



State of IN & OH
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.

Submit your Provider Contract (NEW Providers only)

1. NEW Practitioners are required to submit the Universal Participating Practitioner Agreement before beginning the credentialing process. This is NOT required for current in-network providers.
2. Review the Universal Practitioner Agreement and all Health Plan Group Summaries. If you need a copy of the agreement, you may download a copy from our provider website www.wholehealthpro.com. Click on the credentialing tab.
3. After review, complete, sign and date the first page of the WHN Universal Practitioner Agreement and a copy of your W9* and return to:
Fax: 1-888-492-1027 Email: provider.updates@tivityhealth.com

*If you have more than two practice locations, please attached an additional page and include all locations and associated TIN numbers & billing addresses.

Submit your CAQH Application to Medversant

1. Complete the **CAQH application**. The CAQH application can be accessed via the web by visiting:
<https://proview.caqh.org/Login/Index?ReturnUrl=%2f>

Send your completed CAQH application to Medversant :

Fax: 877-303-4081 or Email: tivityapp@medversant.com

2. **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
3. If your application is incomplete, you will receive a fax or call from Medversant for the missing information. Please complete missing credentialing information within 5 business days of the request.
4. Failure to submit the information will result in a delay of the credentialing process.
5. You are contractually required to notify us of ALL name, address and TIN additions and terminations 30 days prior to the change. Please send all changes to provider.updates@tivityhealth.com