



## **Credentialing Verification Organization (CVO)**

### **Frequently Asked Questions**

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

**A:** The Oklahoma Health Care Authority (OHCA) enrolled providers into Oklahoma Medicaid, which is separate from credentialing.

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

**A:** The Oklahoma Health Care Authority has mandated that the 3 Contracting Entities (CE) 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: 1. Apply for credentialing or re-credentialing; 2. Apply to more than one CE at the same time and 3. Access where their application is in the process.

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

**Q:** What is the standard credentialing timeline, and can it be extended?

**A:** Credentialing decisions are targeted within 45 calendar days after the CE receives a complete application. A single 15-day extension may be requested from OHCA on a case-by-case basis.

**Q:** What pauses or resets the 45-day clock?

**A:** The 45-day clock begins when the CE has a complete application and required documentation. If information is missing or needs correction, the clock does not start (or is paused) until the submission is complete.

## **Availity:**

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

A: Yes. You can begin this process 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, contingent on OHCA approval).

Q: Will we have to do this 3 times, once with each CE?

A: No. The Availity application only needs to be completed one time. You will have the option to select participation with individual CEs or all 3 CEs within one application.

Q: Will current delegation agreements that support Medicaid be honored, or will we need to use the Availity process?

A: Any delegation agreement that supports Medicaid will not need to use the Availity process. This is the best option for large healthcare providers.

Q: Will we be required to upgrade to Availity Essentials, which has a monthly fee, or will we be able to use the free version of Availity?

A: No, you do not need to upgrade.

Q: If I submit the application, will others in my company be able to log in to their accounts and view the status?

A: This depends on the access within your organization. Your organization administrator can assist you with access.

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 includes status updates as your application goes through the credentialing process.

Q: How can I check the status of my application?

A: Providers can track application progress and decisions in the credentialing portal (e.g., Availity). Status emails are sent to the contact on file.

Q: I didn't receive a letter—how do I confirm approval?

A: Log in to the portal to view current status and effective date. If you need assistance, contact your Provider Experience representative.

Q: What happens if one CE approves but another doesn't?

A: This has been evaluated and due to the three CEs needing to align on requirements and verification process, we feel the risk will 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. Q: If I change my mind later, how do I submit to the CE that I didn't originally apply to? Do I have to restart the process again?

A: Upon contracting with the additional CE, the provider can log into Availity and choose the CE the information needs to be sent to. The provider will attest that their information is current and reattach any documentation that may have expired.

Q: I received a credentialing application request, but according to our credentialing schedule, we do not require credentialing until the second quarter of 2026. What should I do?

A: The schedule is intended to place similar provider types on the same credentialing schedule; however, that does not mean initial application requests and those provider types that are up for recredentialing will not receive an application request. For example, if a provider is up for recredentialing, but the schedule states the provider should not get an application until December, the current recredentialing event must take place and cannot wait until a future date.

Q: What provider type option should we select for registered behavior technician (RBT)?

A: Under Type of Practitioner, select "Therapist - Registered Behavioral Health."

Q: How do we complete the medical school education section for RBTs if their education does not extend beyond high school?

A: On the medical education page: 1. Under Type of Program, select "Other." 2. For "Other (please specify)," insert the highest level of education (e.g., high school). 3. For Education type, select "Diploma." 4. For Diploma type, select "Other."

## **Claims Payment for Non-Credentialed Providers:**

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 process non-par at 90%. They would also continue to process non-par without a contract. So, providers need a contract and need to be fully credentialed.

## Contact Information:

Q: Who do I contact when I have questions?

A:

Question	Entity	Contact
Request to join Aetna's network	Aetna (ABHOK)	<a href="mailto:ABHOKnetworkmanagement@aetna.com">ABHOKnetworkmanagement@aetna.com</a>
Request to join the Humana Healthy Horizons® network	Humana Healthy Horizons® (HHH)	Behavioral health providers: <a href="mailto:OKBHMedicaid@Humana.com">OKBHMedicaid@Humana.com</a>  Physical health providers: <a href="mailto:OKproviderdevelopment@humana.com">OKproviderdevelopment@humana.com</a>
Request to join Oklahoma Complete Health's network	Oklahoma Complete Health (OKH)	<a href="mailto:Contracting@oklahomacompletehealth.com">Contracting@oklahomacompletehealth.com</a>
Questions related to the Availity Essentials portal	Availity Essentials	New to Availity? Start your journey here: <a href="#">Register and Get Started with Availity Essentials – Overview</a>  Already a registered Availity user? Log in here: <a href="#">Availity Essentials</a>

## Contracting:

Q: Can you please explain 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 that the

provider/entity would meet the credentialing requirements. Credentialing is the validation and verification of licensure, education, etc. in alignment with National Committee for Quality Assurance (NCQA) standards.

Q: If I am contracted with all three CEs, does this take care of my credentialing?

A: If you are currently contracted, then yes, you are currently credentialed. Upon re-credentialing, you will need to follow the new Availity process.

## **Credentialing:**

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 as well.

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.

Q: Why are we not just using CAQH in lieu of the roster?

A: Availity is used for Medicaid only providers who are not already credentialed with the CE. If you are credentialed with another line of business, CEs will leverage that credentialing process, and no additional documentation is required for Availity.

Q: Why are you no longer accepting the credentialing done by OHCA?

A: This is a state requirement. OHCA enrolls providers, they do not credential them.

Q: If the providers are already contracted with all three plans, will they be notified when to credential, or do they need to start credentialing on all providers July 1?

A: Providers will be notified based on the credentialing schedule.

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 you wish to participate with.

Q: Will this re-credentialing put a lapse in being able 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.

Q: What if a provider is already credentialed with ABHOK, OCH or HHH, but they change clinics/facilities? Does the new clinic have to start from scratch with credentialing?

A: If they 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.

Q: Is this new process through Availity only for new providers?

A: All providers will need to be credentialed; however, there are options: 1. Medicaid only providers use Availity; 2. Delegated credentialing agreements do not need to use Availity; 3. Credentialed through another line of business.

Q: Our organization has delegated credentialing. Do we still use the portal?

A: Delegated entities follow their delegation agreement. They typically submit rosters and updates through designated channels rather than individual portal applications.

Q: What documentation is required for delegated groups?

A: Delegated entities must meet NCQA/CMS standards, maintain PSV documentation, and submit rosters/affiliation updates per the agreement.

Q: If a provider is changing from one group to another group, how long will the credentialing process take?

A: If the provider is already credentialed with the health plan, then they will not need to be credentialed again if they are within the state. We would need to be notified of the group affiliation change.

Q: Do therapy assistants—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 on billing non-par, then, no, they will not need to be credentialed.

Q: Will we be required to credential our entire provider roster on July 1st through Availity, or just new providers moving forward?

A: New providers will need to go through Availity to complete a credentialing application if not already credentialed with another line of business with the CE. Existing populations of providers will be placed into a scheduling process, and outreach will be made to advise them to complete a credentialing application on Availity over the next year.

Q: Will the provider that is being credentialed in Availity also be credentialed with the other lines of business (Medicare & Commercial)?

A: If the provider is already participating and credentialed with the other lines of business (Medicare & Commercial), then they would not need to also complete the Availity application as we leverage that “common” credentialing data.

Q: To get a new provider enrolled with the CE, will we need to email a roster and submit the credentialing through Availity?

A: Yes, Availity will outreach to the providers on the roster who are identified as needing credentialing. This may differ across the CEs.

Q: Will individuals that 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.

Q: When is the deadline post-July 1st for credentialing providers within a group?

A: New providers will need to go through Availity to complete a credentialing application if not already credentialed with another line of business with the CE. Existing populations of providers will be placed into a scheduling process, and outreach will be made to advise them to complete a credentialing application on Availity by the communicated due date.

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 credentialed if they have an active cred cycle; they would just need to add their new location.

Q: If we have individuals that work with our company that are credentialed with the three CEs privately, do they still need to be credentialed with our company?

A: If they currently see Medicaid members and have an active cred cycle, other groups can contract and add the location.

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, it would be a group/TIN update that is needed, and the provider would not need to go through the full credentialing process.

Q: Will all our mental health practitioners have to be credentialed through CAQH to credential with you?

A: If they are contracting Medicaid only, they must go through Availity. If they are contracted for all lines of business, they can use CAQH to cover all credentialing.

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 as well.

Q: How do I know if my specialty is excluded from credentialing?

A: Refer to the Excluded Providers list. Excluded types do not require credentialing but must be included on the roster for directory and claims readiness.

Q: Does credentialing status affect prior authorization approvals?

A: Yes. PA decisions may require providers to be contracted, credentialed, and claims-ready. Incomplete credentialing or missing roster affiliation can lead to PA denials.

Q: Can I appeal a credentialing denial?

A: Providers may request reconsideration or follow the CE's appeals process. Instructions will be provided with the decision notice.

## **Effective Date:**

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.

Q: A provider could have an OHCA effective date, and different 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 line of business with a CE, there is nothing additional that needs to be done through Availity. CEs will leverage the other line of business credentialing processes.

## **Locum Tenens:**

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 (National Committee for Quality Assurance (NCQA) requirement).

## **Rosters:**

Q: Will roster information change with this new process?

A: The required roster information will not change.

Q: Is there one standard roster template that all three CEs utilize?

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

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

A: Yes.

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.

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

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.