



WholeHealth Networks, Inc. (WHN)
Washington State Credentialing Guidelines

Submit your Provider Contract to WHN (for NEW credentialing providers only)

1. Review the Washington WHN Participating Practitioner Agreement. If you need a copy of the agreement, you may download it from our provider website www.wholehealthpro.com. Click on the credentialing tab. Call your WHN Recruiter for any missing or additional documents at 800-274-7526.
2. After review; complete, sign and date the first page of the Washington WHN Participating Practitioner Agreement and a copy of your W9* and return it in the following ways to HWHN:
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.

3. NEW Practitioners are required to submit the Washington WHN Participating Practitioner Agreement before beginning the Credentialing Process. This is NOT required for current in-network providers.

Submit your Online Credentialing Application through ProviderSource using OneHealthPort (OHP)

READ EACH STEP CAREFULLY. These steps are designed to help you successfully complete your credentialing application.

1. If you DO NOT have an account with OneHealthPort, follow these steps:
 - a. **Registration**
<https://www.onehealthport.com/sso/register-your-organization>
2. If you already have an active OneHealthPort account:
 - a. Read and follow the **Step by Step Login Instructions:**
<https://www.onehealthport.com/credentialing/getting-startedlogin>
3. **The WHN 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
4. If your application is incomplete, you will receive a fax or call from Medversant for the missing credentialing information. This must be complete before WHN will receive your application from Medversant.
5. Once WHN Credentialing Committee has accepted your credentialing/recredentialing application, you will receive an WHN Credentialing Welcome Acceptance Letter.
6. You are contractually required to notify WHN of ALL name, address and TIN changes thirty (30) days prior to the change. Please send all changes to provider.updates@tivityhealth.com and also update your ProviderSource online credentialing application with ALL changes.