Washington Health Plan Interim Process for CAQH Transition

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 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/support-communications.

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/joi n-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.amerigr oup.com/washington- provider/join-our- network Submit new/initial applications via Availity	Email: credentialing@anthem.co m 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.
Ameritas	Email Or Fax	www.ameritas.com	providerrelations@amertias.com Phone: 800-755-8844 Fax: 402-467-7339	30 Days	Phone	
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@amplifon.c om Phone: 1-800-920-4327	30-60 days	credentialing@am plifon.com	

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Asuris	Or Email asuris_credentialing@asuri s.com Or Fax - (888) 335-3002	Credentialing (asuris.com)	Email: asuris credentialing@asur is.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.
Cigna	CAQH	cignaforhcp.cigna.com	Email: PSSCentral@Cigna.com 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@ch pw.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.credentialing@ch pw.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@chpw.org
Coordinated Care Wellcare of Washington	CAQH Paper Applications	wamss.org/wp- content/uploads/2015/1 0/WPA-Final-2015.pdf https://www.coordinate dcarehealth.com/conten t/dam/centene/Coordin	Email: joinournetwork@coordina tedcarehealth.com contracting@coordinatedc arehealth.com	~ 1 week for credentialing that doesn't need a new contract	Email	

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		ated%20Care/provider/ PDFs/508-CC-Individual- Practitioner-Group- Practice-BasePacket.pdf	Phone: 877-644-4613 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@fchn.co m	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. 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	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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					house Credentialing for new processes and providers can check the status of their application 90 days after the submission date by emailing credentialingapp @fchn.com.	
Great Hearing Benefits	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	www.greathearingbenef its.com	Email: cmassie@greathearingben efits.com Phone: 224-355-5088	N/A	portal.greathearin gbenefits.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@headsupca re.com Phone: 855-443-9872		credentialing@he adsupcare.com	
Health Net Federal Services (HNFS)	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	Providers can go to the HNFS web page for information on how to join our Network https://www.tricare-west.com/content/hnfs/home/tw/prov/res/provider_forms/join_our_net_work/PIF.html				

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	record, and allow HNFS to view your CAQH profile.	HNFS uses CAQH ProView for credentialing. Providers must register with CAQH, update their record and allow HNFS to view their CAQH profile https://www.tricare- west.com/content/hnfs/ home/tw/prov/become- a-provider/provider- credentialing/credentiali ngprovider- applications.html				
Kaiser Foundation Health Plan of Washington	CAQH	https://wa- provider.kaiserpermane nte.org/provider- support/join-network	provcredentialing@Kp.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.com Phone: 513-577-8270	N/A	Internal source (Mozart) for credentialing tracking	

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			Fax: 513-792-5623			
Molina Healthcare of WA	Molina Mini-App + CAQH Application <i>or</i> Paper/PDF WA Practitioner Application	molinahealthcare.com/p roviders/wa/medicaid/h ome.aspx molinahealthcare.com/- /media/Molina/PublicW ebsite/PDF/Providers/w a/Medicaid/forms/Add- Provider-Mini-App- Form.pdf	Email: MHWProviderContracting @MolinaHealthcare.com Phone: (855) 322-4082 Fax: (877) 814-0342	45-60 Days		Please allow 30 days for response. If no response to email is received, email MHWProviderContractin g@MolinaHealthcare.co m for status.
Optum Care Network (OCN)	Current CAQH application or 2023 WPA submitted directly to OCNWA credentialing@optumpnw.com	https://partner.optum.c om	Email: credentialing@optumpnw. com	Approximately 14-30 days from the receipt of a complete application	Email - credentialing@opt umpnw.com	
PacificSource	Email: Credentialing@PacificSourc e.com	https://pacificsource.co m/providers/partner- with-us	Email: Credentialing@PacificSour ce.com Phone: 541-684-3747 Fax: 541-225-3644	45-60 days of receipt of complete application	Email: Credentialing@Pa cificSource.com Or Phone: 541-684- 3747	

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Paradigm Corp	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	www.paradigmcorp.co m	Email: credentialing- networks@paradigmcorp. com Phone: 844-242-1451 Option 4 Fax: 941-549-8111		credentialing- networks@paradi gmcorp.com	
Premera	Medversant when available, fax, email, hard copy via mail	<u>Premera.com</u>	Email: Credentialing.Updates@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@provid ence.org	Average of 60 days or less	Assigned Provider Relations Representative	
Regence	Medversant ProviderSource or Email - regence_credentialing@reg ence.com or Fax - (888) 335-3002	Credentialing (regence.com)	regence credentialing@re gence.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.

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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/practitioner s/	Email: credentialing@tivityhealth .com Phone: 888-297-3060 Fax: 888-297-1027	30 – 60 days	Email or phone	CAQH preferred. For WA Applications, please visit WAMSS Resources.
UnitedHealthc are 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@uhchearing .com Phone: 1-855-523-9355	N/A	Fax, mail or phone call	
UnitedHealthc are Medical	CAQH	Join Our Network UHCprovider.com		Varies based on file and if additional info is needed	Chat functionality once logged into the portal	
UnitedHealthc are Vision	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	Spectera: https://www.spectera.com/PWP/Landing March: https://www.marchvisioncare.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/ eye-care- professionals/join/ https://superiorvision.c om/eye-care-	Email: providerhelp@versantheal th.com Phone: 1 (800) 773-2847	90	providerhelp@ver santhealth.com	

Health Plan	How to submit provider application	Health Plan Website	Email Phone Fax	Turnaround Time (TAT)	How providers check status	Health Plan Comments
		professionals/join/apply /				
VSP Vision Care	CAQH will be used as the application source during the interim period. Health Plan will obtain directly from CAQH.	https://www.vspprovide rhub.com/	Email: Credentialing@vsp.com		Credentialing@vs p.com	
WA State Department of Labor and Industries (Workers Compensation)	Submit applications through ProviderOne	WA State L&I Become a Provider	Email: LNIProviderOne@Lni.wa.g ov	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.wholehealt hliving.com/practitioner s/	Email: credentialing@tivityhealth .com Phone: 888-297-3060 Fax: 888-297-1027	30 – 60 days	Email or phone	CAQH preferred. For WA Applications, please visit WAMSS Resources.