BlueCross BlueShield of Vermont

PROVIDER UPDATES

November 2026

CMO Corner: Introducing Chief Network Strategy Officer

Dear Colleagues,

I'm excited to share a brief introduction to Brennan Holmes, who recently joined Blue Cross and Blue Shield of Vermont (Blue Cross VT) as our Chief Network Strategy Officer.

Brennan comes to us from Beth Israel Lahey Health Performance Network, where he served as Executive Director of Payer Strategy and worked closely with our President & CEO, Beth Roberts. Having worked alongside him, Beth has seen firsthand his commitment to developing data-driven contracting strategies and collaborating with providers to make healthcare more affordable.

With two decades of healthcare leadership experience, Brennan will oversee contracting strategy, network management, provider relations, and risk adjustment. I know he especially looks forward to working with our provider community.

If you'd like to send Brennan a warm welcome to Vermont, you can reach out to him at holmesb@bcbsvt.com.

Regards,

Dr. Tom Weigel
Chief Medical Officer

October Community Letter

On October 6, our President & CEO, Beth Roberts, sent a letter to community members sharing how Blue Cross VT is investing in healthy communities and working to make healthcare more affordable

Read the full letter

Claims Tips and Tricks for All Providers

Do you know we have tips to help you manage your accounts receivable? This includes general claim submission, Medicare crossover claims, claims appeals, FEP claims, and more. Check them out!

Get the tips

Important Updates to Policies, Codes, Provider Handbook, and Preventive Guide

Starting January 1, 2027, updates to our policies, provider handbook, code processing, and preventive guide go into effect. Please take a moment to review these updates, as they may impact your practice and patients.

Medical Policy Changes

Payment Policy Changes

Code Processing Changes

Provider Handbook Updates

Preventive Guide Update: Prediabetes Intervention

Blue Cross VT has added ICD-10-CM code R73.03 (prediabetes) as an eligible diagnosis in conjunction with eligible intervention procedure codes to align with the United States Preventive Services Task Force's (USPSTF) recommendation to screen overweight or obese adults aged 35 to 70 for zero-cost share.

Please refer to the Preventive Guide for additional information. This change will be retroactive to August 1, 2026. You should see adjustments on your provider voucher in the next 30 days.

Maternity Care Payment Policy Update

The American Medical Association has adopted substantial changes that will replace the current global maternity care and delivery codes with new and revised CPT® codes.

Our updated maternity care payment policy will go into effect starting January 1, 2027.

View the Notification

Claims Editing Payment Policy Update

Our updated claims editing payment policy will go into effect starting January 1, 2027.

View the Notification

Recently, you may have seen our efforts to help Vermonters learn more about accessing affordable healthcare in Vermont. We want to hear your thoughts!

Take the 2-minute survey

Vermont Blue Advantage (VBA) Operations Ending

Claims for services that were rendered to VBA members in 2025 must be submitted to VBA *prior* to December 31, 2026. **No claims, claims adjustments, or appeals for VBA members will be accepted or processed after December 31, 2026.**

- Claims, including corrected claims, and medical records can be faxed to (800) 479-8973.
- Claim denial appeals can be faxed to (800) 479-8938.
- For mailing address and other non-medical claim submission information, please refer to the Contact Us page or contact VBA Provider Services at (844) 839-5122, Monday through Friday, 8 a.m. to 5 p.m., EST.. The VBA Provider Services line will be open through December 31, 2026.

The VBA provider portal will be accessible through January 31, 2027. Please download any Explanation of Payments (EOPs) or other materials you may want from the portal before that date.

Risk Coding Project: Outreach Starts Soon

Our partner, Reveleer, will begin outreach in November to retrieve 2026 medical records for claims identified in the Risk Coding Project. If they reach out to you, please be sure to respond promptly and follow the instructions they provide.
If you have any questions, please contact a member of the Risk Adjustment Department by email at RiskAdjustment@bcbsvt.com or phone at (802) 371-3540.

Pharmacy Updates

Stay informed to ensure your patients' prescriptions are appropriate and timely.

Pharmacy Benefit January 1, 2027 Changes

Formulary changes take effect each year on January 1 and July 1. Patients and providers received personalized letters in October outlining any changes. Updated formulary lookup tools and PDFs will also be available on our website beginning January 1, 2027.

- For most drugs where there is an available generic, the generic will be preferred, and the brand will be excluded. Examples include: Atrovent HFA, Farxiga, Januvia, Janumet, Lumigan, Motegrity, Revlimid, Saxenda, and Viibryd.

- Quantity Limits will be added for diabetic test strips: 100 strips per 30 days without insulin use; or 300 strips per 30 days with insulin use.
- New prior authorization and formulary override exception requests associated with these drugs must be submitted on or after January 1, 2027.

See the full list

Medical Drug Changes for January 1, 2027

Infliximab (Remicade) product changes:

- Avsola (Q5121) and Renflexis (Q5104) will remain preferred and will not require prior authorization.
- Avsola and Renflexis are biosimilars of infliximab (Remicade), so patients can switch to these if previously prescribed a different infliximab product.
- Inflectra (Q5103) will become nonpreferred and will require prior authorization starting 1/1/27. Blue Cross VT members taking Inflectra have received a letter notifying them of this change and guidance on next steps to ensure no gap in treatment.

Review Current Drug Policies and Medication Coverage

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.

Reminder: Recredentialing with Verisys

Verisys (a national credentials verification organization) is responsible for primary source verification of our credentialing and re-credentialing process. During this process, they may reach out to you for additional information. If so, please make sure you respond immediately. **Failure to do so will jeopardize your network status with us.**

To ensure your Council for Affordable Quality Healthcare (CAQH) information is current and attested to every quarter, you can review your CAQH ProView™ account at proview.caqh.org. This tool provides you with the ability to complete your application, control and update your data stored in the database, and make the data electronically available to participating insurance carriers.

Here are some things you will want to review in CAQH:

- Current copies of malpractice insurance, current licensure, DEA, etc., are successfully uploaded.
- Provider status is at Re-Attestation
- Blue Cross VT is authorized to receive your provider data from CAQH

Are you unable to access CAQH or have questions regarding the primary source verification process? Contact Verisys Customer Service at (855) 743-6161 Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

Note: The information above is informational – no action is required.

Rutland Regional Medical Center Employer Group Notice

Effective January 1, 2027, members with insurance coverage through the Rutland Regional Medical Center (RRMC) employer group will experience several benefit

changes.

- **Medical pharmacy** will be managed by Optum Rx. This includes drugs that are administered or supplied in an office, home or outpatient setting. RRMC employee's medical pharmacy will follow the Vermont Blue Rx Drugs Requiring Prior Authorization in the Medical Benefit approval list and prior approval is submitted to Optum Rx directly.
- **Retail pharmacy** will continue to be managed by Navitus. This includes any drugs picked up at a pharmacy.

RRMC members can be identified by a group number on their ID cards of 309025390 or 309029525.

Please note: These are benefit changes and may not always include details of changes to benefits. Always verify benefits prior to each visit by using the Provider Resource Center or calling the appropriate customer service team.

Enhanced Community Primary Care (ECPC) Reminder

Are you submitting CPT category II codes for Controlling Blood Pressure and Diabetes- Glycemic Status? If you are not yet submitting these on claims, we encourage you to do so now. Meeting the Metric Threshold for these two metrics will increase your overall per member per month payout.

ECPC Quality and Utilization Metric Table

Attention Dental Practices

The Federal Employee Program Maximum Allowable Charges (MAC) for 2027 and 2028 is now available. If you would like a copy, please contact provider relations at providerrelations@bcbsvt.com or (888) 449-0443 option1.

Federal Employee Program (FEP) 2027 Prior Authorizations

The full list of changes to FEP's prior authorization lists for 2027 have not been released. FEP has announced that beginning January 1, 2027, CT, MRI, and PET will require prior authorization for all FEP plans.

Next month, we will share additional updates regarding prior authorization for 2027.

Thanksgiving Holiday Observance

We will be closed on Thursday, November 26 and Friday, November 27, in observance of the Thanksgiving Holiday. We will reopen for normal business hours on Monday, November 30, 2026.

Review our 2027 Holiday Calendar