

NEW PRACTICE ORIENTATION

Provider Relations 4.10.26



An Independent Licensee of the Blue Cross and Blue Shield Association.

Welcome to Blue Cross and Blue Shield of Vermont (Blue Cross VT)

COMMITMENT TO PROVIDING QUALITY CARE

Our 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 our 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 Blue Cross VT *Provider Manual* and *Provider Handbook* (available at bcbsvt.com/provider).

ELECTRONIC FUND TRANSFER

Practices must sign up for Electronic Fund Transfer at a Tax Identification Number level

- Details and link to sign up are located here:
www.bluecrossvt.org/providers/provider-electronic-payment
- Practice not signing up for EFT will have their contract terminated.

CONSOLIDATED APPROPRIATIONS ACT (CAA) DIRECTORY VALIDATION

The Consolidated Appropriations Act (CAA) is a federal requirement that requires provider directory information to be verified **every 90 days**. Providers and insurers have roles in fulfilling this requirement to maintain an accurate directory.

If directory validation is not completed within the timeframe specified, providers are removed from the directory, have claims denied and face possible contract termination.

Full Details on how to complete CAA and an overview of CAA are located here: www.bluecrossvt.org/providers/enrollment-and-credentialing, scroll down to the link for CAA Directory Validation and Claims Processing.

PROVIDER RESOURCE CENTER

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

- Eligibility and Benefits
- Claim Status Inquiry
- Prior Approval Tool
- Provider Payment Vouchers (aka remittance advice, provides details on how a claim has processed)

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

(Click on “Register Now” at the bottom of the page.) The User's Guide is available in this area as well.

NOTE: If your practice does not use an 835 (HIPAA complaint electronic remit), you **MUST** sign up for the PRC to get your provider vouchers.

BLUE CROSS VT 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
 - Note – all Blue Cross VT contracted providers MUST sign up for EFT
- Medical, Quality and Payment Policies
- Provider Demographic and Enrollment Changes
- Prior Approval List and Information
- Provider Handbook and Reference Guides
- Contact Us (list of telephone numbers for interacting with us)

CLAIM SUBMISSIONS

Our on-line Provider Handbook www.bluecrossvt.org/documents/provider-handbook contains details on the following:

- Section 6.1
 - Claim processing timelines, timely filing, where to direct claims if you contract with more than one Blue Plan and adjusted/corrected claims
- Section 6.2 Electronic Claim Submissions
- Section 6.3 Paper Claim submission
- Section 6.7 Claim Specific Guidelines
 - Provides details on specific service and codes
- Sections 6.7A – 6.7F specific instruction for certain services and modifiers
- Section 7 BlueCard (member of another Blue Plan)
- Section 9 Federal Employee Program

PRIOR APPROVAL AUTHORIZATION

Visit the Prior Approval Authorization area of our provider website:
www.bluecrossvt.org/providers/prior-approval-authorization 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)

UPDATING YOUR PRACTICE INFORMATION

You can update your practice information online: www.bluecrossvt.org/providers/provider-forms-resources#body-section-9952

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