

June 2026

## CMO Corner: 2026 Appointment Access Survey

Dear Colleagues,

Each year, we conduct reviews of our [Accessibility of Services and Provider Administrative Service Standards](#) using member feedback, audits, and appointment access data. To support this process, we ask that you **complete our brief, 2-minute provider survey that you'll receive via email in early June**. If you are not the appropriate contact, please forward the survey to the individual within your organization who manages appointment access information.

**Why is this survey important?** The survey results help us assess the availability for urgent and routine appointments across our network and provide valuable insight into current access challenges and operational realities. We recognize that many of you are facing significant staffing shortages and system pressures continue. While our standards reflect the level of access we aim to achieve, we understand they may not always align with current conditions. To ensure a more informed and collaborative review process, this year's evaluation will place greater emphasis on direct provider feedback and perspective.

If you have any additional feedback to share or would like to join our annual analyses, please contact: [Christina Filipowich](#), RN, Clinical Quality Consultant. Thank you in advance for your participation in the survey.

Regards,  
Dr. Tom Weigel, Chief Medical Officer  
Blue Cross VT

---

## Community Letter from Our CEO

On May 21, our President and CEO Beth Roberts sent a letter to our colleagues, community leaders, and members, reflecting on her first six months. In it, she discussed our premium rates and what we're doing to address healthcare affordability.

[Read the full letter](#)

---

## Important Updates to Policies and Handbook

Updates to our medical and payment policies and provider handbook go into effect August 1, 2026. We've also made routine coding updates that have added services to our prior approval list. Please take a moment to review these updates, as they may impact your practice and patients.

[Routine Coding Updates](#)

[Provider Handbook Updates](#)

Medical Policy Changes

Payment Policy Changes

---

## Sign Up for Electronic Payments

As of October 1, 2026, we will no longer issue paper checks and will be transitioning to Electronic Fund Transfer (EFT), which is safe and free of charge. [Sign up to receive EFT before October 1, 2026](#), to ensure you receive timely payments. Here's information on [how to enroll](#).

If you need help, please call the PayeeHub Customer Care team at (877) 882-0384, Monday through Friday, 9 a.m. to 8 p.m. EST.

If you use vouchers (ERA/835), make sure you're also signed up for our [Provider Resource Center \(PRC\)](#), where you can obtain vouchers going forward.

If you have questions, please contact our Provider Relations team at [providerrelations@bcbsvt.com](mailto:providerrelations@bcbsvt.com) or call (888) 449-0443, option 1.

---

## Holiday Electronic Fund Transfer (EFT) Payment Schedule

EFT payments are typically made on Fridays for provider voucher(s) submitted on Wednesdays, except for Friday holidays. Below is the holiday EFT payment schedule for the remainder of the year:

- **Friday, June 19** (Juneteenth) will occur on Monday, June 22, 2026
- **Friday, July 3** (Independence Day) will occur on Monday, July 6, 2026
- **Friday, December 25** (Christmas Day) will occur on Monday, December 28, 2026
- **Friday, January 1** (New Year's Day) will occur on Monday, January 4, 2027

---

## Changes to Carelon Clinical Practice Guidelines for Radiology Services

For radiology services provided on or after September 19, 2026, Carelon Medical Benefits Management, Inc. has updated its clinical appropriateness guidelines to promote clinically appropriate, safe, and affordable healthcare.

[View all changes](#)

---

## BlueCard Claim Resubmissions

For an efficient BlueCard claim process, pended claims need to finish processing before submitting any corrections or adjustments.

- If we receive an updated claim to replace one that has not yet been fully processed, it will be immediately returned to the submitter through the U.S. Postal Service.
- If corrections are needed after the existing claim is processed through a provider voucher, it can then be resubmitted.

---

## CAA Provider Directory Validation

CAA Provider Directory Validations are sent quarterly in **January, April, July, and October, and they must be completed within 30 days of the notification.**

- **Starting September 1, 2026, providers or practices who did not validate their July 1, 2026, CAA Provider Directory Validation** within the specified timeframe (as defined in the CAA Provider Directory Validation email) **will have their claims under the non-confirmed NPI number denied**, until the provider or practice goes through the process to complete the validation.
- Claims denied during the non-compliant period will have to be resubmitted by the provider or practice.

The best way to avoid claim denials and removal from our online provider directory is to complete the CAA Provider Directory Validation on time.

**The Third Quarter CAA Provider Directory Validation will be released on or around July 4, 2026.**

### Information on CAA Provider Directory Validation:

This process, and your participation, is mandated by federal law. CAA Provider Directory Validation and instructions to complete the process are located on the [Enrollment and Credentialing area](#) of our website. If you have questions, please call (888) 449-0443 option 2 or email [CAA@bcbsvt.com](mailto:CAA@bcbsvt.com).

---

## Changes Coming in January to Global Maternity Care and Delivery Coding

Maternity care coding is currently reported under one global code, representing nine months of care as a single bundled service. Effective January 1, 2027, the AMA has mandated coding changes for maternity care. The global maternity code will be removed and replaced with new CPT codes. **If you bill the global code on or after January 1, the claim will deny.**

[View all changes](#)

---

## National Drug Code (NDC) Notice

Claims for certain services with a processing date on or after July 3, 2026 must contain an NDC, Unit of Measure (UoM) and Quantity, in addition to the applicable HCPCS code and unit amount. [See the full list of impacted services.](#)

**Services lines that require an NDC, UoM, and Quantity but do not report them will be denied.** Members cannot be held liable (even with a signed waiver), but a corrected claim can be submitted for consideration. We encourage you to review your claim submissions for these services to avoid any denials.

You can learn more about NDC [on our website](#), where you can also find an [FAQ](#) to help answer any of your questions during this process.

---

## Monthly Coding Tip: Major Depressive Disorder (MDD)

Since May is Mental Health Awareness Month, we're sharing a reminder for best practice documentation and coding guidelines for Major Depressive Disorder (MDD). When MDD is added to a claim, be sure it is supported in the medical record with descriptions that accurately reflect the patient's health; consider the severity

(mild, moderate, or severe), whether psychotic features are present, and remission status.

---

## Change in Approach to Payment Policy Design and Content

Starting in August, our payment policies will have a new look that includes a comprehensive policy statement, related policies, policy implementation details, and reference to our new [Payment Policy Guideline Document](#).

Please note that while we generally follow the Centers for Medicare and Medicaid Services (CMS) guidelines and industry standards, our new payment policies are designed to specify where we differ in billing or coding requirements and/or our reimbursement methodology.

Existing payment policies will be reviewed and updated to match the new format.

---

## Pharmacy Update: Infusion Therapy Options

There are several infusion therapy options for our members who receive infusion medications, such as independent clinics, hospital and office-based outpatient clinics, and home infusion companies. Our team is here to answer any questions about coverage and help members find in-network infusion providers.

[View the flyer](#)

---

## Adaptive Maintenance for July 1, 2026

In a few weeks, we will be sending you a newsletter dedicated to the details surrounding the implementation of the new and revised codes for July 1, 2026.

Blue Cross and Blue Shield of Vermont, 445 Industrial Lane, Berlin, Vermont 05602, USA

[Unsubscribe](#) [Manage preferences](#)

---

Your privacy is important to us. For more information, please see our [privacy policy](#).

Blue Cross and Blue Shield of Vermont is an independent licensee of Blue Cross and Blue Shield Association.

