

NOTICE OF PROVIDER HANDBOOK CHANGES

Date: December 30, 2024

The Provider Handbook has been updated with the following:

Summary:	Section 6.1 “Audits, Overpayment and Outcomes-Based and Coding Programs” has been updated.
Explanation:	Claris Health will be doing pre-adjudication audits for all products, effective March 1, 2025. Updated language: We perform pre-adjudication audits. Audits are conducted on all inpatient institutional (acute care) claims with total billed charges of \$100,000.00 or more, excluding (1) inclusively priced (DRG and per diem), (2) Medicare Supplement, (3) Medigap and (4) traditional Medicaid claims. Blue Cross VT initiates the review and will request the itemized statement for the stay. Our audit partner, Claris Health, reviews the information and notifies the provider of findings, appeals, etc. We process the claim in accordance with the findings.
Effective Date:	March 1, 2025
Link to Policy/Manual:	www.bluecrossvt.org/documents/provider-handbook

Notice of Right to Object in Writing

In accordance with 18 V.S.A. § 9418c contracted providers have the right to object to new or modified policies and manuals.

Providers who object must do so within 60 days of the date the notice related to a policy or manual change. The rationale for the objection to the change must be in writing including related area(s) of the policy or manual and rationale or reasoning for the objection.

These objections are to be directed to Provider Contracting. This can be done by email at: providercontracting@bcbsvt.com or US Postal Service BCBSVT Attn: Provider Contracting, PO Box 186, Montpelier, VT 05601.

Within 5 business days of receipt, the sender will receive confirmation of receipt of the objection.