

MCO and DMO Credentialing

Presentation for the Clinical Oversight
and Administrative Simplification
SMMCAC Subcommittee

February 8, 2024



**Texas
CVO**

**Texas Credentialing
Verification Organization**

Background

- SB 200 (84R) requires a streamlined process for Medicaid provider enrollment and managed care credentialing
- 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)
- In accordance with 8.1.4.4 of the Uniform Managed Care Contract, all Medicaid MCOs must utilize TAHP's contracted CVO, Verisys, as part of its credentialing and recredentialing process regardless of membership in TAHP. The CVO is responsible for receiving completed applications, attestations and primary source verification documents.
- CVO Benefit: Prior to the passage of SB 200, provider re-credentialing dates varied by health or dental plan, based on a provider's original credentialing date. Now, providers who contract with multiple plans have 1 recredentialing date—the earliest date they were due for recredentialing, which occurs every 3 years, with any plan.

Key Terms

- **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 Medicaid MCOs and DMOs plans based on requirements of each Practitioner/Facility Type.
- **Verisys** serves as the online facility application portal for all Medicaid plans and also provides the practitioner application portal.
- **Council for Affordable Quality Healthcare (CAQH)** serves as the online application portal. Applications may be submitted in other ways, such as by paper and/or directly to Verisys.
- **Facility** - health care facility types include hospitals, skilled nursing facilities, nursing homes, birthing centers, behavioral health care, freestanding surgical centers, and Ancillary Service Providers, which provide health care services.
- **Credentialing** - the review of qualifications and other relevant information pertaining to a provider who seeks to participate in a health plan's network.
- **Recredentialing** - the re-review of credentialing every 3 years in accordance with regulatory agencies and accreditation bodies.

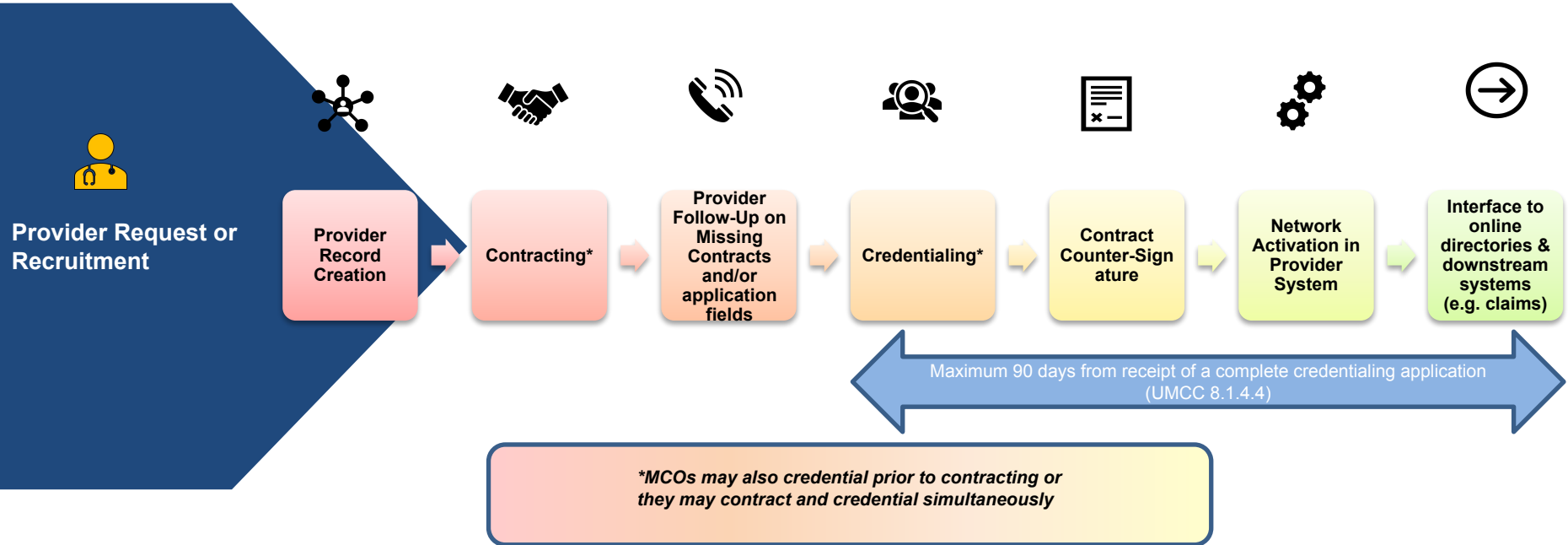
What's a Credentialing Verification Organization (CVO)?

- According to the [NCQA](#) (a non-profit CVO accreditation organization), a CVO is “an organization that conducts primary source verification of practitioner credentials for other organizations.”
- Hiring CVOs is a common practice for healthcare organizations seeking to reduce the administrative burden of credentials verification.

What does a CVO do?

- CVOs work on behalf of their clients to gather and validate all relevant information on new or current providers.
 - CVOs use PSV to obtain information about medical education and training, work history, licenses, and certifications. They also search thousands of databases, including sex offender and abuse registries.
 - This information is used by the MCOs and DMOs to protect patients from potentially fraudulent or dangerous practitioners and ensures compliance with federal and state regulations.
- [Verisys](#) is certified by [NCQA](#) and accredited by [URAC](#). Verisys' SaaS-based solution screens and monitors provider credentials using PSV and highly sophisticated identity matching algorithms.
 - Verisys also deals directly with providers to handle provider disputes and adverse event reporting, if necessary.

MCO Provider Onboarding – E2E Process



The Medicaid Credentialing Process

Step 1: MCO or DMO to Verisys

- MCO/DMO submits Verisys Work Order to initiate the credentialing process

Step 2: Verisys to Provider

- Verisys sends 1st provider outreach educating provider on the process and directing provider to applicable application portal
- Providers have 60 days for an application to be submitted
- Reminders are sent every 15 days

Step 3: Provider to Verisys

- Provider submits application
- Verisys bridges application (24-48 hrs)
- Verisys completes PSV based on workflow requirements

Step 4: Verisys to MCO or DMO

- Once PSV is complete, Verisys will send the results to MCO/DMO via SFTP folder
- MCO/DMO completes the credentialing process: review against criteria and decision making by medical director or committee



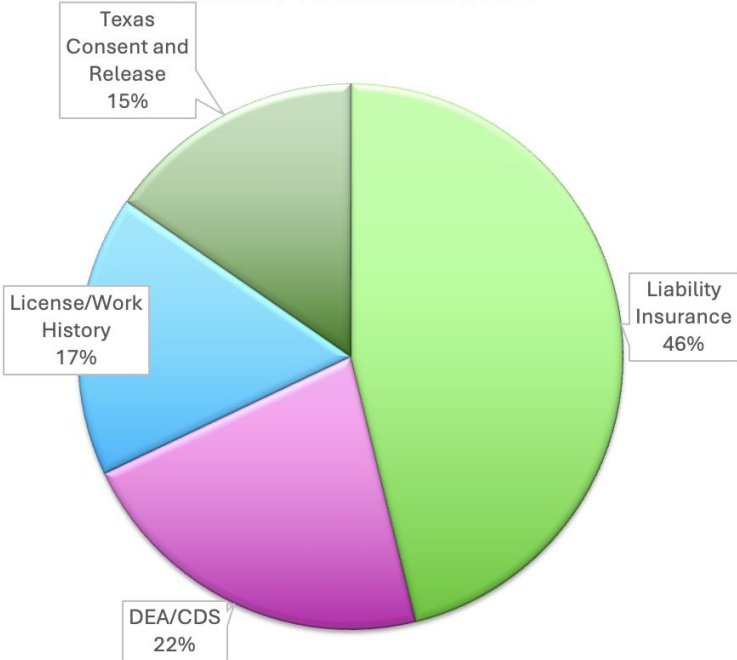
Practitioner Credentialing Elements

Requirement		PSV Source
Application	<ul style="list-style-type: none"> • Current within 120 days • Released to the MCO or DMO • Complete, including responses to confidential questions with explanations for any Yes answers 	<ul style="list-style-type: none"> • CAQH or • Verisys
License or Certification	<ul style="list-style-type: none"> • Current, unrestricted license or certification 	<ul style="list-style-type: none"> • Licensing or Certifying Board
DEA or CDS, if applicable	<ul style="list-style-type: none"> • Current 	<ul style="list-style-type: none"> • NTIS • Copy of DEA or CDS Submitted with the Application
Board Certification, if applicable	<ul style="list-style-type: none"> • Certification in practicing specialty. If not certified, training must be verified 	<ul style="list-style-type: none"> • ABMS or AOA
Education/Training (initial only)	<ul style="list-style-type: none"> • Completion of residency or highest-level education 	<ul style="list-style-type: none"> • Institution or AMA
Work History (initial only)	<ul style="list-style-type: none"> • Last 5 years • No gap >6 months 	<ul style="list-style-type: none"> • Application or CV
Malpractice Insurance	<ul style="list-style-type: none"> • Current • Limits meet MCO Requirements 	<ul style="list-style-type: none"> • Copy of Certificate of Insurance Submitted with the Application
Professional Liability Claims Hx	<ul style="list-style-type: none"> • Explanation of Cases included with Application 	<ul style="list-style-type: none"> • NPDB
State sanctions, Restrictions on licensure, and Limitations on scope of practice	<ul style="list-style-type: none"> • Explanation of Yes Answers on Application 	<ul style="list-style-type: none"> • NPDB • State Board Orders for Licensure Actions
Medicare and Medicaid sanctions	<ul style="list-style-type: none"> • No sanctions 	<ul style="list-style-type: none"> • NPDB • Exclusion File • OFAC/LEIE/OIG/SAM

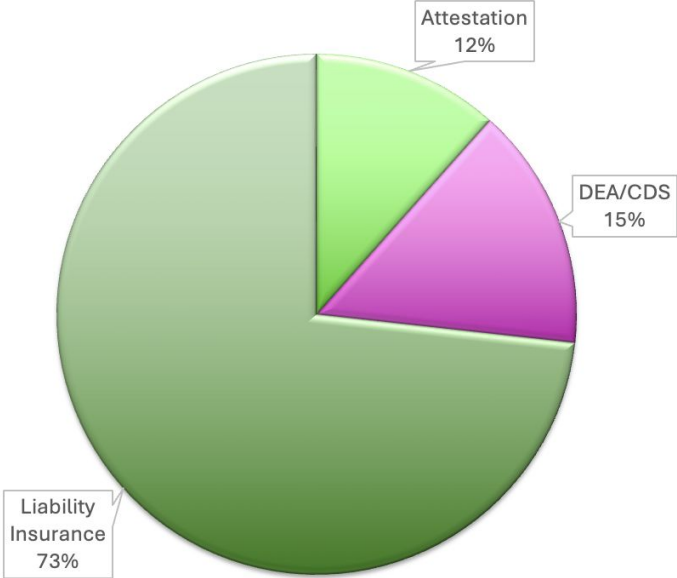
Red font indicates elements most commonly missing from the provider application

Credentialing File Return Reasons

Initial Practitioner Files



Recred Practitioner Files



The PSV Process Timeline

- Verisys' PSV timeframe starts upon receipt of a complete provider application.
- The associated product code determines timeframe and can span from 8 days (expedite/urgent) to 30 days (routine facility).

Differences in Credentialing among MCOs and DMOs

- The order of PSV and contracting vary from plan to plan (some MCOs contract before, some after PSV).



Questions?



Texas Credentialing
Verification Organization