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Owner Winifred Williamson
Policy Area Customer Service
References MDHHS Standard VI, NCQA CC 3 Element A, NCQA-RR 4, Elements F,G,H

Service Provider Change Procedure

Procedure Purpose

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

Expected Outcome

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

PROCEDURE

Reporting Time Frames:

1. DWIHN Service Providers must notify DWIHN's Provider Network Support Specialist of impending changes by emailing the completed Provider Information Change Form at pihprovidernetwork@dwihn.org within 48 business hours of making a decision to change or knowledge that a change is needed.
 1. In situations where member health and safety are at risk, the Service Provider must notify DWIHN of the relevant change immediately.
 2. Verbal updates and changes do not constitute as notification of change.
 3. Completed Provider Information Change Form must be emailed to the following address: pihprovidernetwork@dwihn.org and copied to the assigned Provider Network/Contract

Manager.

- a. This information should be submitted using the "Provider Change Info Form". This form can be accessed electronically by going to www.dwihn.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".
4. Service Providers are required to notify DWIHN of any changes at least sixty (60) calendar days prior to the effective date. Providers are to notify the assigned Provider Network Manager and Practitioners are to notify the Credentialing division. These changes are inclusive but not limited to the following:
 - Name
 - Hours of Operation (HSAG: Standard I, Provider Directory Checklist, Element #1)
 - Telephone Number(s) (HSAG: Standard I, Provider Directory Checklist, Element #3)
 - No longer accepting new patients (HSAG: Standard I, Provider Directory, Element #6)
 - Affiliation Change (i.e. Merger) (HSAG: Standard I, Provider Directory, Element #1)
 - Addition or deletion of service(s)
 - Addition or change in program location (new or existing)) (HSAG: 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) (HSAG: Standard I: Provider Directory Checklist, Element #2)
 - Other
 5. Service Providers are responsible for updating their Staff Record changes. See the [Staff File Maintenance Policy](#) for additional notification requirements.
 6. DWIHN's Provider Network Support Specialist will make changes to the Provider profile in MHWIN within 48 hours of receipt of the Provider Information Change Form.
2. The Managed Care Operations (MCO) Provider Network Manager (who is on the pihpprovidernetwork@dwihn.org distribution list and in receipt of the Provider Information Change Form) will do the following:
 1. Notify internal departments as applicable of impending changes and/or closures
 2. Make changes in MHWIN Provider Record
 3. Notify Customer Service Administrator of revisions required for updating the printable Provider Directory.
 4. The online directory is updated monthly from the Provider Directory and Staff Records in MHWIN (DWIHN's database). Thereby, updates to DWIHN's online 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 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) & HSAG: 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 responsibility for ensuring the accuracy of the provider directory information.
2. DWIHN's Administrative Assistant for Managed Care Operations maintains a manual tracking log identifying the receipt of the Provider Information Change Form and the completion of changes to both the print and online directories. Monthly reports will be submitted to MCO Provider Network 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 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:	Winifred Williamson, Customer Service Administrator June White, MCO Provider Network Director
Department:	Customer Service Unit/ Managed Care Operations
Frequency of monitoring:	Quarterly
Reporting provided to:	QISC
Comments:	Attach to Network Monitoring and Management Policy

Attachments

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

[Provider/Practitioner Information Change Form](#)

Approval Signatures

Step Description	Approver	Date
IT (send to PCE) Approval	Suzanne Henson: Director of Business Intelligence & Process Reengi	03/2022
Stakeholder Feedback	Allison Smith: Project Manager, PMP	03/2022