

Terms

Aperture (DBA Verisys) - performs Primary Source Verification to ensure information on provider credentialing applications is correct and has been authenticated directly with the principal source.

Credentialing - the review of qualifications and other relevant information pertaining to a provider who seeks to participate in health or dental plans' networks.

Credentialing Alliance - The Texas Association of Health Plans (TAHP) has formed a Credentialing Alliance to simplify your re-credentialing process. Participating MCOs have agreed to process one application on the same re-credentialing schedule and accept the Texas Standardized Credentialing Application.

Credentialing Committee - Contracting and credentialing are separate processes that culminate independently and meet at the conclusion of the credentialing process to allow the provider to be accepted into an MCO or DMO's Medicaid network. Some MCOs/DMOs gather contracting materials prior to the provider being sent to credentialing for approval and some negotiate contracting after the credentialing process is complete.

Council for Affordable Quality Healthcare (CAQH) - accepts and processes practitioner credentialing applications. Facilities and entities submit applications directly to Verisys, and do not utilize CAQH.

Dental Maintenance Organization (DMO) - also called dental plans. Providers must participate in an DMO's network to render services through a Medicaid DMO. DMOs have the ultimate decision making power in the credentialing and recredentialing of their providers.

Managed Care Organization (MCO) - also called health plans. Providers must participate in an MCO's network to render services through a Medicaid MCO. MCOs have the ultimate decision making power in the credentialing and recredentialing of their providers.

Primary Source Verification (PSV) - the process of confirming the authenticity of data provided on your credentialing application directly with the principal source.

Provider Enrollment - All providers that want to participate in state health-care programs must enroll in Texas Medicaid. This occurs separately from Credentialing. For more information on provider enrollment, refer to the Provider Enrollment one pager.

Recredentialing - the review of credentialing every 3 years.

TAHP (Texas Association of Health Plans) - The Texas Association of Health Plans (TAHP) manages the centralized credentialing entity, known as Texas Credentialing Verification Organization (CVO), on behalf of Texas' Medicaid managed care organizations (MCOs)