Credentialing Verification Organization (CVO) Frequently Asked Questions

1. **Q:** What is the biggest change from what took place at the Oklahoma Health Care Authority (OHCA)?

   A: OHCA enrolled providers into Oklahoma Medicaid, which is separate from credentialing.

2. **Q:** I have already provided my information to the Council for Affordable Quality Healthcare (CAQH). Why am I being asked to resubmit the same information to Availity Essentials™?

   A: OHCA has mandated that the 3 Contracting Entities (CEs) utilize the same provider credentialing information repository for SoonerSelect-only providers. The intent is to make it easier for providers to submit their information once so they can:

   - Apply for credentialing or recredentialing
   - Apply to more than 1 CE at the same time
   - Assess where their application is in the process

   All 3 CEs work with CAQH when credentialing providers for other lines of business (LOBs). If you are contracted and credentialed for commercial, Marketplace or Medicare, you would not need to also submit information through Availity Essentials.

3. **Q:** When can I expect to receive a final decision?

   A: Credentialing decisions are made within 45 calendar days of the time the CE receives your complete application, including all supporting documentation. Providers will be able to sign in to Availity Essentials to check the status of their application and see the final decision.

Availity Essentials

4. **Q:** Can we submit to OHCA for the Medicaid ID and submit the application through Availity Essentials at the same time?

   A: Yes. You can begin these processes simultaneously. However, credentialing cannot be completed until the provider has a valid Medicaid ID and the provider is on the provider master list (PML). CEs have up to 45 days to credential providers (or an additional 15 days with an extension request to OHCA).

Humana Healthy Horizons® in Oklahoma

Humana Healthy Horizons in Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

5.	**Q:**	Will we have to do this 3 times, once with each CE?
	A:	No. The Availity Essentials application only needs to be completed 1 time. You will have the option to select participation with individual CEs or all 3 CEs within 1 application.
6.	**Q:**	Will current delegation agreements that support Medicaid be honored, or will we need to use the Availity Essentials process?
	A:	Any delegation agreement that supports Medicaid will not need to use the Availity Essentials process. This is the best option for large healthcare providers.
7.	**Q:**	Will we be required to upgrade to the paid version of Availity Essentials, which requires a monthly fee, or will we be able to use the free version?
	A:	No, providers do not need to upgrade to the paid version of Availity Essentials.
8.	**Q:**	If I submit the application, will others in my company be able to sign in to their accounts and view the status?
	A:	This depends on access within your organization. Your organization administrator can assist you with access.
9.	**Q:**	In the event we do not receive the letter notifications, is there a way for providers to check online if their provider type credentialing is open?
	A:	Yes. Availity Essentials includes status updates as your application goes through the credentialing process.
10.	**Q:**	What happens if 1 CE approves but another doesn't?
	A:	This has been evaluated, and because the requirements and verification processes of the 3 CEs need to align, we expect the risk to be very minimal. If a provider is denied by a particular credentialing committee, then that CE will reach out to the provider to get further information.
11.	**Q:**	If I change my mind later, how do I submit to the CE I didn't originally apply to? Do I have to restart the process?
	A:	Upon contracting with the additional CE, the provider can sign in to Availity Essentials and choose which CE the information must be sent to. The provider will attest that their information is current and reattach any documentation that may have expired.

Claims Payment for Noncredentialed Providers

12. Q: Will claims continue to be reimbursed at 90% for providers who have not yet completed the credentialing process, or will they now be denied under the new CE system?

A: Claims will be processed at a nonparticipating rate of 90% and would continue to be processed as nonparticipating without a contract. For providers to be fully reimbursed, they must be fully credentialed and contracted. They would also continue to be processed as nonparticipating without a contract. So, providers need a contract and need to be fully credentialed.

Contact Information

13. Q: Who do I contact when I have questions?

A:

Question	Entity	Contact
Request to join Aetna's network	Aetna (ABHOK)	ABHOKNetworkManagement@Aetna.com
Request to join the Humana Healthy Horizons® in Oklahoma network	Humana Healthy Horizons (HHH)	Behavioral health providers: **OKBHMedicaid@Humana.com** Physical health providers: **OKProviderDevelopment@Humana.com**
Request to join Oklahoma Complete Health's network	Oklahoma Complete Health (OCH)	**Contracting@OklahomaCompleteHealth.com**
Questions related to the Availity Essentials portal	Availity Essentials	New to Availity Essentials? Start your journey here: **Register and Get Started with Availity Essentials – Overview** Already a registered Availity Essentials user? Sign in here: **Availity Essentials**

Contracting

14.	**Q:**	What is the difference between contracting and credentialing?
	A:	Contracting is when the provider and the CE agree on contract language, payment terms and effective date. Just because a contract is executed does not mean the provider/entity meets the credentialing requirements. Credentialing is the validation and verification of licensure, education, etc. in alignment with the National Committee for Quality Assurance (NCQA) standards.
15.	**Q:**	If I am contracted with all 3 CEs, does this take care of my credentialing?
	A:	If you are currently contracted, then yes, you are currently credentialed. Upon recredentialing, you will need to follow the new Availity Essentials process.

Credentialing

16.	**Q:**	How long does the credentialing process take?
	A:	Credentialing will take up to 45 calendar days. CEs may be granted a 15-day extension for any unusual circumstances. Anyone required to be credentialed through OHCA will be required to complete this credentialing process.
17.	**Q:**	Can we work on the credentialing process and contracting process at the same time?
	A:	Yes, you can work on the contracting and credentialing processes simultaneously.
18.	**Q:**	Why not just use CAQH in lieu of the roster?
	A:	Availity Essentials is used for the Medicaid-only providers who are not already credentialed with the CE. If you are credentialed with another LOB, CEs will leverage that credentialing process, and no additional documentation is required for Availity Essentials.
19.	**Q:**	Why are the CEs no longer accepting the credentialing done by OHCA?
	A:	This is a state requirement. OHCA enrolls providers, they do not credential them.
20.	**Q:**	Q: If the providers are already contracted with all 3 plans, will they be notified when to credential, or do they need to start credentialing with all providers July 1?
	A:	A: Providers will be notified based on the credentialing schedule.
21.	**Q:**	If we are currently enrolled with OHCA, do we need to be credentialed with all 3 CEs?
	A:	Yes, you must contract and credential with the plans with which you wish to participate.
22.	**Q:**	Will this recredentialing cause a lapse in my ability to see patients?
	A:	If the provider is already credentialed, there will be no gap. Recredentialing will occur 3 years from the last approval date.

23.	**Q:**	What if a provider is already credentialed with ABHOK, OCH or HHH, but they change clinics/facilities? Does the new clinic have to restart the credentialing process?
	A:	If the provider completed credentialing, they would not have to complete credentialing again. A new roster would need to be provided to show the provider's new location.
24.	**Q:**	Is this new process through Availity Essentials only for new providers?
	A:	All providers will need to be credentialed; however, there are various methods available: • Medicaid-only providers use Availity Essentials. • Delegated credentialing agreements do not need to use Availity Essentials. • Providers may be credentialed through another line of business.
25.	**Q:**	If a provider is changing from 1 group to another group, how long will the credentialing process take?
	A:	If the provider is already credentialed with the health plan, they will not need to be credentialed again if they remain within the state. We would need to be notified of the group affiliation change.
26.	**Q:**	Do therapy assistants (e.g., speech language pathology assistants [SLPAs], certified occupational therapy assistants [COTAs], physical therapy assistants [PTAs]) require credentialing since they do not typically have contracts with private insurance?
	A:	If they have an active Medicaid ID and a current contract with the CE, then yes, they will need to be credentialed. If they plan to bill as a nonparticipating provider, then no, they will not need to be credentialed.
27.	**Q:**	Will we be required to credential our entire provider roster on July 1 through Availity Essentials, or just new providers moving forward?
	A:	New providers will need to go through Availity Essentials to complete a credentialing application if not already credentialed with another LOB with the CE. Existing populations of providers will be placed into a scheduling process, and they will be contacted to remind them to complete a credentialing application on Availity Essentials over the next year.
28.	**Q:**	Will a provider credentialed in Availity Essentials also be credentialed with the other LOBs (Medicare and commercial)?
	A:	If the provider is already participating and credentialed with the other LOBs (Medicare and commercial), then they would not need to complete the Availity Essentials application since we leverage that "common" credentialing data.
29.	**Q:**	To get a new provider enrolled with the CE, will we need to email a roster and submit the credentialing through Availity Essentials?
	A:	Yes, Availity Essentials will reach out to the providers on the roster identified as needing credentialing. This may differ across the CEs.

30.	Q:	Will individuals who are under supervision for licensure be credentialed?
	A:	In some cases, yes, depending on the provider type. Please see the credentialing calendar for additional details.
31.	Q:	When is the deadline, post-July 1, for credentialing providers within a group?
	A:	New providers will need to go through Availity Essentials to complete a credentialing application if not already credentialed with another LOB with the CE. Existing populations of providers will be placed into a scheduling process, and they will be contacted to advise them to complete a credentialing application on Availity Essentials by the communicated due date.
32.	Q:	If a provider changes employment after being credentialed, does the provider have to be recredentialed with the new employer, or will it roll over when they are added to the new employment group?
	A:	They do not have to be recredentialed if they have an active credential cycle; they would just need to add their new location.
33.	Q:	If we have individuals who work with our company and are credentialed with the 3 CEs privately, do they still need to be credentialed with our company?
	A:	If they currently see Medicaid members and have an active credential cycle, other groups can contract and add the location.
34.	Q:	What if the provider is already credentialed through this new process but moves to a new agency?
	A:	If the provider is already credentialed in that state, a group/Tax Identification Number (TIN) update would be needed, but the provider would not need to go through the full credentialing process.
35.	Q:	Will all our mental health practitioners have to be credentialed through CAQH to credential with you?
	A:	If mental health practitioners are contracting as Medicaid-only, they must go through Availity Essentials. If they are contracted for all LOBs, they can use CAQH to cover all credentialing.
36.	Q:	In listing our providers (occupational therapists [OTs], speech-language pathologists [SLPs], board certified behavior analysts [BCBAs]), do we also need to list our COTAs, SLPAs and registered behavior technicians (RBTs)?
	A:	Yes, if you credential with OHCA then you will need to credential through Availity Essentials as well.

Effective date

37. Q: How will you assign effective dates to new providers?

A: Effective dates will occur on the latter date that both the OHCA enrollment and the CE credentialing application are considered approved.

38. Q: Could a provider have an OHCA effective date that is different than the effective dates for the 3 plans?

A: Yes. OHCA enrolls providers into SoonerSelect, which is separate from the credentialing process. If you are credentialed in another LOB with a CE, there is nothing additional to complete through Availity Essentials. CEs will leverage the other LOB credentialing processes.

Locum Tenens

39. Q: Will locum tenens be provided as an option while credentialing is in process with the CEs?

A: Full credentialing is required if the locum works 60 calendar days or more (NCQA requirement).

Rosters

40. Q: Will roster information change with this new process?

A: The required roster information will not change.

41. Q: Is there 1 standard roster template that all 3 CEs utilize?

A: Currently, each payer has their own roster template.

42. Q: Will we need to continue to send in rosters to each of the CEs to get them loaded into their system correctly in addition to completing the application in Availity Essentials?

A: Yes.

43. Q: Will rosters still have to be done even after all phases are complete or just until all phases are complete?

A: Rosters will need to be done in all phases for any continual maintenance.

44. Q: Do we need to submit the same rosters again if we have submitted those rosters prior to July 1?

A: If the CE received a roster prior to July 1 and tasks have been submitted for loading, then, no, providers would not need to utilize Availity Essentials.