

Credentialing Verification Organization (CVO) Provider FAQ

What is a CVO?

Texas Medical Association (TMA) and Texas Medicaid MCOs proposed a statewide CVO concept to facilitate provider credentialing, which was endorsed during the 84th Texas Legislature in SB 200. The bill established a vision for Texas to streamline the Medicaid provider credentialing process. Texas Association of Health Plans (TAHP) and TMA have selected Aperture, LLC, for a statewide Credentialing Verification Organization (CVO) contract used by all 20 Medicaid MCOs.

What is Primary Source Verification (PSV)?

PSV is the verification of a provider's reported qualifications by the original source or an approved agent of that source. Aperture will be performing PSV functions on behalf of all Medicaid MCOs.

What is Aperture Credentialing, LLC?

Aperture is the nation's largest Credentialing Verification Organization providing services to some of the largest payer and provider organizations in the country. Aperture operates nationwide and also manages several other national, state-based and specialty-based unified credentialing programs. Aperture is National Committee for Quality Assurance (NCQA) Certified and Utilization Review Accreditation Commission (URAC) Accredited for more than 10 years.

Which provider types will be credentialed through the CVO?

All Medicaid provider types (practitioners, ancillary, facility and long term support services (LTSS) providers) will be credentialed through the CVO except Dental Maintenance Organizations (DMOs) and providers who participate with an MCO's under a delegated credentialing agreement.

What will change for me in the credentialing process?

For the initial phase of the roll-out beginning in January 1, 2018, the only change a provider should expect is to begin receiving communications from Aperture regarding the initial Provider credentialing application and PSV functions. Effective April 1, 2018 Providers going through the re-credentialing process will receive communication from Aperture when it is time to begin the recredentialing process. As part of the Texas Credentialing Alliance, recredentialing due dates will be re-aligned so that providers will only have to recredential once for all MCOs that they currently participate with.

Does this new process apply to physicians seeking credentials in MCOs serving dual-eligible Medicare and Medicaid MCO (MMP) patients?

Yes, this process applies to all providers serving Medicaid patients.

Who do I contact to pursue an MCO contract?

This process will not change with the introduction of the CVO. The Provider still needs to submit a Network Interest Profile Form (NIPF) to Network Operations to pursue a potential contract. NIPF can be found on the STAR+PLUS and MMP Provider websites.

STAR+PLUS Website: starplus.cignahealthspring.com

TX MMP Website: Cigna.com/medicare/healthcare-professionals/tx-mmp

Will the state's contract outlining the 90-day credentialing timeframe be adhered to?

Yes, all state-mandated timelines will remain in effect.

If a Provider is already using Aperture, will they still need to fill out the application again?

Acute Providers who use CAQH will not see any change but are encouraged to ensure that their information remains current. Facility and LTSS providers will be required to complete a new standardized application that was developed by TAHP in collaboration with the MCOs and encompasses the specific Medicaid required contracting guidelines. This new application will be available in paper version through Aperture or the MCO until an electronic version becomes available on Availity after 4/1/2018. When requesting the initial credentialing information, Aperture will provide directions to Providers on how to access and create an Availity profile once the electronic version is live. Once on the Availity system, facility and LTSS providers can simply maintain their information which will then be available for recredentialing or when contracting with another MCO without having to complete another application.

If a provider contacts more than one Medicaid MCO at the same time, who notifies Aperture?

Each MCO that elects to contract with the Provider is responsible for submitting a request to Aperture to begin the credentialing process. Aperture will then outreach to the provider on behalf of all of the applicable contracting MCOs regarding the application and next steps in the CVO credentialing process.

If the Provider has several NPI and TPI due to having several facility locations will they need to fill out an application for each?

Yes. The Provider will need to fill out one application for each NPI and TPI. Each NPI and TPI will need to meet credentialing standards.