Texas Credentialing Alliance

Comprehensive Provider Data Programs for Multi-Carrier and State Initiatives

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Solving Quality Provider Information through an Engagement Solution

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Background and Nursing Facility Information

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Aperture and Availity

Aperture is the nation's largest Credentialing Verification Organization (CVO) that performs Primary Source Verification (PSV) and other services on behalf of MCOs. 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.

PSV (Primary Source Verification) is the verification of a provider's reported qualifications by the original source or an approved agent of that source. The PSV requirements have been defined by the TAHP participating plans based on their Provider/Facility Type.

Availity serves as the online facility application portal for all TAHP plans and also provides the practitioner application portal for TAHP plans who elect to utilize them. Many of the providers utilize Availity for their healthcare technology needs, to include provider, vendor, developer and health plan solutions that span from provider data management, claims, to eligibility and benefits.

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HHSC 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.

Expedited Credentialing – UMCC 8.1.4.4.1

The MCO must comply with the requirements of Texas Insurance Code Chapter 1452, Subchapters C, D, and E, regarding expedited credentialing and payment of physicians, podiatrists, and therapeutic optometrists who have joined established medical groups or professional practices that are already contracted with the MCO.

The MCO must also establish and implement an expedited credentialing process, as required by Texas Government Code § 533.0064, that allows applicant providers to provide services to Members on a provisional basis for the following provider types:

1) dentists,
2) dental specialists, including dentists and physicians providing dental specialty care,
3) licensed clinical social workers,
4) licensed professional counselors,
5) licensed marriage and family therapists, and
6) psychologists.

Expedited Credentialing Continued

To qualify for expedited credentialing the provider must:

(1) be a member of an established health care provider group that has a current contract in place with an MCO,
(2) be a Medicaid enrolled provider,
(3) agree to comply with the terms of the contract between the MCO and the health care provider group, and
(4) timely submit all documentation and information required by the MCO as necessary for the MCO to begin the credentialing process.

Additionally, if a Provider qualifies for expedited credentialing, the MCO must treat the Provider as a Network Provider upon submission of a complete application. This includes paying the in-network rate for claims with a date of service on or after the submission date of a complete application, even if the MCO has not yet completed the credentialing process. The MCO's claims system must be able to process claims from the provider no later than 30 Days after receipt of a complete application.

Medicaid Managed Care Contract Changes (UMCC) - NF

HHSC amended the Medicaid managed care contracts to allow MCOs to only contract with a NF that has a valid certification, license, and contract with HHSC, and that meets the NF credentialing standards outlined in the UMCM Chapter 8.6 (section 8.1.4.4 of the UMCC and STAR+PLUS contracts).

According to section 8.1.4 of the UMCC and STAR+PLUS contracts, the STAR+PLUS MCO must enter into a provider contract with any willing NF provider that is Medicaid-certified, licensed and contracted with HHSC; that meets the NF credentialing standards and minimum performance standards in UMCM Chapter 8.6, and agrees to the MCO's contract rates and terms. MCOs must comply with the rate requirements set forth in UMCC 8.3.9.4. A STAR+PLUS MCO is prohibited from contracting with a NF if the NF does not meet credentialing standards. A STAR+PLUS MCO may refuse to contract with a NF if the NF does not meet the minimum performance standards in UMCM Chapter 8.6.

Credentialing was also added to the UMCC section 8.3.9, STAR+PLUS Expansion section 8.1.47, and STAR+PLUS MRSA section 8.1.48. NF Providers must meet all of the state licensure, certification, and contracting requirements, as well as the NF credentialing standards in UMCM Chapter 8.6 for providing the services in Attachment B-2.2, "STAR+PLUS Covered Services." An MCO may refuse to contract with a NF if the NF does not meet the minimum performance standards in UMCM Chapter 8.6.

Medicaid Managed Care Contract Changes (UMCC) - NF

HHSC amended UMCM Chapter 8.6, replacing the current language in section 2.13.1 that requires MCO to deem nursing facilities.

Start Date, Deadline, and Allowances for Deeming

December 31, 2018 - forward. The MCO may deem a NF to have met the MCO's credentialing standards if:

- In the case of a SNF, the SNF is already credentialed for its Medicare products and the Medicare SNF credentialing criteria includes all of the STAR+PLUS NF state-identified credentialing standards in section 2.13.1 (c).

Aperture Initial Provider Process

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Initial Provider Process

Step 1 – Aetna TX

- Aetna TX initiates contracting process with provider
- Aetna TX collects provider demographic information to support Aperture Work Order
- Aetna TX submits Aperture Work order to initiate the provider credentialing process
- Product Code drives Aperture workflow

Step 2 - Aperture

- Aperture will send 1st provider outreach educating provider on the process and directing provider to applicable application portal ***Aperture will allow 60 days for an application to be submitted. Reminders will be sent every 15 days.***

Step 3 – Provider/Aperture

- Provider submits application
- Practitioner – CAQH integration with Aperture (approximately 2 days for application to bridge)
- Facility – Availity integration with Aperture (application data submitted immediately after provider attestation)
- Aperture completes PSV based on workflow requirements

Step 4 – Aperture/Aetna TX

- Once PSV is complete, Aperture will send the PSV results to Aetna TX via SFTP folder
- Aetna TX can retrieve the PSV results from the SFTP or CVOne
- Aetna TX completes credentialing process via Committee decision

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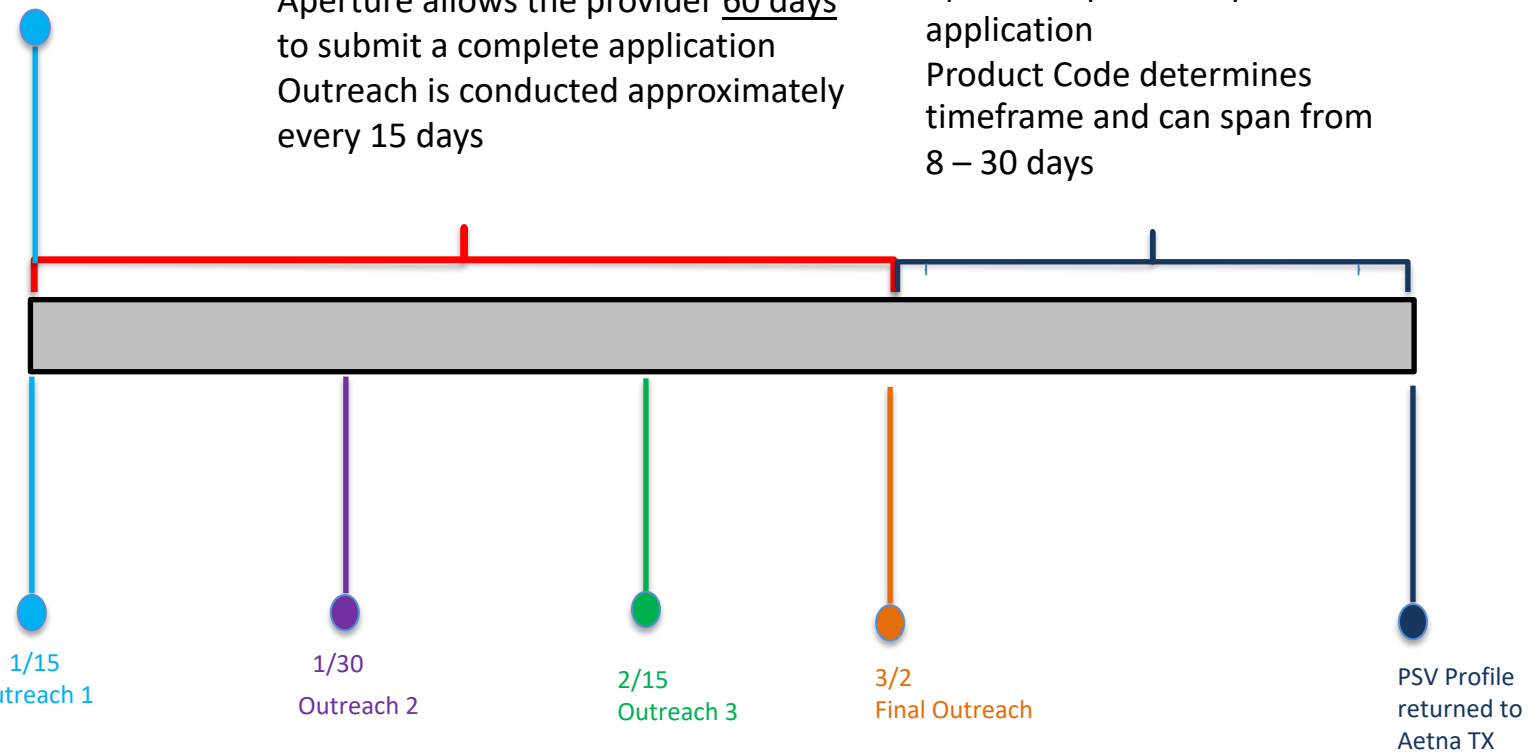
Initial Aperture PSV Process Timeline

Aetna TX
Work Order Started

Aperture allows the provider 60 days to submit a complete application
Outreach is conducted approximately every 15 days

Aperture PSV timeframe starts upon receipt of complete application
Product Code determines timeframe and can span from 8 – 30 days



PSV Timeframes:
Practitioner:
- MD/DO – 15 Days
- Non MD/DO – 30 Days
- Expedite/Urgent – 8 Days (Criteria for Expedite)

Facility/Non-Practitioner
- Routine Facility – 30 Days
- Expedite Facility (NF) – 8 Days

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Provider Application Information

Practitioner Application Information	Facility (Non-Practitioner) Application Information
• Aetna utilizes the CAQH practitioner application portal. Providers are directed to CAQH for their application completion via the 1st letter. Texas Standardized Application is required for the PSV process.	• Aetna utilizes the Availity portal as well as the paper TAHP Standardized Facility Application. Providers are directed to the Availity portal which is the preferred option for the provider.
• Provider should update their information on CAQH and ensure that their attestation is current (within 120 days)	• If the provider already has an application on the Availity portal, they need to ensure that the information and attestation is current to support the work order. <u>They will need to modify/re-attest the current application if it was submitted more than 120 days previously</u>
• The CAQH application will not bridge with Aperture unless the provider's application has a current attestation and is considered at a good status.	• TAHP Standardized paper applications can be used for all TAHP participating plans as long as the provider attested accordingly. Applications can be re-used within the 120 day time period. If the application is outdated, the provider can simply check their previous application data, update the attestation sheet, and resubmit the paper application with their letter. (bar code (TCID Number) will route the application directly into the work order request)
• Aperture Customer Service maintains a current blank Texas application if the provider refuses to be compliant with the use of CAQH and reaches out to Aperture.	• Aetna TX team is able to view the status of the application on the Availity portal/dashboard to determine if the provider has started/completed the application and submitted it to Aperture.
• Most efficient approach is the use of the CAQH Portal	• Most efficient approach is the use of the Availity Portal

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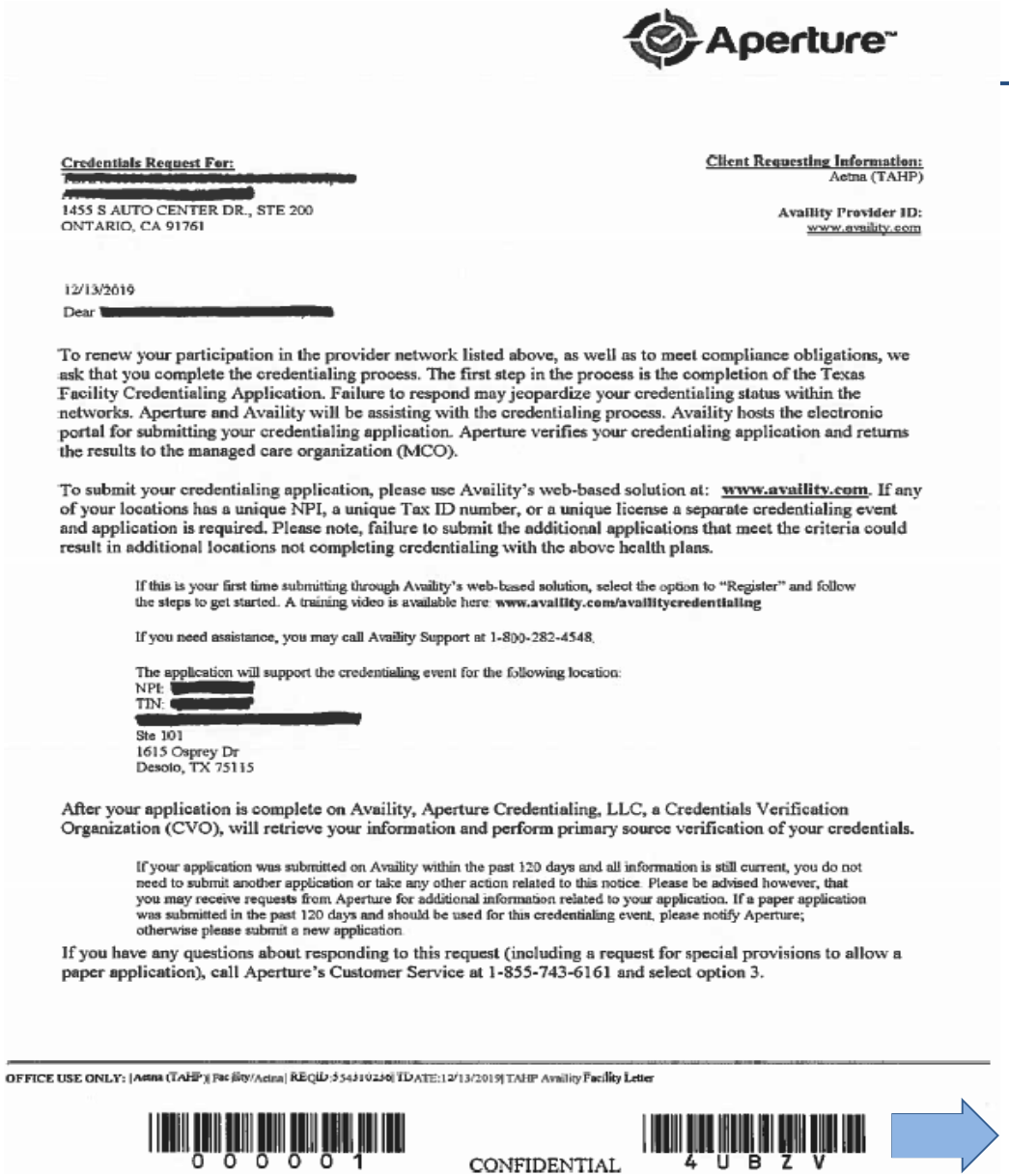
Initial Facility Application Gather Letter – 1st Outreach



Aperture™

Credentials Request For:
[redacted]
1455 S AUTO CENTER DR., STE 200
ONTARIO, CA 91761

Client Requesting Information:
Aetna (TAHP)

Availity Provider ID:
www.availity.com

12/13/2019
Dear [redacted]

To renew your participation in the provider network listed above, as well as to meet compliance obligations, we ask that you complete the credentialing process. The first step in the process is the completion of the Texas Facility Credentialing Application. Failure to respond may jeopardize your credentialing status within the networks. Aperture and Availity will be assisting with the credentialing process. Availity hosts the electronic portal for submitting your credentialing application. Aperture verifies your credentialing application and returns the results to the managed care organization (MCO).

To submit your credentialing application, please use Availity's web-based solution at: **www.availity.com**. If any of your locations has a unique NPI, a unique Tax ID number, or a unique license a separate credentialing event and application is required. Please note, failure to submit the additional applications that meet the criteria could result in additional locations not completing credentialing with the above health plans.

If this is your first time submitting through Availity's web-based solution, select the option to "Register" and follow the steps to get started. A training video is available here: **www.availity.com/availitycredentialing**

If you need assistance, you may call Availity Support at 1-800-282-4548.

The application will support the credentialing event for the following location:
NPI: [redacted]
TIN: [redacted]
[redacted]
Ste 101
1615 Osprey Dr
Desoto, TX 75115

After your application is complete on Availity, Aperture Credentialing, LLC, a Credentials Verification Organization (CVO), will retrieve your information and perform primary source verification of your credentials.

If your application was submitted on Availity within the past 120 days and all information is still current, you do not need to submit another application or take any other action related to this notice. Please be advised however, that you may receive requests from Aperture for additional information related to your application. If a paper application was submitted in the past 120 days and should be used for this credentialing event, please notify Aperture; otherwise please submit a new application.

If you have any questions about responding to this request (including a request for special provisions to allow a paper application), call Aperture's Customer Service at 1-855-743-6161 and select option 3.

OFFICE USE ONLY: [redacted]

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TCID – Request Routing Number

The name, location, and NPI of the facility on the Aperture letter should match the facility information on Availity.

Also, the Facility Type that Aetna TX submits on the work order drives the entire PSV process along with the application matching

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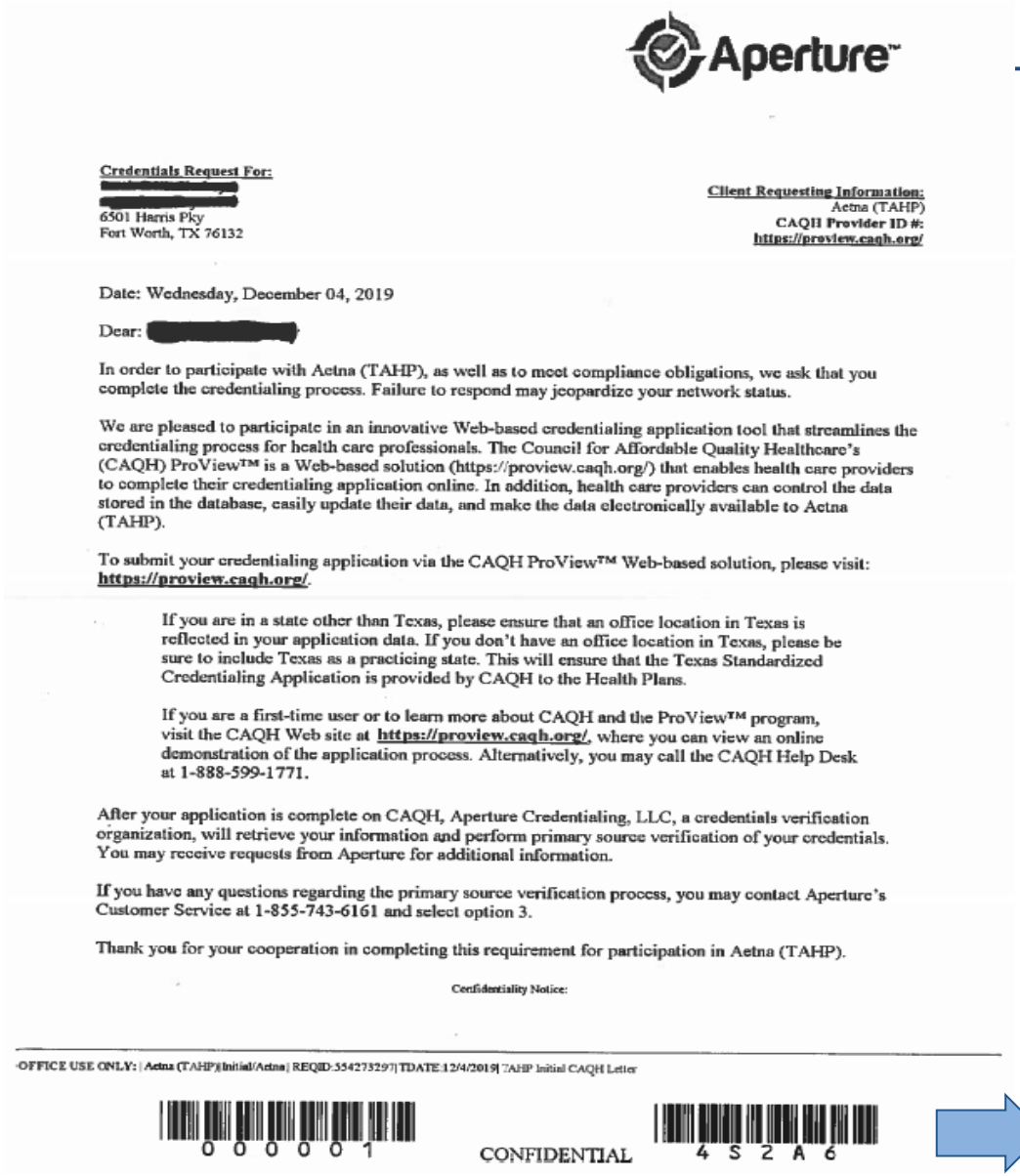
Initial Practitioner Application Gather Letter – 1st Outreach



Aperture™

Credentials Request For:
[redacted]
6501 Harris Pky
Fort Worth, TX 76132

Client Requesting Information:
Aetna (TAHP)
CAQH Provider ID #:
https://proview.caqh.org/

Date: Wednesday, December 04, 2019

Dear: [redacted]

In order to participate with Aetna (TAHP), as well as to meet compliance obligations, we ask that you complete the credentialing process. Failure to respond may jeopardize your network status.

We are pleased to participate in an innovative Web-based credentialing application tool that streamlines the credentialing process for health care professionals. The Council for Affordable Quality Healthcare's (CAQH) ProView™ is a Web-based solution (https://proview.caqh.org/) that enables health care providers to complete their credentialing application online. In addition, health care providers can control the data stored in the database, easily update their data, and make the data electronically available to Aetna (TAHP).

To submit your credentialing application via the CAQH ProView™ Web-based solution, please visit: **https://proview.caqh.org/**.

If you are in a state other than Texas, please ensure that an office location in Texas is reflected in your application data. If you don't have an office location in Texas, please be sure to include Texas as a practicing state. This will ensure that the Texas Standardized Credentialing Application is provided by CAQH to the Health Plans.

If you are a first-time user or to learn more about CAQH and the ProView™ program, visit the CAQH Web site at **https://proview.caqh.org/**, where you can view an online demonstration of the application process. Alternatively, you may call the CAQH Help Desk at 1-888-599-1771.

After your application is complete on CAQH, Aperture Credentialing, LLC, a credentials verification organization, will retrieve your information and perform primary source verification of your credentials. You may receive requests from Aperture for additional information.

If you have any questions regarding the primary source verification process, you may contact Aperture's Customer Service at 1-855-743-6161 and select option 3.

Thank you for your cooperation in completing this requirement for participation in Aetna (TAHP).

Confidentiality Notice:

OFFICE USE ONLY: | Aetna (TAHP)|Initial/Aetna| REQID:554273297|TDATE:12/4/2019| TAHP Initial CAQH Letter

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Practitioner is directed to CAQH for their application completion or updates

TCID – Request Routing Number

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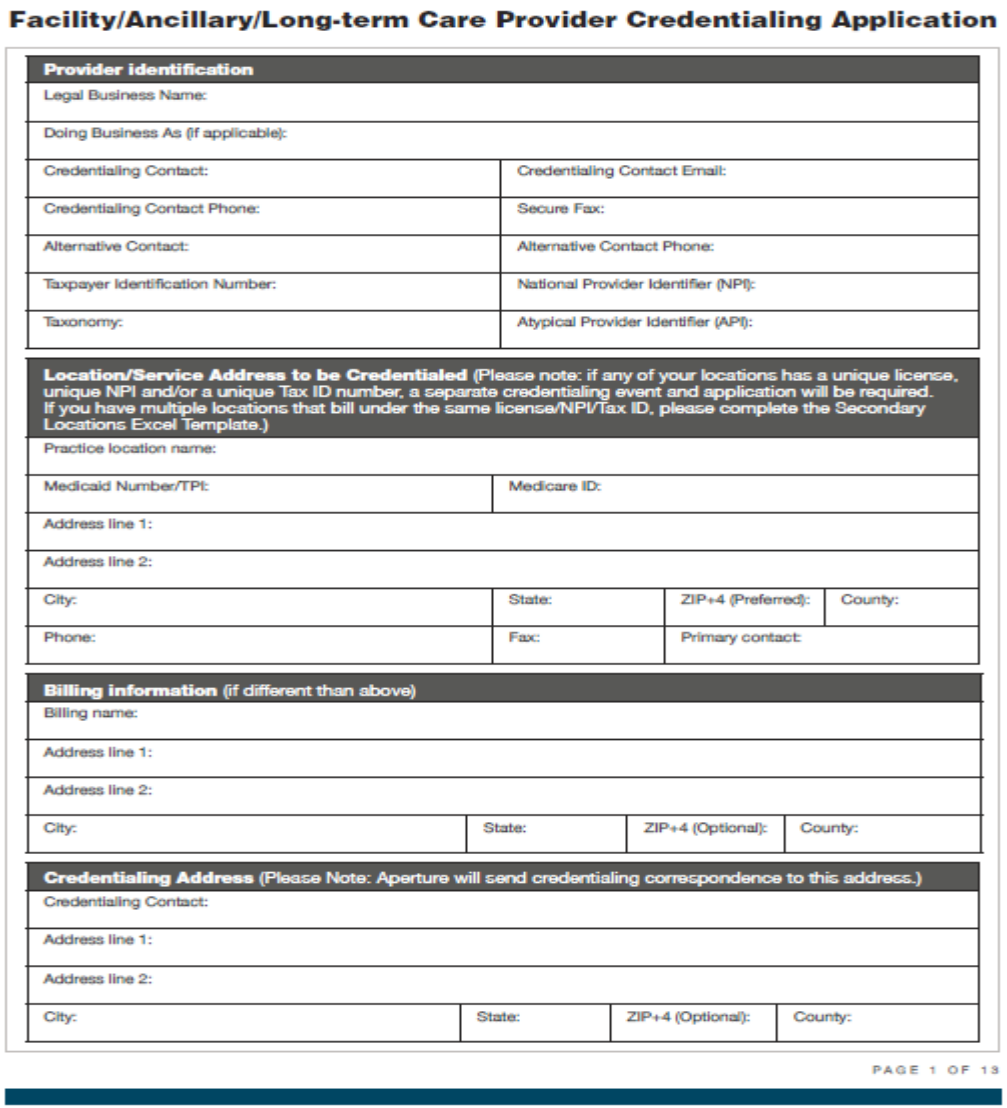
Facility (Non-Practitioner) Type Listing

Adaptive Aids/Medical Equipment (LTSS)
Adult Day Care
Adult Foster Care
ALLIED HEALTH PROF GROUP
Ambulance Service/Transportation Company
Ambulatory Surgical Center (ASC)-Hospital Based
Ambulatory Surgical Ctr (ASC) Freestanding/Indep
Assisted Living
AUDIOLOGY/HEARING CENTER
Behavioral Health Facility
Behavioral Health Unit
Biological Products Manufacturer
Birthing Center
Blood Bank
Cardiac Rehab Center
Case Management
Certified Registered Nurse Anesthesia (CRNA) Group
Chemical Dependency Treatment Facility (CDTF)
Chiropractic Group/Practice
Community Mental Health Center
Comprehensive Care Program (CCP)
Comprehensive Health Center (CHC)
Comprehensive Outpatient Rehab Facility (CORF)
Congregate Care Facility
Convalescent Facility
County Indigent Health Care Program (CIHCP)
Day Habilitation (LTSS)
Dental Group/Practice
Diabetes Education Center
Diagnostic and Treatment Center
Dispensing Optical Company
Drug and Department Stores
DURABLE MEDICAL EQUIPMENT
Early Childhood Intervention (ECI)
Emergency Response Service/System
Employment Assistance
End Stage Renal Disease Facility (ESRD)
Endoscopy Facility
Family Counseling and Training
Family Planning Clinic
Federal Qualified Health Center (FQHC)
Financial Management Service Agency
Free Standing Emergency Room
Hearing Aid Equipment
Hemophilia Treatment Center
Home & Community Based Service
Home Health Agency
Home Infusion
Home Modification/Minor Home Modification
Hospice
Hospital Long Term, Limited or Specialized Care
Hospital, Acute Care
Hospital, Behavioral Health
Hospital, Military
Hospital, Pediatric
Hospital, Rehabilitation
Independent Lab/Privately Owned Lab
INFERTILITY CENTER
Infusion Therapy Clinic
Intensive Family Intervention Adult Living Fac
Laboratory
Local Behavioral Health Authority (LBHA)
Magnetic Resonance Imaging (MRI)
Maternity Service Clinic
Meals, Home Delivered Meals
Mental Retardation Diagnostic Services (MRDA)
Mobile X-Ray/Mobile Diagnostic Provider
Multi Specialty Clinic or Group
Non-Emergent Transportation Services
Nursing Home
Nursing/Health Care Staffing Service
Occupational Therapy Group/Clinic
Optometric Group/Practice
Organ Procurement Organization
Orthodontist Group
Orthotics/Prosthetics
Outpatient Rehab Facility (ORF)
Pediatric Day Health Care
Personal Assistance Services Agency
Personal Care Services
Pest Control
Pharmacist Group
PHARMACY
Pharmacy-Home Health IV LTC
Physical Therapy Group/Clinic
Physician Group
Physiological-Independent Diagnostic Testing(IDTF)
Podiatric Group/Practice
Prescribed Pediatric Extended Care Centers (PPECC)
Psychiatric Clinic
Psychiatric Residential Treatment Facility
Psychology Group
Public Health Agency
Radiation/Cancer Treatment Centers
Rehab Behavioral Hlth Serv Assisted Long-Term Care
Residential Treatment Facility/Program
Residential-Based Supported Community Living Serv
Retail Clinic
Rural Health Clinic-Freestanding/Independent
Rural Health Clinic-Hospital Based
Skilled Nursing Facility (SNF)
Sleep Medicine Center
Supported Employment Services
Transition Assistance Services (LTSS)
Tuberculosis (TB) Clinic-Group
URGENT CARE CENTER
Vehicle Modification (LTSS)

TAHP Standard Facility Application



Facility/Ancillary/Long-term Care Provider Credentialing Application

Provider identification			
Legal Business Name:			
Doing Business As (if applicable):			
Credentialing Contact:	Credentialing Contact Email:		
Credentialing Contact Phone:	Secure Fax:		
Alternative Contact:	Alternative Contact Phone:		
Taxpayer Identification Number:	National Provider Identifier (NPI):		
Taxonomy:	Atypical Provider Identifier (API):		
Location/Service Address to be Credentialed (Please note: if any of your locations has a unique license, unique NPI and/or a unique Tax ID number, a separate credentialing event and application will be required. If you have multiple locations that bill under the same license/NPI/Tax ID, please complete the Secondary Locations Excel Template.)			
Practice location name:			
Medicaid Number/TPI:	Medicare ID:		
Address line 1:			
Address line 2:			
City:	State:	ZIP+4 (Preferred):	County:
Phone:	Fax:	Primary contact:	
Billing information (if different than above)			
Billing name:			
Address line 1:			
Address line 2:			
City:	State:	ZIP+4 (Optional):	County:
Credentialing Address (Please Note: Aperture will send credentialing correspondence to this address.)			
Credentialing Contact:			
Address line 1:			
Address line 2:			
City:	State:	ZIP+4 (Optional):	County:

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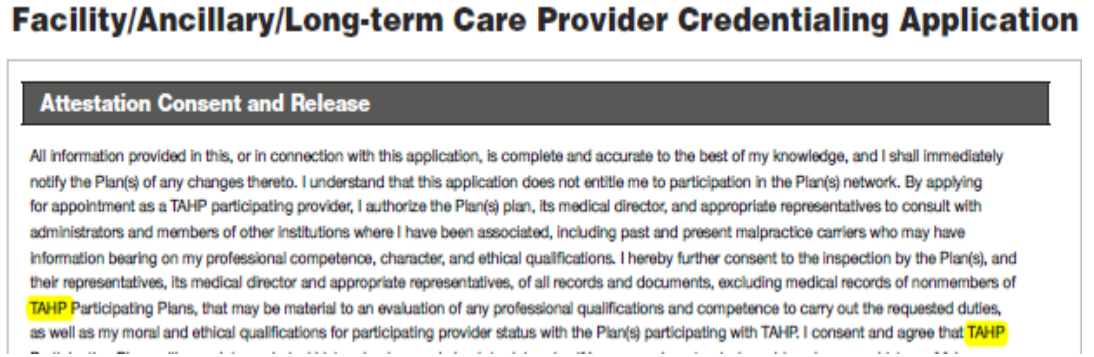

Facility/Ancillary/Long-term Care Provider Credentialing Application

Attestation Consent and Release

All information provided in this, or in connection with this application, is complete and accurate to the best of my knowledge, and I shall immediately notify the Plan(s) of any changes thereto. I understand that this application does not entitle me to participation in the Plan(s) network. By applying for appointment as a TAHP participating provider, I authorize the Plan(s) plan, its medical director, and appropriate representatives to consult with administrators and members of other institutions where I have been associated, including past and present malpractice carriers who may have information bearing on my professional competence, character, and ethical qualifications. I hereby further consent to the inspection by the Plan(s), and their representatives, its medical director and appropriate representatives, of all records and documents, excluding medical records of nonmembers of TAHP Participating Plans, that may be material to an evaluation of any professional qualifications and competence to carry out the requested duties, as well as my moral and ethical qualifications for participating provider status with the Plan(s) participating with TAHP. I consent and agree that TAHP

Facility Application Notes

- Facility Application is 13 pages
- All pages of the application should be returned, “N/A” should be reflected on the pages if they don’t apply
- Facility Application covers all facility types including LTSS and Behavioral providers
- One application is completed per physical service location with one facility type
- Previous applications submitted to Aperture can be utilized if the provider completed the consent in the manner hi-lighted above and the attestation is within 120 days.

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Aetna View of Provider/PSV Action

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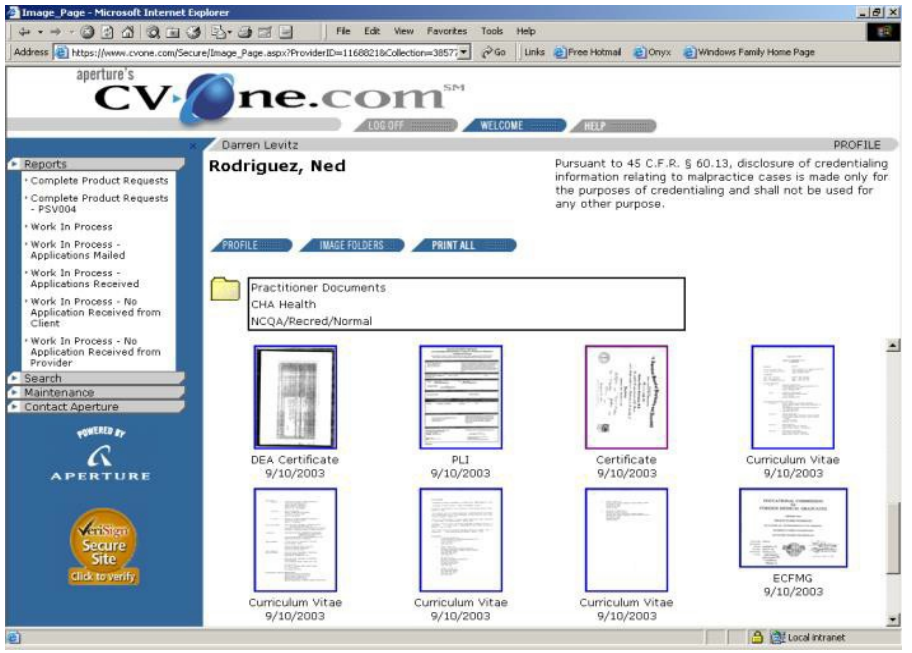
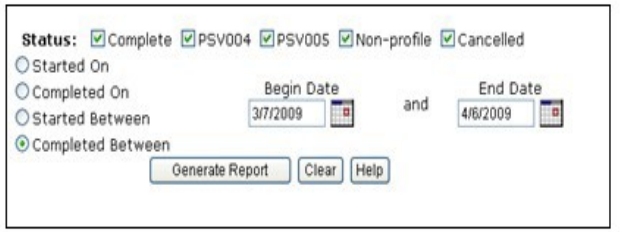
Aperture CvOne Reporting





- A portal into Aperture's operations for your business
- Robust reporting with the ability to enter custom date parameters and extract reports to MS Excel with a single click (for the ability to filter, pivot, sort and use other standard Excel functionality)

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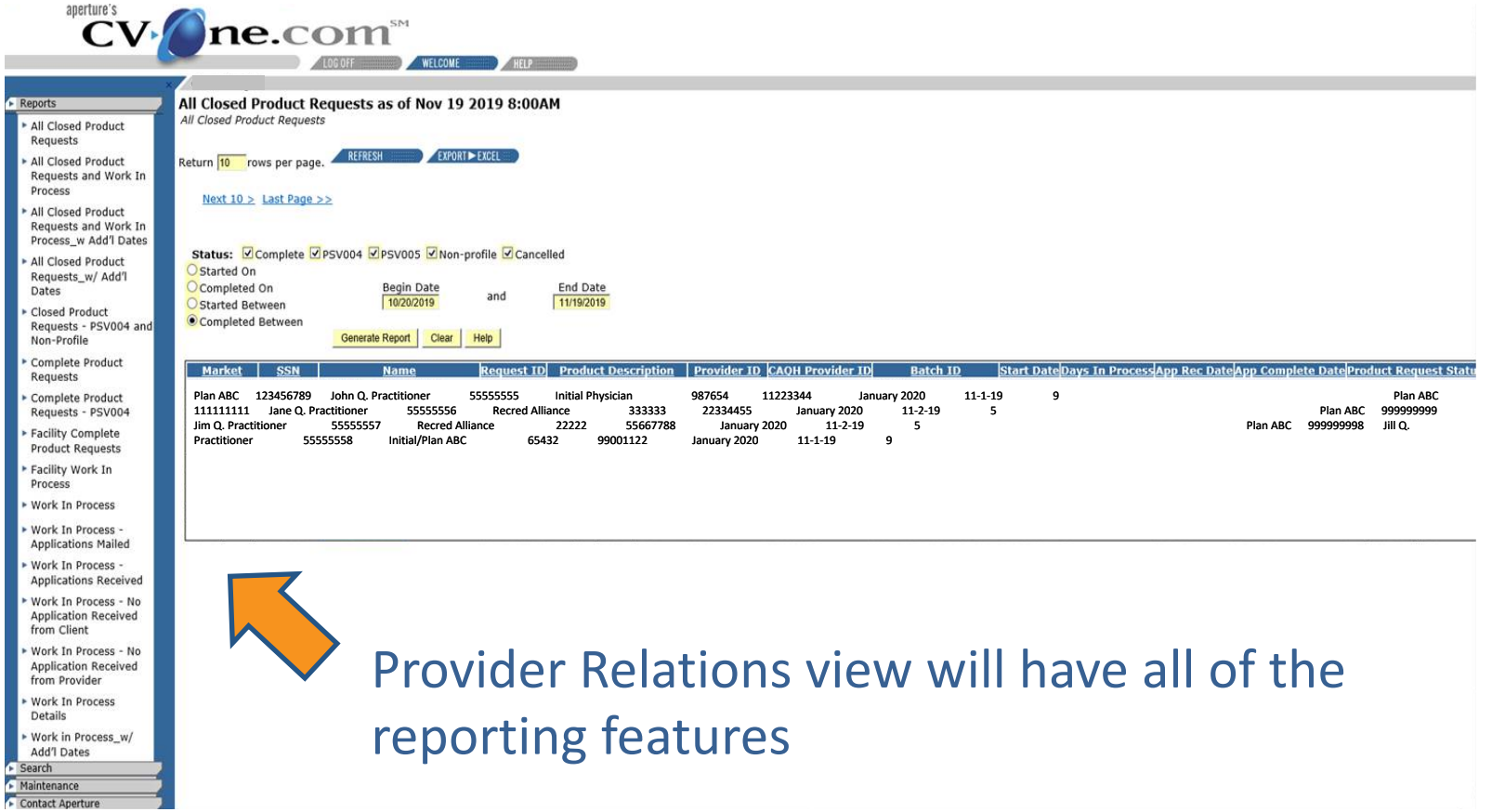
Aperture CvOne Provider Relations View



Provider Relations view will have all of the reporting features

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Aperture CvOne Provider Relations View

Provider: John Q. Practitioner **Start Date:** 10-25-2019 **Status:** Request Complete
Client: ABC Plan **Expected Complete:**
Offering: Initial Physician **Complete Date:** 11-9-2019 **Batch Description:** November 2019

Return 14 rows per page. REFRESH PROFILE

Attempt Date	Attempt Type	Contact Name	Contact	Attempt
11/7/2019	Mail	Smith, Jane	123 Yourstreet Dr. Anywhere, TX 11111	- Attention Credentialing Manager
11/20/2019	Email	Smith, Jane	smithjane@abcdr.com	-An application is needed
11/28/2019	Email	Smith Jane	smithjane@abcdr.com	- Attention Credentialing - Am application is needed

This access will allow the user to see the status of the file as well as any missing elements

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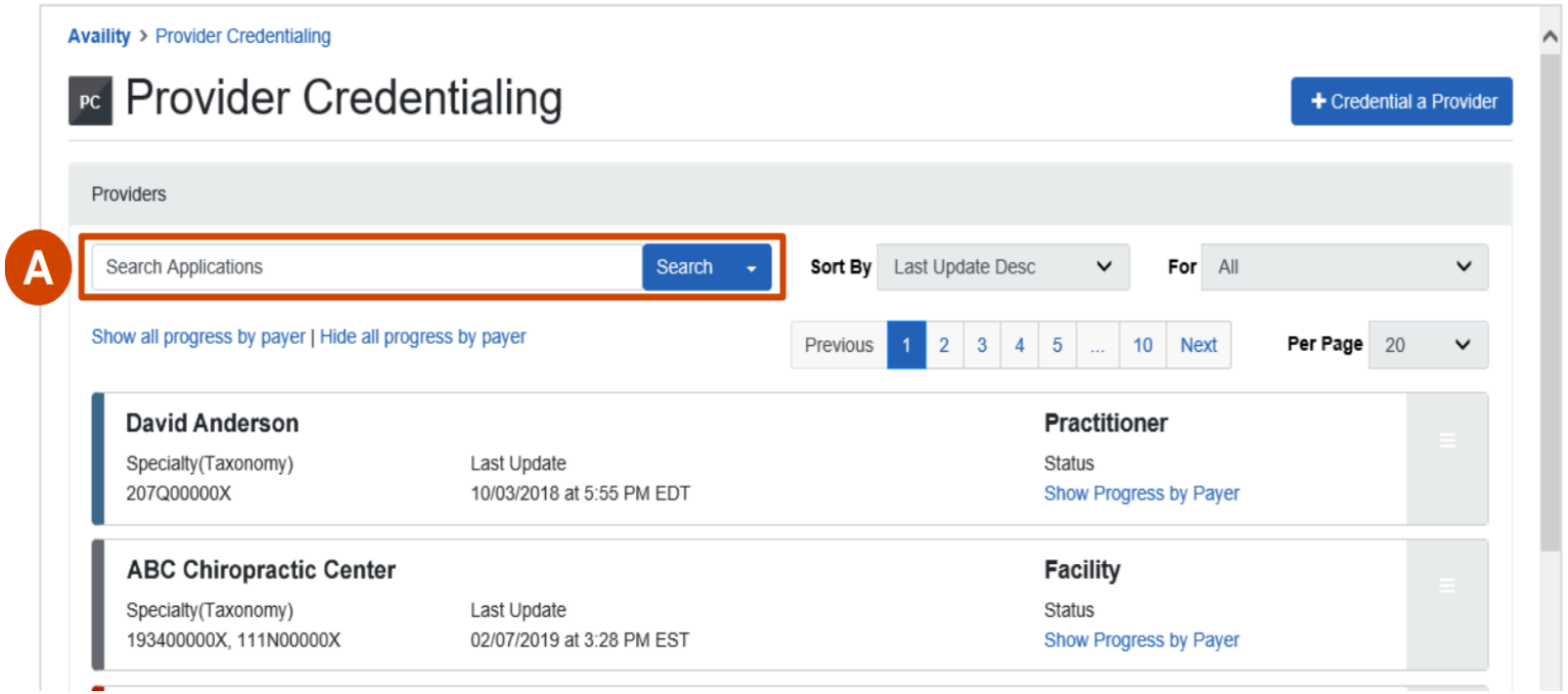
Availity – Search Features with Credentialing Dashboard

- Type the search criteria in the search field, and then click Search. You can search by:
  - Practitioner or facility name
  - Tax ID
  - NPI
  - City,
  - State, or
  - ZIP code associated with a service location
- To clear the search criteria, click next to the Search button, and then click Clear



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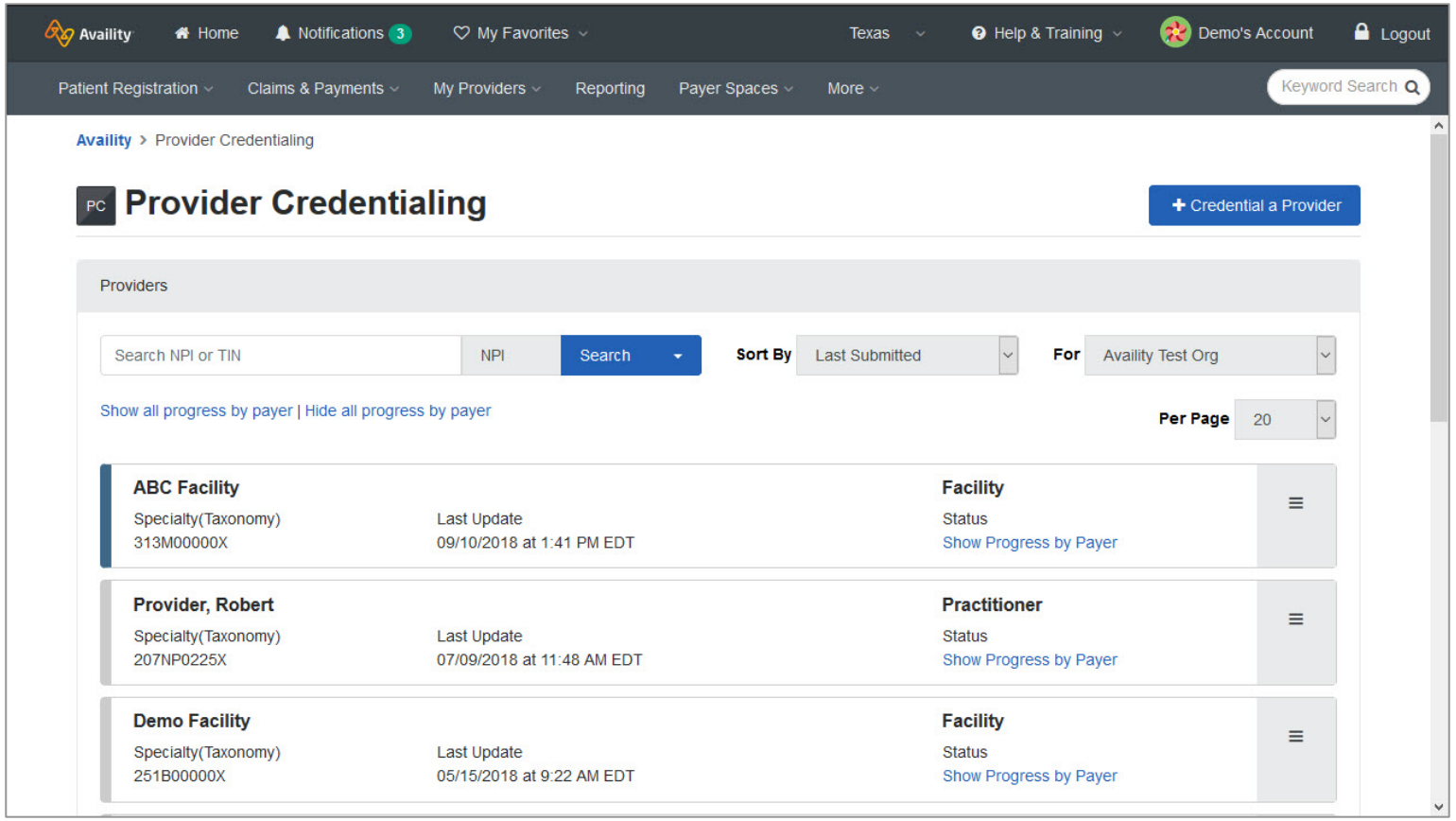
Availity Credentialing Dashboard

- Search and sort the list with key information
- Statuses are color-coded
  - Gray - application has been started but not submitted
  - Blue - application has been submitted and is in progress
- Expand sections to view progress and history details
- Amend or terminate applications in-progress



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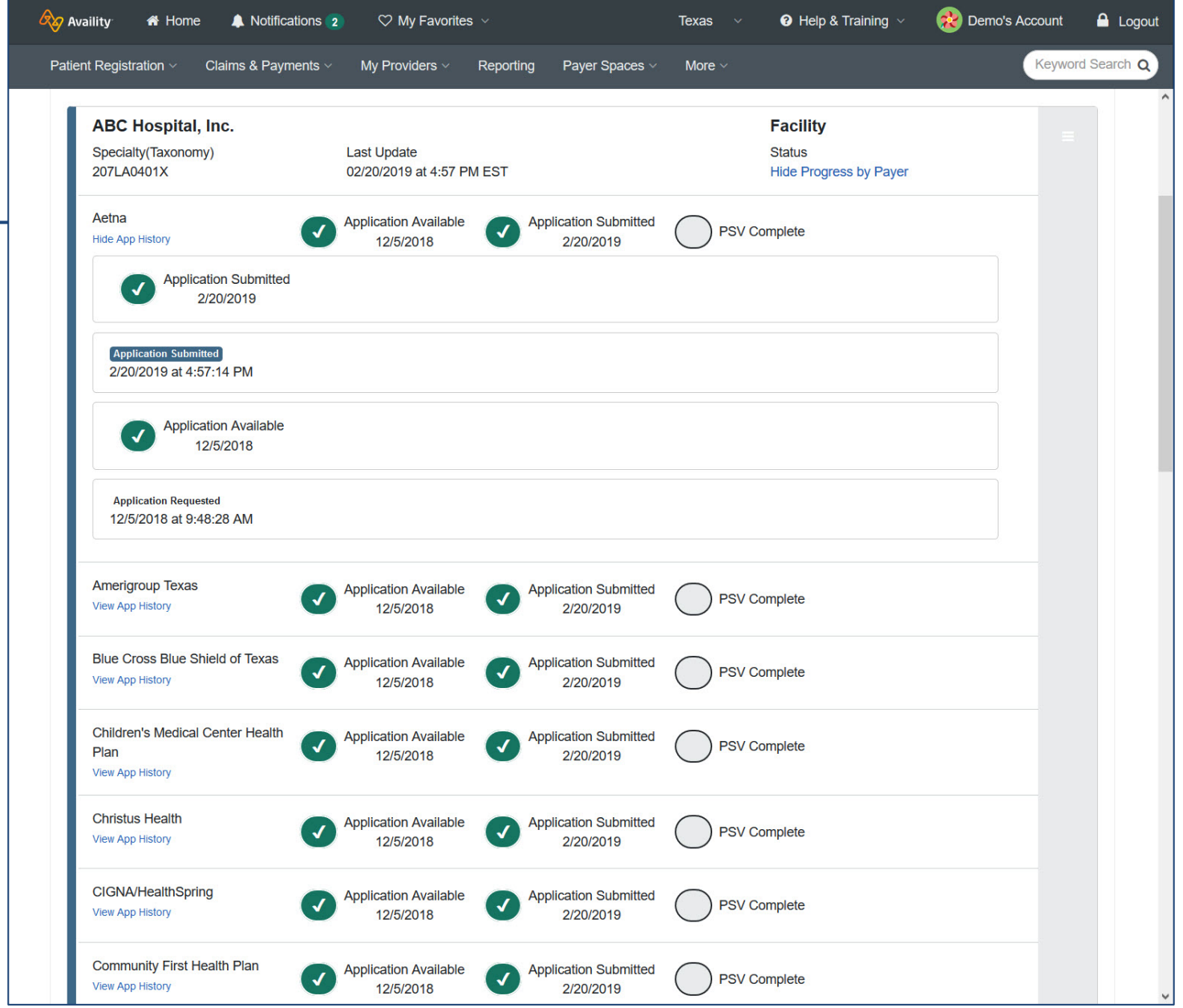
Availity Credentialing Dashboard

a) Show or hide the progress of the application
b) Show or hide the history details of the application



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Questions and Discussion

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