



Origination	07/2018	Owner	bonnie Herndon: Customer Service Administrator
Last Approved	N/A	Policy Area	Customer Service
Effective	Upon Approval	Applicability	Detroit Wayne Integrated Health Network
Last Revised	08/2025	References	EQR 1, 10, MDHHS Standard VI, NCQA CC 3 Element A + 1 more
Next Review	1 year after approval		

## Service Provider Change Procedure

### PROCEDURE PURPOSE

To provide procedural and operational guidance to DWHN Service Providers in maintaining accurate network information. This procedure outlines the required steps for a Service Provider to notify DWHN of changes to information regarding their practice.

### EXPECTED OUTCOME

DWHN, Contracted Service Provider and their staff understand the time frames and process flow ~~and time frames and process flow~~ for reporting informational changes to DWHN's Provider Network Specialists and in MHWIN (DWHN's database) as deemed appropriate.

### PROCEDURE

#### Reporting Time Frames:

1. DWHN Service Providers must notify their DWHN's Provider Network ~~Support Specialist~~ Manager of impending changes by ~~emailing the completed Provider Information Change Form at~~ pihpprovidernetwork@dwhn.org ~~email~~ within 48 business hours of making a decision to change or knowledge that a change is needed.
  - a. In situations where member health and safety are at risk, the Service Provider must

notify DWIHN of the relevant change immediately.

- b. Verbal updates and changes do not constitute as notification of change.
- c. ~~Completed Provider Information Change Form must be emailed to the following address: [pih@providernetwork@dwihi.org](mailto:pih@providernetwork@dwihi.org) and copied to the assigned Provider Network/Contract Manager.~~
  - 1. ~~This information should be submitted using the "Provider Change Info Form". This form can be accessed electronically by going to [www.dwihi.org](http://www.dwihi.org) and select the link "For Provider". Under that section, search for Provider Resources and then choose the Forms, Guidelines and Tools" link. Once that is selected, please look for the link entitled "Provider Close-out Plan and Required Change Forms".~~

Providers are to complete the Provider Change Request Form Smartsheet via <https://app.smartsheet.com/b/form/56e96bf9d6b2497095223e585583c30c> annotating all changes.

- d. Service Providers are required to notify DWIHN of any changes at least sixty (60) calendar days prior to the effective date. Providers and Practitioners are to notify ~~the~~their assigned Provider Network Manager ~~and Practitioners~~. These changes are ~~to notify the Credentialing division. These changes are~~ inclusive but not limited to the following:
  - Name
  - Hours of Operation (EQR: Standard I, Provider Directory Checklist, Element #1)
  - Telephone Number(s) (EQR: Standard I, Provider Directory Checklist, Element #3)
  - No longer accepting new patients (EQR: Standard I, Provider Directory, Element #6)
  - Affiliation Change (i.e. Merger) (EQR: Standard I, Provider Directory, Element #1)
  - Addition or deletion of service(s)
  - Addition or change in program location (new or existing) ) (EQR: Standard I: Provider Checklist, Element #1)
  - Sanctions, suspensions or termination of Chief staff (i.e. CEO, COO, CIO, CFO, etc)
  - Provider locations and/or program closure (temporarily or permanently) (EQR): Standard I: Provider Directory Checklist, Element #2)
  - Other
- e. Service Providers are responsible for updating their Staff Record changes. See the [Staff File Maintenance Policy](#) for additional notification requirements.
- f. DWIHN's Provider Network Support Analyst/Specialist will make changes to the Provider profile in MH-WIN within 48 hours of receipt of the Provider ~~Information~~

Change Request Form after receiving approval for changes.

- : If requesting an addition of services or program location, providers have to go through the expansion request process and be approved by both the Access Committee and Credentialing Committee, prior to changes being made effective in MHWIN.
- : If Affiliation Merger, closure of program locations or deletion of services, providers are required to go through the Close Out Plan process.

2. ~~The Managed Care Operations (MCO) Provider Network Manager (who is on the pihpprovidernetwork@dwihi.org distribution list and in receipt of the Provider Information Change Form)~~ will do the following:
  - a. Notify internal departments as applicable of impending changes and/or closures.
  - b. Make changes in MHWIN Provider Record.
  - c. Notify Customer Service Administrator of revisions required for updating the printable Provider Directory.
  - d. The ~~online~~on-line directory is updated monthly from the Provider Directory and Staff Records in MHWIN (DWIHN's database). Thereby, updates to DWIHN's ~~online~~on-line Provider Directory will be made within 30 calendar days of the receipt of the Provider Information Change Form. (RR 4, Element G)
3. Members must receive a notice of the relevant change at least 30 calendar days prior to the effective date of change.
  - a. The Service Provider will notify the member of the change. Notification must be recorded in the members' medical record chart.(CC 3, Element A)
  - b. DWIHN's Customer Service Department will make a good faith effort to give written notice to members by the later of 30 calendar days prior to the effective date of the termination, or 15 calendar days after receipt or issuance of the termination notice. (42 CFR §438.10(f)(1) & EQR: Standard I, Element #10 )
  - c. The Service Provider will assist members with referrals and linkage to other providers for continued care and service if applicable.
  - d. See the "Contract Provider Close Out Plan" attached to the Network Monitoring and Management Policy for DWIHN's patient notification requirements and provider closure processes.

## PROCEDURE MONITORING & STEPS

1. DWIHN and network providers share the responsibility for ensuring the accuracy of the provider directory information.
2. DWIHN's ~~Administrative Assistant~~Provider Network Support Analyst for Managed Care Operations maintains a ~~manual~~digital tracking log identifying the receipt of the Provider ~~Information~~Change Request Form ~~and the completion of changes to both the print and online directories.~~
  - a. The MCO ~~Administrative Assistant~~Provider Network Support Analyst/Specialist notifies Customer Service ~~the same day~~quarterly of all information updated in the

~~Provider~~Smartsheet tracking log.

- b. MCO Contract Management Director shall receive notification from IT of changes to the on-line directories and notification from Customer Service to print directories.
  - c. Monthly reports will be submitted to MCO ~~Provider Network~~Contract Management Director for review of compliance with changes made within 30 calendar days and plan action on opportunities for improvement. (RR 4 Element D Factors 1 & 2 and RR 4 Element G )
3. To monitor accuracy of the Provider Directory (both printed and online), a 10% random sampling of providers will be validated quarterly. DWIHN Customer Service Administrator and MCO ~~Provider Network~~Contract Management Director shall review findings, identify opportunities for process improvement, conduct a barrier analysis, plan interventions, and measure the effectiveness of the intervention. This process will be presented in a written quarterly report submitted for review at the DWIHN's Provider Meetings. (RR 4, Element C, Factors 1, 2, & 3; RR 4, Element D, Factors 1 & 2)

Who monitors this procedure:	Customer Service Administrator MCO <del>Provider Network</del> Contract Management Director
Department:	Customer Service Unit/ Managed Care Operations
Frequency of monitoring:	Quarterly
Reporting provided to:	MCO is responsible for ensuring overall monitoring results are reported to QISC.
Comments: Attach to <u>Network Monitoring and Management Policy</u>	

## Attachments

 [Provider Request Form For MHWIN-Deactivating Contracted site](#)

## Approval Signatures

Step Description	Approver	Date
Customer Service Approval	bonnie Herndon: Customer Service Administrator	Pending
Customer Service Approval	Michele Vasconcellos: Director of Customer Service	Pending

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## Applicability

Detroit Wayne Integrated Health Network

## References

EQR 1, 10, MDHHS Standard VI, NCQA CC 3 Element A, NCQA-RR 4, Elements F,G,H

## Standards

No standards are associated with this document

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