Community Health Worker & Doula

STAKEHOLDER MEETING

Welcome & Introductions

Agenda

- Overview of House Bill 1575 and CPW

- Provider Enrollment Overview

- Health Plan Credentialing & Contracting

What is Medicaid?

Medicaid

A jointly funded state-federal healthcare and long-term services program for certain groups of low-income persons

CHIP

A similar program for children whose families earn too much to qualify for Medicaid but can not afford health insurance

HHSC

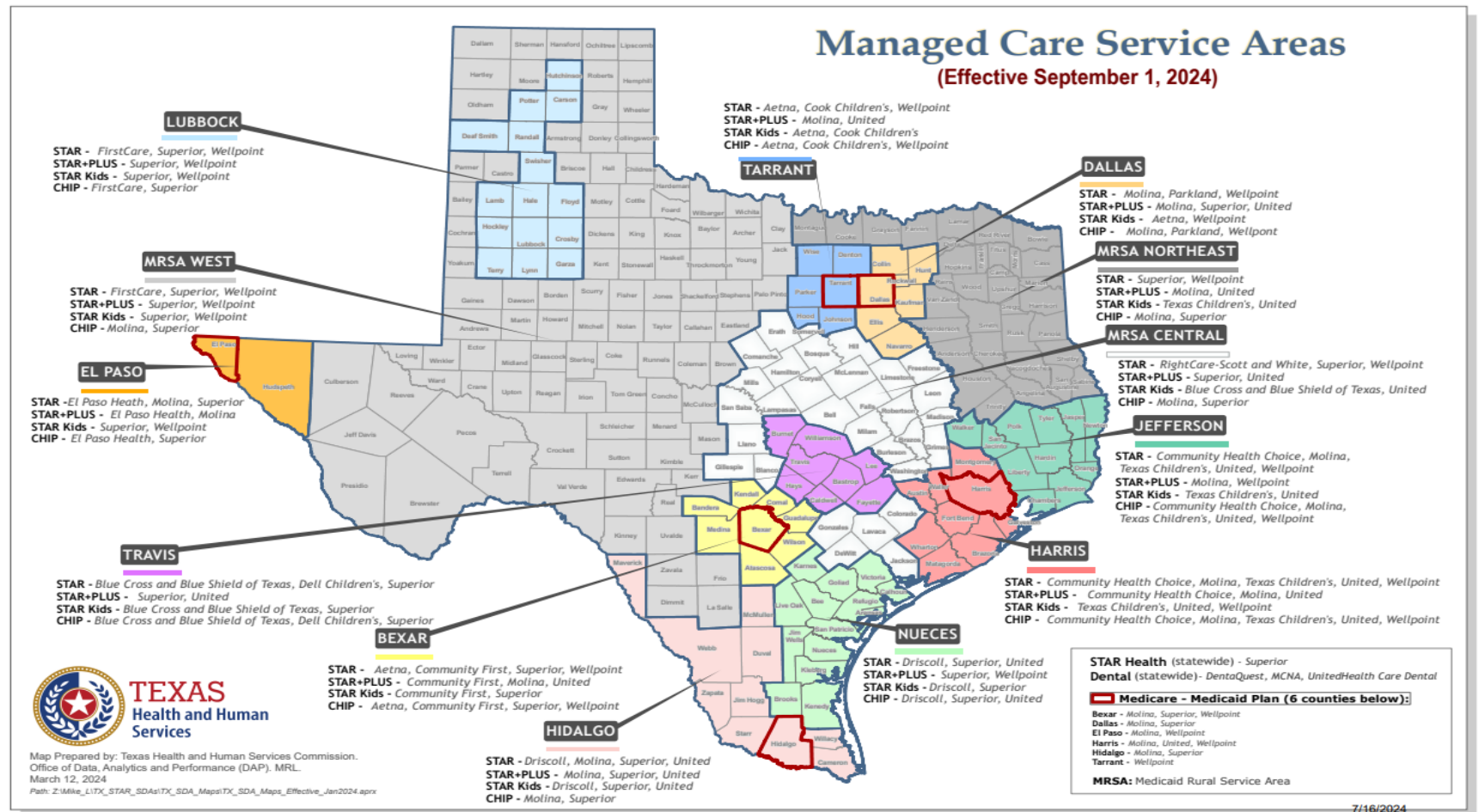*Certain clients may be on Medicare and Medicaid*

Medicare

A federal program that provides health coverage for people who are 65 and older or have a severe disability, regardless of income

Medicaid Managed Care Service Areas

[Texas Managed Care Service Areas Map](#)

Summary of House Bill (H.B.) 1575, 88th Legislature, Regular Session, 2023

- Medicaid Managed Care Organizations (MCOs) and Thriving Texas Families (TTF) screen pregnant women for non-medical health-related needs and coordinate services

- Pregnant women must opt-in

- MCOs and TTF share results with HHSC

- Community Health Workers (CHW) and Doulas as new providers of Medicaid case management for Children and Pregnant Women (CPW) services

- Revised provider training for CPW services

- Report sent to the Legislature every two years

Case Management Services

About CPW

Case management for children and pregnant women (CPW) services are a Medicaid benefit for children birth through 20 years of age and pregnant women of any age who have a health condition, health risk, or high-risk condition.

Services are furnished to assist members in gaining access to needed medical, social, educational, and other services.

CPW case management providers:

- Complete an initial assessment to determine if the individual is Medicaid eligible.

- Conduct a comprehensive face-to-face assessment and periodic reassessments of the member needs.

- Develop a care plan that identifies a course of action.

- Conduct follow-up activities to ensure the care plan is implemented and needs are being addressed.

TEXAS
Health and Human Services

H.B. 1575 Impact on CPW

Current CPW Services ➡ **With H.B. 1575**

- Licensed nurses
- Social workers

- Case management for medical, social, educational & other services

- MCO service coordinators are primary to help members access medical and social services

+ Expands who can provide CPW services
- Community Health Workers (CHWs)
- Doulas

+ New needs may be identified
- Specific focus on food, housing, transportation and child care needs

+ More coordination options
- If member has an established relationship or preference, they can keep their CPW provider to address medical and social needs

*Medicaid fee-for-service clients still get this benefit

Steps to Become a CPW Case Management Provider

STEP 1 — Contact AskCM@hhs.texas.gov to indicate interest in becoming a CPW Provider

STEP 2 — DSHS Regional Liaison contacts the interested provider to schedule a pre-planning session

STEP 3 — DSHS Regional Liaison completes pre-planning process and determines if provider meets criteria for next step in the process

STEP 4 — Provider completes all training requirements

STEP 5 — Provider receives approval letter to begin the official enrollment process to become a Medicaid CPW provider

STEP 6 — Provider obtains National Provider Identifier from the National Plan & Provider Enumeration System

STEP 7 — Provider enrolls through PEMS as either a group or individual provider December 2024

STEP 8 — Provider receives enrollment completion notice from PEMS

STEP 9 — Newly enrolled providers are included on the master provider file that is sent to all managed care organizations

STEP 10 — Provider contracts and credentials with managed care organizations in their area and provision of services can begin

CHWs and Doulas who attended any summer 2024 trainings are here

TEXAS
Health and Human Services

Preplanning and Training

Step 1-3: Interest & Preplanning

❖ Contact HHSC by emailing AskCM@hhs.texas.gov
❖ A regional DSHS liaison will contact you to schedule
❖ The preplanning session gives information about the CPW program and requirements for becoming a provider

Step 4-5: Training & Approval to Start Enrollment Process

Expanded CPW Training	Required for all CPW providers to enroll in Texas Medicaid	🌐 Self-paced online

Four prerequisite courses found on
Case Manager | Texas Health Steps

Completing the standardized "Case Management Training" course is the last step to begin the official enrollment process

Certification and Requirements

Existing CPW Providers

> ### Nurses

- Licensed in Texas
- Advanced practice, or
- Bachelors in nursing, or
- Associate degree in nursing with specific experience

> ### Social Workers

- Licensed in Texas
- Including independent practice

New CPW Providers

> ### Community Health Workers (CHWs)

- Must have current certification by DSHS

> ### Doulas

- Determined two appropriate pathways to certification
    1. Experience
    2. Training

What to Know about CPW Case Management and MCOs

➡️ **Doulas and CHWs enroll with HHSC and credential/contract with MCOs starting December 1.**

New provider types must be added to both the state and MCO systems. HHSC is updating the following:

- The provider enrollment system (PEMS); and
- The Medicaid fee-for-service claims processing system.

MCOs are updating credentialing/contracting processes and claims processing systems.

➡️ **MCO requirements:**

- Service coordination
- CPW access requirements
- Third party insurance requirements
- Professional liability insurance timing

MCO Service Coordination

MCOs provide service coordination to provide assistance with accessing medical and social services. MCO activities include:

- Development of a service plan.

- Help accessing providers to ensure access to covered services.

- Coordination of authorizations.

- Coordinate non-capitated services and enlist the involvement of community organizations.

CPW Access Requirements

To ensure access to care, the managed care organizations must:

1
Include CPW providers in their network and ensure access to CPW services

2
No duplication of payment and allow direct referrals to CPW providers

3
New: Allow members to keep CPW provider when previous relationship or member preference

4
New: Continuity of care for members who had CPW provider while in fee-for-service and referrals to CPW providers

Third Party and Professional Liability Insurance

Third-Party Liability and Third-Party Recovery

- ➢ MCOs must first pay and later seek recovery from liable third parties for CPW services.

Professional Liability Insurance.

- ➢ MCOs must ensure providers have professional liability insurance.
- ➢ MCOs must allow new CPW providers 6 months to obtain the insurance.
- ➢ CPW providers are not required to obtain malpractice insurance.
- ➢ Dollar amount not specified.

Resources for Providers

Updates to the Uniform Managed Care Manual (UMCM) 16.1

Updates to CPW Program Services Benefit Criteria
Effective December 1, 2024 | TMHP

New Doula and CHW Provider Types for CPW Case
Management Services Available December 1, 2024 | TMHP

Webinars on H.B. 1575 updates and information can be found at:
Case Management Providers CPW | Texas Health and Human Services

July 24, 2024: *Current CPW providers webinar*

July 25, 2024: *New CPW providers webinar*

Questions about H.B. 1575

AskCM@hhs.texas.gov

PRESENTER

Elisa Hernandez

Provider Relations Representative

Five years at Texas Medicaid and Healthcare Partnership (TMHP)

TOPICS

- Enrollment Requirements and Overview

- Provider Enrollment and Management System (PEMS) Enrollment for Groups and Individuals

- Resources

- Question and Answer Session

At the conclusion of today's presentation, we will hold a Question-and-Answer Session. Please ensure that any questions posed are tracked and documented for discussion at the conclusion of the session.

ENROLLMENT REQUIREMENTS AND OVERVIEW

WHAT IS THE PROVIDER ENROLLMENT AND MANAGEMENT SYSTEM (PEMS)?

PEMS is the single tool for provider enrollment, reenrollment, revalidation, change of ownership, and maintenance requests (maintaining and updating provider enrollment record information).

A paperless enrollment process. One, "smart" online provider enrollment application for all programs. Real-time data validation to reduce errors and speed application processing.

REQUIREMENTS TO ENROLL AS A DOULA PROVIDER

Doula's With the Experience Pathway

- **Attest to having five years of experience as a doula within the last seven years*.**
- **Attest to attendance in three births in the last seven years*.**
- **Attest to having completed Health Insurance Portability and Accountability Act (HIPAA) training*.**
- **Submit an approval letter from HHSC*.**
- **Upload their HIPAA certification*.**
- **Submit three professional letters of recommendation dated in the last seven years*.**

*Information highlighted yellow and bolded indicates an attachment in PEMS

UPLOADED FILES	ATTACHMENT NAME	CURRENT REQUEST	DATE UPLOADED	ATTACHMENT ACTIONS		
HHSC Approval Letter.docx	Approval Letter from HHSC	YES	11/13/2024 02:21 PM	👁 View	⇄ Replace	✕ Delete

REQUIREMENTS TO ENROLL AS A DOULA PROVIDER

Doula's With the Training Pathway

- **Attest to having completed all training that is necessary to meet the core competency requirements*.**
- **Attest to attendance in three births*.**
- **Attest to having completed HIPAA training*.**
- Submit an approval letter from HHSC*.
- Upload their HIPAA certification*.
- Submit three professional letters of recommendation dated in the last seven years*.

*Information highlighted red and bolded indicates an attestation or a confirmation in PEMS this has taken place

☑ Attest to having completed the Health Insurance Portability & Accountability Act (HIPAA) training *

REQUIREMENTS TO ENROLL AS A CHW PROVIDER

Community Health Worker (CHW)

*Information highlighted yellow and bolded indicates an attachment in PEMS

- Submit an **approval letter from HHSC***.

- Submit their **CHW certification** number and state the expiration date, which should be no more than two years from the date of enrollment as a CHW.

- Attest to having completed HIPAA training.

- **Upload their HIPAA certification***.

CERTIFICATION/APPROVAL LETTERS

Approval Letter from HHSC (Doulas and CHW)

- Provider will email askcm@hhs.Texas.gov to express interest in enrolling as one of these two provider types
- An HHSC liaison will reach out to schedule a pre-planning session to discuss case management options; where you want to provide services, whether to enroll as a group or individual provider, required training, etc.
- Complete 9.5 hours of training (5 training courses)
- After completing the training HHSC will provide you with an approval letter
- You will upload this approval letter as an attachment in PEMS when enrolling

HIPAA Certification (Doulas and CHW)

- Providers will need to take a HIPAA Training
- Receive a certification indicating you have taken this
- Upload the certification within the Attachments tab within PEMS

Note: If you are unsure where to take the HIPAA training, HHSC offers a free HIPAA training on their website.
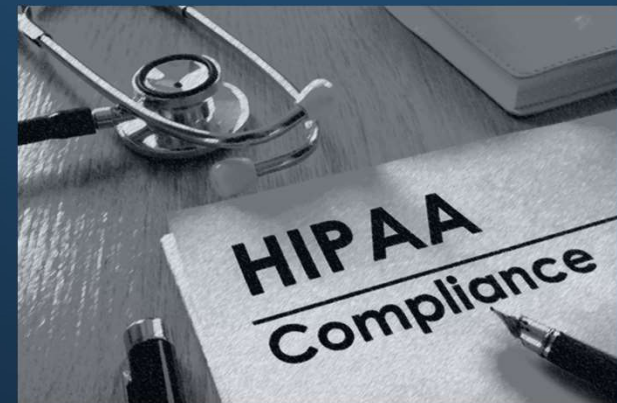
CERTIFICATION/APPROVAL LETTERS

CHW Certification (only for CHW)

- Visit DSHS at https://www.dshs.texas.gov/community-health-worker-or-promotora-training-certification-program/chw-certification-renewal/chw-initial-certification
- Complete the required training to obtain your CHW certification number
- Enter this certification number into PEMS within the License/Certification/Accreditation tab.

Note: These certifications are for two-year periods. You must maintain your certification by following the training requirements identified by DSHS. You must update the expiration date in PEMS through a maintenance request before the certification expires. You will receive a notice from PEMS prior to the expiration as a reminder. You would need to update the expiration date in PEMS through a maintenance request once this has taken place.

Community Health Worker Initial Certification

Community Health Workers (CHWs), or Promotores de Salud, are non-medical public health workers who connect communities to health care and social service providers. The Texas Department of State Health Services (DSHS) established the CWH program, in accordance with Health and Safety Code Chapter 48 to operate a program designed to train and educate persons within the CHW program.

CHWs demonstrate skills in the eight core competencies 🗎 and must meet the following certification requirements:

- Texas resident
- Must be 16 years old.
- Training – Completion of an approved DSHS-certified 160-hour competency-based Community Health Worker training program.
  OR
  Experience – At least 1000 cumulative hours of community health worker services within the most recent three (3) years. Experience will be verified with the supervisor(s) noted in the application.

TYPES OF PROVIDERS

Group (with an organizational NPI)

This type of enrollment applies to healthcare items or services provided under the auspices of a legal entity. A group must have at least one performing provider enrolled in the group.

Individual

This type of enrollment applies to an individual healthcare professional who is licensed or certified in Texas and who is seeking enrollment under the name and social security or tax identification number of the individual.

Performing Provider

This type of enrollment applies to an individual health care professional who is licensed or certified in Texas, and who is seeking enrollment under a group.

ENROLLMENT TIMELINE

Deficiencies Corrections
Providers have 45 days total to resolve all deficiencies before a request is closed out

Does not require HHSC-OIG Review
Revalidations, most maintenance updates, add/modify for performing providers.

HHSC-OIG Review
They have up to 30 days to screen and make an enrollment decision. Typically, this process does not take the full 30 days.

Provider Enrollment will review the submitted request within 30 business days.

If deficiencies are identified, you will need to correct this information.

If there are not any deficiencies, see Step 4.

Once the request is resubmitted Provider Enrollment has up to 30 business days to review these corrections.

If the request needs HHSC-OIG Approval, it will be sent to them. It can take up to 30 days to decide.

When TMHP receives the decision from HHSC-OIG, we will relay that to the provider within 8-10 business days.

1
Application Submitted

2
Deficiencies Identified?

3
Request Resubmitted

4
HHSC - OIG Review

5
Review HHSC -OIG Decision

TAXONOMY REQUIREMENT FOR DOULA'S

If enrolling as an individual or performing provider Doula provider, please ensure that taxonomy code **374J00000X** is added to your National Provider Identifier (NPI).

If enrolling as a group, you can use taxonomy code 193400000X or 193200000X.
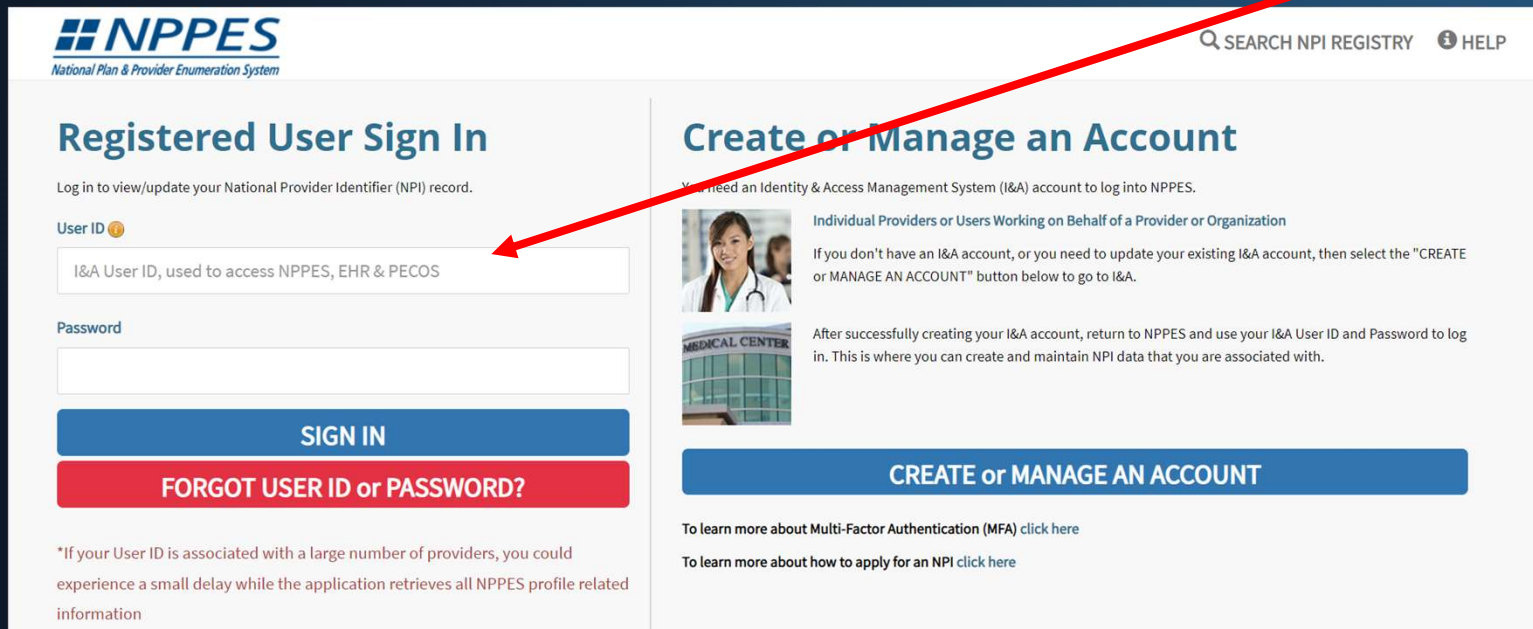
UPDATING TAXONOMIES

If you do not see the taxonomy code that you would like to use for enrollment, please update your taxonomy codes at **NPPES Site**

Log into NPPES with your credentials. Then edit the NPI to add or replace taxonomies code.

After updating and submitting the update in NPPES, the updated taxonomy should appear in PEMS usually within 15 minutes.

TAXONOMY REQUIREMENT FOR COMMUNITY HEALTH WORKER

If enrolling as Community Health Worker (CHW), please ensure that taxonomy code **172V00000X** is added to your National Provider Identifier (NPI).

If enrolling as a group, you can use taxonomy code 193400000X or 193200000X.

COMPLETING THE PEMS REQUEST

NPI TAXONOMY INFORMATION

~~SERVICES PROVIDED~~ ✓

PROVIDER INFORMATION

LICENSES/CERTIFICATIONS/ACCREDITATIONS

DISCLOSURES

ACCOUNTING/BILLING INFORMATION

OWNERSHIP/CONTROLLING INTEREST

PROGRAMS

PRACTICE LOCATION INFORMATION

~~APPLICATION FEE~~

ATTACHMENTS ✓

AGREEMENTS

Do not complete the:

Services Provided tab

or

Application Fee tab
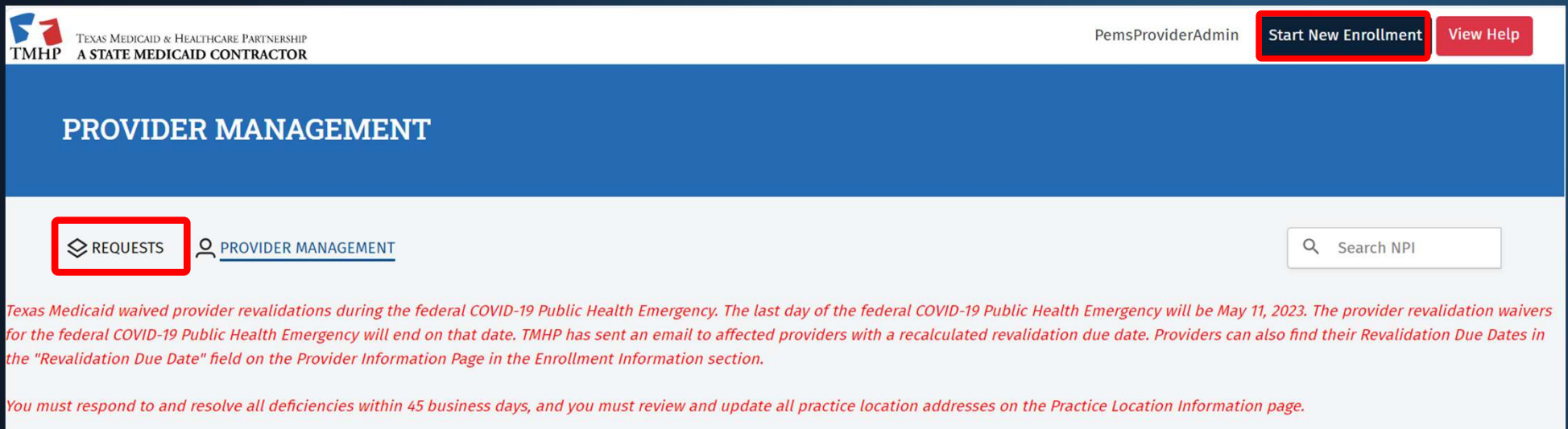
Tips for Success

- Complete all fields with a red asterisk

- Click Save on the bottom of each tab, after completion

- Ensure each tab has a blue check circle before submission

- If you leave the request, make sure to use the Request tab, we reviewed earlier, to access the draft from the PEMS dashboard

- Reach out to TMHP directly if you need any assistance with PEMS

PEMS ENROLLMENT FOR GROUPS AND INDIVIDUALS

GETTING STARTED

Click **Start New Enrollment** in the upper-right corner to initiate the application request.

GETTING STARTED

Group Admins Enrolling Performing Provider Instructions

Groups may add performing providers through a group-initiated request for enrollment by following these instructions:

1) Click Cancel to navigate back to the PEMS Dashboard.

2) Search for the appropriate Group NPI/API from the PEMS Dashboard.

3) Click the Ellipsis [...] and then View to open the Enrollment Record.

4) Navigate to the Practice Location Information page using the left navigation. Scroll to the bottom of the page and click **+Add Performing Provider** button.

5) A pop-up will display. Enter the performing provider's National Provider Identifier (NPI) and answer a few more questions.

6) After completion of the pop-up window, a new group-initiated request will be started to add the performing provider to the group.

7) Complete and submit the request.
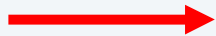
Continue   Cancel

This will generate a list of instructions for performing providers. Please click Continue.

GETTING STARTED

Check the top radio button and then Enter your NPI and click validate. After the NPI is validated check the box for the agreement and click "Begin Enrollment/Registration."

PROVIDER INFORMATION

LICENSE/CERTIFICATIONS/ACCREDITATIONS

NPI TAXONOMY INFORMATION	✓
SERVICES PROVIDED	✓
PROVIDER INFORMATION	✓
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	○
DISCLOSURES	○
ACCOUNTING/BILLING INFORMATION	○
OWNERSHIP/CONTROLLING INTEREST	○
PROGRAMS	○
PRACTICE LOCATION INFORMATION	○
APPLICATION FEE	○
ATTACHMENTS	✓
AGREEMENTS	○

Licenses/Certifications/Accreditations
—

Note - Only enter licenses/certifications/accreditations for the enrolling provider.

Do not enter any licenses/certifications/accreditations for other providers. Entering a license for another provider on this page may cause delays in processing.

If a supervising license is required for enrollment, please enter the supervising license on the applicable Program and Service Details records in the Practice Location page of the application.

See the Instructional Site for information about the licensing requirements for your enrollment

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	IN USE	REQUEST ACTION	REQUEST NUMBER
			No data available in table					

+ Add Licenses/Certifications/Accreditations

ATTESTATION FOR DOULAS IN THE LICENSE/CERTIFICATIONS/ACCREDITATIONS TAB

NPI TAXONOMY INFORMATION ✓

SERVICES PROVIDED ✓

PROVIDER INFORMATION ✓

LICENSES/CERTIFICATIONS/ ✓
ACCREDITATIONS

DISCLOSURES ○

ACCOUNTING/BILLING INFORMATION ○

OWNERSHIP/CONTROLLING INTEREST ○

PROGRAMS ○

PRACTICE LOCATION INFORMATION ○

APPLICATION FEE ○

ATTACHMENTS ✓

AGREEMENTS ○

ATTESTATION - DOULA ⬅

EFFECTIVE DATE *
📅 11/13/2024 ⬅

LAST UPDATE DATE
📅 MM/DD/YYYY

Doula Services*
⬅ ● Do you want to enroll as a Doula with experience?
⬅ ○ Do you want to enroll as a Doula with additional training in core competencies?

⬅ ☑ Approval letter from Texas Health & Human Services Commission (HHSC) to enroll as a Case Management for Children & Pregnant Women (CPW) provider *
HHSC approval letter is required.

EXPIRATION DATE
📅 11/13/2024

LAST UPDATE DATE
📅 MM/DD/YYYY

⬅ ☑ Attest to having completed the Health Insurance Portability & Accountability Act (HIPAA) training *
HIPAA Training Certificate required

EFFECTIVE DATE
📅 11/13/2024

LAST UPDATE DATE
📅 MM/DD/YYYY

⬅ ☑ Attest to having at least five (5) years of experience as a doula in the last seven (7) years *

⬅ ☑ Attest to having attended at least three (3) births in the last seven (7) years *

⬅ ☑ Three (3) professional letters of recommendation from the last seven (7) years *
Three recommendation letters are required

ATTACHMENTS FOR DOULAS IN THE LICENSE/CERTIFICATIONS/ACCREDITATIONS TAB

Navigation	
NPI TAXONOMY INFORMATION	✓
SERVICES PROVIDED	✓
PROVIDER INFORMATION	✓
LICENSES/CERTIFICATIONS/ACCREDITATIONS	○
DISCLOSURES	○
ACCOUNTING/BILLING INFORMATION	○
OWNERSHIP/CONTROLLING INTEREST	○
PROGRAMS	○
PRACTICE LOCATION INFORMATION	○
APPLICATION FEE	○
ATTACHMENTS	✓
AGREEMENTS	○

Scroll to the bottom of this tab to add your attachments

ATTACHMENTS

⬆ Click here to select files (Accepted file types are pdf, doc, docx, jpg or jpeg)

Select your attachment from the drop-down, and click Add Attachment

Add Attachments

DOCUMENT NAME *

Select Document Name ⌄

Select Document Name
HHSC Approval Letter
Professional Recommendation Letter
Proof of HIPPA Training
Training Certificate

All attachments should be reflected in this tab prior to submitting the enrollment request

UPLOADED FILES	ATTACHMENT NAME	CURRENT REQUEST	DATE UPLOADED	ATTACHMENT ACTIONS		
Letter of recommendation 3.docx	Professional Recommendation Letter	YES	11/13/2024 02:22 PM	👁 View	⇄ Replace	✕ Delete
Letter of recommendation 2.docx	Professional Recommendation Letter	YES	11/13/2024 02:22 PM	👁 View	⇄ Replace	✕ Delete
Letter of Recommendation 1.docx	Professional Recommendation Letter	YES	11/13/2024 02:22 PM	👁 View	⇄ Replace	✕ Delete
HIPPA Training Certification.docx	Proof of HIPPA Training	YES	11/13/2024 02:21 PM	👁 View	⇄ Replace	✕ Delete
HHSC Approval Letter.docx	Approval Letter from HHSC	YES	11/13/2024 02:21 PM	👁 View	⇄ Replace	✕ Delete

CERTIFICATIONS FOR CHW'S IN THE LICENSE/CERTIFICATIONS/ACCREDITATIONS TAB

DISCLOSURES

Read and answer the Yes/No questions within the **Disclosures** tab. If a question is answered Yes, you may want to add supporting documentation. You can upload this on the bottom of this tab.

NPI TAXONOMY INFORMATION ✓

SERVICES PROVIDED ✓

PROVIDER INFORMATION ✓

LICENSES/CERTIFICATIONS/ ACCREDITATIONS ✓

DISCLOSURES ○

ACCOUNTING/BILLING INFORMATION ○

OWNERSHIP/CONTROLLING INTEREST ○

PROGRAMS ○

PRACTICE LOCATION INFORMATION ○

APPLICATION FEE ○

ATTACHMENTS ✓

AGREEMENTS ○

Disclosures

"Sanction" is defined as recoupment, payment hold, imposition of penalties or damages, contract cancellations, exclusion, debarment, suspension, revocation, or any other synonymous action. Have you ever been sanctioned (as defined above) in any state or federal program? *   ○ Yes   ● No

Is your professional healthcare license or certification currently revoked, suspended or otherwise restricted, which includes all disciplinary and non - disciplinary actions? *   ○ Yes   ● No

Have you ever had your professional healthcare license or certification revoked, suspended or otherwise restricted, which includes all disciplinary and non - disciplinary actions? *   ○ Yes   ● No

Are you currently, or have you ever been, subject to a licensing or certification disciplinary or non - disciplinary actions? *   ○ Yes   ● No

ACCOUNTING/BILLING INFORMATION

When completing the **Accounting/Billing Information tab** ensure the appropriate documents are attached in the W-9 tab and EFT tab.

Typically, the required documents are:

- Organizational Structure Document
- Active Franchise Tax Account (TMHP will verify)
- Filing Document

OWNERSHIP/CONTROLLING INTEREST

When completing the **Ownership/Controlling Interest tab** ensure each Principal listed has current information. For a new enrollment be sure to add any Principal's within your organization.

COMPLETING INFORMATION FOR THE PRINCIPAL

0 TOTAL DEFICIENCIES

BASIC INFORMATION → Ensure the information is accurate and that a current expiration date listed for the Principal's ID type.

ADDRESSES → Enter the address for the Principal.

HEALTHCARE LICENSES/CERTIFICATIONS/ACCREDITATIONS → If the Principal has a license, ensure the expiration date is current. **Note**: *Licenses are not required for all Principals.*

EMPLOYMENT INFORMATION → Confirm that the title, duties, and role effective date fields are accurately completed.

RELATIONSHIP INFORMATION → Indicate if the Principal has a contractual relationship with another provider.

DISCLOSURES → Verify each Disclosure question is answered accurately.

PROGRAMS

Make sure to check **Yes** to **Acute Care – Case Management** within the **Programs** tab.

ADDING A PRACTICE LOCATION

Group (Organizational NPI)   Individual (Individual NPI)

ADDING A PROGRAM

Within the Program and Services Participation tab, click the **+ Add Program and Service Participation** button. On the next page be sure to select **Acute Care – Case Management** from the Program drop-down.

COMPLETING THE PROGRAM DETAILS

Remember, Taxonomy determines what Provider Type you can enroll as. If you are not seeing the appropriate Provider Type displayed, you may need to go to NPPES to add a taxonomy that is eligible for CHW/Doula Enrollment.

Within the Program, you will also need to complete all other required fields. Please ensure all fields with a red asterisk * are answered or filled in.

COMPLETING THE PROGRAM DETAILS

Within the Program Details be sure to associate the Attestation (for Doulas) or the Certification (for CHWs) here. Start by clicking "+Association License/Certification/Accreditation."

*This is an example for Doulas. For CHW's it will display Certification here instead.

ADDING A MANAGING EMPLOYEE

Navigate to the Managing Employees tab. Click the button "**+ Add Managing Employee Association**" button.

From the drop-down Select the "**Selected Employee**". Select the **Managing Employee Role** and enter the **Start Date.** This would be the date the employee started as a Managing Employee.

The Managing Employees will pull from the **Principals** that you entered within the **Ownership/Controlling Interest** tab.

If the Managing Employee is not reflected within this tab, please be sure to add them as a Principal.

COMPLETING THE MAILING/CONTACT ADDRESS

Add the mailing address and contact information for the newly added Practice Location using the **Mailing/Contact Addresses** tab on the left.

AGREEMENTS

Start by clicking the ellipses. Then select your Authorized signature and enter/confirm the email address you would like the agreement sent to. You will receive an email. Click the link within the email and follow the prompts to electronically sign the HHSC Agreement.

Once the HHSC Enrollment Agreement has been signed, you will need to allow time for the signature to process.

When the status updates from Sent to **Signed**, you will see the Submit button. Click the **"Submit"** button to submit your application.

0 TOTAL DEFICIENCIES

- NPI TAXONOMY INFORMATION ✓
- SERVICES PROVIDED ✓
- PROVIDER INFORMATION ✓
- LICENSES/CERTIFICATIONS/ACCREDITATIONS ✓
- DISCLOSURES ✓
- ACCOUNTING/BILLING INFORMATION ✓
- OWNERSHIP/CONTROLLING INTEREST ✓
- PROGRAMS ✓
- PRACTICE LOCATION INFORMATION ✓
- APPLICATION FEE ○
- ATTACHMENTS ✓
- AGREEMENTS ○

HHSC Enrollment Agreement

NAME OF THE AUTHORIZED SIGNATORY	EMAIL ADDRESS	STATUS	DATE SIGNED	
Josh Haley	josh.haley@tmhp.com	Signed		...

connection with this application, I acknowledge that I intend to become enrolled or credentialed as a provider in the Texas State Programs. I also agree to adhere to all applicable laws, administrative rules, policies, and guidelines, and I understand that under these authorities I must adhere to standards of behaviour that, if not met, can result in administrative, civil and/or criminal sanctions.

Submit

Once the application is accepted and submitted, you will not be able to make modifications during TMHP processing.

REQUEST STATUS

Click on Requests, to check the status of the application. When the application is submitted successfully, the status will change from Draft to PE Review. Be sure to check on the status of the request.

If the status indicates "Pending Provider Response," you will need to correct a deficiency and resubmit.

RESOURCES

RESOURCES

Upcoming Changes Planned for CPW Program Providers Effective December 2024

On the bottom of the TMHP homepage, click "See All News" to view older articles

The article we posted about these requirements is dated 08/16/2024

CHW Requirements

CHWs must be 18 years of age or older and will need the following to enroll as one of the new provider types:

- An HHSC approval letter.
- A CHW certification number and expiration date.
- Health Insurance Portability and Accountability Act (HIPAA) training.

Doula Requirements

Doulas must be 18 years of age or older.

Doulas that are planning to enroll with the experience pathway will need:
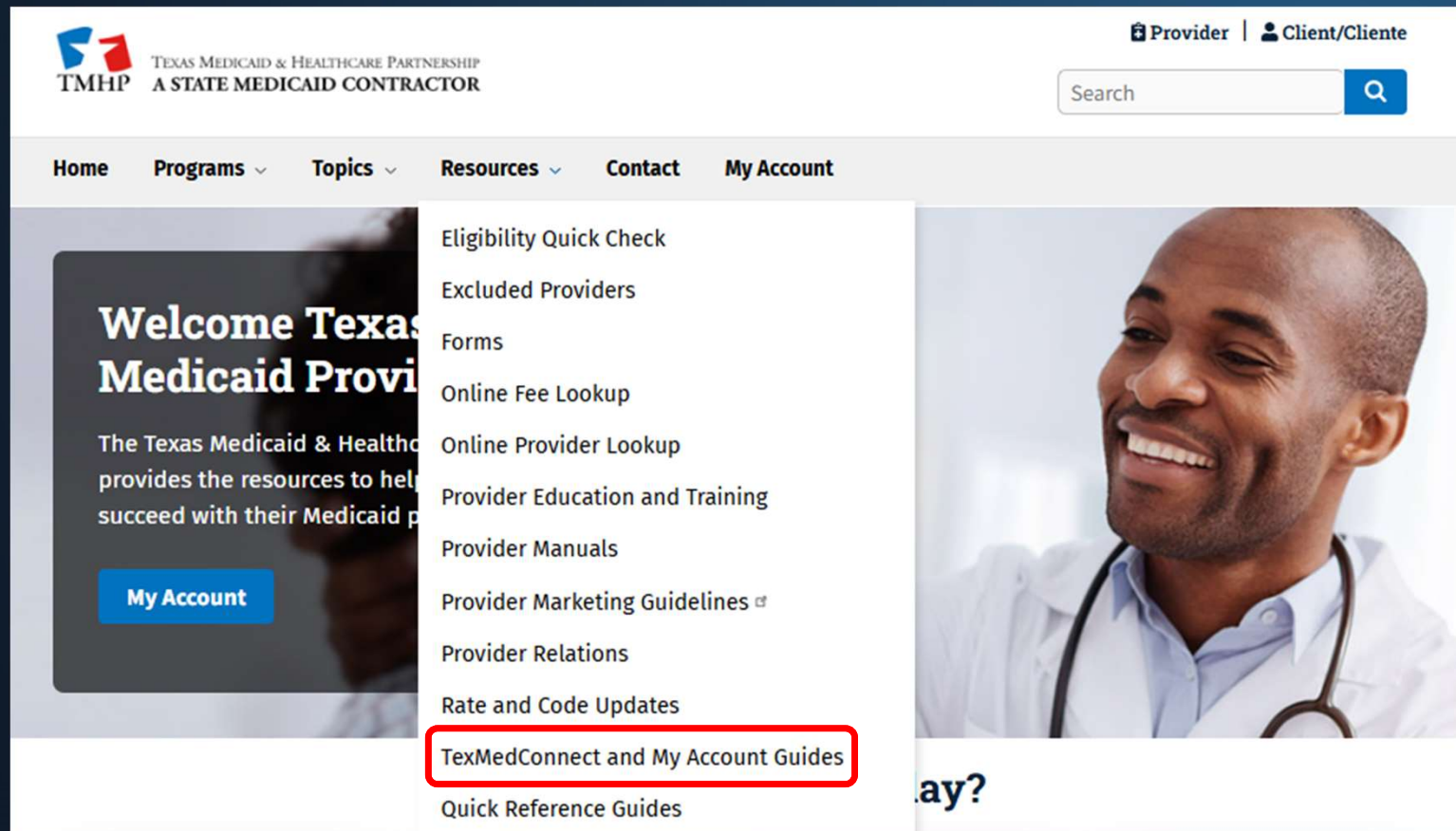
- An HHSC approval letter.
- Five years of doula-related experience.
- Attendance in at least three births.
- Three professional letters of recommendation.
- HIPAA training.

Doulas that are planning to enroll with the training pathway but do not have five years of experience will need:

- An HHSC approval letter.
- Training that meets the following core competency requirements:
  - Childbirth education.
  - Lactation support or proof of lactation counselor (CLC) or international lactation consultant (IBCLC) certification.
  - Nonmedical comfort measures, prenatal support, and labor support techniques.
  - Chronic and acute health conditions during the perinatal period.
  - Cultural competency.
- Attendance in at least three births.
- Three professional letters of recommendation.
- HIPAA training.

RESOURCES

Account Assistance

RESOURCES

Account Assistance

The **TMHP Portal Security Training Manual** will contain the steps needed to create an account to access PEMS.

Please utilize section **2.1 Create a Provider Enrollment Account** to view these steps.

RESOURCES

Topics

RESOURCES

Provider Enrollment
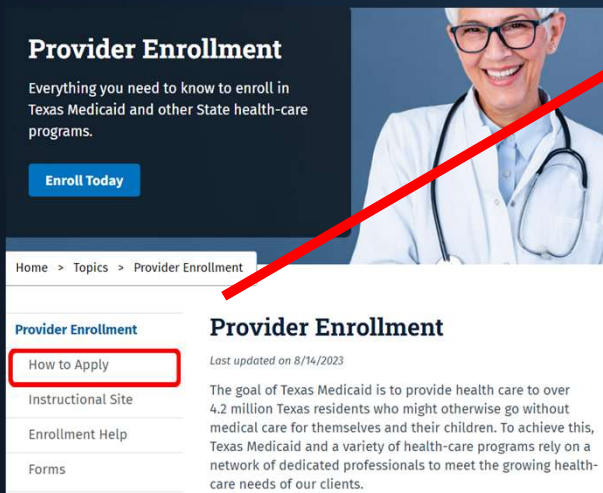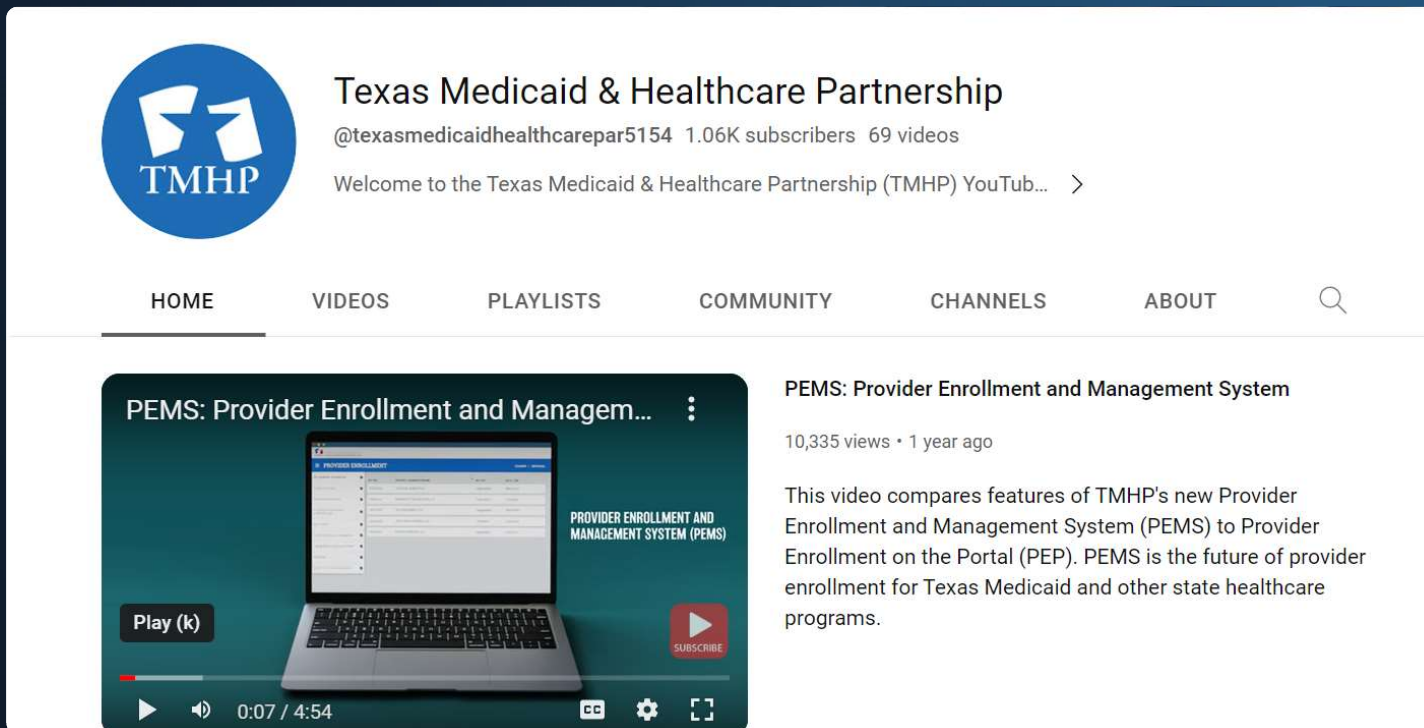
RESOURCES

TMHP YouTube Channel

https://www.youtube.com/c/texasmedicaidhealthcarepartnership

CONTACT US

Reach out to TMHP directly for assistance by:

- Calling our Contact Center at: **1-800-925-9126**

- Emailing Provider Relations at: **provider.relations@tmhp.com**
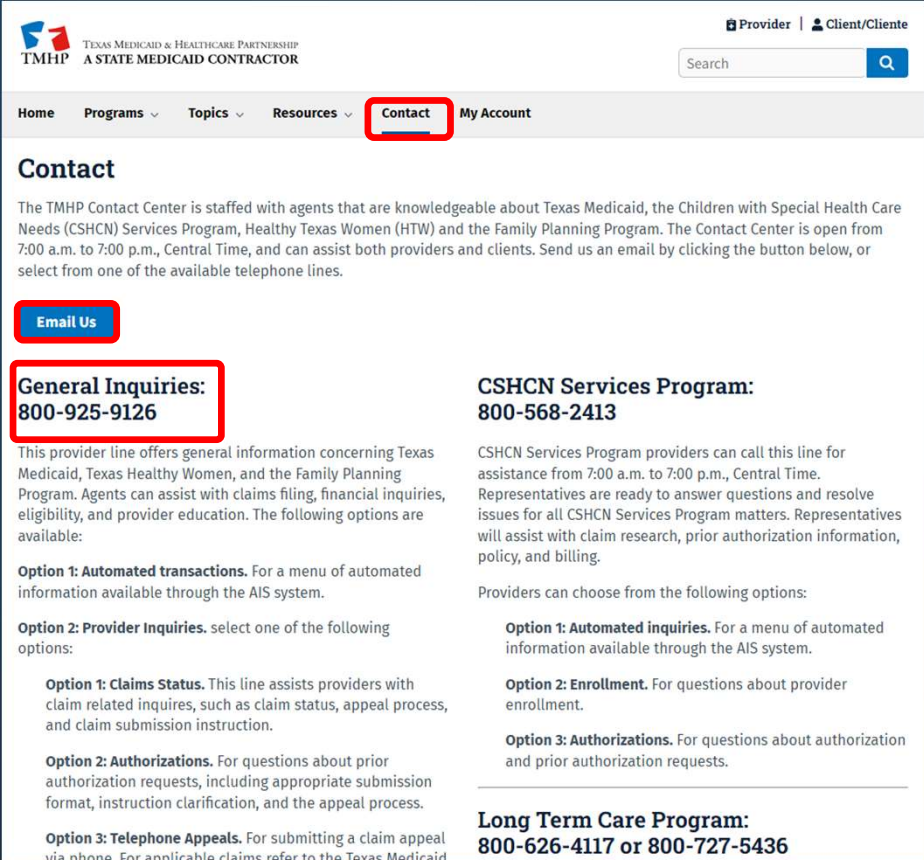
CONTACT US

Provider's can use the Contact link on the top of TMHP.com to view contact information.

The main number to receive assistance is our contact center

To contact a representative, a provider can use the "Email Us' link within this page.

Note: *Provider Relation Representative's individual information is no longer displayed on the TMHP website.*

BENEFITS OF A PROVIDER RELATIONS WALK-THROUGH

- Schedulers utilize a system to find the earliest available opening to get provider's scheduled

- An entire hour dedicated to assist providers with their enrollment request or any deficiencies

- The Teams meeting allows the provider to screenshare to better assist guiding them through their request

- Can track status related to the enrollment request within the ticket and follow-up with the provider as necessary

- Applications submitted through a walkthrough tend to have less deficiencies, which results in shorter processing time

QUESTION AND ANSWER SESSION

Medicaid 101: The Basics

Texas Medicaid Program

1964 – Over 50 years ago, U.S. create the Medicaid Program - Partnership between the federal and state governments

- Federal Government: Sets Guidelines (60/40 match)
- State Governments: Operate the program
- Medicaid is an entitlement program - open ended
- Texas largely covers only federally mandatory populations

1967 - Texas adopted Medicaid - the Texas Medical Assistance Program

1993 - Texas began shifting to a health insurance model - Managed Care

1999 – CHIP implemented in Texas

2011 – Texas expanded Medicaid managed care statewide and carved in most populations and services through an 1115 waiver

Today 97% of Medicaid clients are in Medicaid managed care

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Who is Eligible for Medicaid?

Medicaid Provides Affordable, Quality Health Insurance for 4 Million Texans

Pregnant Women   Children   Older Texans   Texans with Disabilities
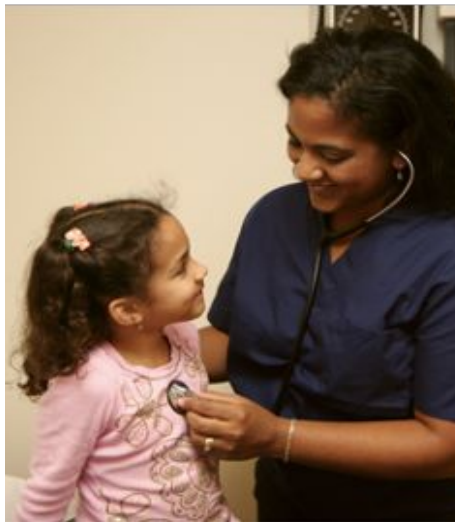
Coverage Across Five Managed Care Products

STAR

75% Children, pregnant women and some families

STAR Kids

3% Children and youth with disabilities

CHIP

5% Children and youth who don't qualify for Medicaid due to family income

STAR Health

1% Children who get Medicaid through the Department of Family and Protective Services and young adults previously in foster care

STAR+PLUS

12% Adults with a disability, people age 65 and older (including those dually eligible for Medicare and Medicaid), and women with breast or cervical cancer

Managed Care Service Areas
(Effective September 1, 2024)

LUBBOCK
STAR - *FirstCare, Superior, Wellpoint*
STAR+PLUS - *Superior, Wellpoint*
STAR Kids - *Superior, Wellpoint*
CHIP - *FirstCare, Superior*

TARRANT
STAR - *Aetna, Cook Children's, Wellpoint*
STAR+PLUS - *Molina, United*
STAR Kids - *Aetna, Cook Children's*
CHIP - *Aetna, Cook Children's, Wellpoint*

DALLAS
STAR - *Molina, Parkland, Wellpoint*
STAR+PLUS - *Molina, Superior, United*
STAR Kids - *Aetna, Wellpoint*
CHIP - *Molina, Parkland, Wellpoint*

MRSA NORTHEAST
STAR - *Superior, Wellpoint*
STAR+PLUS - *Molina, United*
STAR Kids - *Texas Children's, United*
CHIP - *Molina, Superior*

MRSA WEST
STAR - *FirstCare, Superior, Wellpoint*
STAR+PLUS - *Superior, Wellpoint*
STAR Kids - *Superior, Wellpoint*
CHIP - *Molina, Superior*

MRSA CENTRAL
STAR - *RightCare-Scott and White, Superior, Wellpoint*
STAR+PLUS - *Superior, United*
STAR Kids - *Blue Cross and Blue Shield of Texas, United*
CHIP - *Molina, Superior*

EL PASO
STAR - *El Paso Heath, Molina, Superior*
STAR+PLUS - *El Paso Health, Molina*
STAR Kids - *Superior, Wellpoint*
CHIP - *El Paso Health, Superior*

JEFFERSON
STAR - *Community Health Choice, Molina, Texas Children's, United, Wellpoint*
STAR+PLUS - *Molina, Wellpoint*
STAR Kids - *Texas Children's, United*
CHIP - *Community Health Choice, Molina, Texas Children's, United, Wellpoint*

TRAVIS
STAR - *Blue Cross and Blue Shield of Texas, Dell Children's, Superior*
STAR+PLUS - *Superior, United*
STAR Kids - *Blue Cross and Blue Shield of Texas, Superior*
CHIP - *Blue Cross and Blue Shield of Texas, Dell Children's, Superior*

HARRIS
STAR - *Community Health Choice, Molina, Texas Children's, United, Wellpoint*
STAR+PLUS - *Community Health Choice, Molina, United*
STAR Kids - *Texas Children's, United, Wellpoint*
CHIP - *Community Health Choice, Molina, Texas Children's, United, Wellpoint*

BEXAR
STAR - *Aetna, Community First, Superior, Wellpoint*
STAR+PLUS - *Community First, Molina, United*
STAR Kids - *Community First, Superior*
CHIP - *Aetna, Community First, Superior, Wellpoint*

NUECES
STAR - *Driscoll, Superior, United*
STAR+PLUS - *Superior, Wellpoint*
STAR Kids - *Driscoll, Superior*
CHIP - *Driscoll, Superior, United*

HIDALGO
STAR - *Driscoll, Molina, Superior, United*
STAR+PLUS - *Molina, Superior, United*
STAR Kids - *Driscoll, Superior, United*
CHIP - *Molina, Superior*

STAR Health (statewide) - *Superior*
Dental (statewide) - *DentaQuest, MCNA, UnitedHealth Care Dental*

Medicare - Medicaid Plan (6 counties below):
Bexar - *Molina, Superior, Wellpoint*
Dallas - *Molina, Superior*
El Paso - *Molina, Wellpoint*
Harris - *Molina, United, Wellpoint*
Hidalgo - *Molina, Superior*
Tarrant - *Wellpoint*

MRSA: Medicaid Rural Service Area

TEXAS
Health and Human Services

Map Prepared by: Texas Health and Human Services Commission.
Office of Data, Analytics and Performance (DAP). MRL.
March 12, 2024
Path: Z:\Mike_L\TX_STAR_SDAs\TX_SDA_Maps\TX_SDA_Maps_Effective_Jan2024.aprx

7/16/2024

How does Managed Care Work?

HHSC contracts with health plans also known as managed care organizations (MCOs) to administer the Medicaid program which includes:

- **Building a network of providers** by contracting and credentialing

- **Processing and paying claims** submitted by providers

- **Receiving and determining status of prior authorization requests** if necessary for a particular service

- **Educating their Medicaid members** about services and programs available to them

- **Case management** determining which services each of their Medicaid members are eligible for based on medical necessity and/or need and making referrals

- **Service coordination** to ensure members get the services they need.

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MCO Service Coordination

- **Service coordinators help manage members health care and long-term care needs**, which can include access to community resources.
  - They work with the member your primary care provider, and your specialty and non-medical providers to develop and carry out an Individualized Service Plan.

- **Service coordination and other requirements are outlined in the Uniform Medicaid Managed Care Contract and the Uniform Managed Care Manual**.

  - The contract dictates the level of Service Coordination that high-risk pregnant women must receive from their health plan Service Coordinator.
  - Pregnant women that do not receive Service Coordination or that may need additional case management services may be referred to CPW by their health plan.
  - Service Coordination services can not be duplicated.

Medicaid Provider Credentialing

Becoming a Medicaid Provider

Enrollment	Credentialing	Contracting
Enroll with HHSC's Texas Medicaid and Healthcare Partnership (TMHP)	Credential with MCO's Credentialing Verification Organization (CVO)	Contract with Medicaid Managed Care Organizations (MCOs)

Providers must complete enrollment, credentialing, and contracting to participate in the Texas Medicaid program

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Medicaid & CHIP Provider Enrollment

- **Providers must complete the Medicaid enrollment process through the Texas Medicaid & Healthcare Partnership (TMHP) and Provider Enrollment and Management System (PEMS).**

- Doulas and CHWs may begin enrollment on December 1, 2024.
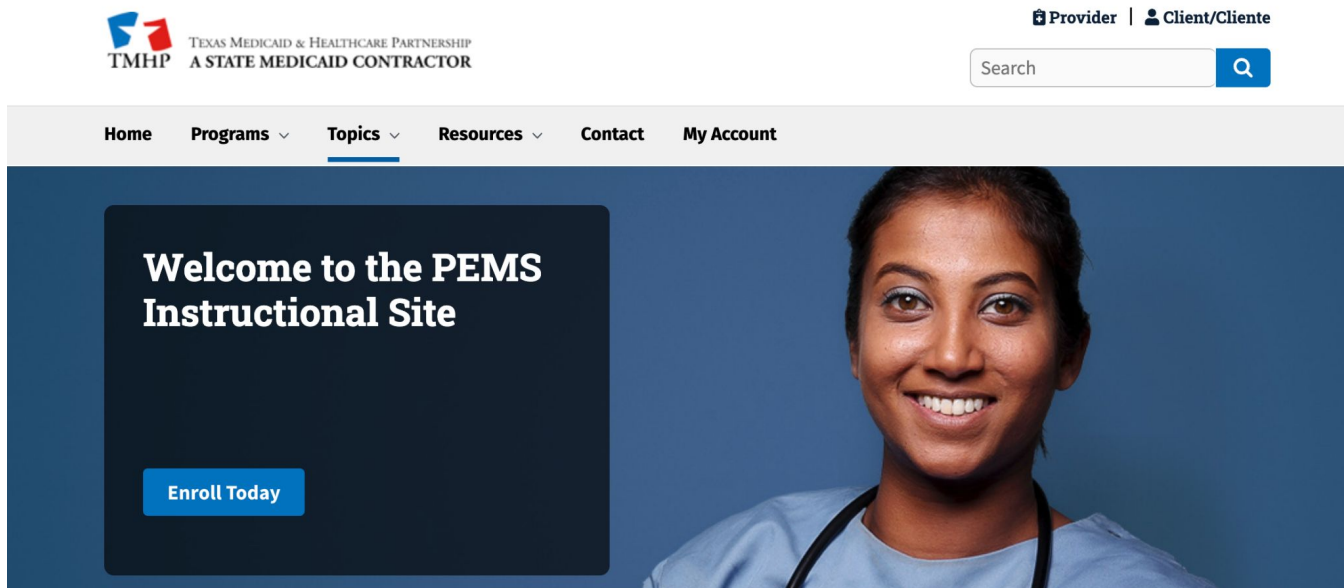
What is Credentialing?

Credentialing is the review of qualifications and other relevant background information pertaining to a provider for MCO network participation. Credentialing protects Medicaid program against fraud and ensures patient safety.

- **Texas Medicaid Has Consolidated Credentialing:**
  - In 2013, the 84th Legislature established a process for Texas to streamline the Medicaid provider credentialing process, based on recommendations from the Texas Sunset Commission and collaboration with stakeholders to achieve long term goals.

  - In 2018, Texas Medicaid MCOs implemented a new National Committee for Quality Assurance (NCQA) certified centralized Credentialing Verification Organization (CVO).

- **Consolidated Credentialing Reduces Provider Burden:**
  - Eliminates duplicative efforts and streamlines processes for providers credentialing with multiple MCOs.

What is a Credentialing Verification Organization (CVO)?

✓ **CVOs gather credentialing applications and perform Primary Source Verification (PSV)** for Medicaid providers currently enrolled or seeking to become enrolled and participate in Texas Medicaid.

✓ **CVOs use primary source verification (PSV)** to obtain and verify information about education and training, work history, licenses, and certifications.

TAHP manages the centralized credentialing entity – CVO.

– MCOs must utilize TAHP's contracted CVO, Verisys, as part of its consolidated credentialing and recredentialing process.

Verisys Corporation is the selected Texas' CVO.

– Nationally recognized and both National Committee for Quality Assurance (NCQA) and URAC accredited for over 20 years.

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Initial Credentialing Process

Step 1: Provider to MCO	Step 2: Verisys to Provider	Step 3: Provider to Verisys	Step 4: Verisys to MCO	Step 5: MCO to Provider
✓ Provider contacts MCO ✓ MCO submits Work Order to Verisys	✓ Verisys sends provider application ✓ Application gathering period is 60 days with a total of 4 outreach attempts	✓ Provider submits application ✓ Verisys completes Primary Source Verification (PSV) of documents	✓ Once PSV is complete, Verisys will send the results to MCO	✓ MCO completes credentialing process via committee decision

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The Credentialing Process

#1 **Providers should contact the MCO(s)** to initiate the onboarding, credentialing, and contracting processes

- MCO submits work order to Verisys

- **Who do I contact with questions:** Your MCO

#2 **Verisys will send you a letter via mail with information to complete and submit the credentialing application**

- **How long does this take:** Verisys starts within 1 business day after receipt, including mailing letter

- **Who do I contact with application questions:** Verisys through Verisys' Customer Service line at 1-855-743-6161.

- You can also contact your MCO for a copy of the credentialing application.

- **Application gathering period is 60 days**, and Verisys will outreach every 15 days with up to 4 outreach attempts until the complete application is received.

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Sample Letter from CVO

Credentials Request For:
John Provider, MD
12345 Provider Way
Ste 303
San Antonio, TX 78253

Client Requesting Information:
Aetna (TAHP)

CAQH Provider ID #: 000000
https://proview.caqh.org/

Date: Friday, November 15, 2024

Dear: John Provider, MD

IMPORTANT: 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.

During the 84th Legislative Session, the Texas Legislature passed SB 200 which mandated a consolidated credentialing process for all Medicaid providers in Texas. MCOs, including Dental MCOs, are now contractually required to participate in this endeavor by HHSC. As a part of this process, Verisys (formerly Aperture Health) is sending this letter to you on behalf of your contracted Medicaid health plan. Your timely response is required in order to avoid losing 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).

Dental providers are strongly encouraged to use the CAQH dental platform. There is no cost to providers to utilize CAQH and submitting your application electronically will reduce the opportunity for errors and the administrative effort required to submit an application when providers are due for re-credentialing.

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

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.

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

If you are unable to access CAQH, you may return your completed paper application with supporting documents to Verisys via the following methods,

- upload to our secure document submission website at **https://outreach.aperturecvo.com**. Use Access Code: aperture
- fax to 866-293-0421 utilizing this bar-coded letter as a cover sheet
- mail to Verisys, PO Box 221049 Louisville, KY 40252

If you have any questions regarding the primary source verification process, you may contact Verisys' Customer Service at 1-855-743-6161.

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

Practitioner Rights

When the credentialing process is initiated, the practitioner is entitled to:

- Review information submitted to support the credentialing application
- Correct erroneous information
- Receive the status of their credentialing or re-credentialing upon request. Contact your MCO/DMO

Confidentiality Notice:
The documents accompanying this communication contain confidential information. This information is intended only for use by the individual or entity named on this communication. The recipient of this information is prohibited from disclosing this information to any other unauthorized party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this communication in error, please notify the sender immediately to arrange for return of these documents.

The Credentialing Process

#3 **Complete Application:** Complete all required application elements, attest the information is correct, and submit <u>Texas standardized credentialing form</u> to Verisys.

- Complete and submit via paper in most instances, unless registered for CAQH

- **How long does this take:** Attestation is valid for 120 days from the date the application completed.

- **Who do I contact with questions:** Verisys.

#4 **Verisys conducts Primary Source Verification (PSV)**

- **How long does PSV take:** Must be completed within 30 calendar days for CPW providers, on average is much quicker.

- **Verisys will reach out every 5 days during the PSV Verification period, if additional information is needed.** Verisys will make up to 6 attempts to contact you. Not responding may result in an incomplete verification returning to your MCO.

- **Who do I contact with questions:** Verisys

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The Credentialing Process

#5 **Verisys sends the completed PSV information to your MCO.**

#6 **MCO Credentialing Committee:** MCO credentialing representative will complete and organize the provider summary for approval from the MCO Credentialing Committee

- **How long does the MCO Committee process take:** MCOs must complete within 60 calendar days , but it's usually faster

- **Who do I contact with questions:** Your MCO

#7 **Once the credentialing process is complete:**

- Onboarding and contract with your MCO (if not completed before PSV)

- Your MCO sends you a final letter letting you know if you've been admitted into their network

- **Who do I contact with questions:** Your MCO

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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.**

  - Verisys performs PSV functions on behalf of all Medicaid MCOs.

- PSV Requirements are driven by the following:

  - TAHP Delegation Agreement and Amendment (MSA and SOW)

  - National Committee for Quality Assurance(NCQA) and URAC CVO Standards

  - TAHP Requirements Grid (requirements defined by participating plans)

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Primary Source Verification (PSV) Includes

Attestation >

Hospital Privileges >

OIG List of Excluded >
Individuals/Entities (LEIE)

Consent and Release Form (TX) >

Professional Liability Coverage >

Texas OIG (Medicaid Exclusion) >

Legal Business Name/DBA >
(Facilities Only)

General Liability Coverage >
(Facilities Only)

Questionnaire >

Office Information >

< State License

< Board Certification
(MD, DO, DPM, DDS, DMD,
all Chiropractors, PA all Nurses,
and Allied Provider types)

< DEA

< Malpractice History

< GSA/SAM
(GSA EPLS for Facilities)

< Work History (Initial Only)

< SSA DMF (Death Master file)

< Education and Training

< Medicare Opt-Out

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The Texas Association of Health Plans

Application & PSV Timeline

Application Gather	Primary Source Verification

Start Work ●——●——●——●——● ————————● ————————■
15 days 30 days

15 days 30 days 45 days 60 days

Files due to MCO
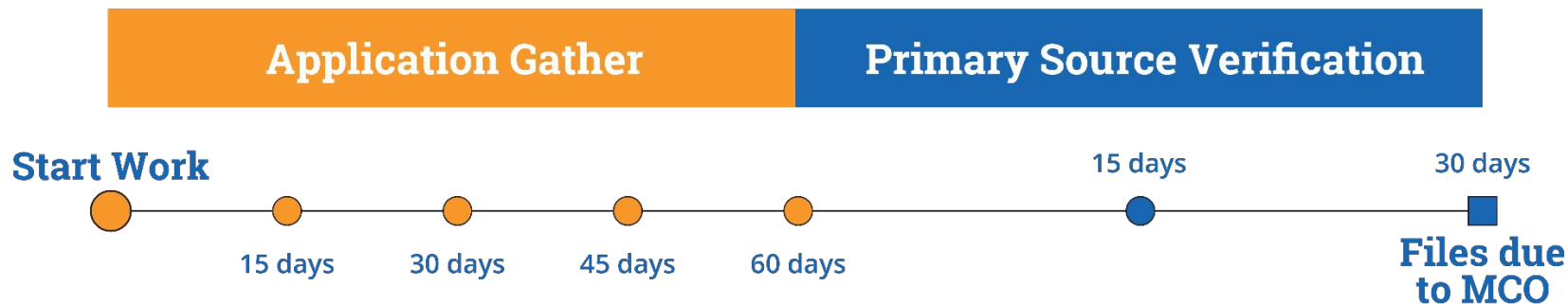
Providers have 60 days to complete the application

- Missing information must have outreach performed within 5 days.
- Verisys will outreach every 15 days.
- Verisys will make 4 outreach attempts to gather information.

PSV begins when the application is complete (could be sooner than 60 days)

PSV turn around times (following complete application):

- MD/DO – 15 days
- Non MD/DO – 30 days
- Facility – 30 days

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Application and PSV Process Timelines

- **Applications gathering: missing information must have outreach performed within 5 days** of receipt of the (incomplete) application.
  - Application gathering period is 60 days with a total of 4 outreach attempts every 15 calendar days by Verisys

- **PSV turnaround times:**
  - **Provider:**
    - 15 calendar days for MDs/DOs after receipt of a completed application
    - 30 calendar days for all non-MDs/DOs after receipt of a completed application
  - **Facility:**
    - 30 calendar days after receipt of a completed application
- The MCO must complete the credentialing process for a new provider and its claim systems must be able to recognize the provider as a Network Provider no later than 90 Days after receipt of a complete application

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The Texas Association of Health Plans

What will CHWs and Doulas need for their credentialing application?

- Attestation

- Consent and Release Form

- Office Information - Address

- National Provider Identifier (NPI)

- Work History

- Proof of Education and Training

- Professional Liability Coverage declaration

- Questionnaire

What is Recredentialing?

Recredentialing is the review of credentialing every 3 years in accordance with regulatory agencies and accreditation bodies.

- **The consolidated recredentialing process reduces time, resources and administrative burden** by allowing the provider to recredential once for all MCOs instead of being recredentialed by multiple MCOs at different times
    - If you are a current network provider belonging to more than one MCO and have a different credentialing effective date with either plan, then your recredentialing due date will be based on the earliest initial credentialing or recredentialing effective date.
- **The CVO will initiate automated recredentialing** for providers every three (3) years by sending a kick off letter.
    - Providers requiring recredentialing will be notified by Verisys **at least 180 calendar days in advance of the recredentialing due date.**
    - Who do I contact with questions? Verisys
- PSV and MCO committee processes are the similar to initial credentialing

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The Texas Association of Health Plans

Recredentialing Process

Step 1: Verisys to Provider	Step 2: Provider	Step 3: Verisys	Step 4: Verisys to MCO	Step 5: MCO to Provider
✓ Verisys sends kick off letter to provider	✓ Provider uploads documents	✓ Verisys completes Primary Source Verification (PSV) of documents	✓ Once PSV is complete, Verisys will send the results to MCO	✓ MCO completes credentialing process via committee decision

TAHP
The Texas Association of Health Plans

Sample Recredentialing Letter

Credentials Request For:
Doe, Jane
2715 Physician Way
GRAND PRAIRIE, TX 75051

Client Requesting Information:
Cook Children`s Health Plan (TAHP)
Children`s Medical Center Health Plan (TAHP)
Aetna (TAHP)

CAQH Provider ID #: 0000000
https://proview.caqh.org/

Monday, November 18, 2024

Dear: Jane Doe, MD

To renew your participation in the provider networks listed above, as well as to meet compliance obligations, we ask that you complete the re-credentialing process. Failure to respond may jeopardize your network status within these networks.

During the 84th Legislative Session, the Texas Legislature passed SB 200 which mandated a consolidated credentialing process for all Medicaid providers in Texas. MCOs, including dental MCOs, are now contractually required to participate in this endeavor by HHSC. As a part of this process, Verisys (formerly Aperture Health) is sending this letter to you on behalf of your contracted Medicaid health plan. Your timely response is required to avoid losing your network status.

The Texas Association of Health Plans (TAHP) has formed a Credentialing Alliance to simplify your re-credentialing process. The participating health plans listed above have agreed to process one application on the same re-credentialing schedule and accept the Texas Standardized Credentialing Application submitted through the CAQH portal or via paper.

The first step in the process is the completion of the Texas State Mandated Credentialing Application via the Council for Affordable Quality Healthcare's (CAQH) ProView™ (**https://proview.caqh.org/**). This is a Web-based solution 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 participating plans.

If you are a first-time user or would like 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.

Dental providers are also strongly encouraged to use the CAQH dental platform.
There is no cost to providers to utilize CAQH and submitting your application electronically will reduce the opportunity for errors and the administrative effort required to complete applications when providers are due again for re-credentialing.

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 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 unable to access CAQH, you may return your completed paper application with the supporting documents to Verisys via the following methods:

- Upload to our secure document submission website at **https://outreach.aperturecvo.com**. Use Access Code: aperture

- Fax to 866-293-0421 utilizing the bar-coded letter as a cover sheet

- Mail to Verisys, P.O. Box 221049, Louisville, KY 40252-1049. (A blank application form is available online at **https://www.tdi.texas.gov/hmo/crform.html**.)

If you have any questions regarding the primary source verification process, you may contact Verisys' Customer Service at 1-855-743-6161.

Thank you for your cooperation in completing this requirement for participation in the Health Plans listed above.

Practitioner Rights

When the credentialing process is initiated, the practitioner is entitled to:

- Review information submitted to support the credentialing application

- Correct erroneous information

- Receive the status of their credentialing or re-credentialing upon request. Contact your MCO/DMO

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MCO Contracting

- **Each MCO has its own individualized provider contracting process.**
  - Some MCOs conduct pre-contracting and initial rate discussion with their providers prior to the credentialing process and other MCOs conduct these discussions after the PSV has been completed.
  - The MCO Contracting representative creates a contract for the provider.
  - Once contract is signed by the provider and returned to the MCO, the contracting representative will process for execution.
  - When the provider contract is executed, the contracting representative will provide an in-network effective date to the provider.
- **Within 90 Days:** The MCO must complete the credentialing process for a new provider and its claim systems must be able to recognize the provider as a Network Provider no later than 90 Days after receipt of a complete application.

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Top 5 Tips for Success

#1 **Ensure all required documents are submitted in your application**

#2 **Ensure accurate and complete responses to questionnaire**

#3 **Respond to your MCO and Verisys as soon as possible**
- You'll be removed from the credentialing process if you don't respond to Verisys or your MCO within the 60-day application gathering period.

#4 **Onboarding and contracting processes vary by MCO**
- Some MCOs conduct pre-contracting discussions and initial rate discussions with their practitioners prior to the credentialing process, other MCOs save that until after PSV has been completed.
- Contact your MCO for specifics.

#5 **Even after enrollment and credentialing is complete**, MCOs still must approve providers and execute contracts before a provider can begin participating in the Medicaid program

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Questions?

Networking

- Find your region!

- Introduce yourself and share which geographic areas you serve.

- What is the most exciting or worrying thing about what you heard today?

TEXAS
Managed Care Service Areas
(Effective January 2022)

STAR Health (statewide) - *Superior*
Dental (statewide)- *DentaQuest, MCNA, UnitedHealth Care Dental*

TARRANT
STAR - *Aetna, Amerigroup, Cook Children's*
STAR+PLUS - *Amerigroup, Molina*
STAR Kids - *Aetna, Cook Children's*
CHIP - *Aetna, Amerigroup, Cook Children's*

DALLAS
STAR - *Amerigroup, Molina, Parkland*
STAR+PLUS - *Molina, Superior*
STAR Kids - *Aetna, Amerigroup*
CHIP - *Amerigroup, Molina, Parkland*

LUBBOCK
STAR - *Amerigroup, FirstCare, Superior*
STAR+PLUS - *Amerigroup, Superior*
STAR Kids - *Amerigroup, Superior*
CHIP - *FirstCare, Superior*

MRSA NORTHEAST
STAR - *Amerigroup, Superior*
STAR+PLUS - *Molina, United*
STAR Kids - *Texas Children's, United*
CHIP - *Molina, Superior*

MRSA WEST
STAR - *Amerigroup, FirstCare, Superior*
STAR+PLUS - *Amerigroup, Superior*
STAR Kids - *Amerigroup, Superior*
CHIP - *Molina, Superior*

MRSA CENTRAL
STAR - *Amerigroup, RightCare-Scott and White, Superior*
STAR+PLUS - *Superior, United*
STAR Kids - *Blue Cross and Blue Shield of Texas, United*
CHIP - *Molina, Superior*

EL PASO
STAR - *El Paso First, Molina, Superior*
STAR+PLUS - *Amerigroup, Molina*
STAR Kids - *Amerigroup, Superior*
CHIP - *El Paso First, Superior*

JEFFERSON
STAR - *Amerigroup, Community Health Choice, Molina, Texas Children's, United*
STAR+PLUS - *Amerigroup, Molina, United*
STAR Kids - *Texas Children's, United*
CHIP - *Amerigroup, Community Health Choice, Molina, Texas Children's, United*

TRAVIS
STAR - *Blue Cross and Blue Shield of Texas, Dell Children's, Superior*
STAR+PLUS - *Amerigroup, United*
STAR Kids - *Blue Cross and Blue Shield of Texas, Superior*
CHIP - *Blue Cross and Blue Shield of Texas, Dell Children's, Superior*

HARRIS
STAR - *Amerigroup, Community Health Choice, Molina, Texas Children's, United*
STAR+PLUS - *Amerigroup, Molina, United*
STAR Kids - *Amerigroup, Texas Children's, United*
CHIP - *Amerigroup, Community Health Choice, Molina, Texas Children's, United*

BEXAR
STAR - *Aetna, Amerigroup, Community First, Superior*
STAR+PLUS - *Amerigroup, Molina, Superior*
STAR Kids - *Community First, Superior*
CHIP - *Aetna, Amerigroup, Community First, Superior*

NUECES
STAR - *Driscoll, Superior, United*
STAR+PLUS - *Superior, United*
STAR Kids - *Driscoll, Superior*
CHIP - *Driscoll, Superior, United*

HIDALGO
STAR - *Driscoll, Molina, Superior, United*
STAR+PLUS - *Molina, Superior*
STAR Kids - *Driscoll, Superior, United*
CHIP - *Molina, Superior*

MMP (6 counties below):
Bexar - *Amerigroup, Molina, Superior*
Dallas - *Molina, Superior*
El Paso - *Amerigroup, Molina*
Harris - *Amerigroup, Molina, United*
Hidalgo - *Molina, Superior, Molina Medicare Mediciad STAR+PLUS Plan*
Tarrant - *Amerigroup*

MRSA: Medicaid Rural Service Area
MMP: Medicare - Medicaid Plan

TEXAS Health and Human Services

Small Groups

- Go back to your region and divide up by profession (CHW or Doula)

1. What is one thing you wish everyone knew or understood about your profession?

2. What do you wish you had to make your work easier and more impactful?

Small Groups

REPORT OUTS

1. What is the most exciting or worrying thing about what you heard today?

2. What is one thing you wish everyone knew or understood about your profession?

3. What do you wish you had to make your work easier and more impactful?

THANK YOU!