



Credentialing Verification Organization (CVO) Provider FAQ

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.

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

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

Who do I contact to pursue an MCO contract?

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.

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

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

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

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.

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.

Steps for New Providers

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.