

Nursing Facility Credentialing Verification Organization Frequently Asked Questions

1. 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.

2. 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.

3. 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, statebased 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.

4. What is the deadline for Nursing Facility Credentialing?

HHSC has granted an extension until June 30, 2019. The Uniform Managed Care Manual Chapter 8.6, section 2.13 to reflect this date change.

5. Which provider types 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 but will move to the CVO at a future date. 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.

6. What is the notification process for recredentialing?

Aperture will notify the NF 6 months in advance of the re-credentialing due date. Aperture will allow 60 days for an application to be submitted. Reminders will be sent every 15 days.

7. Is there a limit on size of survey that can be uploaded?

No size limit.

8. Is it possible for Texas Health and Human Services Commission (HHSC) data to be uploaded directly to Availity for the purposes of credentialing?

Availity is an independent health care information technology company that serves an extensive network of health plans, providers, and technology partners. Availity will serve as the facility credentialing application submission portal.

TAHP's goal is to develop a data sharing arrangement with HHSC as a future phase of the CVO implementation in order to auto-populate certain data. At this time the NF/SNF must provide the information as requested. It is important to complete all required elements of an application to avoid any missing information.

9. Is it possible for Availity to upload public information for the purposes of credentialing?

Availity Provider Data Management system will pull data based on NPI matches in the Availity system. Functionality to pull data from third party sites does not exist at this time.

10. Will NFs receive a response from Availity acknowledging receipt of a credentialing application?

The status of the application will be available on the Availity dashboard. Once a provider submits its application, the application will be listed as "Complete" on the dashboard. The statuses are color coded and any status application in green has been approved.

11. Can a NF be rejected for MMP credentialing, but pass STAR+PLUS credentialing? Could there be a situation where a SNF was deemed for MMP, has MMP members, but then now does not pass MMP credentialing?

The credentialing standards for STAR+PLUS are the baseline requirements to execute a STAR+PLUS contract. Each MCO may have additional credentialing standards that must be met to execute a MMP or Medicare Advantage (skilled) contract. Therefore, it is possible for a NF to be credentialed for STAR+PLUS, but not meet the credentialing requirements for a MMP or Medicare Advantage (skilled) contract. MCOs already credential SNFs for their MMP and Medicare Advantage products. SNFs that currently have residents who are MMP or Medicare Advantage members have already passed credentialing for those Medicare products.

12. Is there a fee associated with using Availity for STAR PLUS credentialing?

There is no fee for using Availity.

13. If the documents are good for 180 days and we are to be finished by December 31, 2018, wouldn't it make sense that we would submit our one application in April for all plans to access over the next 6 months?

The Availity system is not designed to allow users to begin completing the application prior to receiving a notification from Aperture asking them to begin the process. Completing the application prior to a request from Aperture could lead to required licenses and certifications expiring before they are due.

14. Who should I contact at UnitedHealthcare Community Plan if I have questions?

Provider Type	Phone Number	E-mail
Acute Care Providers	877-842-3210	cred_applications@uhc.com
Behavioral and Physical Health	877-614-0484	optumbh.facilities@optum.com
Long-Term Services and Supports (LTSS)	888-787-4107	uhc_cp_prov_relations@uhc.com
Nursing Facilities	866-858-3546	nhpra3@optum.com