

December 13, 2017

CONSOLIDATED CREDENTIALING VERIFICATION ORGANIZATION (CVO) INITIATIVE

The Texas Association of Health Plans (TAHP) in collaboration with the Texas Medical Association (TMA) and Medicaid Managed Care Organizations (MCOs) are excited to announce a joint effort to reduce credentialing burdens for all Texas providers including physicians, hospitals, DME providers, facilities and all types of ancillary providers including nursing facilities and other Long-term Services & Supports (LTSS) (herein we will refer to all types as providers). The initiative fulfills a long-time, mutual goal of the organizations to help reduce Medicaid barriers and costs. TAHP and TMA selected Aperture Credentialing, LLC, to manage a statewide Credentialing Verification Organization (CVO) contract used by all 19 Medicaid MCOs in Texas to streamline the provider credentialing process, excluding Dental Maintenance Organizations (DMOs) at this time.

The first phase of the project will begin for some MCOs who are ready to begin transitioning their new providers to the CVO in January. Providers who contact the MCOs to begin the contracting and credentialing process will begin receiving communication from Aperture Credentialing, LLC who will collect the credentialing application and required documentation. The anticipated CVO start date for all newly credentialing providers will be April 2018. Additional information regarding re-credentialing and the single re-credentialing date will be forthcoming.

How it Works

As done today, you will continue directly contacting the Medicaid plan(s) you wish to contract with, but you do not need to submit a credentialing application to the plan(s). 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. Providers may still need to send some information directly to the MCO(s).

The Medicaid MCOs partnered to achieve another simplification with a soon-to-be released single facility application. This means all MCOs across Texas will use the same applications and you will not need to maintain different applications for facility credentialing with different MCOs.

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.

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.

Providers enrolling in Texas Medicaid 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).

Provider Fax Blast

Benefits

- Saves time by eliminating duplicative efforts and processes for providers who credential and recredential separately with multiple MCOs.
- Lowers administrative costs for providers and MCOs.
- Utilizes 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.

What to expect for Phase I

Simplification! The simplified process will positively impact practices and providers, particularly those who contract with multiple MCOs. Specifically, it will help reduce administrative time spent on credentialing application submission and align the credentialing dates across the MCOs. Practitioners and facilities will begin to receive communications from Aperture in the near future, as the CVO begins performing Primary Source Verifications (PSV) for MCOs in Texas. Again, phase one will begin January 2018 for some MCOs which will include initial credentialing for practitioners who are new to an MCO. Additional information about re-credentialing events will be forthcoming.

Should you have questions about information contained in this notification, please contact the FirstCare Contracting Team:

Contact Name	Phone	Fax	Email
Tammy Edwards, Credentialing Manager	512-257-6110	806-993-9363	creds@firstcare.com

Our Provider Relations Team is here for you. If you have questions, please contact your provider relations representative, indicated below:

Region	Phone Number	Email
Abilene	325.670.3882 325.670.3884	prabilene@firstcare.com
Amarillo	806.467.3200	prsupport@firstcare.com
Lubbock, Waco and all other areas	806.784.4380	prlubbock@firstcare.com

Q: What is a CVO?

A: 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 19 Medicaid MCOs.

Q: What is Primary Source Verification (PSV)?

A: 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.

Q: What is Aperture Credentialing, LLC?

A: 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.

Q: Which provider types will be credentialed through the CVO?

A: 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.

Q: What will change for me in the credentialing process?

A: For the initial phase of the roll-out beginning in January for some MCOs, the only change a provider should expect is to begin receiving communications from Aperture regarding the credentialing application and PSV functions.

More information on the single re-credentialing date and process will be shared in the coming months.

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

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

Q: Who do I contact to pursue an MCO contract?

A: This process will not change with the introduction of the CVO. You still need to outreach to each MCO to pursue a potential contract. Contact lists can be found on HHSC's website.

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

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

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

A: If a provider contacts several of the Medicaid MCOs requesting to join their network, the respective MCO will request the credentialing event on behalf of MCO. Aperture will notify the provider regarding the application and next steps in the CVO process.

FirstCare Provider FAQs

Credentialing Verification Organization (CVO)

Q: Does the streamlined credentialing process apply to commercial insurers?

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

Q: What steps do new providers need to take?

- A:*
- 1. Contact the MCO to begin the contracting and credentialing process.*
 - 2. The MCO will determine whether or not they can add you to their network. If the MCO has room in their network, they will send the credentialing event to Aperture.*
 - 3. Aperture will contact you with instructions on filling out the credentialing application through CAQH or paper. Availability will be available as an application portal beginning April 1, 2018.*
 - 4. Aperture will reach out to you to collect any missing information or required credentialing documentation for the application.*

Content provided by Texas Association of Health Plans (TAHP)