

CREDENTIALING VERIFICATION ORGANIZATION (CVO) FAQ

Q: Can I submit my credentialing application to the Oklahoma Health Care Authority?

A: No. The Oklahoma Health Care Authority (OHCA) enrolls providers into Oklahoma Medicaid which is separate from credentialing.

Q: I have already provided my information to the Council for Affordable Healthcare (CAQH). Why am I being asked to resubmit the same answer to Availity?

A: The Oklahoma Health Care Authority has mandated that the three contracting entities (CEs) utilize the same provider credentialing information repository for SoonerSelect-only providers. The intent is to make it easier for providers to submit their information once so they can: (1) apply for credentialing or re-credentialing; (2) apply to more than one CE at the same time; and (3) access where their application is in the process.

All three CEs work with CAQH when credentialing providers for other lines of business. If you are contracted and credentialed for Commercial, Marketplace or Medicare, you would not need to also submit information through Availity.

Q: When can I expect to get a final decision?

A: Credentialing decisions are made within 45 calendar days from the time the CE receives your complete application, including all supporting documentation. Providers will be able to log into Availity to check status of their application and see the final decision.

Availity

Q: Can we submit to OHCA for the Medicaid ID and submit the application through Availity at the same time?

A: Yes. You can begin this process simultaneously; however, credentialing cannot be completed until the provider has a valid MCD ID and the provider is on the PML. CEs have up to 45 days to credential providers (or an additional 15 days with an extension request to OHCA).

Q: Will we have to do this three times, once with each CE?

A: No. The Availity application only needs to be completed one time. You will have the option to select participation with individual CEs or all three CEs within one application.

Q: Will current delegation agreements that support Medicaid be honored or will we need to use the Availity process?

A: Any delegation agreement that supports Medicaid will not need to use the Availity process. This is the best option for large health care providers.

Q: Will we be required to upgrade to Availity Essentials that has a monthly fee, or will we be able to use the free version of Availity?

A: No, you do not need to upgrade.

Q: If I submit the application, will others in my company be able to log in to their accounts and view the status?

A: This depends on the access within your organization. Your organization's administrator can assist you with access.

Q: In the event we do not receive letter notifications, is there a way for providers to check online if their provider type credentialing is open?

A: Yes. Availity includes status updates as your application goes through the credentialing process.

Q: What happens if one CE approves but another doesn't?

A: This has been evaluated and due to the three CEs needing to align requirements and the verification process, we feel the risk will be very minimal. If a provider is denied by a particular credentialing committee, then that CE will reach out to the provider to get further information.

Q: If I change my mind later, how do I submit to the CE that I didn't originally apply to? Do I have to restart the process again?

A: Providers who are credentialed with one CE through Availity can use their information in the Availity portal to initiate the credentialing process with an additional CE. Upon contracting with an additional CE, the provider can log in to Availity and select the added CE. This will transmit the provider's information to the new CE. The provider will attest that their information is current and reattach any documentation that may have expired.

Claims Payment for Non-Credentialed Providers

Q: Will claims continue to be reimbursed at 90% for providers who have not yet completed the credentialing process, or will they now be denied under the new CE system?

A: Providers that have been approved by OHCA but not credentialed will receive 90% of the fee schedule until contracting and credentialing are completed with the CEs.

Contact Information

Q: Who do I contact when I have questions?

A: Select the appropriate option below.

Question	Entity	Contact
Request to join Aetna's network	Aetna (ABHOK)	ABHOKNETWORKMANAGEMENT@AETNA.COM
Request to join the Humana Healthy Horizons network	Humana Healthy Horizons (HHH)	Behavioral health providers: OKBHMedicaid@Humana.com Physical health providers: OKproviderdevelopment@humana.com
Request to join Oklahoma Complete Health's network	Oklahoma Complete Health (OKH)	Contracting@oklahomacompletehealth.com
Questions related to the Availity Essentials portal	Availity Essentials	New to Availity? Start your journey here: Register and Get Started with Availity Essentials – Overview Already a registered Availity user? Log in here: Availity Essentials

Contracting

Q: Can you please explain the difference between contracting and credentialing?

A: Contracting is when the provider and the CE agree on contract language, payment terms and effective date. Just because a contract is executed does not mean that the provider/entity would meet the credentialing requirements. Credentialing is the validation and verification of licensure, education, etc., in alignment with NCQA standards.

Q: If I am contracted with all three CEs, does this take care of my credentialing?

A: Credentialing will still need to occur in alignment with the credentialing calendar.

Credentialing

Q: How long does the credentialing process take?

A: Credentialing will take up to 45 calendar days. CEs may be granted a 15-day extension for any unusual circumstances.

Q: Can we work on the credentialing process and contracting process at the same time?

A: Yes, you can work on the contracting and credentialing processes simultaneously.

Q: Why are we not just using CAQH in lieu of the roster?

A: Availity is used for Medicaid-only providers who are not already credentialed with the CE. If you are credentialed with another line of business, CEs will leverage that credentialing process, and no additional documentation is required for Availity.

Q: Why are you no longer accepting the credentialing done by OHCA?

A: This is a state requirement. OHCA enrolls providers, they do not credential them.

Q: If the providers are already contracted with all three plans, will they be notified when to credential, or do they need to start credentialing on all providers July 1?

A: Providers will be notified based on the credentialing schedule.

Q: If we are currently enrolled with OHCA, do we need to be credentialed with all three CEs?

A: Yes, you must contract and credential with the plans in which you wish to participate.

Q: Will this re-credentialing put a lapse in being able to see patients?

A: If the provider is already credentialed, there will be no gap. Recredentialing will occur three years from the last approval date.

Q: What if a provider is already credentialed with ABHOK, OCH or HHH, but they change clinics/facilities. Does the new clinic have to start from scratch with credentialing?

A: If they completed credentialing, they would not have to complete credentialing again. A new roster would need to be provided to show the provider's new location.

Q: Is this new process through Availity only for new providers?

A: All providers must be credentialed. There are three ways this may be completed: (1) Medicaid-only providers use Availity; (2) delegated credentialing agreements do not need to use Availity; and (3) providers may be credentialed through another line of business.

Q: If a provider is changing from one group to another group, how long will the credentialing process take?

A: If the provider is already credentialed with the health plan, then they will not need to be credentialed again if they are within the state. We would need to be notified of the group affiliation change.

Q: Do therapy assistants (SLPA, COTA, PTAs) require credentialing since they do not typically have contracts with private insurance?

A: If they have an active Medicaid ID and a current contract with the CE, they will need to be credentialed. If they plan on billing non-par, they will not need to be credentialed.

Q: Will we be required to credential our entire provider roster on July 1 through Availity, or just new providers moving forward?

A: New providers will need to go through Availity to complete a credentialing application if not already credentialed with another line of business with the CE. Existing populations of providers will be placed into a scheduling process, and outreach will be made to advise them to complete a credentialing application on Availity over the next year.

Q: Will the provider that is being credentialed in Availity also be credentialed with the other LOBs (Medicare and Commercial)?

A: If the provider is already participating and credentialed with the other lines of business (Medicare and Commercial), they would not need to also complete the Availity application as we leverage that "common" credentialing data

Q: To get a new provider enrolled with the CE, will we need to email a roster and submit the credentialing through Availity?

A: Yes, Availity will reach out to the providers on the roster who are identified as needing credentialing. This may differ across the CEs.

Q: Will individuals that are under supervision for licensure be credentialed?

A: In some cases, yes, depending on the provider type. Please see the credentialing calendar for additional details.

Q: When is the deadline post-July 1 for credentialing providers within a group?

A: New providers will need to go through Availity to complete a credentialing application if not already credentialed with another line of business with the CE. Existing populations of providers will be placed into a scheduling process, and outreach will be made to advise them to complete a credentialing application on Availity by the communicated due date.

Q: If a provider changes employment after being credentialed, does the provider have to be recredentialed with the new employer or will it roll over when they are added to the new employment group?

A: They do not have to be credentialed if they have an active cred cycle; they would just need to add their new location.

Q: If we have individuals that work with our company that are credentialed with the three CEs privately, do they still need to be credentialed with our company?

A: If they currently see Medicaid members and have an active cred cycle, other groups can contract and add the location.

Q: What if the provider is already credentialed through this new process but moves to a new agency?

A: If the provider is already credentialed in that state, it would be a group/TIN update that is needed, and the provider would not need to go through the full credentialing process.

Q: Will all our mental health practitioners have to be credentialed through CAQH to credential with you?

A: If they are contracting Medicaid only, they must go through Availity. If they are contracted for all lines of business, they can use CAQH to cover all credentialing.

Q: In listing our providers (OTs, SLPs, BCBA's), do we also need to list our COTAs, SLPAs and RBTs?

A: Yes, if you credential with OHCA, you will need to credential through Availity as well.

Effective Date

Q: How will you assign effective dates to new providers?

A: Effective dates will occur on the date that both the OHCA enrollment and the CE credentialing application are considered approved.

Q: Could a provider have an OHCA effective date and different effective dates for the three plans?

A: Yes. OHCA enrolls providers into SoonerSelect which is separate from the credentialing process. If you are credentialed in another line of business with a CE, there is nothing additional that needs to be done through Availity. CEs will leverage the other line of business credentialing processes.

Locum Tenens

Q: Will locum tenens be provided as an option while credentialing is in process with the CEs?

A: Full credentialing is required if the locum works 60 calendar days or more (NCQA requirement).

Rosters

Q: Will roster information change with this new process?

A: The required roster information will not change.

Q: Is there one standard roster template that all three CEs utilize?

A: Currently, each payer has their own roster template.

Q: Will we need to continue to send in the rosters to each of the CEs to get them loaded in their system correctly in addition to completing the application in Availity?

A: Yes

Q: Will rosters still have to be done even after all phases are complete or just until all phases are complete?

A: Rosters will need to be done in all phases for any continual maintenance.

Q: Do we need to submit the same rosters again if we have submitted those rosters prior to July 1?

A: If we received a roster prior to July 1 and there has been no change, no rosters will need to be submitted for any continual maintenance.