



***State of Kentucky
WholeHealth Networks, Inc. (WHN)
Credentialing Guidelines***

WholeHealth Networks Inc. (WHN) credentials per NCQA guidelines. Failure to submit these documents will result in delayed processing of your application.

Please return the following information to WHN using one of these methods:

Fax: 1-888-492-1027 Email: provider.updates@tivityhealth.com

- ❑ **Completed CAQH application**- The CAQH application can be accessed via the web by visiting <https://proview.caqh.org/Login/Index?ReturnUrl=%2fPR>
- ❑ **NEW PRACTITIONERS ONLY**- Complete and return the KY ONLY Participating Practitioner Agreement with signature (Only first page is needed; keep the other pages for your records). This agreement may be found at www.wholehealthpro.com. Click on the credentialing tab.
- ❑ **NEW PRACTITIONERS ONLY**- Completed & signed last page of the State Law Addendum for the Commonwealth of Kentucky located at the back of the KY ONLY Practitioner Agreement.
- ❑ W-9 for verification of each tax identification number used.
- 1. **The required elements that cannot be left blank are:**
 - a. DOB, Social Security number and NPI number
 - b. Practice location/s- Name, address with phone, fax and Tax ID's for each location
 - c. Liability Insurance- carrier name, expiration dates and insurance limits.
 - d. Work History- The last five (5) years of relevant work history in month/year format and an explanation of any gap greater than six (6) months
 - e. Education- Name of all schools and graduation dates
 - f. Completed Disclosure questions- with explanations, if applicable
- ❑ Failure to submit the above information will result in a delay of the credentialing process.
- ❑ Once the WHN Credentialing Committee has accepted your application, you will receive a Credentialing Welcome Letter.
- ❑ You are contractually required to notify us of ALL name, address and TIN additions and terminations thirty (30) days prior to the change. Please send all changes to provider.updates@tivityhealth.com.