

BLUE CROSS VT CAA DIRECTORY VALIDATION

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Version 8

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WHY CAA DIRECTORY VALIDATION?

- Maintaining accurate provider information is critically important to ensuring our provider directories are up to date and our members can access care with ease.
- Other providers, including out of State providers use the directory to refer members for specialty care.
- The Consolidated Appropriations Act (CAA) mandates this verification process, and we also must perform this verification to maintain National Committee for Quality Assurance accreditation.

DETAILS ABOUT THE CAA DIRECTORY VALIDATION

- They are sent by email quarterly: January, April, July and October
- Address email is sent from: noreply@onbaseonline.com
- Subject Line: BlueCrossBlueShield of VT Directory Validation

Example:

From: noreply@onbaseonline.com <noreply@onbaseonline.com>
Sent: DATE
To: Email address provider has on file with Blue Cross VT
Subject: BlueCrossBlueShield of VT Directory Validation

Notes:

- Each billing NPI will receive a directory validation email
 - Directory validations are not sent to individual providers, unless they are solo/private practitioners
- If you have one billing NPI but have multiple specialty types, you may receive multiple directory validations. For example, if you are a medical practice but have mental health and substance use providers all under one billing NPI, you will receive two validations, one for the medical and one for the MHSUD.
- The directory validation is sent to the current email address on file identified as your enrollment and credentialing email contact

WHAT NEEDS TO BE DONE

Validation **must** occur within 30 days of receipt, the email you receive will provide the exact date

We have created “Four Easy Steps to CAA Directory Validation” that can be referenced for step by step instructions:

www.bluecrossvt.org/sites/default/files/2025-09/CAA%20Directory%20Validation%20Instructions%20-%20FINAL%20-%20Publication%2009.23.25.pdf

WHAT NEEDS TO BE DONE

- The email contains a link unique to a specific billing NPI number, you need to click on the link
 - Google Chrome works the best
 - This is not a mobile application please use a computer
- Each affiliated provider with the billing NPI will be listed. Review each affiliated provider and details and click the appropriate box(es) for changes. If no changes, make sure to click “No Changes”

If you need to make a change, please check off the appropriate box

☐ Provider Name* ☐ Practice Name* ☐ Provider Address* ☐ Provider Phone* ☐ Digital Contact* ☐ Accepting Patients* ☐ Hospital Affiliation* ☐ Taxonomy*
☐ Provider Specialty* ☐ Provider Terminated* ☐ All* ☒ No Changes*

- There will be one listing without a provider name, this is for your practice, you must validate those details as well

NOTE: Some changes will require additional documentation

WHAT NEEDS TO BE DONE CONT'D

- Lastly, you must check the box with the red asterisk and click the Save/Submit button:

By checking the box below, I certify that I am an authorized agent of the practice listed above and that the above information is complete and accurate, and I agree.

☐ *

Save/Submit

Reminders:

- Only providers marketed in the on-line provider directory will show on the report - <https://www.bluecrossvt.org/find-doctor>
- All practice types (groups and solo practitioners) must validate information

YOU ARE SET!

Once you click the save/submit button you will receive a message:

“Thank you for your response. Once you close out the browser window your submission is finalized. This is your proof of submission, which you can print and store with your records. No follow up is necessary. If there are any issues, we will outreach to you directly.”

Close out your browser window and you are set!

If you do not receive the message above, something was not completed, please go back and review. It could be that you missed the validation of a provider.

TIMEFRAMES

- You MUST complete the CAA Directory Validation within 30 days of the receipt of the email. If you do not the following actions are taken:
 - Practice and affiliated providers are removed from on-line provider directory
 - Denial of Claims starting in the second quarter of 2026 (see next slide)
 - Could result in termination of contract
- If you identify incorrect information and update in the link the changes will show approximately 5 business days unless additional paperwork is required to make the change.

DENIAL OF CLAIMS

Starting in the second quarter of 2026, providers/practices not validating their CAA Directory Validation within the specified timeframe (as defined in the CAA Directory Validation email) **will have all claims under the non-confirmed NPI number denied**. The denial of claims will continue until the next CAA validation cycle when the CAA validation is completed, which will be a minimum of 30 days. Upon reinstatement to the claims processing system, the practice must submit all denied claims for consideration of benefits. Note: Timely filing will be applicable, if claims are not submitted again within the timely filing period, they will deny as a provider liability. Denied claims cannot be billed to members.

See next slide for example of timeline

DENIAL OF CLAIMS - EXAMPLE

Example Timeline:

- **January 4, 2026: CAA provider directory validation emails are sent, with completion required by Wednesday, February 4, 2026.**
 - If the directory validation is not completed by the deadline, we will conduct additional outreach.
 - If after 60 days (i.e., on March 5) of the directory validation email being sent, and validation remains incomplete, claims will be denied.
- **April 5, 2026: Next release of the CAA provider directory validation emails.**
 - If directory validation occurs at this time, then within 30 days of the completed CAA directory validation, Blue Cross VT will update the provider/practice profile to allow for claims processing (retroactive to February 5, 2026). The practice will be notified when claims can be submitted.

Upon reinstatement to the claims processing system, all denied claims must be submitted for consideration of benefits. Timely filing will be applicable – if claims are not submitted within the filing period, they will be denied as a provider liability. Denied claims cannot be billed to members.

DIDN'T RECEIVE THE EMAIL?

- Check your “junk” or “spam” email files
- Proactive: You can add noreply@onbaseonline.com as a “friend” or “allowed” email address

If you are still not able to locate, email CAA@bcbsvt.com or call provider files at (888) 449-0443 option 2

WHO TO CONTACT

- If you have questions about the process, contact your Provider Relations Consultant – providerrelations@bcbsvt.com or (888) 449-0443 option 1
- If you have questions about the details related to the CAA validation link
 - Email CAA@bcbsvt.com or call provider files at (888) 449-0443 option 2