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

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March 17, 2026

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
  - Reporting suspected fraud, waste, and abuse to our Special Investigations Unit

Action Required: Quarterly Directory Verification

To ensure members can find you and avoid payment disruptions, you must verify your directory information every 90 days per the Consolidated Appropriations Act (CAA).

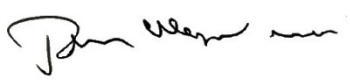
- **Risks:** Beginning Q2 2026, failure to verify will result in denial of all claims associated with the non-confirmed NPI. Non-compliance results in removal from directories; consequently, out-of-state plans may deny prior authorizations or redirect referrals if they cannot verify your in-network status.
- **Benefits:** Verification secures your revenue by ensuring uninterrupted claims and "In-Network" visibility for referrals.
- **How to Comply:** Search your inbox for **noreply@onbaseonline.com** and follow the link to validate your data. Ensure that all contact information and practice locations are current.
- **Resources:** Visit our CAA Education Page for a step-by-step guide on the validation process at **www.bluecrossvt.org/documents/blue-cross-vt-directory-validation-process** or contact **CAA@bcbsvt.com** to request a training session.

Reminders and Important Links

- **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.

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 for 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 clinicians who also have professional case management certification (CCM) or are working toward certification. They build relationships with members through our 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

We consistently meet or exceed NCQA's health plan accreditation standards for complex case management.

Our case managers connect with all members by phone, and members may choose to download a HIPAA-compliant mobile application to a smart phone or tablet to communicate with their case manager via secure text messaging. Members who use the mobile application also have access to programs specific to their health conditions and goals, and an on-demand library of educational content.

ELIGIBILITY

All active Blue Cross VT/TVHP members are eligible for our case management support. Depending on their health complexity and needs, we may connect members to other programs and services that are best suited to their situation and goals. We look forward to partnering with you and your team 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 to 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 **healthsupport@bcbsvt.com**. Our health support specialists will record the information, outreach to the member to introduce our services and learn more about the member's needs, and facilitate the connection to one of our clinical case managers. At any point in the process, our team may reach out to the referring provider's office, and providers can contact us 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 also receive notification when our members discharge from emergency departments and hospital stays, and proactively outreach based on analyses of claims data. 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, facilitate ease of referral and access, and collaborate to support your team in managing your patients.

Utilization Reviews

WE BASE DECISIONS ON CLINICAL REVIEW CRITERIA

We use nationally recognized MCG care guidelines, Blue Cross Blue Shield Association medical policies, Blue Cross and Blue Shield of Vermont 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

ACCESSIBILITY OF SERVICES

Blue Cross VT conducts annual reviews using member feedback, audits, and appointment data to assess performance against our **Accessibility of Services and Provider Administrative Service Standards**. We recognize that the national provider shortage impacts access to Vermont's healthcare system; therefore, this policy outlines guidelines to ensure timely care while aligning our evaluations with current workforce realities.

Practitioners and facilities should review the **full policy** annually under Quality Improvement Polices at **bluecrossvt.org/providers/provider-policies** or see policy linked above. Key standards are included below.

Waiting Times Standards

Blue Cross VT requires network practitioners providing **MEDICAL SERVICES** to adhere to the following standards for Blue Cross VT members:

- Immediate access to emergency care for conditions that meet the definition of "emergency medical condition"
- 24 hours, or a time frame consistent with the medical urgency of the case, for urgent care
- 14 days for non-emergency, non-urgent care (routine care)
- 90 days for preventive care (including physical examinations)
- 30 days for routine laboratory, imaging, general optometry, and all other routine services

Blue Cross VT requires network practitioners providing **MENTAL HEALTH SERVICES** to adhere to the following access standards for Blue Cross VT members:

- Care for a non-life-threatening emergency within six hours
- Urgent care within 48 hours
- Initial visit for routine care within 10 business days
- Routine or follow-up visit within 30 business days for prescribers and 20 business days for non-prescribers

After-Hours Care Standards for PCP and Specialty Offices
Blue Cross VT requires PCPs and specialists to provide 24-hour, seven-day-a-week access to members by means of an on-call or referral system. Practitioners should return any after-hours telephone calls from members regarding urgent problems in a reasonable time, not to exceed two hours of receipt.

After-Hours Care Standards for MHSUD Provider Offices
Blue Cross VT expects all Mental Health and Substance Use Disorder (MHSUD) practitioners to work with patients to develop an individualized crisis plan to outline options for crisis care during and after typical office hours. Blue Cross VT encourages these crisis plans to identify opportunities for members to access care from the MHSUD practitioner as a first course of action in the event of a non-life threatening emergency; Blue Cross VT also advises all MHSUD practitioners to direct members with a non-life-threatening emergency to go directly to their local emergency room or to the appropriate emergency services available if the MHSUD practitioner is not available to provide care.

We recognize that staffing shortages and system pressures are significant. While our standards reflect ideal access in a fully supported environment, we understand this does not always match today's reality. To address this, we are expanding our annual review to include direct provider insight and collaboration.

How you can help:

- **Participate in surveys:** Watch for email surveys from Blue Cross VT. Your feedback directly shapes our efforts.
- **Update contact info:** Ensure we can reach you by completing your quarterly directory verification.
- **Join the conversation:** We are looking for providers to **participate in our annual analyses**. If you are interested or have feedback on policy updates, please contact:
  - Christina Filipowich, RN, Clinical Quality Consultant
  - Email: **Filipowichc@bcbsvt.com**

Your perspective is critical. Let's work together to improve access for members and streamline the process 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