

## 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](https://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
<b>Aetna</b>	CAQH or Paper WPA  Send WPA to: Aetna Credentialing PO Box 981120 El Paso, TX 79998-1120	<a href="https://extaz-oci.aetna.com/pocui/join-the-aetna-network">https://extaz-oci.aetna.com/pocui/join-the-aetna-network</a>	Phone: Provider Call Center 800-353-1232	Adheres to state's turnaround time requirements	Contact the Provider Call Center	
<b>Amerigroup</b>	CAQH Or Paper Washington Practitioner Application (WPA)	<a href="https://provider.amerigroup.com/washington-provider/join-our-network">https://provider.amerigroup.com/washington-provider/join-our-network</a> Submit new/initial applications via Availity	Email: <a href="mailto:credentialing@antheam.com">credentialing@antheam.com</a>  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.
<b>Amplifon Hearing Health Care</b>	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	<a href="http://www.amplifonusa.com">www.amplifonusa.com</a>	Email: <a href="mailto:credentialing@amplifon.com">credentialing@amplifon.com</a>  Phone: 1-800-920-4327	30-60 days	<a href="mailto:credentialing@amplifon.com">credentialing@amplifon.com</a>	
<b>Asuris</b>	Email <a href="mailto:asuris_credentialing@asuris.com">asuris_credentialing@asuris.com</a>  Or Fax - (888) 335-3002	<a href="https://www.asuris.com/credentialing">Credentialing (asuris.com)</a>	Email: <a href="mailto:asuris_credentialing@asuris.com">asuris_credentialing@asuris.com</a>  Phone: Provider Contact Center 1 (800) 253-0838  Fax:	33 days since receipt of a complete application	Our website has been updated with this information	<a href="#">Check the status or receipt of initial credentialing or recredentialing applications in the Onboarding Tracker, available in Availity Essentials: Payer Spaces.</a>

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			(888) 335-3002			
<b>Cigna</b>	CAQH	<a href="http://cignaforhcp.cigna.com">cignaforhcp.cigna.com</a>	Email: <a href="mailto:PSSCentral@Cigna.com">PSSCentral@Cigna.com</a>  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.
<b>Community Health Plan of Washington (CHPW)</b>	WPAs can be emailed to <a href="mailto:provider.credentialing@chpw.org">provider.credentialing@chpw.org</a> 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.	<a href="http://chpw.org">chpw.org</a>	Email: <a href="mailto:Provider.credentialing@chpw.org">Provider.credentialing@chpw.org</a>  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 <a href="mailto:provider.credentialing@chpw.org">provider.credentialing@chpw.org</a>
<b>Coordinated Care Wellcare of Washington</b>	CAQH Paper Applications	<a href="http://wamss.org/wp-content/uploads/2015/10/WPA-Final-2015.pdf">wamss.org/wp-content/uploads/2015/10/WPA-Final-2015.pdf</a>  <a href="https://www.coordinatedcarehealth.com/content/dam/centene/Coordinated%20Care/provider/PDFs/508-CC-Individual-Practitioner-Group-Practice-BasePacket.pdf">https://www.coordinatedcarehealth.com/content/dam/centene/Coordinated%20Care/provider/PDFs/508-CC-Individual-Practitioner-Group-Practice-BasePacket.pdf</a>	Email: <a href="mailto:joinournetwork@coordinatedcarehealth.com">joinournetwork@coordinatedcarehealth.com</a>  <a href="mailto:contracting@coordinatedcarehealth.com">contracting@coordinatedcarehealth.com</a>  Phone: 877-644-4613  Fax:	~ 1 week for credentialing that doesn't need a new contract	Email	

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<b>EyeMed</b>	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	Eyemed.com	(833) 777-8630  Email: Online Forms  Phone: 888.581.3648  Fax: 866.293.7373	45 – 60 days	Provider website	
<b>First Choice Health Network</b>	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 <a href="https://www.fchn.com/Providers/CAQHForm">https://www.fchn.com/Providers/CAQHForm</a> .	<a href="http://www.fchn.com">www.fchn.com</a>	Email: <a href="mailto:providerrelations@fchn.com">providerrelations@fchn.com</a>	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 re-credentialing 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 check the status of their application 90	Please ensure you have given FCH access to your CAQH application by giving 'global status' to speed up the credentialing and recredentialing process

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					days after the submission date by emailing <a href="mailto:credentialingapp@fc.hn.com">credentialingapp@fc.hn.com</a> .	
<b>Great Hearing Benefits</b>	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	<a href="http://www.greathearingbenefits.com">www.greathearingbenefits.com</a>	Email: <a href="mailto:cmassie@greathearingbenefits.com">cmassie@greathearingbenefits.com</a>  Phone: 224-355-5088	N/A	portal.greathearingbenefits.com	
<b>HeadsUp Healthcare</b>	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	<a href="http://headsupcare.com">headsupcare.com</a>	Email: <a href="mailto:credentialing@headsupcare.com">credentialing@headsupcare.com</a>  Phone: 855-443-9872		<a href="mailto:credentialing@headsupcare.com">credentialing@headsupcare.com</a>	
<b>Health Net Federal Services (HNFS)</b>	Fax the Washington Practitioner Application to Health Net Federal Services, LLC (HNFS) at 1-844-227-7689, or  Use CAQH for network provider credentialing. Log in to the CAQH Provider Data Portal, update your record, and allow HNFS to view your CAQH profile.	Providers can go to the HNFS web page for information on how to join our Network <a href="https://www.tricare-west.com/content/hnfs/home/tw/prov/res/provider_forms/join_our_network/PIF.html">https://www.tricare-west.com/content/hnfs/home/tw/prov/res/provider_forms/join_our_network/PIF.html</a>  HNFS uses CAQH ProView for credentialing. Providers must register with CAQH, update their record and allow HNFS to view their				

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		CAQH profile <a href="https://www.tricare-west.com/content/hnfs/home/tw/prov/become-a-provider/provider-credentialing/credentialing-provider-applications.html">https://www.tricare-west.com/content/hnfs/home/tw/prov/become-a-provider/provider-credentialing/credentialing-provider-applications.html</a>				
<b>Kaiser Foundation Health Plan of Washington</b>	CAQH	<a href="https://wa-provider.kaiserpermanente.org/provider-support/join-network">https://wa-provider.kaiserpermanente.org/provider-support/join-network</a>	<a href="mailto:provcredentialing@kp.org">provcredentialing@kp.org</a>	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 : <a href="mailto:kpwa.provider-services@kp.org">kpwa.provider-services@kp.org</a>
<b>LCA Vision, INC.</b>	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	<a href="http://www.lasikplus.com">www.lasikplus.com</a>	Email: credentialing@lasik.com  Phone: 513-577-8270  Fax: 513-792-5623	N/A	Internal source (Mozart) for credentialing tracking	
<b>Molina Healthcare of WA</b>	Molina Mini-App + CAQH Application <i>or</i> Paper/PDF WA Practitioner Application	<a href="http://molinahealthcare.com/providers/wa/medicaid/home.aspx">molinahealthcare.com/providers/wa/medicaid/home.aspx</a>  <a href="http://molinahealthcare.com/">molinahealthcare.com/</a>	Email: <a href="mailto:MHWProviderContracting@MolinaHealthcare.com">MHWProviderContracting@MolinaHealthcare.com</a>	45-60 Days		Please allow 30 days for response. If no response to email is received, email <a href="mailto:MHWProviderContracting@MolinaHealthcare.com">MHWProviderContracting@MolinaHealthcare.com</a>

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		<a href="/media/Molina/PublicWebsite/PDF/Providers/wa/Medicaid/forms/Add-Provider-Mini-App-Form.pdf">/media/Molina/PublicWebsite/PDF/Providers/wa/Medicaid/forms/Add-Provider-Mini-App-Form.pdf</a>	Phone: (855) 322-4082  Fax: (877) 814-0342			<a href="https://twitter.com/MolinaHealthcare">@MolinaHealthcare.com</a> for status.
<b>Optum Care Network (OCN)</b>	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: <a href="mailto:credentialing@optumpnw.com">credentialing@optumpnw.com</a>			
<b>PacificSource</b>	Email: <a href="mailto:Credentialing@PacificSource.com">Credentialing@PacificSource.com</a>	<a href="https://pacificsource.com/providers/partner-with-us">https://pacificsource.com/providers/partner-with-us</a>	Email: <a href="mailto:Credentialing@PacificSource.com">Credentialing@PacificSource.com</a>  Phone: 541-684-3747  Fax: 541-225-3644	45-60 days of receipt of complete application	Email: <a href="mailto:Credentialing@PacificSource.com">Credentialing@PacificSource.com</a>  Or  Phone: 541-684-3747	
<b>Paradigm Corp</b>	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	<a href="http://www.paradigmcorp.com">www.paradigmcorp.com</a>	Email: <a href="mailto:credentialing-networks@paradigmcorp.com">credentialing-networks@paradigmcorp.com</a>  Phone: 844-242-1451 Option 4  Fax: 941-549-8111		<a href="mailto:credentialing-networks@paradigmcorp.com">credentialing-networks@paradigmcorp.com</a>	

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<b>Premera</b>	Medversant when available, fax, email, hard copy via mail	<a href="http://Premera.com">Premera.com</a>	Email: <a href="mailto:Credentialing.Updates@Premera.com">Credentialing.Updates@Premera.com</a>  Fax: 425.918.4766	Initial apps 35-45 days	Email inquiry. Welcome letters are generated and sent by physical mail when cred is complete.	
<b>Principal Plan Dental</b>	Directly from the dental office if they reach out to Principal	<a href="http://Principal.com">Principal.com</a>			Website	
<b>Providence Health Plan</b>	Paper application Emailed application CAQH		<a href="mailto:PHPCredentialing@providence.org">PHPCredentialing@providence.org</a>	Average of 60 days or less	Assigned Provider Relations Representative	
<b>Regence</b>	Email - regence_credentialing@regence.com  or  Fax - (888) 335-3002	<a href="http://Credentialing(regence.com)">Credentialing (regence.com)</a>	<a href="mailto:regence_credentialing@regence.com">regence_credentialing@regence.com</a>  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	<a href="#">Check the status or receipt of initial credentialing or recredentialing applications in the Onboarding Tracker, available in Availity Essentials: Payer Spaces.</a>
<b>Tivity Health (WholeHealth Living is a Tivity Health Company)</b>	CAQH or WA State Applications may be submitted by practitioner via FAX or Email	<a href="https://www.wholehealthliving.com/practitioners/">https://www.wholehealthliving.com/practitioners/</a>	Email: <a href="mailto:credentialing@tivityhealth.com">credentialing@tivityhealth.com</a>  Phone: 888-297-3060  Fax: 888-297-1027	30 – 60 days	Email or phone	CAQH preferred.  For WA Applications, please visit <a href="#">WAMSS Resources</a> .

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<b>UnitedHealthcare Hearing /EPIC Hearing Healthcare</b>	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	<a href="https://uhchearing.com">UnitedHealthcare Hearing (uhchearing.com)</a>	Email: <a href="mailto:credentialing@uhchearing.com">credentialing@uhchearing.com</a>  Phone: 1-855-523-9355	N/A	Fax, mail or phone call	
<b>UnitedHealthcare Medical</b>	CAQH	<a href="https://uhcprovider.com">Join Our Network   UHCprovider.com</a>		Varies based on file and if additional info is needed	Chat functionality once logged into the portal	
<b>UnitedHealthcare Vision</b>	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	<a href="https://www.spectera.com/PWP/Landing">Spectera: https://www.spectera.com/PWP/Landing</a>  <a href="https://www.marchvisioncare.com/">March: https://www.marchvisioncare.com/</a>	Phone: Spectera: (800) 638-3120  March: (855) 496-2724	N/A	Call us or reach out to your provider relations advocate.	
<b>Versant Health</b>	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	<a href="https://davisvision.com/eye-care-professionals/join/">https://davisvision.com/eye-care-professionals/join/</a>  <a href="https://superiorvision.com/eye-care-professionals/join/apply/">https://superiorvision.com/eye-care-professionals/join/apply/</a>	Email: <a href="mailto:providerhelp@versanthealth.com">providerhelp@versanthealth.com</a>  Phone: 1 (800) 773-2847	90	<a href="mailto:providerhelp@versanthealth.com">providerhelp@versanthealth.com</a>	



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