



The Texas Association of Health Plans

Introduction to the Texas Credentialing Verification Organization (CVO)

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.

CVO Vision

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

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 19 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.



Medicaid Significance & Uniform Managed Care Contract (UMCC) Requirement

CVO Importance to Medicaid

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.
- 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.

Provider Contracting & 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.

Medicaid 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).

Success in Other States

- Georgia: the average timeline for credentialing has been reduced by approximately 2 months.
- Arizona: 80% of providers in the Alliance overlap with at least one other plan.
 - Initial Provider turn around time is currently at 10 days

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.

How the CVO Works

Process

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 need to send some information directly to the MCO(s).

Phase One

- 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.

Phase Two

- The anticipated CVO start date for all newly credentialing providers will be April 2018.
- Providers who are due to be re-credentialed in September will receive notification to begin the re-credentialing process in April.

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.



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.

What will Change for me in the Credentialing Process?

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.

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.