont Blue Rx℠ members at www.bluecrossvt.org/pharmacies-medications/lists-covered-medications
  - In addition to the formulary, you can locate medications which are excluded, require prior authorization, and/or classified as specialty.
- **Clinical Practice Guidelines:** We adopt nationally recognized guidelines, developed by experts in their field, for preventive health, chronic health conditions, and mental health disorders. Find them at www.bluecrossvt.org/providers/provider-policies

If you have any questions about this information, please contact your Provider Relations Consultant. If you don't know your consultant, please email providerrelations@bcbsvt.com or call (888) 449-0443, option 1. Business hours are Monday through Friday from 8 a.m. to 4:30 p.m., except holidays. Thank you for your continued partnership in making health care work better for Vermonters.

Sincerely,

Tom Weigel, MD| Vice President & Chief Medical Officer

Helping Your Patients Get the Most Out of Their Coverage

MEMBER RIGHTS AND RESPONSIBILITIES

For Blue Cross and Blue Shield of Vermont (Blue Cross VT) and The Vermont Health Plan (TVHP) members to get the most from their benefit plan, they must follow certain guidelines, known as our Member Rights and Responsibilities statement. A complete copy of our Member Rights and Responsibilities is available on our website, http://www.bluecrossvt.org/members/member-rightsresponsibilities. To request a paper copy, please contact your provider relations consultant.

INTEGRATED CASE MANAGEMENT

SERVICES AND PROCESS

Under the umbrella of integrated case management, Blue Cross VT combines services typically administered separately: maternity wellness, chronic and rare condition management, coordination and continuity of care, and complex case management, including support for those with mental health and substance use disorder (MHSUD) conditions. Our case managers serve members at all ages and stages—from pregnancy and newborn arrival through end of life. Our intent is to complement and enhance provider capacity to address the full range of factors that may impact a member's (or caregiver's) ability to effectively follow a provider's treatment plan, and to help providers align treatment plans with member benefits/member ability to cover the costs of care.

Our focus is on delivering member-centered care that prioritizes the person's preferences, needs, and values. Blue Cross VT case managers are licensed clinical professionals who are expected to build relationships with members through their initial cross-disciplinary assessment, and work with members to achieve their goals and overcome barriers to health improvement in multiple domains – medical, behavioral, social, and health system. For those with high health complexity, we place particular emphasis on understanding the interaction between physical and mental health conditions and the role of social and health system factors that affect the person's ability to manage their conditions and be well.

Care plans typically address access to medical and MHSUD evidence-based care; coordination across specialties and health-related systems; personal, social (family), and financial upheaval; and difficulties in communication among providers.

While there is some variation by service and case complexity, our process includes the following elements, modeled directly after the Case Management Society of America's (CMSA) Standards of Practice for Case Management:

- Identification
- Outreach and Screening
- Assessment
- Care plan development
- Care delivery, documentation, and evaluation
- Care graduation and case closure

In addition to working with their case manager by phone, members in case management have the option to download an application to their mobile phone or a tablet to take a more proactive approach in caring for their health. The app has a secure text function to allow members to communicate asynchronously with their case manager—when it is best for them. The app also includes content and tools for general

wellness, maternal wellness, and transitions of care (30-days post inpatient stays for medical, surgical, and mental health care).

For rare conditions, Blue Cross VT partners with Accordant® to provide specialty nurse case management for specific rare conditions. The Accordant clinical team evaluates and coordinates treatment progress, working closely with providers and our integrated health team as needed to make sure members receive the most appropriate care for them based on their health status, context, and goals. Accordant has NCQA accreditation and their services are nationally recognized.

ELIGIBILITY

All Blue Cross VT/TVHP members are eligible for case management support. For condition-specific programs, the only criteria are that the member's benefit plan with us is active, and that the member has the condition. Depending on the member's health complexity and needs, we may direct them to other programs and services that are best suited to their situation and goals. We look forward to partnering with providers and their team, members and their families, and other practitioners in the community to provide high quality, cost-effective care for your patients.

MAKING A REFERRAL

We encourage providers to refer Blue Cross VT/TVHP members directly into our integrated case management team by calling us toll free at (800) 922-8778, option 3, Monday through Friday from 8 a.m. to 4:30 p.m., or by sending a secure email to IHMTriage@bcbsvt.com. Our health support specialists will record the information and complete outreach to the member for enrollment. The team may also reach out to the referring provider's office to better support the member's treatment plan and facilitate care coordination.

In addition to provider referrals, we accept referrals directly from members and their families, other health and social service providers, schools, and community organizations. We would be happy to work with you and your partners to raise awareness of our services, provide information about case management to your patients, and facilitate ease of referral and access.

Utilization Reviews

WE BASE DECISIONS ON CLINICAL REVIEW CRITERIA

We use nationally recognized MCG care guidelines, Blue Cross Blue Shield Association medical policies, and the locally approved health care guidelines, developed internally, to reflect national and local standards of care. Our Utilization Management department shares the appropriate MCG Optimal Recovery Guidelines with the utilization reviewers from participating facilities and attending providers when questions arise about clinical rationale and application of criteria. Upon request, we make the applicable MCG and internal Blue Cross VT medical policies available to members and providers. Each of the participating hospitals has a copy of the MCG Inpatient Health Care Guidelines. We review these guidelines on an annual basis to assure relevance to current practices.

Providers and members may request a copy of the applicable criteria from the Utilization Management department by:

- Phone: (800) 922-8778, Option 1
- Email: UtilizationManagement@bcbsvt.com
- Fax: (866) 387-7914

- Mail: Blue Cross VT/TVHP, P.O. Box 186, Montpelier, VT, 05601-0186

YOU MAY SPEAK WITH A REVIEWER ABOUT YOUR DENIAL

Blue Cross VT and TVHP provide practitioners with the opportunity to discuss utilization review denial decisions based on medical necessity with a Plan physician or pharmacist reviewer. If a provider wants to discuss a medical necessity UM denial with a Plan physician or pharmacist, they can call us toll free at (800) 922-8778, Monday through Friday from 8 a.m. to 4:30 p.m. An administrative coordinator or member of the clinical support staff will schedule a time for the requesting provider to speak with the appropriate reviewer.

INDEPENDENT, EXTERNAL REVIEW AVAILABLE FOR MEMBERS

Members may request an external review of the decision by an independent review organization with the State of Vermont by calling (800) 964-1784, or by writing to 89 Main Street, Montpelier, VT 05602-3101. The state will determine if the case is appropriate for review.

Efforts to Ensure Access to Care and Fight Rising Healthcare Costs

PRACTITIONER AVAILABILITY AND ACCESSIBILITY OF SERVICES

Blue Cross VT reviews practitioner availability and access annually, focusing on primary care, OB/GYN, oncology, and mental health/substance use services. We assess performance against standards using member surveys, after-hours audits, complaint data, and provider surveys.

The standards are outlined in our Availability of Network Practitioners Analysis Policy and Accessibility of Service and Provider Administrative Standards. Given today's healthcare challenges, we've taken extra time to update our Accessibility of Services and Provider Administrative Standards. The revised version will be shared in our September 2025 Provider Newsletter and take effect in November 2025.

We know staffing shortages and system pressures are real. The access standards reflect what's ideal in a fully supported environment—but we also know that isn't always today's reality. That's why we're expanding our annual review to include provider insight and collaboration.

Here's how you can help:

- **Watch for email surveys from Blue Cross VT**. Your response matters and helps shape our efforts.
- **Ensure we have your best contact information** to avoid repeated outreach. Should we be emailing the provider, office manager, director, or another team member? Let us know!
- **Want to be part of the conversation?** We're looking for provider voices to support this year's annual review. If you're interested, want to update your contact information, or have feedback on the policy updates, please reach out to:
    - Christina Filipowich, RN, Clinical Quality Consultant
    - Email: Filipowichc@bcbsvt.com

Your perspective is critical. Let's work together to make access better for our members—and easier for you.

FRAUD, WASTE, AND ABUSE

Studies have determined that healthcare fraud is the single largest contributor to the increase in healthcare costs. It's a serious crime and accounts for an estimated 3-10% of all healthcare spending. We take it very seriously and are committed to fight against it.

COMMON EXAMPLES OF FRAUD, WASTE, AND ABUSE

Fraud, waste and abuse (FWA) occurs in a variety of ways. The most common include:

- Provider Actions
  - Billing for services or supplies not provided or needed
  - Filing a claim for a more expensive procedure than was actually performed
  - Billing for a covered service when the true service was non-covered
  - Omitting or misrepresenting information about a condition, symptom or service performed
- Member Actions
  - Using an insurance ID card that belongs to someone else
  - Adding someone to a policy who is not eligible for coverage
  - Receiving narcotic prescriptions from several physicians, through deceit
  - Forging or altering bills or receipts

HOW WE FIGHT AGAINST FRAUD, WASTE, AND ABUSE

At Blue Cross VT, we take a proactive approach to detecting and investigating potential fraud, waste, and abuse.

- We have a special investigative unit dedicated to preventing, detecting and investigating fraud, waste, and abuse, staffed with trained professionals who have many years of health care and health insurance experience.
- We use sophisticated software to continually analyze our healthcare claim patterns and investigate red-flag situations where provider billing exceeds normal ranges.
- We partner with industry-leading firms who specialize in identifying “outlier” claims and auditing provider’s records to ensure billings are correct.
- We maintain an active fraud hotline where our members and providers may report suspected fraud.
- We recover millions of dollars in erroneous and unsupported claims every year.

WHAT YOU CAN DO

Help us control rising healthcare costs. If you suspect fraud, waste, or abuse in the healthcare system, you should report it to Blue Cross VT, and we will investigate. Your actions may help to improve the healthcare system and reduce costs for our members, customers and business partners.

You may remain anonymous if you prefer. The Blue Cross VT FWA Special Investigations Unit (SIU) will treat all information received or discovered as confidential, and we will only discuss the results of investigations with persons having a legitimate reason to receive the information.

- Call our Fraud Hotline at (833) 225-3810
- Email Fraud_Issues@bcbsvt.com
- Write to us at Blue Cross VT, PO Box 186, Montpelier, VT 05601-0186, Attn: Payment Integrity Department