



The Texas Association of Health Plans

## Texas Credentialing Alliance



Comprehensive Provider Data  
Programs for Multi-Carrier and State  
Initiatives

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Solving Quality Provider Information  
through an Engagement Solution

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The Texas Association of Health Plans

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# Background and Nursing Facility Information

# Aperture and Availity

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**Aperture** is the nation's largest Credentialing Verification Organization (CVO) that performs Primary Source Verification (PSV) and other services on behalf of MCOs. Aperture operates nationwide and also manages several other national, state based and specialty-based unified credentialing programs. Aperture is National Committee for Quality Assurance (NCQA) Certified and Utilization Review Accreditation Commission (URAC) Accredited for more than 10 years.

**PSV** (Primary Source Verification) is the verification of a provider's reported qualifications by the original source or an approved agent of that source. The PSV requirements have been defined by the TAHP participating plans based on their Provider/Facility Type.

**Availity** serves as the online facility application portal for all TAHP plans and also provides the practitioner application portal for TAHP plans who elect to utilize them. Many of the providers utilize Availity for their healthcare technology needs, to include provider, vendor, developer and health plan solutions that span from provider data management, claims, to eligibility and benefits.

# HHSC Uniform Managed Care Contract (UMCC) Requirement

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All Medicaid MCOs must utilize the Texas Association of Health Plans' (TAHP's) contracted Credentialing Verification Organization (CVO) as part of its credentialing and re-credentialing process regardless of membership in the TAHP. The CVO is responsible for receiving completed applications, attestations and primary source verification documents.

# Expedited Credentialing – UMCC 8.1.4.4.1

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The MCO must comply with the requirements of Texas Insurance Code Chapter 1452, Subchapters C, D, and E, regarding expedited credentialing and payment of physicians, podiatrists, and therapeutic optometrists who have joined established medical groups or professional practices that are already contracted with the MCO.

The MCO must also establish and implement an expedited credentialing process, as required by Texas Government Code § 533.0064, that allows applicant providers to provide services to Members on a provisional basis for the following provider types:

- 1) dentists,
- 2) dental specialists, including dentists and physicians providing dental specialty care,
- 3) licensed clinical social workers,
- 4) licensed professional counselors,
- 5) licensed marriage and family therapists, and
- 6) psychologists.

# Expedited Credentialing Continued

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To qualify for expedited credentialing the provider must:

- (1) be a member of an established health care provider group that has a current contract in place with an MCO,
- (2) be a Medicaid enrolled provider,
- (3) agree to comply with the terms of the contract between the MCO and the health care provider group, and
- (4) timely submit all documentation and information required by the MCO as necessary for the MCO to begin the credentialing process.

Additionally, if a Provider qualifies for expedited credentialing, the MCO must treat the Provider as a Network Provider upon submission of a complete application. This includes paying the in-network rate for claims with a date of service on or after the submission date of a complete application, even if the MCO has not yet completed the credentialing process. The MCO's claims system must be able to process claims from the provider no later than 30 Days after receipt of a complete application.

# Medicaid Managed Care Contract Changes (UMCC) - NF

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HHSC amended the Medicaid managed care contracts to allow MCOs to only contract with a NF that has a valid certification, license, and contract with HHSC, and that meets the NF credentialing standards outlined in the UMCM Chapter 8.6 (section 8.1.4.4 of the UMCC and STAR+PLUS contracts).

According to section 8.1.4 of the UMCC and STAR+PLUS contracts, the STAR+PLUS MCO must enter into a provider contract with any willing NF provider that is Medicaid-certified, licensed and contracted with HHSC; that meets the NF credentialing standards and minimum performance standards in UMCM Chapter 8.6, and agrees to the MCO's contract rates and terms. MCOs must comply with the rate requirements set forth in UMCC 8.3.9.4. A STAR+PLUS MCO is prohibited from contracting with a NF if the NF does not meet credentialing standards. A STAR+PLUS MCO may refuse to contract with a NF if the NF does not meet the minimum performance standards in UMCM Chapter 8.6.

Credentialing was also added to the UMCC section 8.3.9, STAR+PLUS Expansion section 8.1.47, and STAR+PLUS MRSA section 8.1.48. NF Providers must meet all of the state licensure, certification, and contracting requirements, as well as the NF credentialing standards in UMCM Chapter 8.6 for providing the services in Attachment B-2.2, "STAR+PLUS Covered Services." An MCO may refuse to contract with a NF if the NF does not meet the minimum performance standards in UMCM Chapter 8.6.

# Medicaid Managed Care Contract Changes (UMCC) - NF

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HHSC amended UMCM Chapter 8.6, replacing the current language in section 2.13.1 that requires MCO to deem nursing facilities.

## **Start Date, Deadline, and Allowances for Deeming**

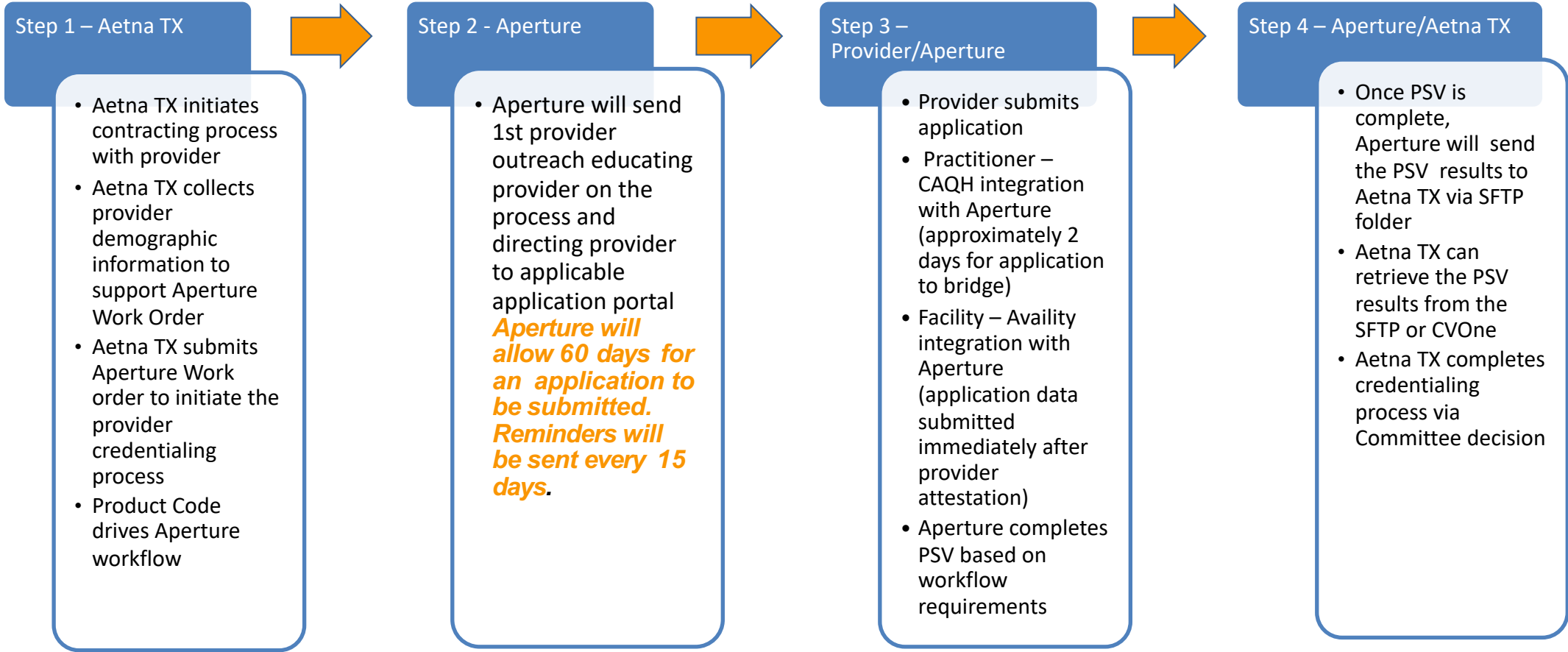
December 31, 2018 - forward. The MCO may deem a NF to have met the MCO's credentialing standards if:

- In the case of a SNF, the SNF is already credentialed for its Medicare products and the Medicare SNF credentialing criteria includes all of the STAR+PLUS NF state-identified credentialing standards in section 2.13.1 (c).



# Aperture Initial Provider Process

# Initial Provider Process



# Initial Aperture PSV Process Timeline

Aetna TX  
Work Order Started

Aperture allows the provider 60 days  
to submit a complete application  
Outreach is conducted approximately  
every 15 days

Aperture PSV timeframe starts  
upon receipt of complete  
application  
Product Code determines  
timeframe and can span from  
8 – 30 days

PSV Timeframes:  
Practitioner:  
MD/DO – 15 Days  
Non MD/DO – 30 Days  
Expedite/Urgent – 8 Days (Criteria for Expedite)  
Facility/Non-Practitioner  
Routine Facility – 30 Days  
Expedite Facility (NF) – 8 Days

1/15  
Outreach 1

1/30  
Outreach 2

2/15  
Outreach 3

3/2  
Final Outreach

PSV Profile  
returned to  
Aetna TX

# Provider Application Information

Practitioner Application Information	Facility (Non-Practitioner) Application Information
<ul style="list-style-type: none"> <li>Aetna utilizes the CAQH practitioner application portal. Providers are directed to CAQH for their application completion via the 1<sup>st</sup> letter. Texas Standardized Application is required for the PSV process.</li> </ul>	<ul style="list-style-type: none"> <li>Aetna utilizes the Availity portal as well as the paper TAHP Standardized Facility Application. Providers are directed to the Availity portal which is the preferred option for the provider.</li> </ul>
<ul style="list-style-type: none"> <li>Provider should update their information on CAQH and ensure that their attestation is current (within 120 days)</li> </ul>	<ul style="list-style-type: none"> <li>If the provider already has an application on the Availity portal, they need to ensure that the information and attestation is current to support the work order. <u>They will need to modify/re-attest the current application if it was submitted more than 120 days previously</u></li> </ul>
<ul style="list-style-type: none"> <li>The CAQH application will not bridge with Aperture unless the provider's application has a current attestation and is considered at a good status.</li> </ul>	<ul style="list-style-type: none"> <li>TAHP Standardized paper applications can be used for all TAHP participating plans as long as the provider attested accordingly. Applications can be re-used within the 120 day time period. If the application is outdated, the provider can simply check their previous application data, update the attestation sheet, and resubmit the paper application with their letter. (bar code (TCID Number) will route the application directly into the work order request)</li> </ul>
<ul style="list-style-type: none"> <li>Aperture Customer Service maintains a current blank Texas application if the provider refuses to be compliant with the use of CAQH and reaches out to Aperture.</li> </ul>	<ul style="list-style-type: none"> <li>Aetna TX team is able to view the status of the application on the Availity portal/dashboard to determine if the provider has started/completed the application and submitted it to Aperture.</li> </ul>
<ul style="list-style-type: none"> <li>Most efficient approach is the use of the CAQH Portal</li> </ul>	<ul style="list-style-type: none"> <li>Most efficient approach is the use of the Availity Portal</li> </ul>

# Initial Facility Application Gather Letter – 1<sup>st</sup> Outreach



Credentials Request For:

██████████  
██████████  
1455 S AUTO CENTER DR., STE 200  
ONTARIO, CA 91761

Client Requesting Information:

Aetna (TAHP)

Availity Provider ID:

[www.availity.com](http://www.availity.com)

12/13/2019

Dear ██████████

To renew your participation in the provider network listed above, as well as to meet compliance obligations, we ask that you complete the credentialing process. The first step in the process is the completion of the Texas Facility Credentialing Application. Failure to respond may jeopardize your credentialing status within the networks. Aperture and Availity will be assisting with the credentialing process. Availity hosts the electronic portal for submitting your credentialing application. Aperture verifies your credentialing application and returns the results to the managed care organization (MCO).

To submit your credentialing application, please use Availity's web-based solution at: [www.availity.com](http://www.availity.com). If any of your locations has a unique NPI, a unique Tax ID number, or a unique license a separate credentialing event and application is required. Please note, failure to submit the additional applications that meet the criteria could result in additional locations not completing credentialing with the above health plans.

If this is your first time submitting through Availity's web-based solution, select the option to "Register" and follow the steps to get started. A training video is available here: [www.availity.com/availitycredentialing](http://www.availity.com/availitycredentialing)

If you need assistance, you may call Availity Support at 1-800-282-4548.

The application will support the credentialing event for the following location:

NPI: ██████████  
TIN: ██████████  
Ste 101  
1615 Osprey Dr  
Desoto, TX 75115

After your application is complete on Availity, Aperture Credentialing, LLC, a Credentials Verification Organization (CVO), will retrieve your information and perform primary source verification of your credentials.

If your application was submitted on Availity within the past 120 days and all information is still current, you do not need to submit another application or take any other action related to this notice. Please be advised however, that you may receive requests from Aperture for additional information related to your application. If a paper application was submitted in the past 120 days and should be used for this credentialing event, please notify Aperture; otherwise please submit a new application.

If you have any questions about responding to this request (including a request for special provisions to allow a paper application), call Aperture's Customer Service at 1-855-743-6161 and select option 3.

The name, location, and NPI of the facility on the Aperture letter should match the facility information on Availity.

Also, the Facility Type that Aetna TX submits on the work order drives the entire PSV process along with the application matching

OFFICE USE ONLY: [Aetna (TAHP)] [Fac #by/Aetna] [REQID:554310248] [DATE:12/13/2019] TAHP Availity Facility Letter



CONFIDENTIAL



TCID – Request Routing Number



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# Initial Practitioner Application Gather Letter – 1<sup>st</sup> Outreach



**Credentials Request For:**

██████████  
6501 Harris Pky  
Fort Worth, TX 76132

**Client Requesting Information:**

Actna (TAHP)  
CAQH Provider ID #:  
<https://proview.caqh.org/>

Date: Wednesday, December 04, 2019

Dear: ██████████

In order to participate with Actna (TAHP), as well as to meet compliance obligations, we ask that you complete the credentialing process. Failure to respond may jeopardize 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 Actna (TAHP).

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

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.

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.

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

If you have any questions regarding the primary source verification process, you may contact Aperture's Customer Service at 1-855-743-6161 and select option 3.

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

Confidentiality Notice:

Practitioner is directed to CAQH for their application completion or updates

OFFICE USE ONLY: | Actna (TAHP) | Initial/Actna | REQID:554273297 | TDATE:12/4/2019 | TAHP Initial CAQH Letter

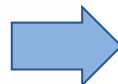


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CONFIDENTIAL



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TCID – Request Routing Number



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# Facility (Non-Practitioner) Type Listing

Adaptive Aids/Medical Equipment (LTSS)	Dental Group/Practice	Hospital, Pediatric	Pharmacist Group
Adult Day Care	Diabetes Education Center	Hospital, Rehabilitation	PHARMACY
Adult Foster Care	Diagnostic and Treatment Center	Independent Lab/Privately Owned Lab	Pharmacy-Home Health IV LTC
ALLIED HEALTH PROF GROUP	Dispensing Optical Company	INFERTILITY CENTER	Physical Therapy Group/Clinic
Ambulance Service/Transportation Company	Drug and Department Stores	Infusion Therapy Clinic	Physician Group
Ambulatory Surgical Center (ASC)-Hospital Based	DURABLE MEDICAL EQUIPMENT	Intensive Family Intervention Adult Living Facility	Physiological-Independent Diagnostic Testing(IDTF)
Ambulatory Surgical Ctr (ASC) Freestanding/Indep	Early Childhood Intervention (ECI)	Laboratory	Podiatric Group/Practice
Assisted Living	Emergency Response Service/System	Local Behavioral Health Authority (LBHA)	Prescribed Pediatric Extended Care Centers (PPECC)
AUDIOLOGY/HEARING CENTER	Employment Assistance	Magnetic Resonance Imaging (MRI)	Psychiatric Clinic
Behavioral Health Facility	End Stage Renal Disease Facility (ESRD)	Maternity Service Clinic	Psychiatric Residential Treatment Facility
Behavioral Health Unit	Endoscopy Facility	Meals, Home Delivered Meals	Psychology Group
Biological Products Manufacturer	Family Counseling and Training	Mental Retardation Diagnostic Services (MRDA)	Public Health Agency
Birthing Center	Family Planning Clinic	Mobile X-Ray/Mobile Diagnostic Provider	Radiation/Cancer Treatment Centers
Blood Bank	Federal Qualified Health Center (FQHC)	Multi Specialty Clinic or Group	Rehab Behavioral Hlth Serv Assisted Long-Term Care
Cardiac Rehab Center	Financial Management Service Agency	Non-Emergent Transportation Services	Residential Treatment Facility/Program
Case Management	Free Standing Emergency Room	Nursing Home	Residential-Based Supported Community Living Serv
Certified Registered Nurse Anesthesia (CRNA) Group	Hearing Aid Equipment	Nursing/Health Care Staffing Service	Retail Clinic
Chemical Dependency Treatment Facility (CDTF)	Hemophilia Treatment Center	Occupational Therapy Group/Clinic	Rural Health Clinic-Freestanding/Independent
Chiropractic Group/Practice	Home & Community Based Service	Optometric Group/Practice	Rural Health Clinic-Hospital Based
Community Mental Health Center	Home Health Agency	Organ Procurement Organization	Skilled Nursing Facility (SNF)
Comprehensive Care Program (CCP)	Home Infusion	Orthodontist Group	Sleep Medicine Center
Comprehensive Health Center (CHC)	Home Modification/Minor Home Modification	Orthotics/Prosthetics	Supported Employment Services
Comprehensive Outpatient Rehab Facility (CORF)	Hospice	Outpatient Rehab Facility (ORF)	Transition Assistance Services (LTSS)
Congregate Care Facility	Hospital Long Term, Limited or Specialized Care	Pediatric Day Health Care	Tuberculosis (TB) Clinic-Group
Convalescent Facility	Hospital, Acute Care	Personal Assistance Services Agency	URGENT CARE CENTER
County Indigent Health Care Program (CIHCP)	Hospital, Behavioral Health	Personal Care Services	Vehicle Modification (LTSS)
Day Habilitation (LTSS)	Hospital, Military	Pest Control	

# TAHP Standard Facility Application

## Facility/Ancillary/Long-term Care Provider Credentialing Application

Provider Identification			
Legal Business Name:			
Doing Business As (if applicable):			
Credentialing Contact:		Credentialing Contact Email:	
Credentialing Contact Phone:		Secure Fax:	
Alternative Contact:		Alternative Contact Phone:	
Taxpayer Identification Number:		National Provider Identifier (NPI):	
Taxonomy:		Atypical Provider Identifier (API):	
Location/Service Address to be Credentialed (Please note: if any of your locations has a unique license, unique NPI and/or a unique Tax ID number, a separate credentialing event and application will be required. If you have multiple locations that bill under the same license/NPI/Tax ID, please complete the Secondary Locations Excel Template.)			
Practice location name:			
Medicaid Number/TPID:		Medicare ID:	
Address line 1:			
Address line 2:			
City:		State:	ZIP+4 (Preferred): County:
Phone:		Fax:	Primary contact:
Billing information (if different than above)			
Billing name:			
Address line 1:			
Address line 2:			
City:		State:	ZIP+4 (Optional): County:
Credentialing Address (Please Note: Aperture will send credentialing correspondence to this address.)			
Credentialing Contact:			
Address line 1:			
Address line 2:			
City:		State:	ZIP+4 (Optional): County:

## Facility/Ancillary/Long-term Care Provider Credentialing Application

### Attestation Consent and Release

All information provided in this, or in connection with this application, is complete and accurate to the best of my knowledge, and I shall immediately notify the Plan(s) of any changes thereto. I understand that this application does not entitle me to participation in the Plan(s) network. By applying for appointment as a TAHP participating provider, I authorize the Plan(s) plan, its medical director, and appropriate representatives to consult with administrators and members of other institutions where I have been associated, including past and present malpractice carriers who may have information bearing on my professional competence, character, and ethical qualifications. I hereby further consent to the inspection by the Plan(s), and their representatives, its medical director and appropriate representatives, of all records and documents, excluding medical records of nonmembers of TAHP Participating Plans, that may be material to an evaluation of any professional qualifications and competence to carry out the requested duties, as well as my moral and ethical qualifications for participating provider status with the Plan(s) participating with TAHP. I consent and agree that TAHP

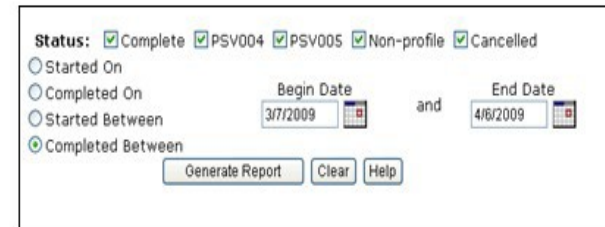
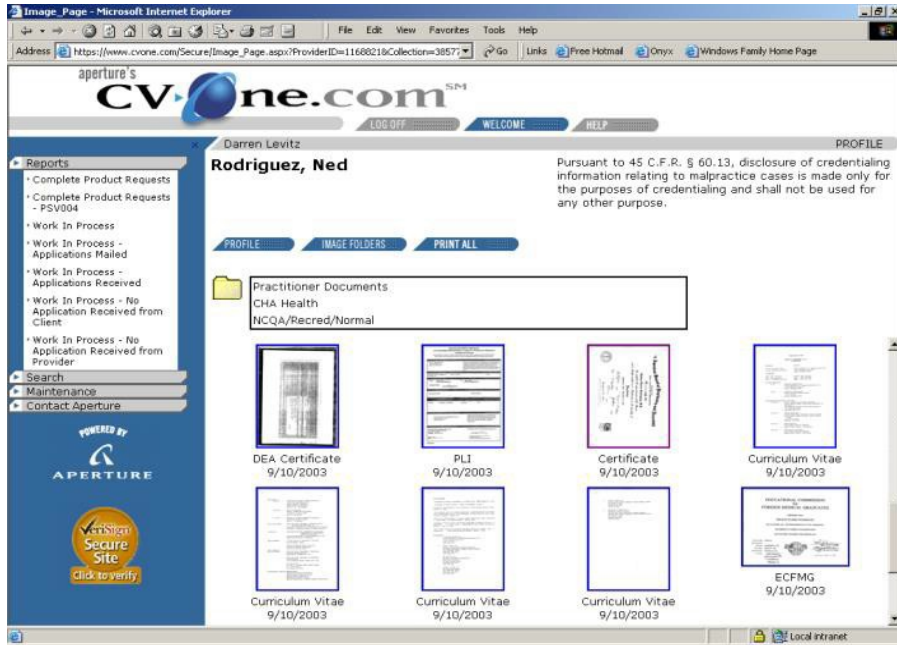
### Facility Application Notes

- Facility Application is 13 pages
- All pages of the application should be returned, “N/A” should be reflected on the pages if they don’t apply
- Facility Application covers all facility types including LTSS and Behavioral providers
- One application is completed per physical service location with one facility type
- Previous applications submitted to Aperture can be utilized if the provider completed the consent in the manner hi-lighted above and the attestation is within 120 days.



# Aetna View of Provider/PSV Action

# Aperture CvOne Reporting



- A portal into Aperture's operations for your business
- Robust reporting with the ability to enter custom date parameters and extract reports to MS Excel with a single click (for the ability to filter, pivot, sort and use other standard Excel functionality)

# Aperture CvOne Provider Relations View

aperture's **CVone.com** SM

LOG OFF WELCOME HELP

**Reports**

- All Closed Product Requests
- All Closed Product Requests and Work In Process
- All Closed Product Requests and Work In Process\_w Add'l Dates
- All Closed Product Requests\_w Add'l Dates
- Closed Product Requests - PSV004 and Non-Profile
- Complete Product Requests
- Complete Product Requests - PSV004
- Facility Complete Product Requests
- Facility Work In Process
- Work In Process
- Work In Process - Applications Mailed
- Work In Process - Applications Received
- Work In Process - No Application Received from Client
- Work In Process - No Application Received from Provider
- Work In Process Details
- Work in Process\_w Add'l Dates
- Search
- Maintenance
- Contact Aperture

**All Closed Product Requests as of Nov 19 2019 8:00AM**  
All Closed Product Requests

Return 10 rows per page. REFRESH EXPORT EXCEL

Next 10 > Last Page >>

Status:  Complete  PSV004  PSV005  Non-profile  Cancelled

Started On

Completed On  and  End Date

Started Between

Completed Between  and  End Date

Generate Report Clear Help

Market	SSN	Name	Request ID	Product Description	Provider ID	CAOH Provider ID	Batch ID	Start Date	Days In Process	App Rec Date	App Complete Date	Product Request Status
Plan ABC	123456789	John Q. Practitioner	5555555	Initial Physician	987654	11223344	January 2020	11-1-19	9			Plan ABC
111111111	Jane Q. Practitioner	5555556	Recred Alliance	333333	22334455	January 2020	11-2-19	5				Plan ABC 999999999
Jim Q. Practitioner	5555557	Recred Alliance	22222	55667788	January 2020	11-2-19	5					Plan ABC 999999998 Jill Q.
Practitioner	5555558	Initial/Plan ABC	65432	99001122	January 2020	11-1-19	9					

Provider Relations view will have all of the reporting features

# Aperture CvOne Provider Relations View

Provider: John Q. Practitioner    Start Date: 10-25-2019    Status: Request Complete  
Client: ABC Plan    Expected Complete:  
Offering: Initial Physician    Complete Date: 11-9-2019    Batch Description: November 2019

Return 14 rows per page.    [REFRESH](#)    [PROFILE](#)

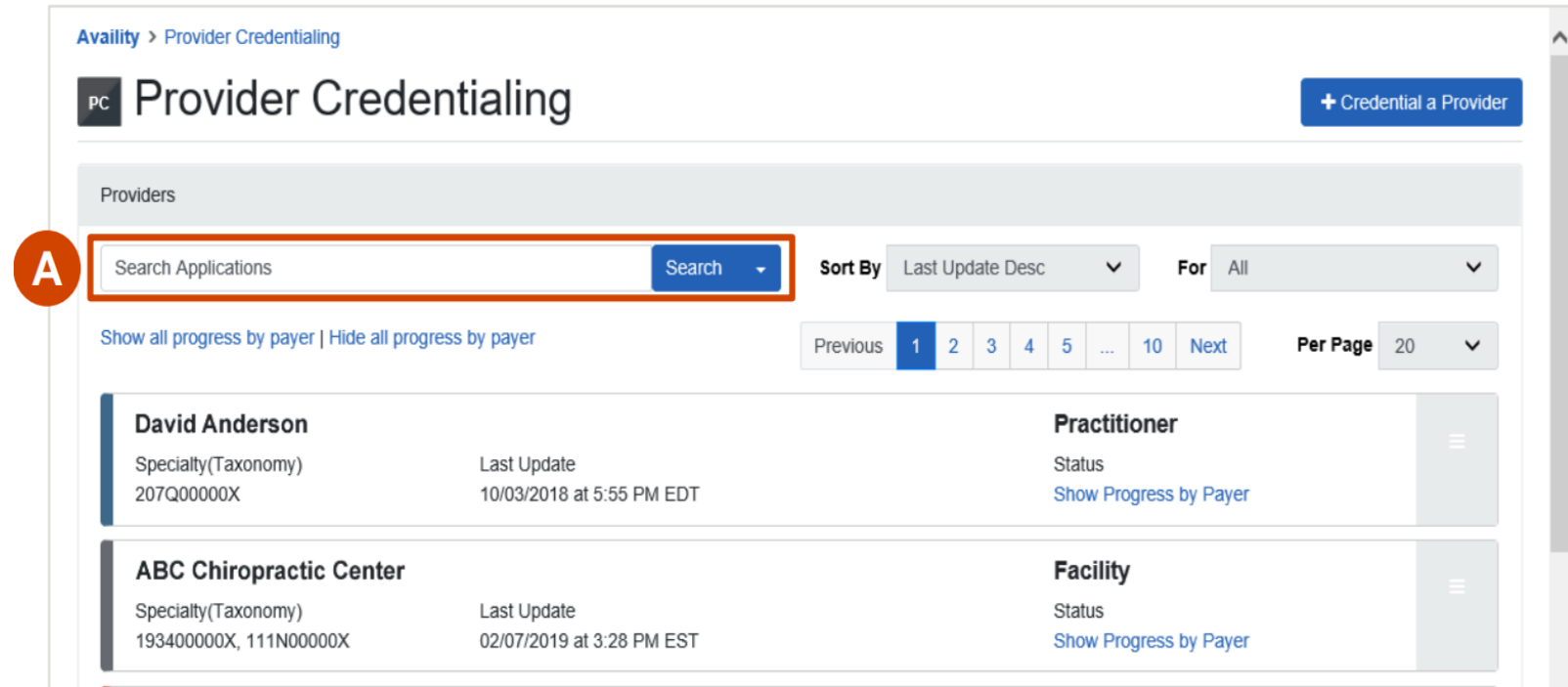
Attempt Date	Attempt Type	Contact Name	Contact	Attempt
11/7/2019	Mail	Smith, Jane	123 Your street Dr. Anywhere, TX 11111	- Attention Credentialing Manager
11/20/2019	Email	Smith, Jane	<a href="mailto:smithjane@abcdr.com">smithjane@abcdr.com</a>	- An application is needed
11/28/2019	Email	Smith Jane	<a href="mailto:smithjane@abcdr.com">smithjane@abcdr.com</a>	- Attention Credentialing - An application is needed



This access will allow the user to see the status of the file as well as any missing elements

# Availity – Search Features with Credentialing Dashboard

- Type the search criteria in the search field, and then click Search. You can search by:
  - Practitioner or facility name
  - Tax ID
  - NPI
  - City,
  - State, or
  - ZIP code associated with a service location
- To clear the search criteria, click next to the Search button, and then click Clear



Availity > Provider Credentialing

PC Provider Credentialing [+ Credential a Provider](#)

Providers

**A** Search Applications [Search](#) [Sort By](#) Last Update Desc [For](#) All

[Show all progress by payer](#) | [Hide all progress by payer](#) [Previous](#) [1](#) [2](#) [3](#) [4](#) [5](#) [...](#) [10](#) [Next](#) [Per Page](#) 20

<b>David Anderson</b>	Practitioner
Specialty(Taxonomy) 207Q00000X	Status <a href="#">Show Progress by Payer</a>
Last Update 10/03/2018 at 5:55 PM EDT	
<b>ABC Chiropractic Center</b>	Facility
Specialty(Taxonomy) 193400000X, 111N00000X	Status <a href="#">Show Progress by Payer</a>
Last Update 02/07/2019 at 3:28 PM EST	

# Availity Credentialing Dashboard

- Search and sort the list with key information
- Statuses are color-coded
  - Gray - application has been started but not submitted
  - Blue - application has been submitted and is in progress
- Expand sections to view progress and history details
- Amend or terminate applications in-progress

The screenshot displays the Availity Provider Credentialing dashboard. At the top, there is a navigation bar with the Availity logo, Home, Notifications (3), My Favorites, Texas, Help & Training, Demo's Account, and Logout. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More, along with a Keyword Search field.

The main content area is titled "Availity > Provider Credentialing" and includes a "PC Provider Credentialing" header with a "+ Credential a Provider" button. Below the header is a "Providers" section with a search bar for NPI or TIN, a "Search" button, and filters for "Sort By" (Last Submitted) and "For" (Availity Test Org). There are also links for "Show all progress by payer" and "Hide all progress by payer", and a "Per Page" dropdown set to 20.

The providers listed are:

Provider Name	Specialty(Taxonomy)	Last Update	Status	Action
ABC Facility	313M00000X	09/10/2018 at 1:41 PM EDT	Facility	Show Progress by Payer
Provider, Robert	207NP0225X	07/09/2018 at 11:48 AM EDT	Practitioner	Show Progress by Payer
Demo Facility	251B00000X	05/15/2018 at 9:22 AM EDT	Facility	Show Progress by Payer

# Availity Credentialing Dashboard

- a) Show or hide the progress of the application
- b) Show or hide the history details of the application

The screenshot shows the Availity Credentialing Dashboard for ABC Hospital, Inc. The dashboard displays the facility's specialty (207LA0401X) and the last update date (02/20/2019 at 4:57 PM EST). It lists the credentialing progress for several payers, including Aetna, Amerigroup Texas, Blue Cross Blue Shield of Texas, Children's Medical Center Health Plan, Christus Health, CIGNA/HealthSpring, and Community First Health Plan. Each payer's progress is shown with a green checkmark for 'Application Available' and 'Application Submitted', and a grey circle for 'PSV Complete'. The Aetna section is expanded to show a detailed history of the application, including 'Application Submitted' on 2/20/2019 at 4:57:14 PM and 'Application Available' on 12/5/2018.

Specialty(Taxonomy)	Last Update	Facility
207LA0401X	02/20/2019 at 4:57 PM EST	ABC Hospital, Inc.
Aetna	Application Available 12/5/2018	Application Submitted 2/20/2019
Amerigroup Texas	Application Available 12/5/2018	Application Submitted 2/20/2019
Blue Cross Blue Shield of Texas	Application Available 12/5/2018	Application Submitted 2/20/2019
Children's Medical Center Health Plan	Application Available 12/5/2018	Application Submitted 2/20/2019
Christus Health	Application Available 12/5/2018	Application Submitted 2/20/2019
CIGNA/HealthSpring	Application Available 12/5/2018	Application Submitted 2/20/2019
Community First Health Plan	Application Available 12/5/2018	Application Submitted 2/20/2019

# Questions and Discussion