

Four Easy Steps to CAA Directory Validation

STEP 1: Open the link provided in the email – Opening in Google Chrome is the best way to view and complete information. This is not a mobile application, please use a computer.

STEP 2: Review each affiliated provider. If no changes, click “No Changes”. Note there will be one without a name, that is for the practice, you will need to validate that as well.

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 *

If information needs to be corrected, click into the appropriate box(es) for change(s) needed. The section will expand for you to enter the correct information. For the example below, for an address change, simply fill in any field(s) required by a red asterisk.

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

☐ Provider Name ☐ Provider NPI ☐ Practice Name ☒ Provider Address ☐ Provider Phone ☐ Digital Contact ☐ Accepting Patients ☐ Hospital Affiliation ☐ Taxonomy
☐ Provider Specialty ☐ All

Provider Update Section

Address Line 1 * Address Line 2 City * State * Zip *

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, if a new provider is enrolling on this form, that the services the provider renders to Blue Cross and Blue Shield of Vermont (BCBSVT) members and members of BCBSVT's licensed affiliates will be provided according to the terms and conditions of the professional provider group contract, the physician-hospital organization contract, or the hospital contract (if provider is employed or contracted with a hospital), whichever is applicable, between such entity and BCBSVT and/or BCBSVT affiliate.

☐ *

Submit

IMPORTANT NOTE: For every affiliated provider and any without a name, there must be a check mark in a box for it to be considered complete.

STEP 3: Attest. Once you have completed Step 2, 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

You will receive the following 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.”

IF YOU DO NOT RECEIVE THIS MESSAGE, something is missing it is not accepted, please go back in and review.

STEP 4: Close out your browser window. You are set.