

## OVERVIEW

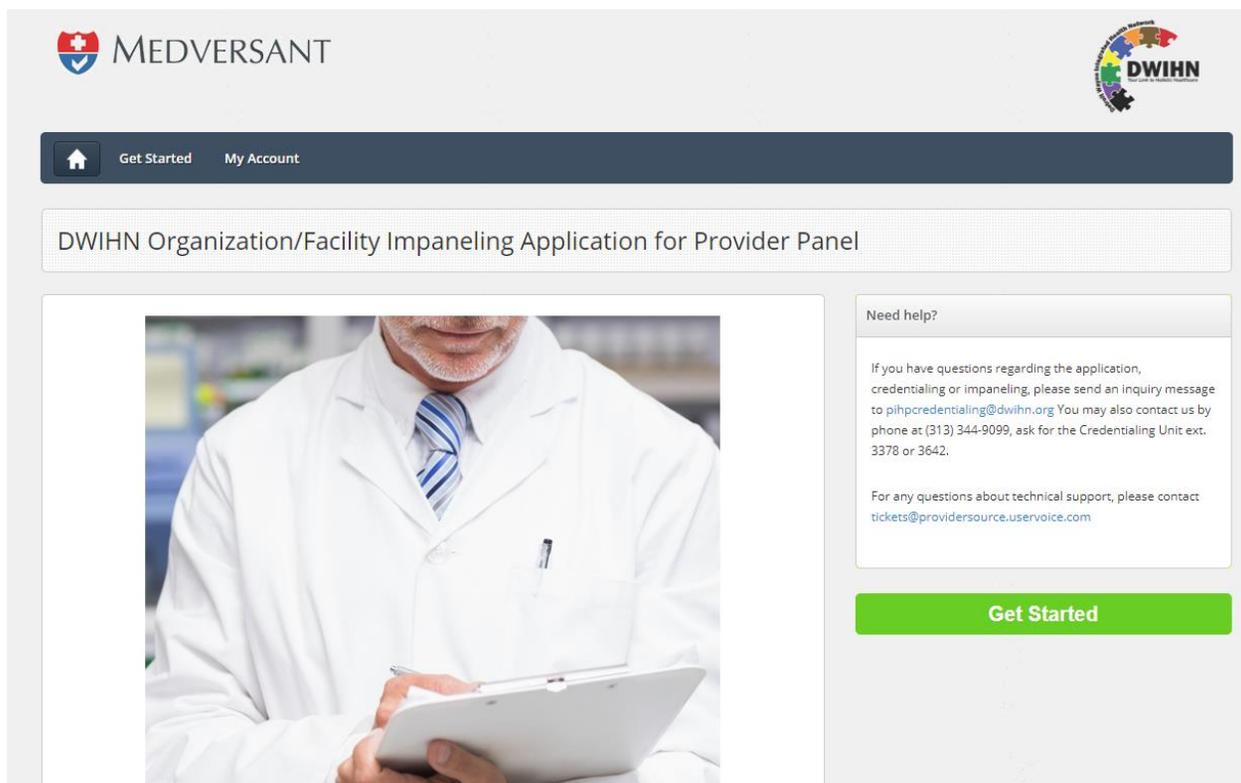
**Detroit Wayne Integrated Health Network (DWIHN)** is a safety net organization that provides a full array of services and supports to adults with mental illness, individuals with intellectual and developmental disabilities, children with serious emotional disturbances and persons with substance use disorders. DWIHN provides empowerment to persons within our behavioral health system, serving nearly 75,000 citizens in Detroit and Wayne County.

DWIHN has partnered with Medversant Technologies, LLC., a provider data management company, to help ensure that our providers and provider files are up-to-date, accurate and complete. The DWIHN Microsite is the Organization/Facility Impaneling application for Provider Panel.

URL: <https://www.medversant.com/dwihn/Client/DWMHA/Default.aspx>

### HOME PAGE OF DWIHN MICROSITE:

If you are new to the website, please hit the green Get Started button to create and register your account.



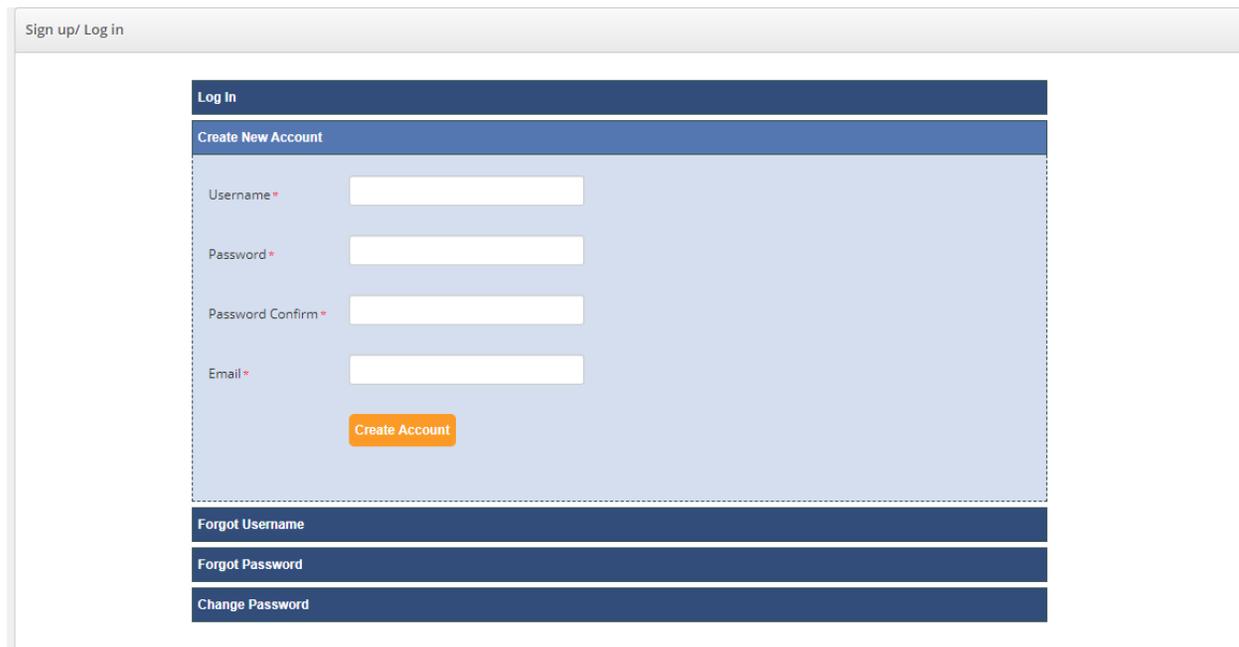
The screenshot shows the homepage of the DWIHN Microsite. At the top left is the MEDVERSANT logo. At the top right is the DWIHN logo. Below the logos is a dark navigation bar with a home icon, "Get Started", and "My Account". The main heading reads "DWIHN Organization/Facility Impaneling Application for Provider Panel". On the left is a large image of a doctor in a white coat holding a tablet. On the right is a "Need help?" section with contact information for credentialing and technical support. A prominent green "Get Started" button is located at the bottom right of the page.

**Screenshot #1: Microsite homepage**

## THE SIGN UP / LOG IN PAGE

In screenshot #2, The login page will open that has several functions:

1. Login In - account is created.
2. Create New Account – Account creation for 1<sup>st</sup> time users.
3. Forgot Username – For retrieval of Username.
4. Forgot Password – For retrieval of Password.
5. Change Password – To update account with a new password.



Sign up / Log in

Log In

Create New Account

Username \*

Password \*

Password Confirm \*

Email \*

Create Account

Forgot Username

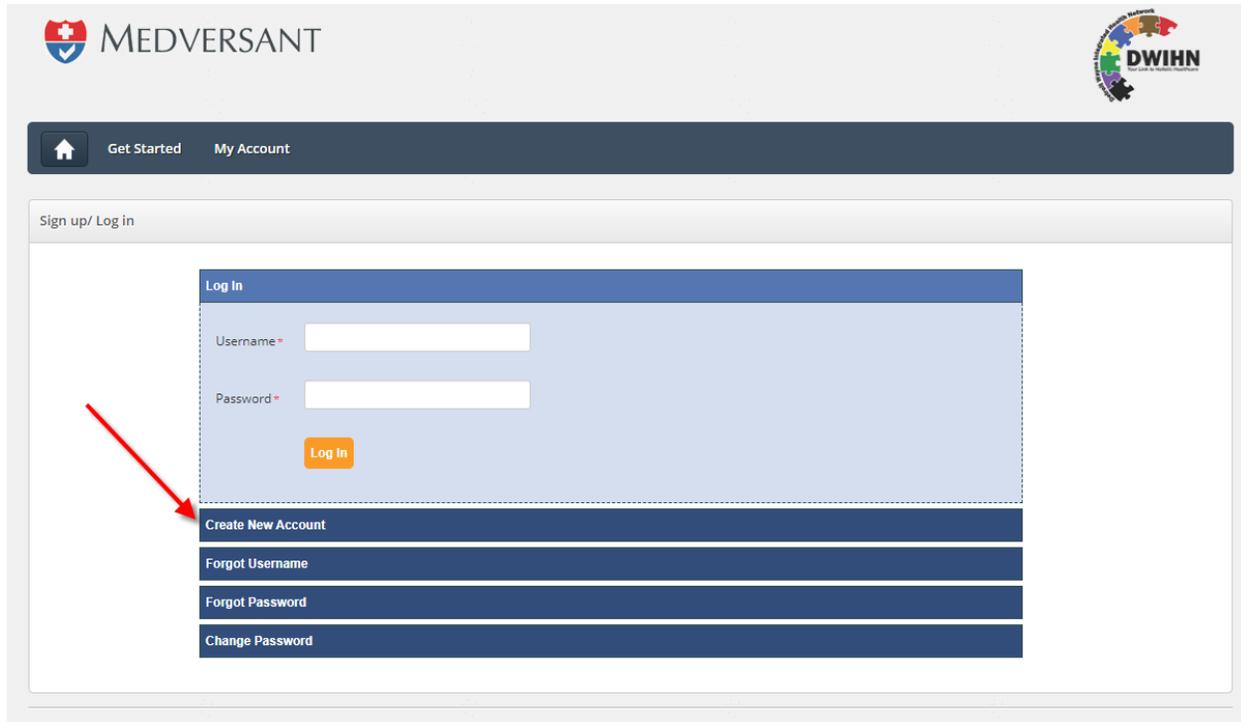
Forgot Password

Change Password

*Screenshot #2 – The Sign up / Login in page*

## HOW TO CREATE A NEW ACCOUNT:

1. Use the green Get Started button to go to the login page, click on “Create New Account.”
2. Create your username.
3. Create your password and enter it twice.
4. Put your email in the last field.



*Screenshot #3 – Create New Account*

## LOG IN TO YOUR ACCOUNT

1. At the dark blue bar at the top of the home page, click on the “My Account” link.
2. You will arrive at the Microsite login.
  - a. Type in your username.
  - b. Type in your password.
  - c. Click on the orange “Log In” button.

1
2
3
4

Provider Type
Profile Data
Upload Documents
Confirmation

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**Corporate Information**

**Please complete the brief form below to get started:**  
 If doing business in Wayne County, your certificate of conducting business under an assumed name or certificate of co-partnership must be filed with the Wayne County Clerk's Office in person or through the mail.

<p>Legal Business Name * <input type="text" value="Capps Therapy"/></p> <p>National Provider Identifier (NPI) <input type="text" value="6547987654"/></p> <p>Federal Tax Identification Number (TIN) * <input type="text" value="015564897"/></p> <p>Counties served by this Organization <input type="text" value="Los Angeles County"/></p>	<p>Doing Business As (DBA) Name <input type="text" value="Joel Capps"/></p> <p>No NPI? Please specify reason. <input type="text"/></p> <p>In what state are you incorporated? * <input type="text" value="California"/></p> <p>Does your organization submit claims electronically? * <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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**Name of President/Chief Executive Officer:**

<p>First Name * <input type="text" value="Joel"/></p> <p>Last Name * <input type="text" value="Capps"/></p>	<p>Middle Name <input type="text"/></p> <p>Type and Ownership * <input type="text" value="Privately Owned"/></p>
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Cancel
Save
Save & Next

**Screenshot #4: Field examples**

**FORM RULES:**

1. If a field has a red asterisk\*, it must be filled out or answered. It cannot be left blank.
2. Dropdown fields give you options for your answer, simply click on the dropdown and glide your mouse to the desired selection.
3. On date fields, you can click on the calendar and navigate to your desired date.
4. All fields of the same type will work the same way. Once you get accustomed to the date field, for instance, all other date fields will work in a similar fashion.
5. Radio buttons only have 1 choice. Click on your preference.
6. If you are going to leave the application before the page is completed, please hit the blue **Save** button.
7. If you answer "Yes" to an Attestation question, you will be asked to provide a written explanation in the text box. Just keep your answer clear and simple.
8. The **Choose File** button allows you to navigate on your computer to find the needed .PDF file. The only file format that is supported is PDF.

## CORPORATE INFORMATION

## PROVIDER TYPE

1234

Provider TypeProfile DataUpload DocumentsConfirmation

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### Corporate Information

**Please complete the brief form below to get started:**  
If doing business in Wayne County, your certificate of conducting business under an assumed name or certificate of co-partnership must be filed with the Wayne County Clerk's Office in person or through the mail.

<p>Legal Business Name * <input type="text" value="Capps Therapy"/></p>	<p>Doing Business As (DBA) Name <input type="text" value="Joel Capps"/></p>
<p>National Provider Identifier (NPI) <input type="text" value="6547987654"/></p>	<p>No NPI? Please specify reason. <input type="text"/></p>
<p>Federal Tax Identification Number (TIN) * <input type="text" value="015564897"/></p>	<p>In what state are you incorporated? * <input type="text" value="California"/></p>
<p>Countries served by this Organization <input type="text" value="Los Angeles County"/></p>	<p>Does your organization submit claims electronically? * <input checked="" type="radio"/> Yes <input type="radio"/> No</p>

**Name of President/Chief Executive Officer:**

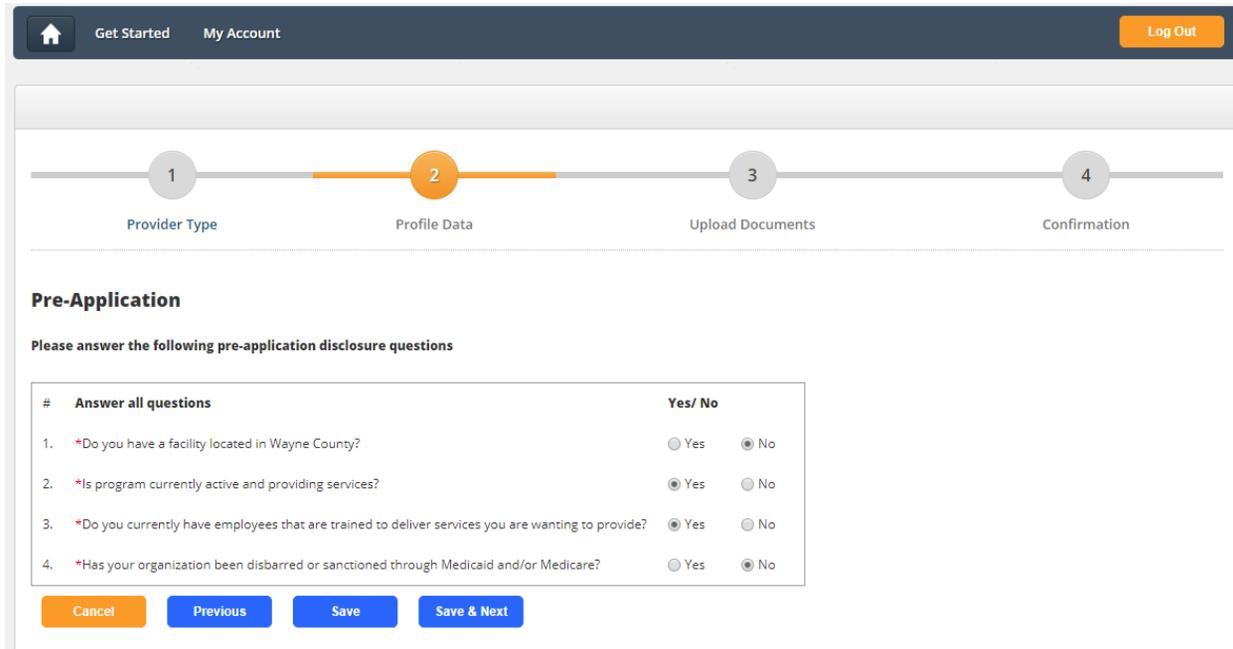
<p>First Name * <input type="text" value="Joel"/></p>	<p>Middle Name <input type="text"/></p>
<p>Last Name * <input type="text" value="Capps"/></p>	<p>Type and Ownership * <input type="text" value="Privately Owned"/></p>

**Screenshot #5 – Provider Type**

1. Please complete the form by typing into the fields.
2. Note the fields with a red asterisk and be sure to fill those out.
3. Hit the blue **Save** button if you are going to leave the page.
4. Hit the blue **Save & Next** button if you are ready to proceed.

## CORPORATE INFORMATION

## PROFILE DATA – PRE-APPLICATION



Get Started My Account Log Out

1 2 3 4  
Provider Type Profile Data Upload Documents Confirmation

### Pre-Application

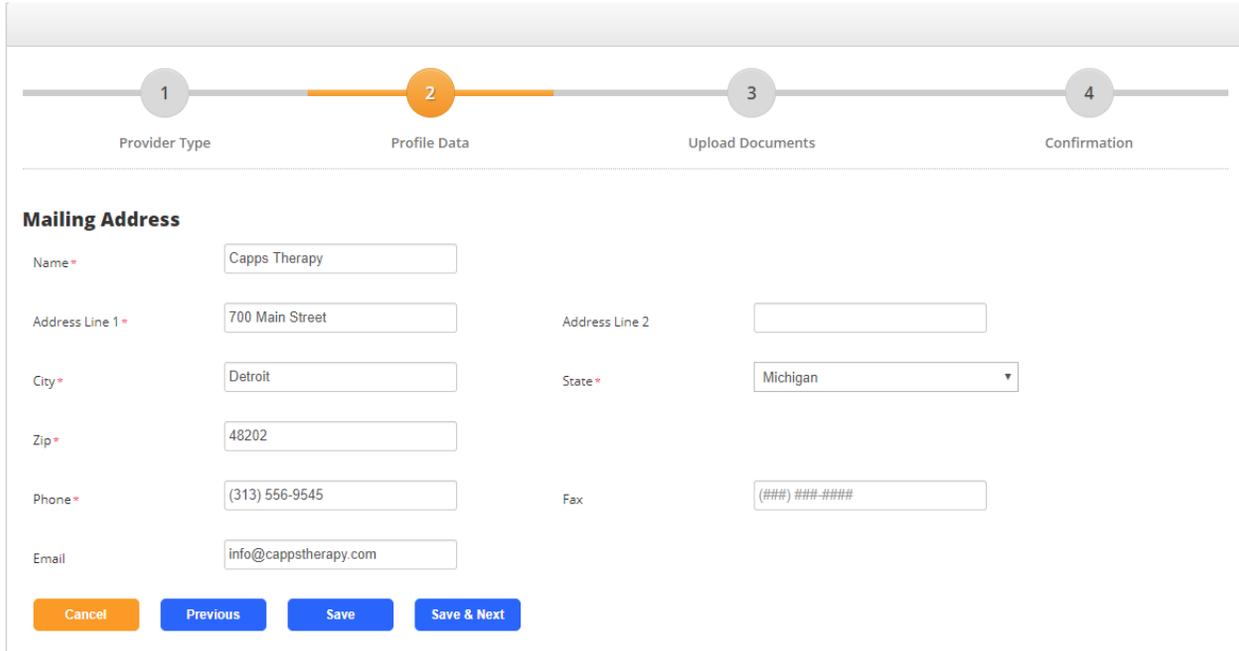
Please answer the following pre-application disclosure questions

#	Answer all questions	Yes/ No
1.	*Do you have a facility located in Wayne County?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.	*Is program currently active and providing services?	<input checked="" type="radio"/> Yes <input type="radio"/> No
3.	*Do you currently have employees that are trained to deliver services you are wanting to provide?	<input checked="" type="radio"/> Yes <input type="radio"/> No
4.	*Has your organization been disbarred or sanctioned through Medicaid and/or Medicare?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Cancel Previous Save Save & Next

**Screenshot #6 – Profile Data**

1. Please complete the form by typing into the fields.
2. Note the fields with a red asterisk and be sure to fill those out.
3. Hit the blue **Save** button if you are going to leave the page.
4. Hit the blue **Save & Next** button if you are ready to proceed.
5. **“You have failed the Pre-Application. Please exit from this application.”** If you don't meet the requirements of the application, you will not be able to proceed. Please confer with DWIHN for more detail.

**MAILING ADDRESS**

The screenshot shows a multi-step process for entering a mailing address. At the top, a progress bar has four steps: 1. Provider Type, 2. Profile Data (highlighted in orange), 3. Upload Documents, and 4. Confirmation. Below the progress bar, the 'Mailing Address' form is displayed. It contains the following fields:

Name *	<input type="text" value="Capps Therapy"/>	Address Line 2	<input type="text"/>
Address Line 1 *	<input type="text" value="700 Main Street"/>	State *	<input type="text" value="Michigan"/>
City *	<input type="text" value="Detroit"/>	Zip *	<input type="text" value="48202"/>
Phone *	<input type="text" value="(313) 556-9545"/>	Fax	<input type="text" value="(###) ###-####"/>
Email	<input type="text" value="info@cappstherapy.com"/>		

At the bottom of the form, there are four buttons: Cancel (orange), Previous (blue), Save (blue), and Save & Next (blue).

**Screenshot #7 – Mailing Address**

1. Please complete the form by typing into the fields.
2. Note the fields with a red asterisk and be sure to fill those out.
3. Hit the blue **Save** button if you are going to leave the page.
4. Hit the blue **Save & Next** button if you are ready to proceed.

## PROFILE DATA – LICENSURE / CERTIFICATION

1 2 3 4

Provider Type Profile Data Upload Documents Confirmation

### Licensure/ Certification

Please note that at least one current license record is required.

Is this organization state licensed/certified?  Yes  No

License Number *	<input type="text" value="1111112222222"/>	Registration State *	<input type="text" value="Michigan"/>
Issue Date (MM/DD/YYYY) *	<input type="text" value="05/15/2019"/>	Expiration Date (MM/DD/YYYY)	<input type="text" value="05/15/2020"/>
Type of Licensure/Certification *	<input type="text" value="Psychiatry and Neurology"/>	License does not expire	<input type="checkbox"/>
		Licensing Agency *	<input type="text" value="American Board of Psychiatry and N"/>

**Screenshot #8 – Licensure / Certification**

5. Please complete the form by typing into the fields.
6. Note the fields with a red asterisk and be sure to fill those out.
7. Use the green **Add New License** to add an additional license record.
8. Use the orange **Remove License** to remove a license record.
9. Hit the blue **Save** button if you are going to leave the page.
10. Hit the blue **Save & Next** button if you are ready to proceed.

## PROFILE DATA – ACCREDITATION

### Accreditation

Please check all that apply. Or, if not applicable, please check N/A

JCAHO - The Joint Commission

CARF - Commission on Accreditation of Rehabilitation Facilities

COA - Council on Accreditation

AOA - American Osteopathic Association

NCQA - National Committee for Quality Assurance

AAAHC - Accreditation Association for Ambulatory Health Care

N/A

Other

Please provide Accreditation name if "Other" is selected

Has facility been approved or certified for Medicaid? \*  Yes  No  N/A

Has the facility been approved or certified for Medicare? \*  Yes  No  N/A

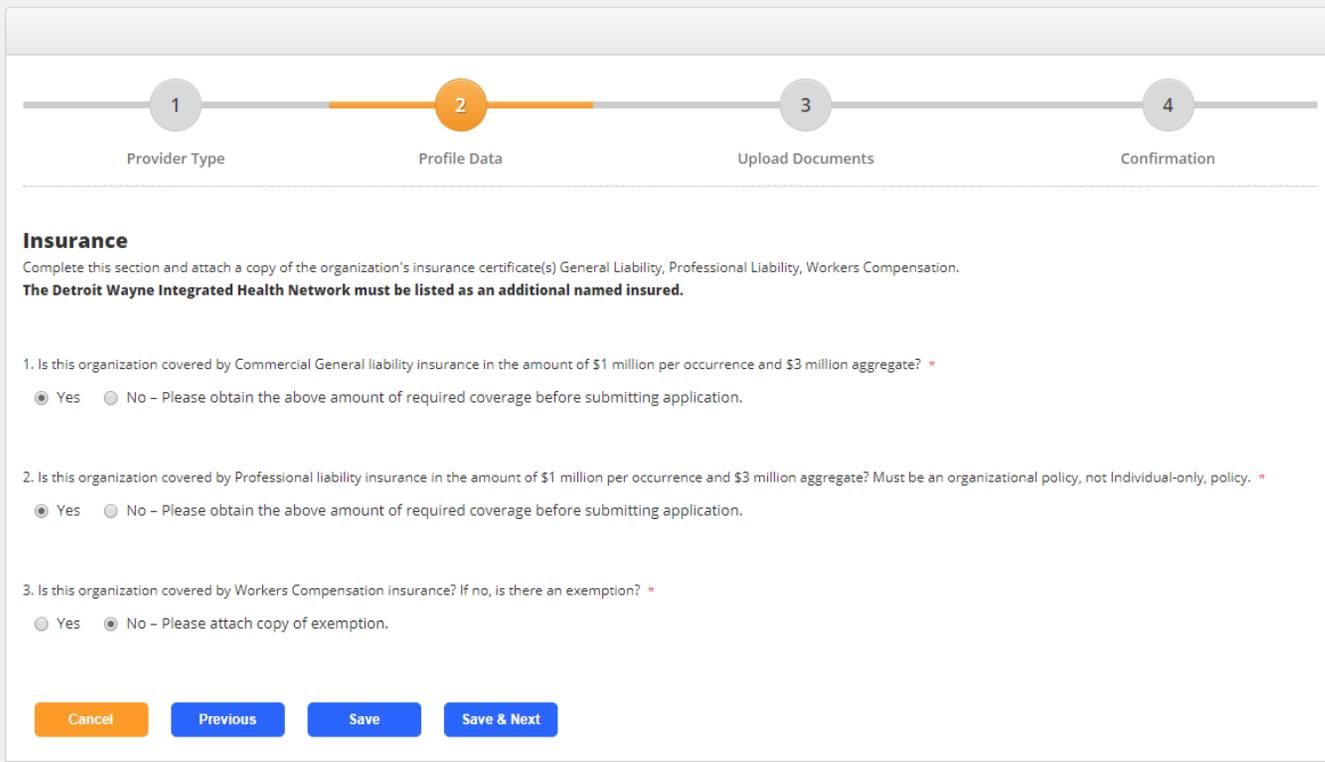
Is your organization registered with System for Award Management? \*  Yes  No

*If no, your organization must register to complete the impaneling process. To register, please visit [www.sam.gov](http://www.sam.gov), it's free.*

**Screenshot #9 – Accreditation**

1. Please complete the form by typing into the fields.
2. Checkboxes – you may check as many as applies.
3. Note the fields with a red asterisk and be sure to fill those out.
4. Please note the red impaneling text at the bottom of the form. SAM registration required.
5. Hit the blue **Save** button if you are going to leave the page.
6. Hit the blue **Save & Next** button if you are ready to proceed

## PROFILE DATA – INSURANCE



1 Provider Type 2 Profile Data 3 Upload Documents 4 Confirmation

### Insurance

Complete this section and attach a copy of the organization's insurance certificate(s) General Liability, Professional Liability, Workers Compensation.  
**The Detroit Wayne Integrated Health Network must be listed as an additional named insured.**

1. Is this organization covered by Commercial General liability insurance in the amount of \$1 million per occurrence and \$3 million aggregate? \*

Yes  No – Please obtain the above amount of required coverage before submitting application.

2. Is this organization covered by Professional liability insurance in the amount of \$1 million per occurrence and \$3 million aggregate? Must be an organizational policy, not Individual-only, policy. \*

Yes  No – Please obtain the above amount of required coverage before submitting application.

3. Is this organization covered by Workers Compensation insurance? If no, is there an exemption? \*

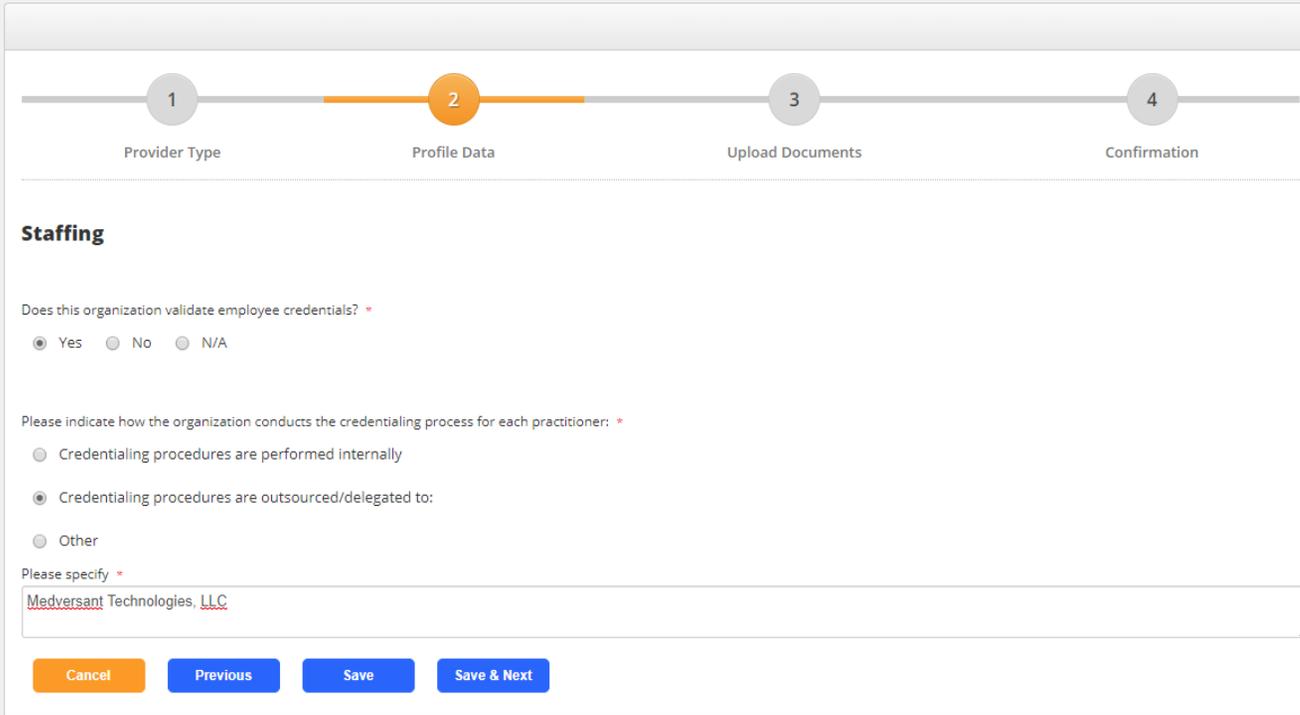
Yes  No – Please attach copy of exemption.

Cancel Previous Save Save & Next

**Screenshot #10 – Insurance**

1. Please complete the form by selecting the radio buttons.
2. Only once selection per question allowed.
3. Note the fields with a red asterisk and be sure to fill those out.
4. Hit the blue **Save** button if you are going to leave the page.
5. Hit the blue **Save & Next** button if you are ready to proceed

## PROFILE DATA – STAFFING

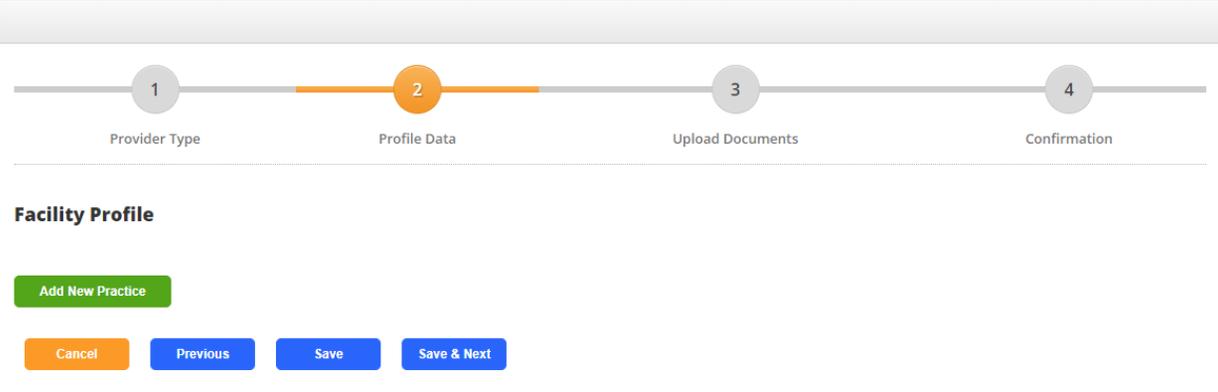


The screenshot shows a four-step progress bar at the top: 1. Provider Type, 2. Profile Data (highlighted in orange), 3. Upload Documents, and 4. Confirmation. Below the progress bar is the "Staffing" section. It contains a question: "Does this organization validate employee credentials?" with radio buttons for Yes (selected), No, and N/A. Below that is another question: "Please indicate how the organization conducts the credentialing process for each practitioner:" with radio buttons for "Credentialing procedures are performed internally", "Credentialing procedures are outsourced/delegated to:" (selected), and "Other". A text field labeled "Please specify" contains the text "Medversant Technologies, LLC". At the bottom are four buttons: Cancel (orange), Previous (blue), Save (blue), and Save & Next (blue).

**Screenshot #11 – Staffing**

1. Please complete the form by clicking the appropriate radio button.
2. Note the field with a red asterisk and be sure to fill that out if needed.
3. Hit the blue **Save** button if you are going to leave the page.
4. Hit the blue **Save & Next** button if you are ready to proceed

## PROFILE DATA – STAFFING



The screenshot shows the same four-step progress bar as the previous screenshot. Below it is the "Facility Profile" section. It features a green button labeled "Add New Practice". At the bottom are four buttons: Cancel (orange), Previous (blue), Save (blue), and Save & Next (blue).

1. Add New Practice by clicking on the green button.

## PROFILE DATA – ATTESTATION

1  
Provider Type
2  
Profile Data
3  
Upload Documents
4  
Confirmation

### Attestation

Please complete this section in it's entirety. If a question does not apply to your facility, you may check Not/Applicable (N/A). "If the answer is yes to any question, please provide a brief explanation and any other information or material that may be relevant."

#	Answer all questions			If Yes, please provide explanation.	
1.	*Has the organization's state license/certificate ever been revoked, suspended or limited?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	<input style="width: 100%;" type="text"/>
2.	*Is there action pending to suspend, revoke, or limit the organization's license/certification?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	<input style="width: 100%;" type="text"/>
3.	*Has the organization ever had its JCAHO, CARF, COA, AOA, NCQA or any other accreditation revoked, suspended or limited?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	<input style="width: 100%;" type="text"/>
4.	*Is there action pending to revoke, suspend, or limit the organization's current accreditation?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	<input style="width: 100%;" type="text"/>
5.	*Has the organization ever had sanctions imposed by Medicaid?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	<input style="width: 100%;" type="text"/>
6.	*Has the organization ever had sanctions imposed by Medicare?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	<input style="width: 100%;" type="text"/>
					<input style="width: 100%;" type="text"/>

### Screenshot #13 – Attestation

1. Please complete the form by clicking the appropriate radio button.
2. ALL attestation questions must be answered.
3. Note the field with a red asterisk and be sure to fill that out if needed.
4. Short, clear answers are sufficient for the explanation text boxes.
5. Hit the blue **Save** button if you are going to leave the page.
6. Hit the blue **Save & Next** button if you are ready to proceed

## MANAGE DOCUMENTS

### UPLOAD DOCUMENTS

1  
Provider Type
2  
Profile Data
3  
Upload Documents
4  
Confirmation

#### Manage Documents

**Instructions:**

- Download forms and documentations, if available
- Limit file size to less than 10MB
- File format supported is only .pdf
- Choose file/s you want to upload and click "Upload documents"

#	Download forms and documentations (if available)	Action	Count
1.	Copy of all State and/or local licenses required to operate	<input type="button" value="Choose File"/> No file chosen	0
2.	*Copy of Commercial General liability insurance certificate	<input type="button" value="Choose File"/> No file chosen	0
3.	*Copy of Professional liability insurance certificate covering all agency employees	<input type="button" value="Choose File"/> No file chosen	0
4.	*Copy of Workers Compensation Insurance	<input type="button" value="Choose File"/> No file chosen	0
5.	Copy of Accreditation certificate or letter	<input type="button" value="Choose File"/> No file chosen	0
6.	*W9 Form	<input type="button" value="Choose File"/> No file chosen	0
7.	Fire/Safety Inspection Certificate for each facility you are requesting to be impeneled	<input type="button" value="Choose File"/> No file chosen	0
8.	*SAM.gov registration and a list of Board of Directions/or Organization Owners	<input type="button" value="Choose File"/> No file chosen	0
9.	Other	<input type="button" value="Choose File"/> No file chosen	0
10.	*Read and Sign	<input type="button" value="Choose File"/> No file chosen	0

**Please review your documents for accuracy:**

**Screenshot #14 – Manage Documents**

1. Please note the required documents with the red asterisk.
2. Click on the **Choose File** button on the desired form to upload.
3. Continue until you have uploaded all of your desired / required PDFs.
4. Question #10 - You can click on the blue **\*Read and Sign** text to obtain a copy of the PDF.

# Microsite User's Guide

5. Print the Certification and Authorization document, sign and re-scan as a PDF and then upload by using the **Choose File** button on question 10.
6. After all uploads are complete, click on the blue **Upload Documents** to deliverer to Medversant.
7. After your documents are uploaded, a small document library will populate at the bottom of the form. Please review to ensure the correct PDF is uploaded. You can click on the blue link in the Document column to open and review your uploaded document.
8. You can hit the **X Delete** button on the left if you need to upload a different document.
9. Hit the blue **Save** button if you are going to leave the page.
10. Hit the blue **Save & Next** button if you are ready to proceed.

### Manage Documents

**Instructions:**

- Download forms and documentations, if available
- Limit file size to less than 10MB
- File format supported is only .pdf
- Choose file/s you want to upload and click "Upload documents"

#	Download forms and documentations (if available)	Action	Count
1.	Copy of all State and/or local licenses required to operate	<input type="button" value="Choose File"/> No file chosen	0
2.	*Copy of Commercial General liability insurance certificate	<input type="button" value="Choose File"/> No file chosen	1
3.	*Copy of Professional liability insurance certificate covering all agency employees	<input type="button" value="Choose File"/> No file chosen	1
4.	*Copy of Workers Compensation Insurance	<input type="button" value="Choose File"/> No file chosen	1
5.	Copy of Accreditation certificate or letter	<input type="button" value="Choose File"/> No file chosen	0
6.	*W9 Form	<input type="button" value="Choose File"/> No file chosen	1
7.	Fire/Safety Inspection Certificate for each facility you are requesting to be impaneled	<input type="button" value="Choose File"/> No file chosen	0
8.	*SAM.gov registration and a list of Board of Directions/or Organization Owners	<input type="button" value="Choose File"/> No file chosen	1
9.	Other	<input type="button" value="Choose File"/> No file chosen	0
10.	*Read and Sign	<input type="button" value="Choose File"/> No file chosen	1

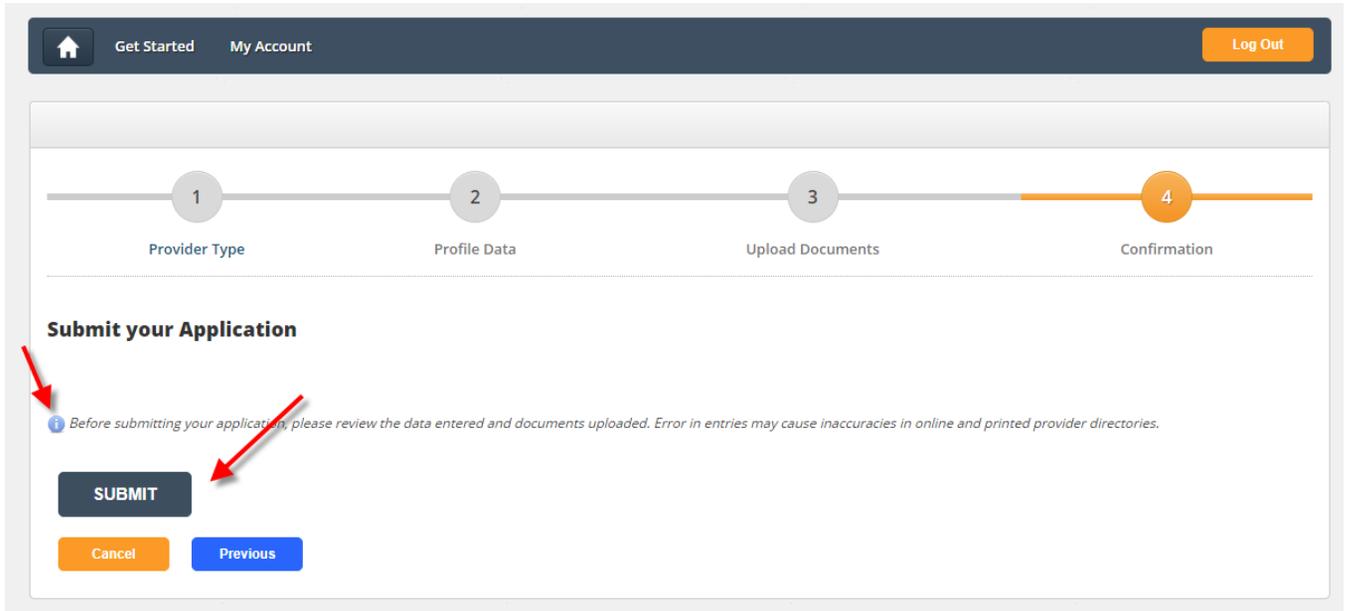
**Please review your documents for accuracy:**

	Document Type	Document	UploadDate
<input type="button" value="X Delete"/>	Copy of Commercial General liability insurance certificate	ExceI2013quickstartguide.pdf	03/05/2020
<input type="button" value="X Delete"/>	SAM.gov registration and a list of Board of Directions/or Organization Owners	ExceI2013quickstartguide.pdf	03/05/2020
<input type="button" value="X Delete"/>	Read and Sign	Outlook2013quickstartguide.pdf	03/05/2020
<input type="button" value="X Delete"/>	Copy of Professional liability insurance certificate covering all agency employees	Outlook2013quickstartguide.pdf	03/05/2020
<input type="button" value="X Delete"/>	Copy of Workers Compensation Insurance	Powerpoint2013quickstartguide.pdf	03/05/2020
<input type="button" value="X Delete"/>	W9 Form	Word2013quickstartguide.pdf	03/05/2020

**Screenshot #15 – Manage Documents Library**

## CONFIRMATION

## SUBMIT YOUR APPLICATION



Get Started My Account Log Out

1 2 3 4

Provider Type Profile Data Upload Documents Confirmation

**Submit your Application**

*Before submitting your application, please review the data entered and documents uploaded. Error in entries may cause inaccuracies in online and printed provider directories.*

SUBMIT

Cancel Previous

**Screenshot #16 – Submit your application**

1. Please note the blue information note.
2. Once you are confident with your application and uploads, then hit the **SUBMIT** button.
3. Your application and documents will be reviewed and processed.
4. Thank you for your submission to DWIHN.