



MEMBER CLAIMS PROCESSING UPDATE

We recently implemented an important technology upgrade that over time will be an improvement for everyone—members, clients and providers. During the transition, we made every effort to minimize the impact to our customers. However, a percentage of our claims did not process correctly.

While many people won't be affected, you may receive a Summary of Health Plan Payment (formerly an Explanation of Benefits) that shows adjustments to your claim.

Thank you for your patience while we navigate this transition. Our mission is to provide you with outstanding service and we acknowledge that this process may have caused delays and confusion.

- We are now paying claims at a more normal pace. As of **Monday, June 24 we have processed 98.4 percent of local claims** that have been submitted to us.
- **By June 30th, we expect to be processing our claims** in the manner in which you're more accustomed—with exceptional accuracy and timeliness.
- As we work through these fixes, we can ensure that no members will be financially disadvantaged due to our system upgrade.
- We take responsibility for any issues that resulted from this upgrade.
- We never intended to make our upgrade into your concern.
- We promise to own this disruption and fix it accordingly.
- We promise to mitigate and manage any new developments should they arise.
- Please rest assured that we are working hard to rectify this issue because we understand how important it is for you to be able to rely on your local health plan.

If you have any questions we encourage you to contact our customer service team at **(800) 247-2583**, Monday through Friday, 7:00 a.m. to 6:00 p.m. or by emailing us at customerservice@bcbsvt.com.



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