



Provider Information Document

Contracting Entity Information

- *Contracting Entity refers to the provider group organization or solo practice entering into a contractual agreement with HealthPartners. This information may or may not be the same for the physical location fields on the pages that follow.*

Contracting Entity Legal Name <u>as reported on W-9</u>	
Contracting Entity Doing Business As (DBA) Name	
Contracting Entity Street Address <i>Used for Administrative Correspondence</i>	
Contracting Entity City/State/Zip	
Organization Website	
Contracting Entity Tax ID Number	
Contracting Entity Specialty	
I have completed the Disclosure of Ownership form and will return it with this document.	<input type="checkbox"/> Yes
Are you a Preferred Health Organization (PHO) or subcontractor that contracts with other entities?	<input type="checkbox"/> Yes
If located in Iowa, are you contracted or in the process of contracting with Midlands Choice?	<input type="checkbox"/> Yes
If located in or within 60 miles of Minnesota, are all practitioners enrolled with the Minnesota Department of Human Services (DHS)?	<input type="checkbox"/> Yes

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Location 1 Information

- Location refers to the site where the provider group will render care to HealthPartners members. This may or may not be the same as the Contracting Entity information listed above. If multiple locations, copy grid below and paste for each additional location.

Location General Information			
Location Legal Name			
Location Marketing Name			
Location Phone Number(s) for Appointments			
Location Fax Number			
Location Specialty			
<p style="text-align: center;"><i>If applicable, indicate if any of the following apply</i></p>		<input type="checkbox"/> Urgent Care services billed with Place of Service code 20 <input type="checkbox"/> Convenience Care Clinic <input type="checkbox"/> Located in a Hy-Vee store <input type="checkbox"/> Online-only Clinic States in which you are licensed: Enter text here	
Location Address Information			
Location Physical Address	Location Mailing Address	Location Referral Address	
Enter text here	Is the <u>mailing address</u> for this location the same as the physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No, the mailing address is: Enter text here	Is the <u>referral address</u> for this location the same as the physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No, the referral address is: Enter text here	
Location Appointment Hours			
Special notes: Click or tap here to enter text.	Day	From	To
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		
Location Billing Information			
Tax ID Number (If different than Contracting Entity)			
Billing NPI(s) or UMPI(s)			
Payment NPI(s) <ul style="list-style-type: none"> If the same as the billing NPI, leave blank. 			
Corporation Name <ul style="list-style-type: none"> Must match legal name listed on Line 1 of the W-9 for the location tax ID number. 			
Remit Office Name <ul style="list-style-type: none"> If the same as the Corporation Name, leave blank. 			
What is the <u>remit/payment address</u> for this location? <ul style="list-style-type: none"> Must match the address listed on the W-9 for the location tax ID number. If the same as the location physical address, leave blank. 			
Remit Phone			
Remit Fax Number			
Claims will be submitted		<input type="checkbox"/> Electronically <input type="checkbox"/> On Paper	
Billing form type		<input type="checkbox"/> CMS-1500 <input type="checkbox"/> CMS-1450 (also known as UB-04)	



Does this location use hospital-based billing? <ul style="list-style-type: none"> <i>In other words, is it a location that bills as a department of a hospital? This is also referred to as provider-based billing.</i> 	<input type="checkbox"/> Yes, this location is a department of the following hospital: <div style="text-align: center;">Enter text here</div> <input type="checkbox"/> No
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Is your practice MinnesotaCare Tax exempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If subject to MinnesotaCare tax, do you increase your billed charges by 1.6%?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Location Referral/Authorization Information

Referral/Authorization Contact Name	
Referral/Authorization Contact Phone	
Referral/Authorization Contact Fax Number	

Location Hospital Affiliations

List any hospitals affiliated with this location	
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Location Practitioners
 HealthPartners will review the list below to determine which individuals require practitioner credentialing (a process separate from contracting). For more information on the credentialing process, visit the [Credentialing and Enrollment](#) section on the Provider Portal.

Last Name, First Name, MI	Prof. Suffix	Practicing Specialty	DOB	License #	Type I NPI Number	Primary Location?	Suppress from Marketing?
						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Location Language Services

What language services are offered at this location?	<input type="checkbox"/> Oral interpreter services (in-person) <input type="checkbox"/> Oral interpreter services (virtual/telephonic) <input type="checkbox"/> Bilingual staff <input type="checkbox"/> Translated written materials
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Location Identification Numbers, Certifications, & Accreditations

Medicare Certification Number	<input type="checkbox"/> Yes, it is: Enter text here Effective: Enter text here End Date: Enter text here
CLIA Certification Number	<input type="checkbox"/> Yes, it is: Enter text here Effective: Enter text here End Date: Enter text here
Minnesota Department of Human Services Certification Number for Medicaid <i>Required for Minnesota providers</i>	<input type="checkbox"/> Yes, it is: Enter text here Effective: Enter text here End Date: Enter text here
Minnesota Community Measurement (MNCM) Number	Enter text here
JCAHO Accreditation	<input type="checkbox"/> Yes, it is: Enter text here

Location Government Designations

Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Yes
Rural Health Center (RHC)	<input type="checkbox"/> Yes
Adult Mental Health Rehabilitative Services (ARMHS)	<input type="checkbox"/> Yes
Minnesota Certified DBT (CDBT) Provider for Behavioral Health	<input type="checkbox"/> Yes
CMHC Community Mental Health Center (CMHC)	<input type="checkbox"/> Yes
Children's Therapeutic Services and Support (CTSS)	<input type="checkbox"/> Yes

Essential Community Provider (ECP)	<input type="checkbox"/> ECP - Birth Centers <input type="checkbox"/> ECP - Chemical Dependency <input type="checkbox"/> ECP - Dental Care <input type="checkbox"/> ECP - Family Planning <input type="checkbox"/> ECP - Hemophilia Treatment Centers <input type="checkbox"/> ECP - Home Care <input type="checkbox"/> Indian Health Care – please specify: <input type="checkbox"/> ECP - Indian Health Provider (MDH) <input type="checkbox"/> ECP - Indian Health Service (CMS) <input type="checkbox"/> ECP - Tribal Health Program (CMS) <input type="checkbox"/> ECP - Urban Indian Health Program (CMS) <input type="checkbox"/> ECP - Medical Services <input type="checkbox"/> ECP - Mental Health <input type="checkbox"/> ECP - Physical Rehabilitation <input type="checkbox"/> ECP - Primary Care Services <input type="checkbox"/> ECP - Ryan White Provider <input type="checkbox"/> ECP - Serving Students Only <input type="checkbox"/> ECP - STD Clinics <input type="checkbox"/> ECP - Other
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Location Service Area by County

For locations with a specialty of Home Care, IV Therapy, or Transportation, list service area counties.	<input type="checkbox"/> All counties, all states <input type="checkbox"/> Minnesota counties: Enter text here <input type="checkbox"/> Wisconsin counties: Enter text here <input type="checkbox"/> Iowa counties: Enter text here <input type="checkbox"/> North Dakota counties: Enter text here <input type="checkbox"/> South Dakota counties: Enter text here <input type="checkbox"/> Counties in other states: Enter text here
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Location Services (indicate all that apply)

<p>Accessibility:</p> <input type="checkbox"/> ADA accessible equipment <input type="checkbox"/> ADA accessible exam room <input type="checkbox"/> ADA accessible office <input type="checkbox"/> After Hours Care <input type="checkbox"/> Cultural capabilities/specialties <input type="checkbox"/> Cultural Competency Training in the past 12 months <input type="checkbox"/> Free Parking Distance from Public Transportation: <input type="checkbox"/> 0-5 blocks <input type="checkbox"/> 6-12 blocks <input type="checkbox"/> Over 12 blocks <p>Connectivity</p> <input type="checkbox"/> Electronic Health Records <input type="checkbox"/> Online Appointment Scheduling <input type="checkbox"/> Telehealth <p>Radiology/Imaging:</p> <input type="checkbox"/> Bone Mineral Density (DEXA) <input type="checkbox"/> CT Scans <input type="checkbox"/> Diagnostic Radiology <input type="checkbox"/> Mammograms – 3D <input type="checkbox"/> Mammograms - Digital	<p>Hearing and Vision Services</p> <input type="checkbox"/> Hearing Aid Supplier <input type="checkbox"/> Hearing Screening <input type="checkbox"/> Offers Eyewear Discount <input type="checkbox"/> Optical Shop <input type="checkbox"/> Routine Eye Exams <input type="checkbox"/> Vision Therapy <p>Transgender services:</p> <input type="checkbox"/> Transgender-General Care <input type="checkbox"/> Transgender-Hair Removal <input type="checkbox"/> Transgender-Hormone Therapy <input type="checkbox"/> Transgender-Surgery <input type="checkbox"/> Transgender-Voice Modification <p>Other Services:</p> <input type="checkbox"/> Comprehensive Outpatient Rehabilitative Facility (CORF) <input type="checkbox"/> Family Planning/Sexual Health <input type="checkbox"/> Laboratory <input type="checkbox"/> Nationally Accredited Diabetes Education <input type="checkbox"/> Pharmacy <input type="checkbox"/> Pool Therapy <input type="checkbox"/> Sleep Study - Testing Center <input type="checkbox"/> Travel Medicine Services
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- Mammograms - Standard
- MRI
- Nuclear Cardiology Imaging
- PET Scans
- Therapeutic Radiology

- Urgent Care Department
 - Billed with Place of Service code 20
 - Hours of Operation: Enter text here

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Administrative Contact Information

- List administrative contacts for the Contracting Entity on page 1. **At a minimum, include a Primary Contact and a Claims & Billing contact.** See administrative contact role definitions below.

Name & Address	Email & Phone	Administrative Contact Role(s)	
		<input type="checkbox"/> Primary Contact <input type="checkbox"/> Claims & Billing Contact <input type="checkbox"/> Contract Administrator <input type="checkbox"/> Incentive Payment <input type="checkbox"/> Key Executive	<input type="checkbox"/> Lead Medical Director <input type="checkbox"/> Quality Performance <input type="checkbox"/> Referral Contact <input type="checkbox"/> Site Operations Contact <input type="checkbox"/> Third-Party Consultant
		<input type="checkbox"/> Primary Contact <input type="checkbox"/> Claims & Billing Contact <input type="checkbox"/> Contract Administrator <input type="checkbox"/> Incentive Payment <input type="checkbox"/> Key Executive	<input type="checkbox"/> Lead Medical Director <input type="checkbox"/> Quality Performance <input type="checkbox"/> Referral Contact <input type="checkbox"/> Site Operations Contact <input type="checkbox"/> Third-Party Consultant
		<input type="checkbox"/> Primary Contact <input type="checkbox"/> Claims & Billing Contact <input type="checkbox"/> Contract Administrator <input type="checkbox"/> Incentive Payment <input type="checkbox"/> Key Executive	<input type="checkbox"/> Lead Medical Director <input type="checkbox"/> Quality Performance <input type="checkbox"/> Referral Contact <input type="checkbox"/> Site Operations Contact <input type="checkbox"/> Third-Party Consultant

- Administrative contact role definitions:

Role	Description
Primary Contact	Person designated to negotiate and manage the provider contracting relationship with HP. Main contact for day-to-day issues. Receives all communications from HPI including payment and/or incentive programs when applicable.
Claims & Billing Contact	Main contact for day-to-day billing and other business office operations issues.
Contract Administrator	Additional individual(s) designated to negotiate and manage the provider contracting relationship with HP. Main contact for day-to-day issues.
Incentive Payment	Person designated to receive incentive checks & payments for groups participating in Quality Measurements
Key Executive	Highest level executive with whom HP directs high-level contract and business discussions (ie: CEO, CFO, COO, VPMA, President, etc)
Lead Medical Director/Clinical Relations	Contact for clinical relations, quality and incentive programs
Quality Performance	Contact for provider groups participating in Quality Measurements
Referral Contact	Main contact for referral questions and concerns.
Site Operations	Main contact for day-to-day patient care and clinical operations issues.
Third Party Consultant	Person designated by provider group to negotiate contract terms