WELCOME TO BLUE CROSS BLUE SHIELD OF VERMONT

We are excited to have you join our network and feel fortunate to have you as a partner in our member’s care.

Visit our provider website at bcbsvt.com/our-story/our-mission to learn more about:

• Our Vision
• Our Mission Statement
• Who We Are
COMMITMENT TO PROVIDING QUALITY CARE

BCBSVT network providers share a commitment to improve our members’ lives by rendering quality care.

Our network providers demonstrate this commitment by:

- Complying with enrollment & credentialing requirements in a timely manner.
- Obtaining prior approval for care as required by the member’s benefit plan.
- Rendering care in accordance with BCSVT’s clinical practice guidelines when appropriate.
- Participating in treatment records reviews when requested.
- Informing members of their rights and responsibilities and the importance of collaborating with their primary care provider and others involved in their health care.
- Initiating and maintaining ongoing communication with the primary care provider when authorized by the member.
  - If a member declines to give authorization to communicate with the PCP, please document the refusal in the member’s record.
- Helping to recognize fraud, waste and abuse.
- Complying with all policies and procedures contained in the BCBSVT Provider Manual and Provider Handbook (available at bcbsvt.com/provider).
BCBSVT PROVIDER RESOURCE CENTER

The Provider Resource Center is our secure website for providers. Sign up today for access to:

• Eligibility and Benefit Search
• Claim Status Inquiry
• Prior Approval Requests via Acuity Connect
• Provider Payment Vouchers

To register, go to: https://www.bcbsvt.com/prc

(Click on “Register Now” at the bottom of the page.)
BCBSVT PROVIDER WEBSITE

Visit www.bcbsvt.com/provider for helpful information and tools. No registration required.

• Communications (important updates that may impact your practice)
• Electronic Payment/EFT Information (www.bcbsvt.com/provider/electronic-payment-eft). Benefits include:
  o Reduced administrative costs
  o Improved cash flow – funds are available to you sooner
  o More secure transactions (compared to paper checks)
• Provider Handbook and Reference Guides
• Medical Policies
• Provider Demographic and Enrollment Changes
• Contact Us (list of telephone numbers for interacting with BCBSVT)
VERMONT BLUE ADVANTAGE PROVIDER PORTAL

Are you a provider in our Vermont Blue Advantage (VBA) network? Please register separately at the link below for access to the VBA portal and these services:

• Check member eligibility and benefits
• Review claims status
• Find forms and other resources
• Search the provider and facility directory
• Access guidelines and other materials

https://www.vermontblueadvantage.com/pages/providers
CLAIM SUBMISSION GUIDELINES

Claim Submission Instructions
Go to www.bcbsvt.com/provider/provider-handbook-and-reference-guides and click on the appropriate link:
• Professional Billing – see CMS 1500 Paper Claim Billing Instructions
• Facility Billing – see UB-04 Billing Instructions
• Corrected Claim Submission

Electronic Claim Submission Guidelines
• www.bcbsvt.com/provider/electronic-data-interchange

Paper Claims – use one of the options below:
• Fax* to “Attention Claims Department” at (866) 334-4232
• Email (must be sent through a secure [encrypted] method) to claims@bcbsvt.com

*If you have an older fax machine and your fax fails, please resend the entire fax from the beginning. Older fax machines tend to resend from the page where the fax started to fail, resulting in an incomplete file being sent.
PAYMENT OPTIONS

Electronic Funds Transfer

• For timely payment, we strongly advise you to sign up for electronic funds transfer through CAQH/Enrollhub at solutions.caqh.org/bpas.
• Electronic deposits are made every Friday, regardless of holidays.

Paper Checks

• Paper checks are issued every Friday, regardless of holidays, and mailed from a facility in the Midwest.
• Paper checks may be subject to U.S. Postal Service delays.
PRIOR APPROVAL REQUIREMENTS

Information on services requiring prior approval is located on our provider website at www.bcbsvt.com/provider/prior-approval-authorization.

- Requirements and Forms (includes the list of services, drugs and supplies that require approval prior to administration)
- Inpatient Pre-Notification
- Online Request Management (includes information on services/procedures and medical equipment/supplies, pharmacy, and radiology services)
UPDATING YOUR PRACTICE INFORMATION

You can update your practice information online: www.bcbsvt.com/provider/contracting-enrollment-credentialing-and-demographic-changes

Use the **Group Enrollment/Change Form (GECF)** to notify us of:

- Address change
- New NPI
- New Tax ID
- New Group Name
- Provider Name Change

Use the **Provider Enrollment/Change Form (PECF)** to notify us of:

- New providers being added to your group practice
- Termination of your contract/participation with BCBSVT
- Enrollment of Locum Tenens

*Before submitting these forms, please note any additional requirements for that are listed on this web page (e.g., submission of W-9, copy of license, etc.).*
QUESTIONS?

Our Provider Relations Department is here to help! For assistance with contractual or educational issues, contact us:

Email: ProviderRelations@BCBSVT.com

Phone: (888) 449-0443, option 1
THANK YOU!

Thank you for the services you provide to Blue Cross Blue Shield of Vermont members.

We’re pleased to have you in our network of providers!