

CONTACT INFORMATION FOR PROVIDERS

DEPARTMENT or COMPANY	PHONE NUMBER	E-MAIL	FAX	CONTACT FOR ISSUES RELATED TO:
Appeal Submission (provider on behalf of a member) Please be advised, the fax/email is for appeals onlybenefits, claims and other questions will not be responded to.	N/A	appeals@bcbsvt.com	(866) 617-8969 Attn: Appeals	Providers have limited services they can appeal on behalf of a member. Details are in our online provider handbook.
Acuity Connect (web based prior approval) Acuity Connect is a portal designed to allow providers the ability to view and submit prior approval and prenotification requests electronically. The portal allows providers to see the status and documentation associated with the authorization submitted. Accessible by logging into the secure Provider Resource Center.	(888) 449-0443 Option 1	providerrelations@bcbsvt.com	(802) 371-3489	To learn about the tool or receive education, contact your provider relations consultant.
	(802) 371-3636	N/A	N/A	To set up access to Acuity Connect. You must have access to the Provider Resource Center before you can have access to Acuity Connect.
CAQH Provider Help Desk (credentialing or re-credentialing) Providers must complete/update and attest to the CAQH credentialing application for new credentialing or re-credentialing	(888) 599-1771	caqh.org CAQH website for Providers: https://proview.caqh.org/pr CAQH website for Practice Managers: https://proview.caqh.org/pm	N/A	Assistance with questions on website, or difficulties with completing/updated CAQH profile.
CBA Blue CBA Blue is a third-party administrator owned by BCBSVT. It operates independently of BCBSVT.	(888) 222-9206 Press 3 for Customer Service	service@cbabluevt.com	(802) 846-2755	Benefits/Eligibility Claim status/adjustment/denial A complete listing of CBA Blue
Payer ID 03036	Scivice			prefixes is available on our



www.dcdsvt.com				
				provider website at www.bcbsvt.com under the provider manual & reference guidelines link then general documents
Claim – Corrected Claim Submission Please be advised, if you are emailing, the content of the email is not retained or reviewed.	N/A	correctedclaims@bcbsvt.com	(802) 371-3365	Our preferred method of submission is through an 837 transaction, however, if you need to submit "paper" corrected claims you can either fax or email.
				Please review our online corrected claims submission guidelines before emailing or faxing.
Claim Submissions Please be advised, if you are emailing, the content of the email is not retained or reviewed, only the attachments are forwarded for processing.	N/A	claims@bcbsvt.com	(866) 334-4232	Our preferred method of submission is through an 837 transaction, however, if you need to submit "paper" claims you can either fax or email.
Customer/Provider Service BlueCard claim inquiries including New England Health Plan Excludes: Medicare Advantage Policies (see below)	(800) 395-3389	PREFERRED METHOD bluecard@bcbsvt.com to avoid delays email must include: member name, member ID (including prefix), date of birth and date of service.	(802) 225-7698	Benefits/Eligibility Claim status/adjustment/denial Check traces Coordination of benefits Prior Approval status Provider Voucher issues A complete listing of BCBSVT & NEHP prefixes is available at bcbsvt.com/provider under the provider manual & reference guidelines link then general documents.
 Medicare Advantage claim inquiries (if Vermont Blue Advantage, see Vermont Blue Advantage below) 	N/A	ONLY WAY TO INQUIRE MedicareAdvantage@bcbsvt.com to avoid delays, email must include: member name, member ID (including prefix), date of birth and date of service.	N/A	
BlueCard Eligibility/Benefits	(800) 676-2583	PREFERRED METHOD customerservice@bcbsvt.com to avoid delays, email must include:	(802) 225-7698	



		member name, member ID (including prefix, and date of birth.		
Federal Employee Program (alpha prefix R)	(800) 328-0365	fepcustomerservice@bcbsvt.com to avoid delays, email must include: member name, member ID, date of birth	(802) 225-7700	
BCBSVT products	(800) 924-3494	and if applicable, date of service. PREFERRED METHOD customerservice@bcbsvt.com to avoid delays, email must include: member name, member ID, date of birth, and if applicable, date of service.		
Electronic Payments: EnrollHub®:	(844) 815-9763	www.enrollhub.org	N/A	Please see bcbsvt.com/provider under the Electronic Payment link for information.
Enrollment Services (BCBSVT)	(888) 320-9798 option 1 then option 2 for small group	N/A	N/A	If you have BCBSVT coverage for your employees, they can assist with enrollment, termination or any other questions related to your group insurance coverage.
Fraud Hotline: BCBSVT Members Federal Employee Program Members	(833) 225-3810 (800) 337-8440	Fraud_issues@bcbsvt.com Note: it is Fraud_issues	N/A	To report suspected fraudulent activity. If calling, please make sure to use appropriate phone line.
Integrated Health (IH) (Formerly Medical Services)	(800) 922-8778	customerservice@bcbsvt.com	(866) 387-7914	Physician to Physician calls Prior Approval submission Pre-Notification/Pre-Admission



www.bcbsvt.com				
Pharmacy Benefit Managers Individuals Medical Part D coverage administered by BCBSVT via the New England Joint Enterprise product, Blue Medical Rx. CVS/Caremark is the pharmacy Benefit manager for Blue Medicare Rx members.	(888) 620-1746	Medicarecoveragedeterminations @caremark.com	(855) 633-7673	Blue Medicare Rx (Medicare Part D) coverage determinations/prior authorizations and appeals. CVS/Caremark is available 24/7.
Employer Group Wrap (EGWP)Plan CVS/Caremark contact information for specified large group retirees, such as the Vermont Education Health Initiative (VEHI) and the University of Vermont (UVM).	(855) 893-8538	http://groups.rxmedicareplans.co m/pdfs/CoverageDeterminationPh ysician.pdf	(855) 633-7673	
Optum Rx NOTE: Some employer groups select their own pharmacy benefit manager.	(877) 493-1947 general or (800) 313-7879 prior approval Peer to Peer Requests need to be made through the prior approval number (800) 313-7879		(844) 403-1029 to fax NEW prior approval requests ONLY	All pharmacy related questions/issues including prior approval submission and prior approval status
Provider Enrollment or Credentialing See also CAQH	(888) 449-0443 Option 2	providerfiles@bcbsvt.com	(802) 371-3489	New or existing provider/group questions or status on enrollment, credentialing or demographic changes.
Provider Re-Credentialing submission	(888) 449-0443 Option 2	providerfiles@bcbsvt.com	(866) 445-4125	This dedicated fax number is for re-credentialing information only



				and allows us to direct the information to the appropriate area for review without any delays.
Provider Resource Center – password reset The BCBSVT provider resource center (our secure website that provides details on members, claims and proprietary information) is hosted by Health Trio. They manage password resets.	(877) 814-9909	NA	N/A	Password reset.
Provider Relations	(888) 449-0443 Option 1	providerrelations@bcbsvt.com	(802) 371-3489	Contractual or educational issues.
Radiology AIM Specialty Health NOTES: • FEP (prefix R): Basic and Standard policies do not require prior approval. FEP Blue Focus requires prior approval. Prior approval is done by BCBSVT. New England Health Plan/Access Blue New England radiology prior approval is done by BCBSVT.	Provider Service: (800) 701-0080 option 1 PEER TO PEER: (800) 701-0080 press 1 then prompt 2 to speak to MD reviewer AIM Web Service Provider Assistance (800) 252-2121	www.aimspecialtyhealth.com	Not Available	Submission, status of prior approval for radiology services
Technical Help Desk Electronic Data Interchange - EDI ■ Website	(802) 371-3636 (800) 334-3441 option 1	N/A	N/A (802) 371-3659	Acuity Connect (online prior approval) set up. All website issues including password/username



Technical Support/EnrollmentReceiver ID for claims "BCBSVT" or "SB915"	(800) 334-3441 option 2	editechsupport@bcbsvt.com	(802) 225-7696	835/837 set up or information New clearinghouse information
Vermont Blue Advantage (VBA) VBA is our Medicare Advantage company	Provider Service: (844) 839-5122	N/A	N/A	Eligibility, benefits, claims, prior authorization questions.
For electronic claims, the Payer ID is BCBSVT or SB915 Mailing address for all correspondence and paper claims: VBA Provider Correspondence P O Box 260047 Plano, TX 75026	Prior Authorizations: (800) 787-4632	N/A	(866) 900-2491	Submission of prior authorizations
Vermont Health Connect	(855) 899-9600	N/A	N/A	Questions related to members with coverage through Vermont Health Connect that the BCBSVT Customer Service Team is not able to address.