

May 2026

CMO Corner: Supporting Mental Health in Vermont

Dear Colleagues,

May is Mental Health Awareness Month—a time to recognize the importance of timely, compassionate care, and the role we all play in supporting patients across Vermont.

I'd like to take a moment to highlight the new [Mental Health Urgent Care](#) in Burlington, which offers an alternative to the emergency department for individuals experiencing distress. Developed through a collaboration between UVM Medical Center, Howard Center, Pathways Vermont, Community Health Centers, and the Vermont Department of Mental Health, this setting is designed to be calm and welcoming, with same-day access to counseling, peer support, and connections to follow-up care—no referral, appointment, or payment required. The goal is simple but critical: help people earlier, before distress escalates into crisis.

At Blue Cross and Blue Shield of Vermont (Blue Cross VT), we continue to strengthen how we support members navigating mental health needs and expand access to in-network care by:

- Certifying our clinical case managers in Mental Health First Aid, equipping them to recognize early signs of distress, engage with empathy, and connect members to appropriate resources quickly.
- Connecting members with general and specialty providers, such as virtual options including Amwell, Valera Health, and NOCD for OCD-specific care. For patients seeking support, [we offer a simple guide to getting started](#).

As providers, your role remains central. Together, with expanded community resources and coordinated plan support, we can help patients access the right care at the right time, in the right setting.

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

Important Policy, Preventive Grid, and Handbook Updates

Updates to our medical policy and preventive care grid go into effect July 1, 2026. Our provider handbook has been updated to reflect changes to claim guidelines, reimbursement, integrated health functions, and more. Please take a moment to review these updates, as they may impact your practice and patients.

Preventive Grid Updates

Provider Handbook Updates

Medical Policy Changes

Helpful Tips for Working with Us

Here are some helpful tips for how to work with our teams on claim submissions, appeals, and more.

Get the Tips

Vermont Blue Advantage (VBA) Claims Reminder

As a reminder, VBA is not selling products in 2026. Any claims for services rendered to VBA members in 2025 needing reconciliation can be done through one of the following: Claims, including corrected claims, and medical records can be faxed to (800) 479-8973. Claim denial appeals can be faxed to (800) 479-8938. Please see the [contact us page](#) for mailing address and other non-medical claim submission contacts, and contact VBA Provider Services at (844) 839-5122 with any questions.

Sign Up for Electronic Payment

We're discontinuing paper checks and 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 or call (888) 449-0443, option 1.

Pharmacy Updates

Updates to the formulary or pharmacy policies may influence prescribing decisions. Stay informed to support timely, appropriate therapy.

Update: Generic for Revlimid, lenalidomide, is currently on formulary. Generic supply restraints are resolving, and supply is expected to significantly increase over the next six months.

On 7/1/2026, formulary changes will occur such as exclusions, quantity limits, step therapy, and prior authorization additions. *Member ID cards will note if a member has either the NPF or BCBSVT formulary. Most members use the NPF formulary. Changes with the most member impact are listed below.*

Moving to Excluded - Generic formulation available on formulary

- Motegrity (prucalopride) tablet
- Nuvaring (etonogestrel-ethinyl estradiol) vaginal ring (Excluded on NPF formulary; will remain Nonpreferred Brand on BCBSVT formulary with ST)
- Premarin (conjugated estrogens) tablet
- Rytary (carbidopa/levodopa ER) tablet
- Spiriva (tiotropium) Handihaler inhalation capsules
- Thalitone (chlorthalidone) tablet

Moving to Excluded - Consider alternative product

- Sertraline capsules (150mg; 200mg) – Alternative: Sertraline tablets
- Sulfacetamide sodium with Sulfur Cleanser – Alternative: a covered, preferred acne product
- Triamterine capsule - Alternative: amiloride tablet, eplerenone tablet, spironolactone tablet
- Zegalogue (dasiglucagon) auto-injector – Alternative: Baqsimi or Fesnius Kabi manufacturer of Glucagon Emergency Kit

Biosimilar Changes – Excluded and biosimilar product available

- Basaglar - Alternative: Lantus or insulin glargine-ygfn
- Prolia – Alternative: Stoboclo (Pharmacy benefit change only)
- Rezvoglar - Alternative: Lantus or insulin glargine-ygfn

Add Quantity Limit

- Albendazole tablets
- Emverm (mebendazole) tablets
- Ivermectin tablets
- Sodium hyaluronate products (e.g. Euflexxa, Gelsyn-3)
- Xdemvy (lotilaner) solution

Add Step Therapy

- Zoryve (roflumilast) Foam

[View the Full List](#)

Questions? Reach out to our Clinical Pharmacist, Amy Stoll, PharmD at stolla@bcbsvt.com or (802) 371-3657 to discuss drug coverage or clinical questions.

[Current Drug Policies](#)

[Medication Coverage](#)

Chart Retrieval Reminder

We understand that chart retrieval requests – particularly those tied to government-mandated projects with tight timelines – can place added stress on your practice. We appreciate your continued collaboration and ask that you submit records **only for the dates during which the member was enrolled with us**, as providing records outside of that coverage period may constitute a Health Insurance Portability and Accountability Act (HIPAA) violation.

Verisys for Re-credentialing

Verisys, a national credentials verification organization, is responsible for primary source verification for our credentialing and re-credentialing process. They may reach out to you if additional actions are required to complete your primary source verification. Please respond to them immediately to avoid interruption to your network status.

To ensure your Council for Affordable Quality Healthcare (CAQH) information is current and attested, you can set up, view, and update your CAQH ProView™ account at proview.caqh.org. Please review and verify:

- All information is current and that current copies of malpractice insurance, current licensure, DEA, etc. are successfully uploaded.
- Your provider status is Re-Attestation.
- Blue Cross and Blue Shield of Vermont is authorized to receive your provider data from CAQH.

If you are unable to access CAQH or have questions regarding the primary source verification process, contact Verisys Customer Service at (855) 743-6161, Monday-Friday from 8 a.m. to 8 p.m. ET. If you are a first-time user, you can find an online demonstration of the application process at proview.caqh.org.

NDC Notice

Since November 1, 2025, we have been providing information related to the enforcement of the billing requirements for National Drug Codes (NDC).

The next enforcement will be claims with a process date of **July 3, 2026**.

[Read More](#)

What to Do with Requests for Medical Notes

Have you received a request for medical records from Blue Cross VT? If so, please make sure to follow the instructions in the letter and include a copy of it with the submission of the applicable medical records.

Did you know? The medical request letter contains a bar code that assists us in routing the medical records to the appropriate department. Medical records returned without the letter create a delay in processing, as the information must be manually reviewed to determine where it needs to go.

Reminder: Please do not proactively send medical records with a claim unless requested to do so. Unsolicited claim attachments can cause payment delays.

Section 6.3 of our [Provider Handbook](#), under “Submitting Attachments with Claims,” provides details on which services require supporting documentation as well as how to submit.

Prefix Listing Update

The Prefix Listing can now be found in two different listings: Blue Cross VT and CBA Blue. They contain high-level information on benefits, eligibility, claims, and prior authorizations.

The listings can be found on our [Provider Forms and Resources page](#), under Claim Forms and Information.

EIN/TIN Changes

Do you have a new Employer Identification Number (EIN) or Tax Identification Number (TIN)? If so, you must do the following:

- Submit an updated W-9 along with a Group Enrollment Change Form or Solo/Independent Provider Enrollment Change Form
 - You will be contacted if a contract change is required
- [Enroll your new EIN/TIN for Electronic Fund Transfer](#)
 - Note: You will not be able to request an EFT update until 72 hours after your update is processed in our provider files. Once processed, you will be notified.

- Contact Provider Relations at providerrelations@bcbsvt.com or (888) 449-0443, option 1 to have your Provider Resource Center profile updated to include your updated EIN/TIN.
 - If you do not take this step, any claims information under your updated EIN/TIN will not be available to you.

Prior Approvals

Visit our [Prior Approval Authorization](#) page for details on:

- What Needs Prior Approval
- Primary Care Provider Prior Authorization Waivers
- Who Manages Prior Approvals and Pre-Notifications
- Prior Approval and Pre-Notification Submission Methods
- Retrospective Prior Approval
- Members of Another Blue Cross and Blue Shield Plan (BlueCard Members)

Reminder: **Approved prior approvals do not guarantee benefits or payment.** If you have an approved prior approval request, it means that the proposed service(s) to be rendered meets expected medical criteria and is eligible for consideration of benefits. Approved prior approval requests, upon receipt of the claim, are subject to provider contract terms, provider payment policies, coding rules, and member benefits. If you have any questions related to this, please contact your provider relations consultant.

Lab Draw Stations

Independent, in-network lab draw stations can be used if you do not have in-office lab draw services. Below is a list of lab locations designed for patient convenience, including options with extended hours and lower costs. Hospital lab draw stations are also in-network, but not listed.

- [Labcorp](#)
16 Degrandpre Way
Plattsburg, NY
(518) 510-3747
- [Labcorp](#)
164 High Street
Greenfield, MA
(413) 517-8055
- [Labcorp](#)
48 Sanderson Street
Greenfield, MA
(413) 517-8055

- [Labcorp](#)
368 Dorset Street
South Burlington, VT
(802) 532-5642
- [Quest Diagnostics](#)
1 Wall Street
Claremont, NH
(603) 558-7124
- [Quest Diagnostics](#)
11 Common Street
Rutland, VT
(802) 774-8341

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](#).

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