Washington Health Plan Interim Process for Medversant Outage

Use this list to determine how health plans are accepting credentialing applications. OneHealthPort will update this list as we receive information from the health plans, and as information changes. You will find the most current list at onehealthport.com/credentialing/status-update-medversant-outage.

Health Plan	How to submit provider application	Health Plan Website	Email Phone Fax	Turnaround Time (TAT)	How providers check status	Health Plan Comments
Aetna	CAQH or Paper WPA Send WPA to: Aetna Credentialing PO Box 981120 El Paso, TX 79998-1120	https://extaz- oci.aetna.com/pocui/join -the-aetna-network	Phone: Provider Call Center 800-353-1232	Adheres to state's turnaround time requirements	Contact the Provider Call Center	
Amerigroup	CAQH Or Paper Washington Practitioner Application (WPA)	https://provider.amerigro up.com/washington- provider/join-our- network Submit new/initial applications via Availity	Email: credentialing@anthe m.com Phone: 800-454-3730	60 days for initial requests	Availity	For recredentialing, if you do not have a current CAQH application, you will receive outreach from a credentialing representative asking for a paper WPA.
Amplifon Hearing Health Care	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	www.amplifonusa.com	Email: credentialing@amplif on.com Phone: 1-800-920-4327	30-60 days	credentialing@ampl ifon.com	
Asuris	Email asuris credentialing@as uris.com Or Fax - (888) 335-3002	Credentialing (asuris.com)	Email: asuris credentialing @asuris.com Phone: Provider Contact Center 1 (800) 253-0838	33 days since receipt of a complete application	Our website has been updated with this information	Check the status or receipt of initial credentialing or recredentialing applications in the Onboarding Tracker, available in Availity Essentials: Payer Spaces.

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			Fax: (888) 335-3002			
Cigna	CAQH	<u>cignaforhcp.cigna.com</u>	Email: PSSCentral@Cigna.co m Phone: 1-800-88Cigna (882-4462)	Please call this number for TAT information 1-800- 88Cigna (882-4462)	Please call this number to check on status 1-800-88Cigna (882- 4462)	Providers should call our Provider Services phone number to initiate contracts and fill out CAQH, authorizing Cigna Healthcare. More information can be found on our website.
Community Health Plan of Washington (CHPW)	WPAs can be emailed to provider.credentialing@ chpw.org or faxed to 206-652-7070. If providers are able to download their WPA from CAQH, we will accept them, as long as the signature dates are current.	chpw.org	Email: Provider.credentialin g@chpw.org Phone: N/A Fax: 206-652-7070	60-90 days, usually	We do not have a CAQH account, so we cannot access WPAs ourselves	Email provider.credentialing@ch pw.org
Coordinated Care Wellcare of Washington	CAQH Paper Applications	wamss.org/wp- content/uploads/2015/1 0/WPA-Final-2015.pdf https://www.coordinated carehealth.com/content/ dam/centene/Coordinate d%20Care/provider/PDFs /508-CC-Individual-	Email: joinournetwork@coo rdinatedcarehealth.c om contracting@coordin atedcarehealth.com Phone: 877-644-4613	~ 1 week for credentialing that doesn't need a new contract	Email	

Health Plan	How to submit provider application	Health Plan Website	Email Phone Fax	Turnaround Time (TAT)	How providers check status	Health Plan Comments
		Practitioner-Group- Practice-BasePacket.pdf	Fax: (833) 777-8630			
EyeMed	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	Eyemed.com	Email: Online Forms Phone: 888.581.3648 Fax: 866.293.7373	45 – 60 days	Provider website	
First Choice Health Network	CAQH will be used as the application source during the interim period. Network will obtain the application directly from CAQH. New providers please use our CAQH interest form https://www.fchn.com/Providers/CAQHForm .	www.fchn.com	Email: providerrelations@fc hn.com	Varies based on file completion and if additional information is needed for completion. Average 90 days.	Medversant is able to perform credentialing verifications on our behalf during this outage. If the credentialing or recredentialing process is already in flight and missing items are needed, they will reach out to you and the information can be returned via email or fax as the ProviderSource application is not able to be attested to for most users. As of 09/15/2023, FCH will be performing in house Credentialing for new processes and providers can	Please ensure you have given FCH access to your CAQH application by giving 'global status' to speed up the credentialing and recredentialing process

Last updated September 27, 2023, V11

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					check the status of their application 90 days after the submission date by emailing credentialingapp@fc hn.com.	
Great Hearing Benefits	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	www.greathearingbenefi ts.com	Email: cmassie@greathearin gbenefits.com Phone: 224-355-5088	N/A	portal.greathearing benefits.com	
HeadsUp Healthcare	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	headsupcare.com	Email: credentialing@heads upcare.com Phone: 855-443-9872		credentialing@head supcare.com	
Health Net Federal Services	Email and fax If provider submits a roster (>5 providers) then they should email to PDMRoster@hnfs.com If provider submits our Provider Information Form (PIF) it should be faxed to	Providers can go to the HNFS web page for information on how to join our Network tricare- west.com/content/hnfs/ home/tw/prov/res/provider forms/join our net work/PIF.html Providers must register with CAQH, update their				

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	HNFS at 1-844-224-0381	record and allow HNFS to view their CAQH profile tricare- west.com/content/hnfs/ home/tw/prov/become- a-provider/provider- credentialing/credentialingprovider- applications.html				
Kaiser Foundation Health Plan of Washington	CAQH	https://wa- provider.kaiserpermanen te.org/provider- support/join-network	provcredentialing@K p.org	60 day average	Email	Providers should follow instructions on our website to initiate contracts or add practitioners to existing contracts. Fill out CAQH, authorizing Kaiser to pull the application. For questions on joining the network please email provider services at: kpwa.provider-servces@kp.org
LCA Vision, INC.	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	www.lasikplus.com	Email: credentialing@lasik.c om Phone: 513-577-8270 Fax: 513-792-5623	N/A	Internal source (Mozart) for credentialing tracking	
Molina Healthcare of WA	Molina Mini-App + CAQH Application <i>or</i>	molinahealthcare.com/pr oviders/wa/medicaid/ho me.aspx	Email:	45-60 Days		Please allow 30 days for response. If no response to email is received, email

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	Paper/PDF WA Practitioner Application	molinahealthcare.com/- /media/Molina/PublicWe bsite/PDF/Providers/wa/ Medicaid/forms/Add- Provider-Mini-App- Form.pdf	MHWProviderContra cting@MolinaHealthc are.com Phone: (855) 322-4082 Fax: (877) 814-0342			MHWProviderContracting @MolinaHealthcare.com for status.
Optum Care Network (OCN)	Current CAQH application will be used with a supplement 2023 WA Attestation and Disclosure or Providers can complete the 2023 WPA and submit to OCN.		Email: credentialing@optu mpnw.com			
PacificSource	Email: Credentialing@PacificSo urce.com	https://pacificsource.com/p roviders/partner-with-us	Email: Credentialing@Pacifi cSource.com Phone: 541-684-3747 Fax: 541-225-3644	45-60 days of receipt of complete application	Email: Credentialing@Pacif icSource.com Or Phone: 541-684- 3747	
Paradigm Corp	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	www.paradigmcorp.com	Email: credentialing- networks@paradigm corp.com Phone:		credentialing- networks@paradig mcorp.com	

Last updated September 27, 2023, V11

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			844-242-1451 Option 4 Fax: 941-549-8111			
Premera	Medversant when available, fax, email, hard copy via mail	<u>Premera.com</u>	Email: Credentialing.Update s@Premera.com Fax: 425.918.4766	Initial apps 35-45 days	Email inquiry. Welcome letters are generated and sent by physical mail when cred is complete.	
Principal Plan Dental	Directly from the dental office if they reach out to Principal	<u>Principal.com</u>			Website	
Providence Health Plan	Paper application Emailed application CAQH		PHPCredentialing@pr ovidence.org	Average of 60 days or less	Assigned Provider Relations Representative	
Regence	Email - regence_credentialing@ regence.com or Fax - (888) 335-3002	Credentialing (regence.com)	regence credentialin g@regence.com Phone: Provider Contact Center 1 (800) 253-0838 Fax: (888) 335-3002	33 days since receipt of a complete application	Our website has been updated with this information	Check the status or receipt of initial credentialing or recredentialing applications in the Onboarding Tracker, available in Availity Essentials: Payer Spaces.
Tivity Health (WholeHealth Living is a Tivity Health Company)	CAQH or WA State Applications may be submitted by practitioner via FAX or Email	https://www.wholehealt hliving.com/practitioners L	Email: credentialing@tivityh ealth.com Phone:	30 – 60 days	Email or phone	CAQH preferred. For WA Applications, please visit WAMSS Resources.

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			888-297-3060 Fax: 888-297-1027			
UnitedHealthcare Hearing /EPIC Hearing Healthcare	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	UnitedHealthcare Hearing (uhchearing.com)	Email: credentilaing@uhche aring.com Phone: 1-855-523-9355	N/A	Fax, mail or phone call	
UnitedHealthcare Medical	CAQH	Join Our Network UHCprovider.com		Varies based on file and if additional info is needed	Chat functionality once logged into the portal	
UnitedHealthcare Vision	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	Spectera: https://www.s pectera.com/PWP/Landi ng March: https://www.ma rchvisioncare.com/	Phone: Spectera: (800) 638- 3120 March: (855) 496- 2724	N/A	Call us or reach out to your provider relations advocate.	
Versant Health	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	https://davisvision.com/e ye-care- professionals/join/ https://superiorvision.co m/eye-care- professionals/join/apply/	Email: providerhelp@versan thealth.com Phone: 1 (800) 773-2847	90	providerhelp@versa nthealth.com	

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VSP Vision Care	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	https://www.vspprovider hub.com/	Email: Credentialing@vsp.c om		Credentialing@vsp.c om	
Washington State Department of Labor and Industries (Workers Compensation)	Submit applications through ProviderOne	WA State L&I Become a Provider	Email: LNIProviderOne@Lni. wa.gov	90 days	Check status in ProviderOne	Please use L&I's ProviderOne Guides and Resources
WholeHealth Living is a Tivity Health Company	CAQH or WA State Applications may be submitted by practitioner via FAX or Email	https://www.wholehealthliving.com/practitioners	Email: credentialing@tivityh ealth.com Phone: 888-297-3060 Fax: 888-297-1027	30 – 60 days	Email or phone	CAQH preferred. For WA Applications, please visit WAMSS Resources.