

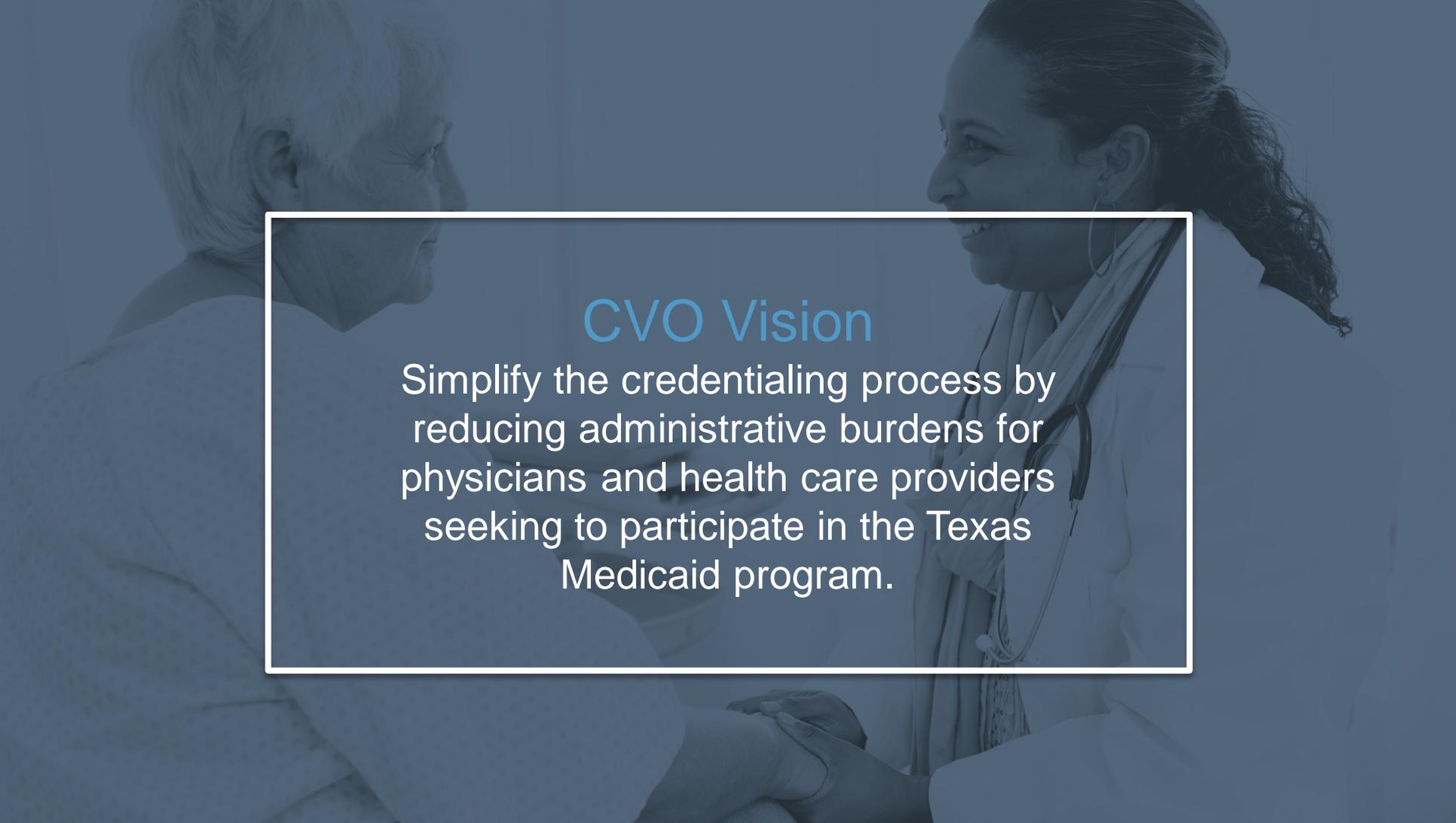
Introduction to the Texas Credentialing Verification Organization

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Amanda Hudgens
Texas Association of Health Plans

TAHP

The Texas Association of Health Plans

A photograph of a doctor in a white coat and stethoscope holding the hand of an elderly patient. The image is overlaid with a semi-transparent blue filter. The doctor is on the right, smiling, and the patient is on the left, looking towards the doctor. The text is centered in a white-bordered box.

CVO Vision

Simplify the credentialing process by reducing administrative burdens for physicians and health care providers seeking to participate in the Texas Medicaid program.

Background

- 84th Texas Legislative Session Senate Bill (SB) 200 (Sunset bill) passed and contemplated a streamlined process for Medicaid provider enrollment and managed care credentialing.
- HHSC agreed to allow Medicaid health plans through TAHP to manage the acquisition of the centralized credentialing entity.
- In December 2014 TAHP reached consensus with Medicaid health plans on a common solution for credentialing and research began on development of best practice models for a common Credentialing Verification Organization (CVO).
- In September 2015 TAHP released the final CVO RFP and Aperture was tentatively selected as the vendor in March 2016 with a final contract signed in June 2017.

Uniform Managed Care Contract (UMCC) Requirement

- All Medicaid MCOs must utilize the Texas Association of Health Plans' (TAHP's) contracted Credentialing Verification Organization (CVO) as part of its credentialing and re-credentialing process regardless of membership in the TAHP. The CVO is responsible for receiving completed applications, attestations and primary source verification documents.

What is a CVO?

- Effective April 1, 2018, Texas Medicaid MCOs will implement a new NCQA certified Centralized Credentialing Verification Organization (CVO) that will be responsible for performing Primary Source Verification (PSV) for all newly credentialing and re-credentialing Medicaid providers currently enrolled or seeking to participate in Texas Medicaid.

What is Primary Source Verification?

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

Who is Aperture?

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.

CAQH & Availity

- The Council for Affordable Quality Healthcare (CAQH) will remain available for practitioners and health professionals who currently use it and a new solution will be offered for ancillaries and facilities through Availity beginning April 2018. Paper applications will continue to be accepted by Aperture.



Benefits to Medicaid Providers

The CVO's application process will:

- Save time by eliminating duplicative efforts and processes for providers who credential and re-credential separately with multiple MCOs.
- Lower administrative costs for providers and MCOs.
- Streamline re-credentialing dates.
- Utilize existing web-based portals with CAQH and Availity to access practitioner credentialing application information, allowing professional providers who use those portals to easily update and maintain their application information for multiple product lines.

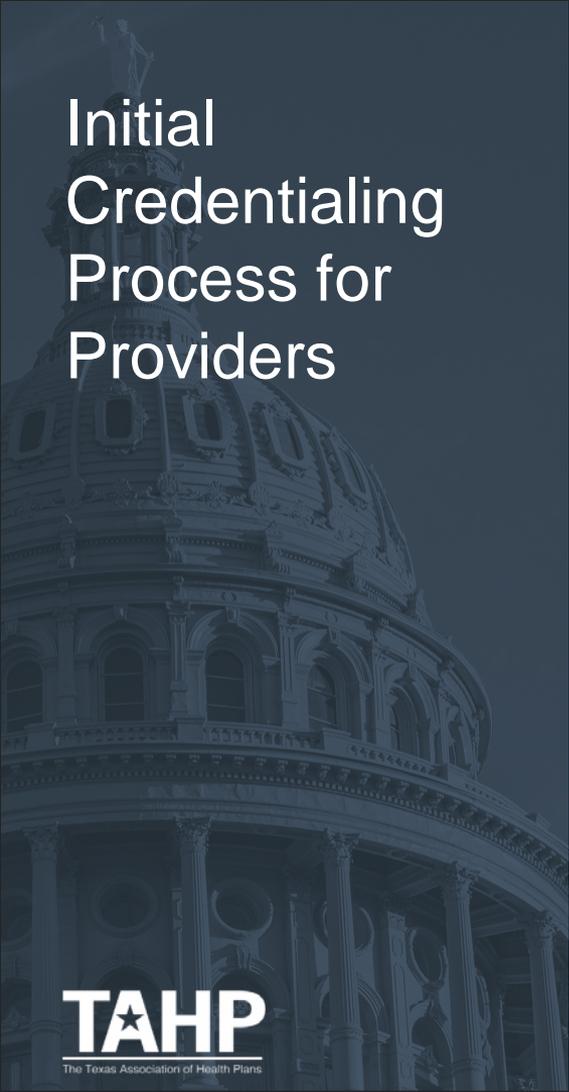
Provider Contracting vs. Enrollment

MCO Contracting

The credentialing process is separate from the contracting process. Providers will still need to engage with the MCO for contracting needs and provide any additional information to complete the credentialing process.

Provider Enrollment

Providers enrolling in Texas Medicaid and CHIP through Texas Medicaid & Healthcare Partnership (TMHP) must still follow the processes as provided by TMHP/HHSC. Providers must complete the enrollment process through TMHP/HHSC prior to credentialing with the MCO(s).



Initial Credentialing Process for Providers

1. As done today, you will continue directly contacting the plan(s) you wish to contract with, but you do not need to submit a credentialing application to the plan(s).
2. The MCO(s) will notify Aperture, the CVO, to begin the credentialing process with you. Aperture will reach out to providers to start the credentialing process and will also accept the credentialing application and perform the primary source verification (PSV) that includes verification of your application, license and all applicable licenses/documents.

Note: Providers may still be required to send some information directly to the MCO(s).

Initial Provider Credentialing Process

Step 1

- Provider contacts desired MCOs to begin contracting /credentialing process.

Step 2

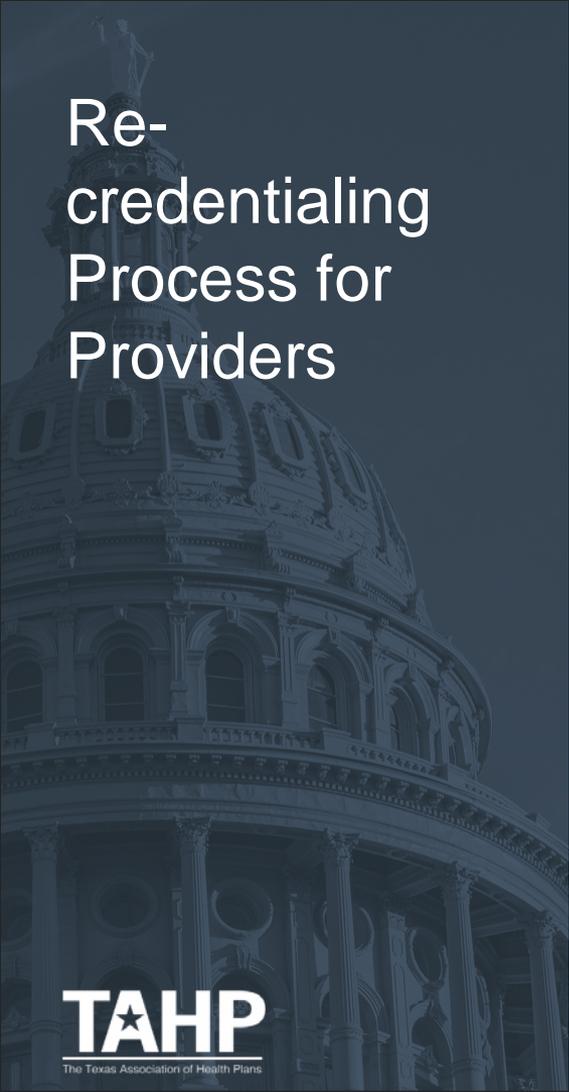
- Providers will receive communication from Aperture with instructions on completing the credentialing application either through CAQH, Availity, or paper. Aperture will allow 60 days for an application to be submitted. Reminders will be sent every 15 days.

Step 3

- Once the application is complete, Aperture may reach out to obtain materials required to perform PSV.

Step 4

- Once PSV is complete, Aperture will send the PSV results to the MCO and the application will move forward to the MCO Credentialing Committee for review. The MCO will notify the provider of the Committee results and walk through next steps.



Re-credentialing Process for Providers

- The CVO will perform re-credentialing for both current and new providers every three (3) years. Providers requiring re-credentialing will be notified by Aperture at least 90 calendar days in advance of the re-credentialing due date.
- If you are a current network provider belonging to more than one MCO and have a different credentialing effective date with either plan, then your re-credentialing due date will be based on the earliest initial credentialing or re-credentialing effective date. Therefore, initial recredentialing with the CVO may be performed earlier than the three (3) year cycle due to the transition.
- Providers who are due to be re-credentialed in September will receive notification to begin the re-credentialing process in April.

Re-credentialing Process

Step 1

- Provider will receive notification from Aperture reminding them of recredentialing due date.

Step 2

- Providers will receive communication from Aperture with instructions on completing the credentialing application either through CAQH, Availity, or paper. Aperture will allow 60 days for an application to be submitted. Reminders will be sent every 15 days.

Step 3

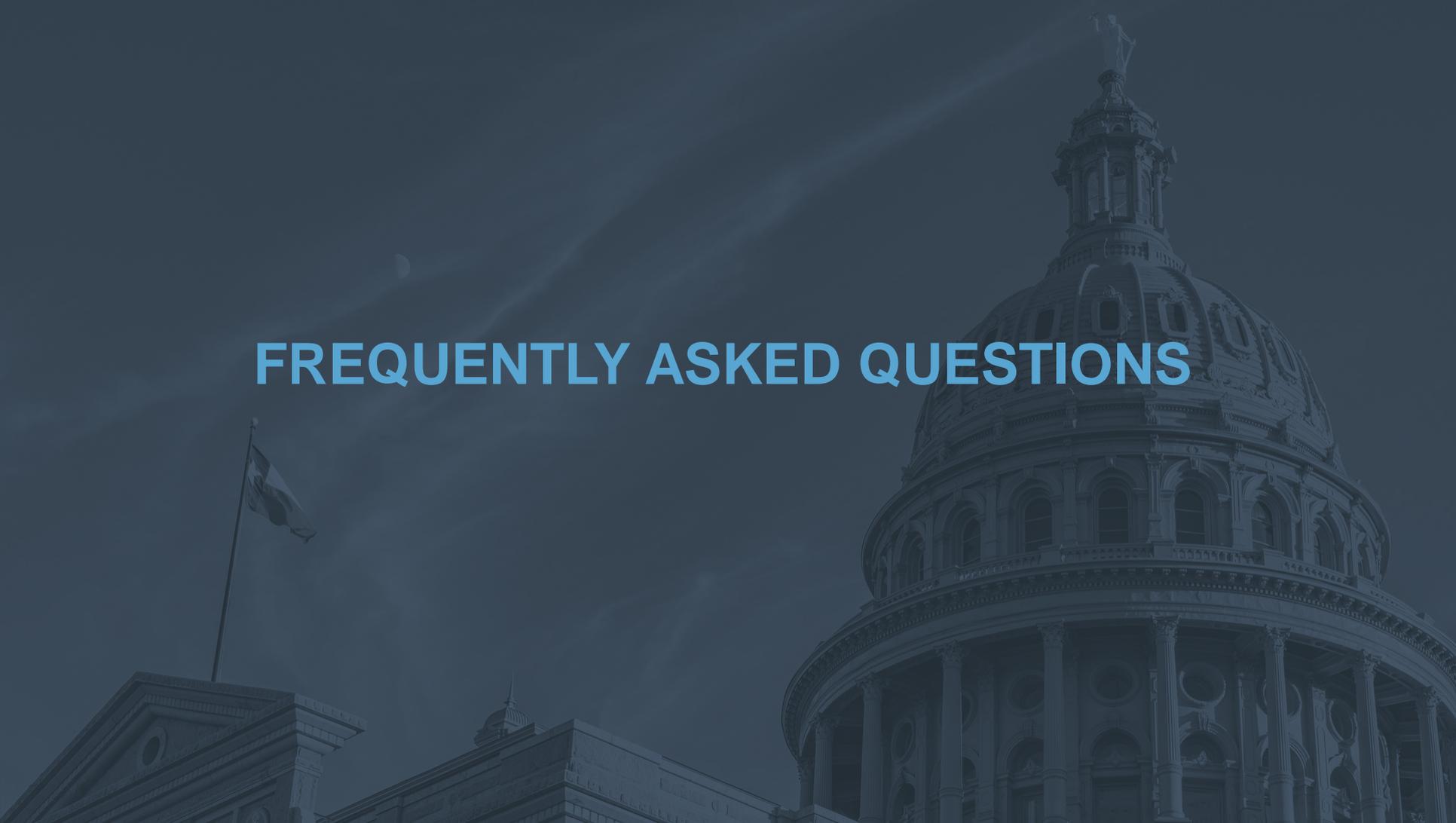
- Once the application is received, Aperture may reach out to obtain information needed to perform PSV.

Step 4

- Once PSV is complete, Aperture will send the PSV results to the MCO and the application will move forward to the MCO Credentialing Committee for review. The MCO will notify the provider of the Committee results and walk through next steps.

New Facility Credentialing Application

- The MCOs partnered to achieve another simplification with a single facility application. This means all MCOs across Texas will use the same application and you will not need to maintain different applications for facility credentialing with different MCOs.
- Providers will be required to either submit the facility application through the Availity portal or paper.
- Live training for Availity will begin the week of April 2-6 and webinars will be recorded.



FREQUENTLY ASKED QUESTIONS

Which Providers will be Credentialed through the CVO?

All Medicaid provider types will be credentialed through the CVO excluding DMOs and providers who are currently credentialed through a delegation. An example of this includes the majority of pharmacy providers who are credentialed through their Pharmacy Benefit Managers (PBM). Pharmacies who provide a medical service such as DME will continue to be credentialed by their MCO and will participate in the CVO.

Any new provider who is not contracted with an MCO will continue to follow the current process in place for contracting and credentialing.

Does the streamlined credentialing process apply to commercial insurers?

Commercial MCOs are not required to use the CVO, however the goal is to expand the usage of the CVO to these MCOs.

How will I find out the status of my application?

- Your health plan provider relations team will be able to provide an overall update on your credentialing application status at any point.
- Aperture will provide a call-center contact number in the notifications you receive from them if you have questions about your PSV status.

How will the process work for providers with multiple locations?

- Practitioners will be credentialed once for all locations.
- Non-individuals (facilities, LTSS providers, etc.) are credentialed based on location. Only one application per location will be required.

What are the rules around expiring licenses?

- If a license expires during PSV, Aperture will continue to follow up with the third-party verification source until it's renewed or the final due date the plan requires the PSV to be complete. It's important that licenses are renewed in a timely manner, ideally a couple of months in advance.

What if I have an application in process with one or more MCO prior to April 1?

- The MCO will continue to complete re-credentialing activities for applications with an August Credentialing Committee date. Aperture will perform PSV on applications with a September Credentialing Committee date.

Will training be available on the process to submit an application?

- Yes, Availity portal training will begin the week of April 2-6.
- Providers should continue to reach out to their MCO provider relations staff for general application questions.