

Provider FAQ

What is Aperture?

Texas Medical Association (TMA) and Texas Medicaid Managed Care Organizations (MCOs) proposed a statewide CVO concept to facilitate provider credentialing to improve the Medicaid provider credentialing process. Texas Association of Health Plans (TAHP) and TMA have selected Aperture, LLC, for a statewide CVO contract used by 19 Medicaid MCOs. Seton Health Plan will be utilizing Aperture for all lines of business.

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. Aperture will be performing PSV functions on behalf of Seton Health Plan.

Which provider types will be credentialed through the CVO?

All Seton Health Plan non-hospital based provider types will be credentialed through the CVO, excluding providers who are currently credentialed through a delegation agreement with Seton Health Plan.

What will change for me in the credentialing process?

A CAQH profile is now required for all providers joining Seton Health Plan. Providers should expect to receive communication from Aperture regarding the credentialing application and PSV functions. If you receive communication from Aperture regarding your credentialing application, you must respond to Aperture directly. Seton Health Plan will not be able to accept documents from providers on behalf of Aperture.

What will change for credentialing facilities?

Seton Health Plan will also be utilizing the Availity application portal for facilities. All facilities must be registered with Availity in order for Aperture to start initial credentialing process. Please visit www.availity.com to register. If you need assistance registering, you may call Availity Support at 1-800- 282-4548.

What will change for recredentialing?

Aperture will also be handling recredentialing of providers, starting with those due in September 2018. Providers must re-attest to their existing application through CAQH; and must update any expired licensure. All providers contracted with Texas Medicaid health plans will adopt a single recredentialing date. To achieve this, you may need to be recredentialed for some MCOs prior to the end of the 3-year period. After the establishment of a single recredentialing date, recredentialing will resume being due every 3 years.

If a provider contacts more than one Medicaid MCO at the same time, who notifies Aperture?

If a provider contacts several of the Medicaid MCOs requesting to join their network, the respective MCO will request the credentialing event on behalf of MCO. Aperture will notify the provider regarding the application and next steps in the CVO process.

What does an Aperture “completed” file status mean?

This means Aperture has completed primary source verification of providers credentials. Seton Health Plan’s credentialing department will review and complete additional credentialing requirements such as verification of Seton hospital privileges. Once all credentialing requirements have been completed, the provider’s file will go to the next Seton Health Plan Credentialing Committee meeting for approval. Once approved provider will receive a Welcome Letter including an effective date from the Seton Health Plan Provider Relations Team.

How to Contact Aperture?

Mailing Address: Aperture Credentialing
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