

OVERVIEW

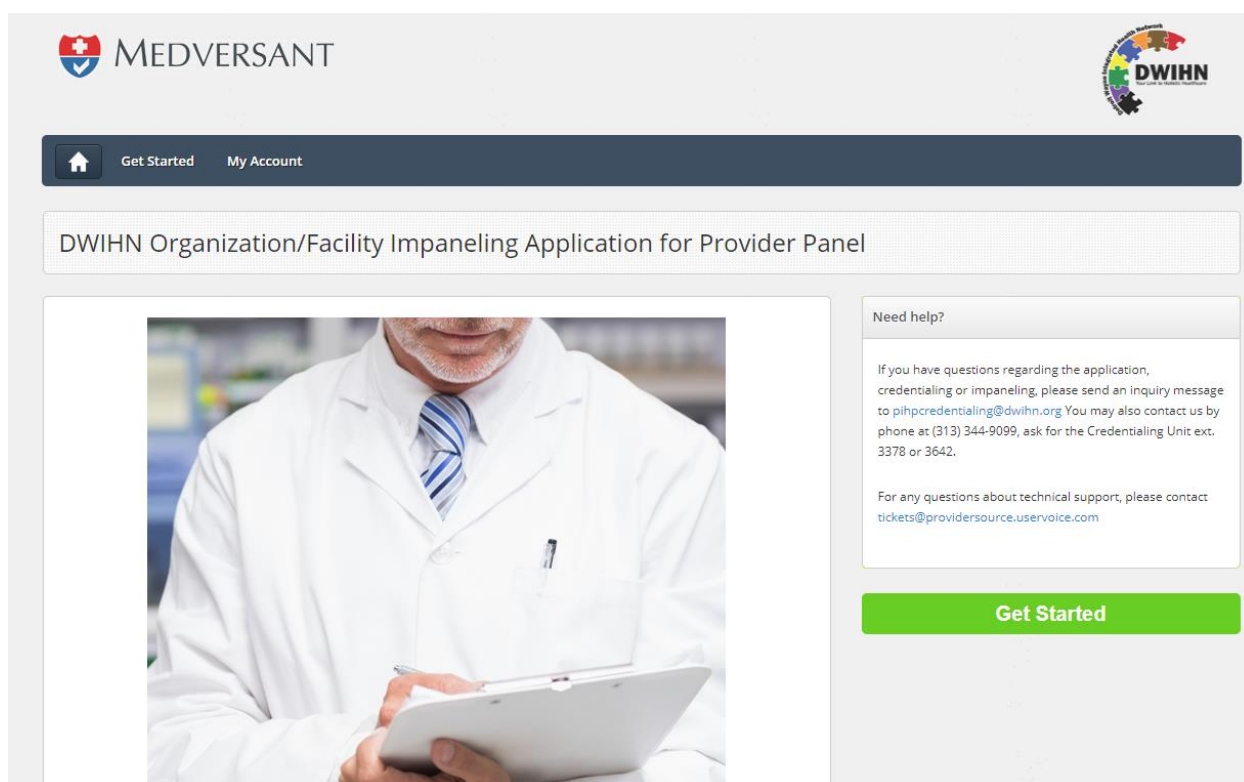
Detroit Wayne Integrated Health Network (DWIHN) is a safety net organization that provides a full array of services and supports to adults with mental illness, individuals with intellectual and developmental disabilities, children with serious emotional disturbances and persons with substance use disorders. 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.

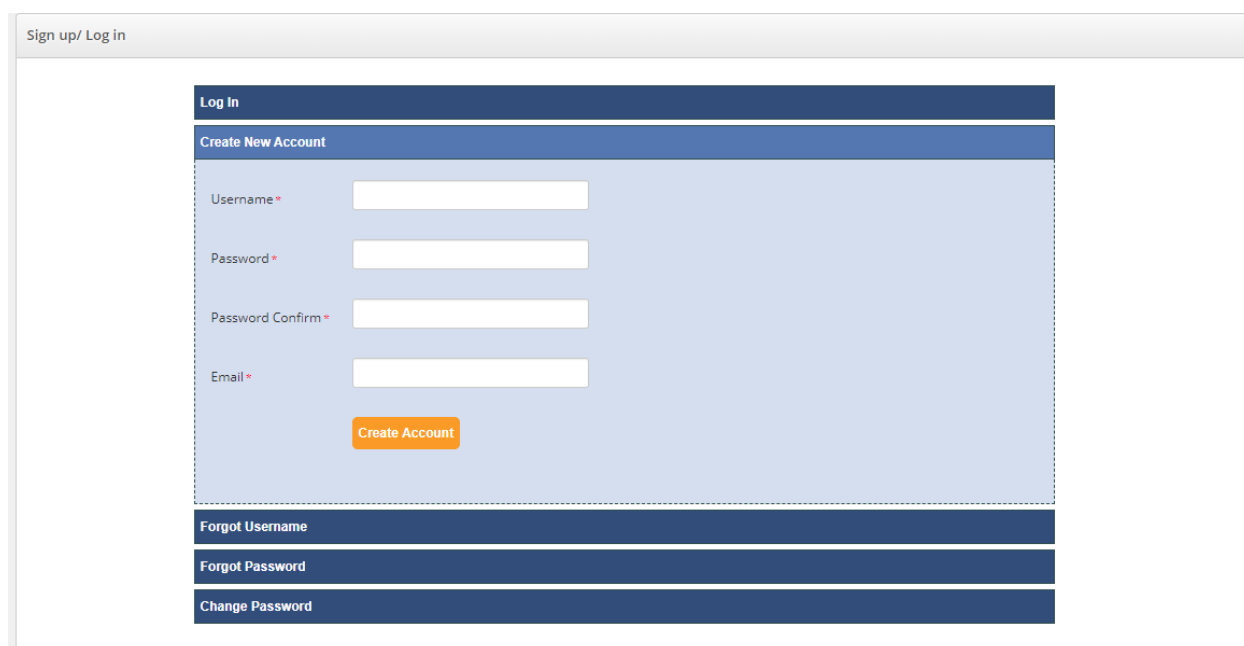


Screenshot #1: Microsite homepage

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 1st 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

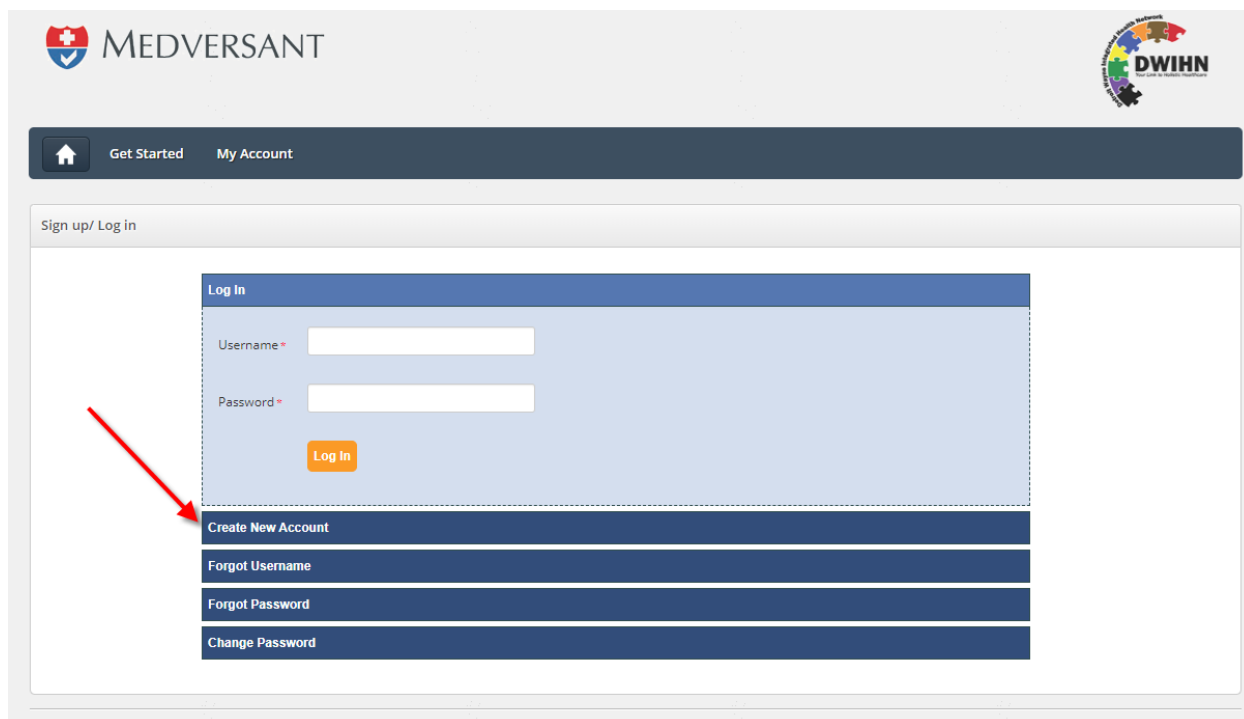
Forgot Password

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

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.

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

First Name * Joel Last Name * Capps	Middle Name Type and Ownership * Privately Owned
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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

1

2

3

4

Provider TypeProfile DataUpload DocumentsConfirmation

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.

Legal Business Name *	Capps Therapy	Doing Business As (DBA) Name	Joel Capps
National Provider Identifier (NPI)	6547987654	No NPI? Please specify reason.	
Federal Tax Identification Number (TIN) *	015564897	In what state are you incorporated? *	California
Counties served by this Organization	Los Angeles County	Does your organization submit claims electronically? *	☒ Yes ☐ No

Name of President/Chief Executive Officer:

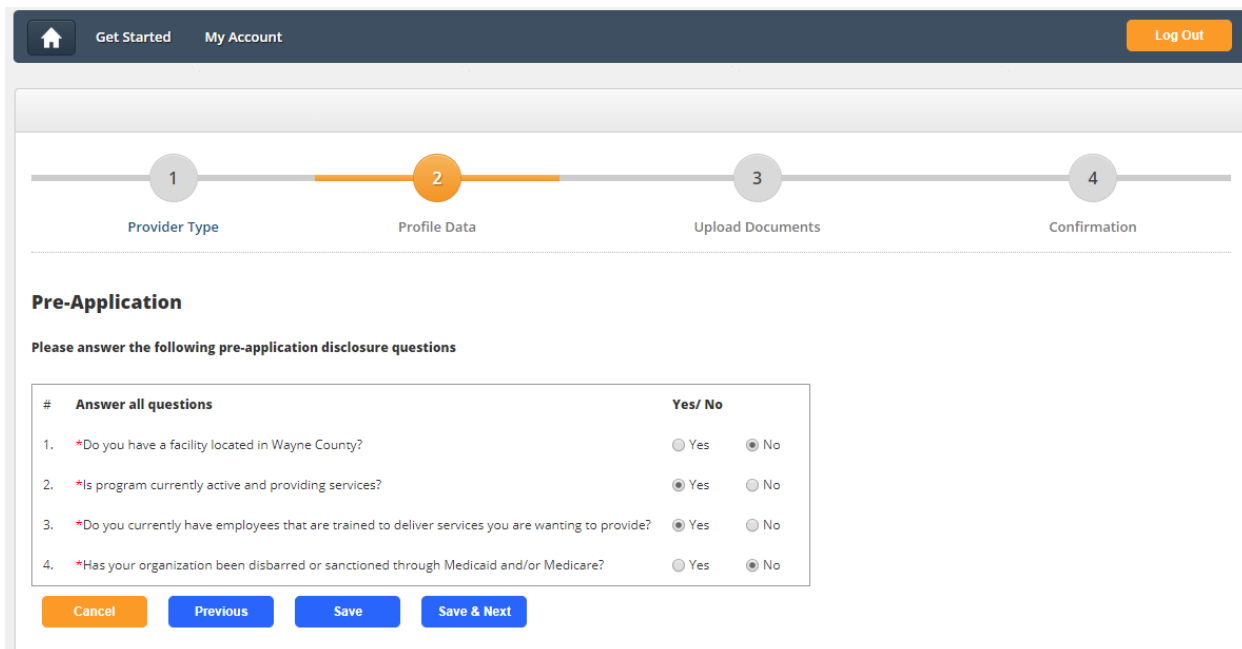
First Name *	Joel	Middle Name	
Last Name *	Capps	Type and Ownership *	Privately Owned

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



The screenshot shows the 'Pre-Application' form in the Microsite User's Guide. At the top, there is a navigation bar with a home icon, 'Get Started', 'My Account', and a 'Log Out' button. Below the navigation bar is a progress indicator with four steps: 1. Provider Type, 2. Profile Data (highlighted in orange), 3. Upload Documents, and 4. Confirmation. The main content area is titled 'Pre-Application' and contains the instruction 'Please answer the following pre-application disclosure questions'. Below this is a table with four questions, each with a 'Yes' and 'No' radio button. The 'No' button is selected for all four questions. At the bottom of the form are four buttons: 'Cancel', 'Previous', 'Save', and 'Save & Next'.

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

Buttons: 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

1

2

3

4

Provider Type

Profile Data

Upload Documents

Confirmation

Mailing Address

Name *

Capps Therapy

Address Line 1 *

700 Main Street

Address Line 2

City *

Detroit

State *

Michigan ▼

Zip *

48202

Phone *

(313) 556-9545

Fax

(###) ###-####

Email

info@cappstherapy.com

Cancel

Previous

Save

Save & Next

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 *	111111222222	Registration State *	Michigan
Issue Date (MM/DD/YYYY) *	05/15/2019	Expiration Date (MM/DD/YYYY)	05/15/2020
Type of Licensure/Certification *	Psychiatry and Neurology	License does not expire	☐
		Licensing Agency *	American Board of Psychiatry and N

Remove License

Add New License

Cancel

Previous

Save

Save & Next

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

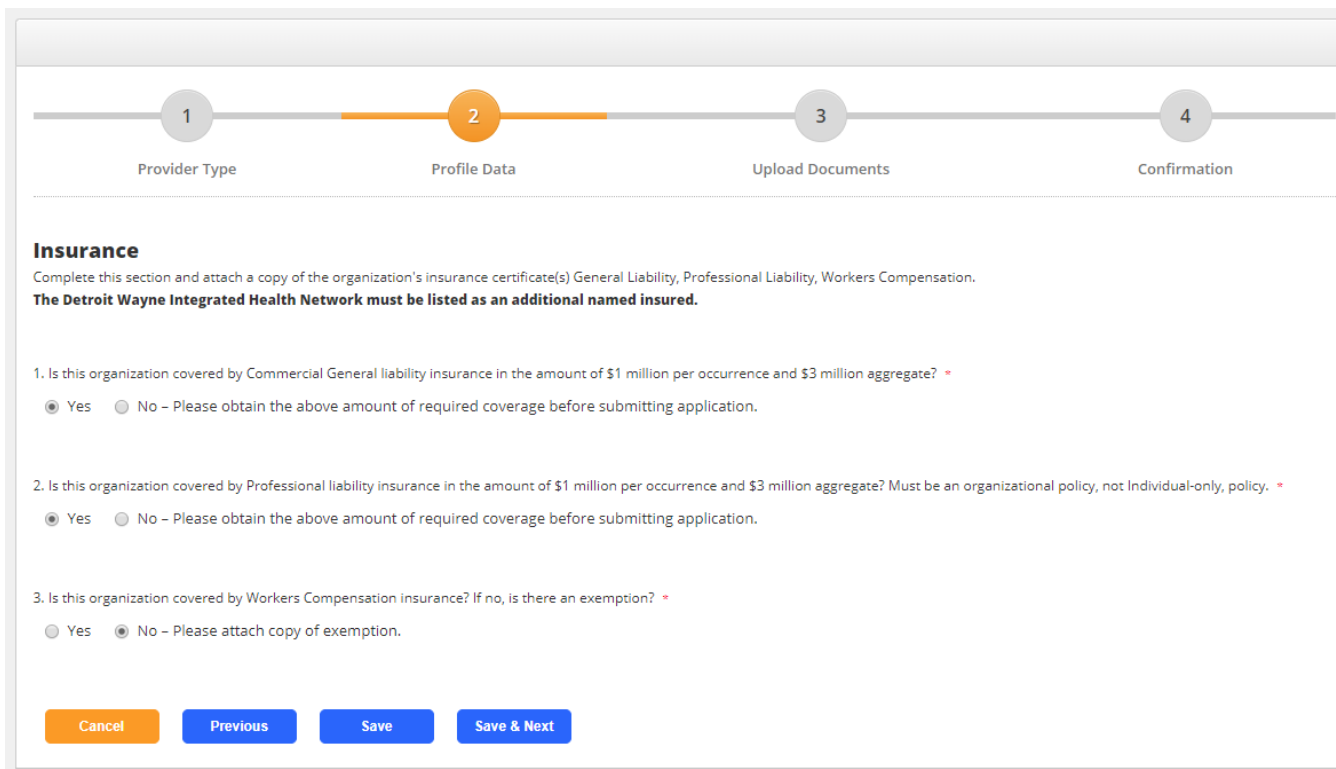
Is your organization registered with System for Award Management? * ☐ Yes ☒ No

If no, your organization must register to complete the impaneling process. To register, please visit www.sam.gov, 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 2 3 4

Provider Type Profile Data Upload Documents 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? *

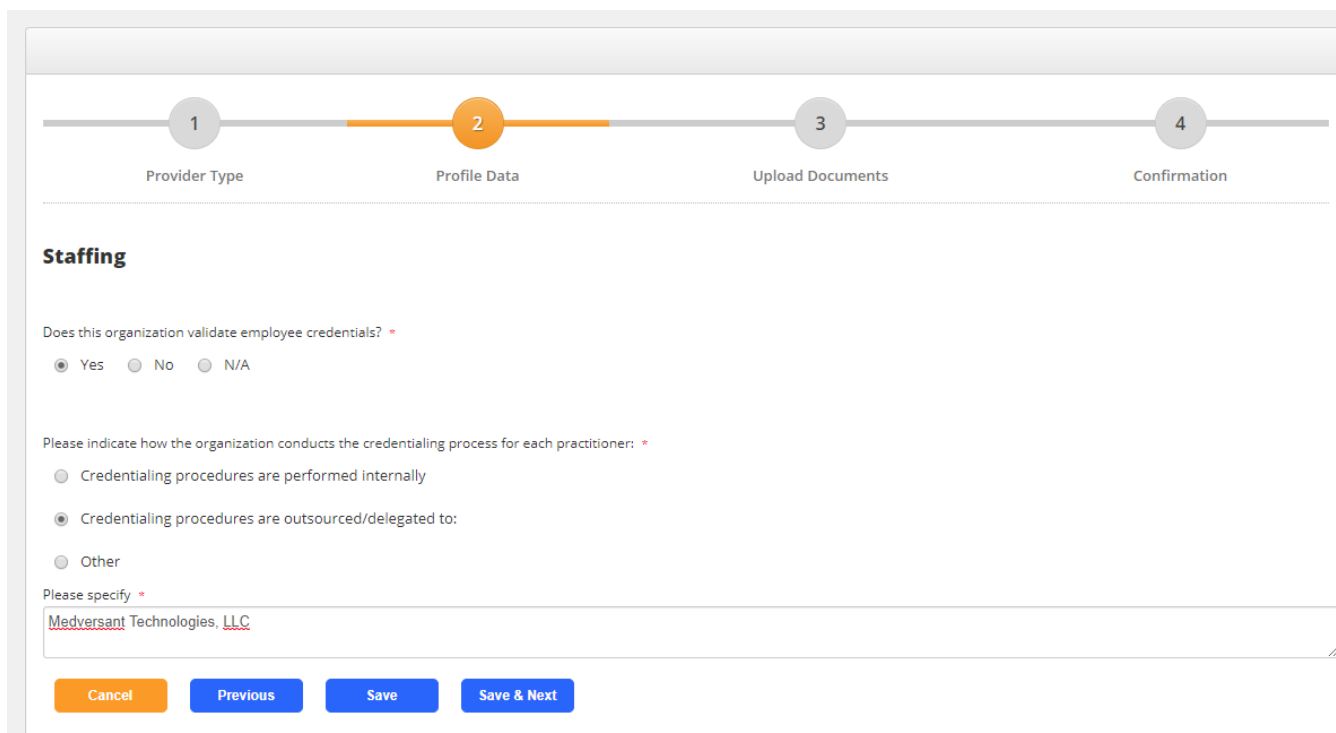
☐ Yes ☒ No – Please attach copy of exemption.

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), 3. Upload Documents, and 4. Confirmation. Below the progress bar, the section is titled "Staffing". It contains three questions:

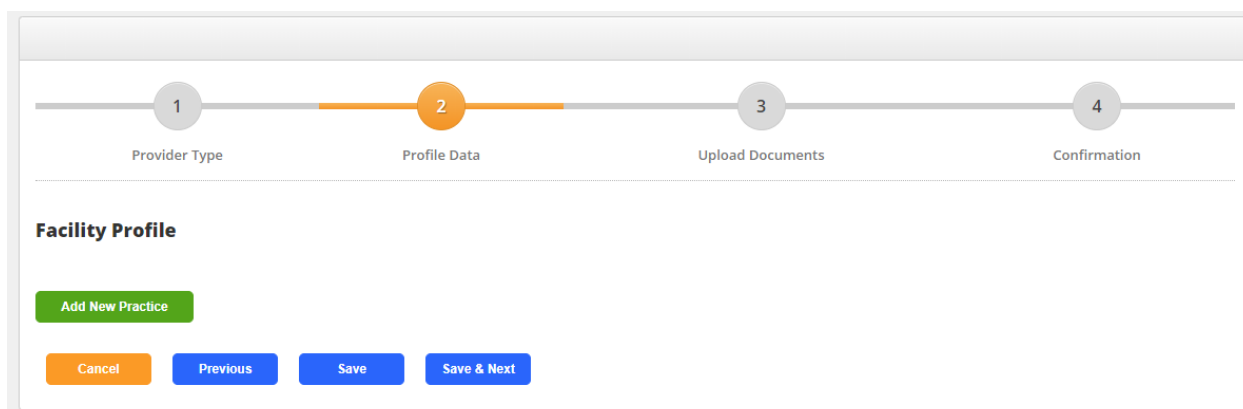
- Does this organization validate employee credentials? *
☒ Yes ☐ No ☐ N/A
- Please indicate how the organization conducts the credentialing process for each practitioner: *
☐ Credentialing procedures are performed internally
☒ Credentialing procedures are outsourced/delegated to:
☐ Other
- Please specify *

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 the progress bar, the section is titled "Facility Profile". It contains one button:

-

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	Yes	No	N/A	If Yes, please provide explanation.
1.	*Has the organization's state license/certificate ever been revoked, suspended or limited?	☐	☒	☐	
2.	*Is there action pending to suspend, revoke, or limit the organization's license/certification?	☐	☒	☐	
3.	*Has the organization ever had its JCAHO, CARF, COA, AOA, NCQA or any other accreditation revoked, suspended or limited?	☐	☒	☐	
4.	*Is there action pending to revoke, suspend, or limit the organization's current accreditation?	☐	☒	☐	
5.	*Has the organization ever had sanctions imposed by Medicaid?	☐	☒	☐	
6.	*Has the organization ever had sanctions imposed by Medicare?	☐	☒	☐	

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	Choose File No file chosen	0
2.	*Copy of Commercial General liability insurance certificate	Choose File No file chosen	0
3.	*Copy of Professional liability insurance certificate covering all agency employees	Choose File No file chosen	0
4.	*Copy of Workers Compensation Insurance	Choose File No file chosen	0
5.	Copy of Accreditation certificate or letter	Choose File No file chosen	0
6.	*W9 Form	Choose File No file chosen	0
7.	Fire/Safety Inspection Certificate for each facility you are requesting to be impaneled	Choose File No file chosen	0
8.	*SAM.gov registration and a list of Board of Directions/or Organization Owners	Choose File No file chosen	0
9.	Other	Choose File No file chosen	0
10.	*Read and Sign	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.

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	Choose File No file chosen	0
2.	*Copy of Commercial General liability insurance certificate	Choose File No file chosen	1
3.	*Copy of Professional liability insurance certificate covering all agency employees	Choose File No file chosen	1
4.	*Copy of Workers Compensation Insurance	Choose File No file chosen	1
5.	Copy of Accreditation certificate or letter	Choose File No file chosen	0
6.	*W9 Form	Choose File No file chosen	1
7.	Fire/Safety Inspection Certificate for each facility you are requesting to be impaneled	Choose File No file chosen	0
8.	*SAM.gov registration and a list of Board of Directors/or Organization Owners	Choose File No file chosen	1
9.	Other	Choose File No file chosen	0
10.	*Read and Sign	Choose File No file chosen	1

[Upload Documents](#)

Please review your documents for accuracy:

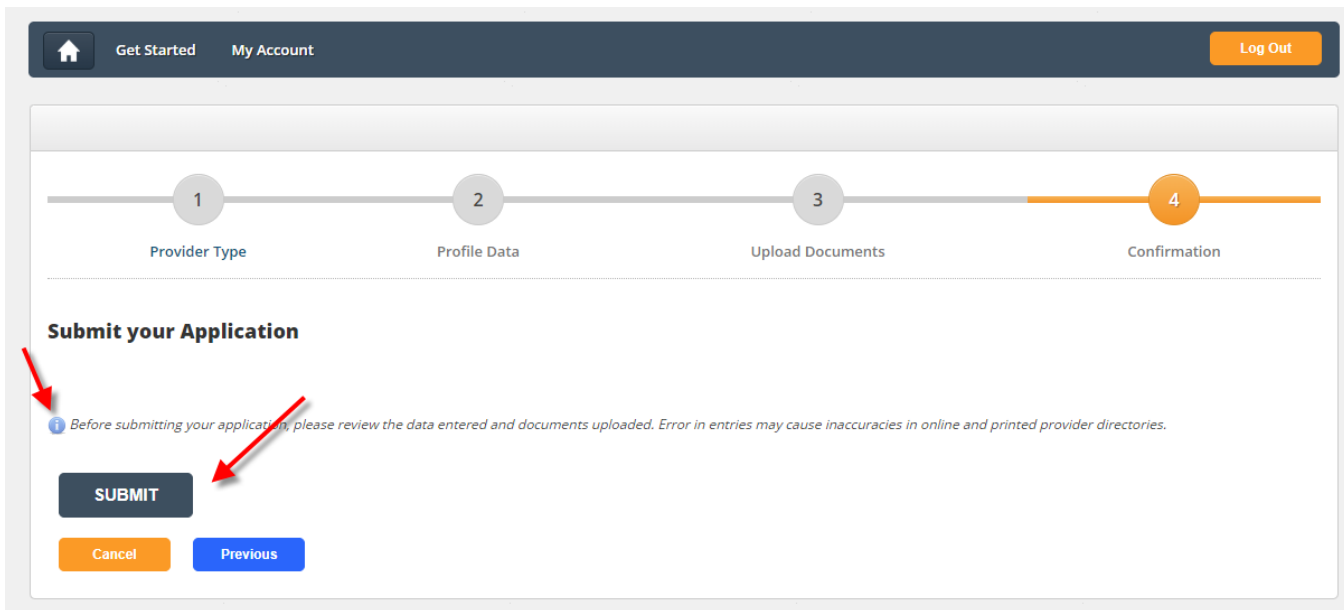
	Document Type	Document	UploadDate
X Delete	Copy of Commercial General liability insurance certificate	Excel2013quickstartguide.pdf	03/05/2020
X Delete	SAM.gov registration and a list of Board of Directors/or Organization Owners	Excel2013quickstartguide.pdf	03/05/2020
X Delete	Read and Sign	Outlook2013quickstartguide.pdf	03/05/2020
X Delete	Copy of Professional liability insurance certificate covering all agency employees	Outlook2013quickstartguide.pdf	03/05/2020
X Delete	Copy of Workers Compensation Insurance	Powerpoint2013quickstartguide.pdf	03/05/2020
X Delete	W9 Form	Word2013quickstartguide.pdf	03/05/2020

[Cancel](#)
[Previous](#)
[Save](#)
[Save & Next](#)

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.