



Corporate Office:
8170 33rd Avenue South
Bloomington, MN 55425
healthpartners.com

Mailing Address:
P.O. Box 1309
Minneapolis, MN 55440-1309

Dear Behavioral Health Provider:

HealthPartners has implemented an application process for providers who are interested in obtaining a contract to participate in our Behavioral Health network (mental health and chemical health).

Attached you will find a four page provider application. All four pages of this application must be completed in their entirety before the application will be reviewed. Fill in the requested information for each question. If necessary, use "not applicable" versus leaving the question blank. Please be aware that if you have been surveyed by DHS, CMS or the Department of Health you must include a copy of that survey. The application can be mailed or faxed to the address and fax number listed below. Completing this application and requesting a contract does not imply any agreement by HealthPartners to execute a contract.

Upon receipt of the completed application, HealthPartners will compare the information provided in the application to the criteria HealthPartners has developed for participation in our Behavioral Health network. Our criteria includes, but is not limited to: geographic requirements, subspecialty needs and the specific programs and populations served by your group. HealthPartners does require your clinical practice location to be in a facility other than your home.

HealthPartners will notify you by phone or letter of our decision within approximately 6 weeks of application submission.

Applications can be mailed to:
HealthPartners, Inc.
Specialty Relations & Contracting
Mail Stop 21108J
PO Box 1309
Minneapolis MN 55440-1309

Applications can be faxed to:
952-883-5334

HealthPartners, Inc. Provider Contract Application

Request/Instructions	<p>Please fax this form to HealthPartners at (952) 883-5334 or mail to:</p> <p style="text-align: center;">HealthPartners, Inc. Professional Services Network Management (21108J) P.O. Box 1309 Minneapolis, MN 55440-1309</p> <p>Contact Person: _____ Phone: _____</p> <p>Clinic Web Site Address: _____</p> <p>Date: _____ Fax: _____</p>
Contracting Provider Information	<p>Practice Name: _____</p> <p>Street Address: _____</p> <p>City, State, Zip: _____</p> <p>Clinic Phone Number: _____ Clinic Fax: _____</p> <p>Email address: _____</p> <p>Federal Tax ID: _____ NPI number: _____</p> <p>Mental Health, Chemical Health or both: _____</p> <p>Medicare Certification Yes ___ No ___ Number _____</p> <p>Do you have Internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>State licensure (Provide Copy). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe geographic area served: _____</p> <p>_____</p>

Please provide the additional information regarding your practice.

Yes No Is your practice currently treating HealthPartners members as patients?
If **yes**, complete the following:
By Referral _____ Out of Network _____

Yes No Does your practice have a historical relationship with HealthPartners? (e.g., has your organization ever been affiliated with a provider who is/had been contracted with HealthPartners?)

If **yes**, please explain and provide the name of the previous group.

_____ For how many years has your practice been established? (*List number of years to the left*)

Yes No Does your practice treat both medical assistance and commercial patients?

Yes No Is your practice a designated Community Mental Health Provider or an Essential Community Provider (ECP)? If **yes**, attach the confirmation letter.

Yes No Is your clinic a Rule 29 clinic?

Yes No Does your clinic provide CTSS services?

Yes No For Chemical Health, does your clinic provide Rule 25 Assessments?

Yes No Does your clinic see Medicare covered clients?

Yes No Does your clinic have bilingual staff members?

If **Yes**, list additional language capabilities:

Yes No Is your practice capable of offering an initial assessment within 10 days of request?

Yes No Does your practice offer after-hours crisis services?
If **no**, indicate after hours options for your patients. _____

Yes No Does your practice offer defined programs?

If **yes**, Please provide information regarding such programs

For Chemical Health, provide information regarding all your practice's state Rule Certifications

In the space below, list your practice's staff and provide information regarding each staff person's credentials and their NPI number. (attach a separate sheet if necessary)

In the space below describe your telephone and reception staff operations and accessibility.

Has your clinic been surveyed by DHS, CMS or the Dept of Health?

If yes, a copy of the survey must be attached in order for this application to be processed.

Please provide any additional information you believe HPI should know about your practice.

Behavioral Health New Individual Practitioner Information

1. If an individual's alternate name is given it will be used in marketing materials by HealthPartners, Inc.
2. Check the box by the age populations you serve and expertise areas that you provide. We are using this information to assist members to find the providers who fit their needs.
3. Completed forms can be e-mailed to ProviderData@HealthPartners.com or faxed to 952-883-5665.

<i>Date:</i>		<i>Practitioner Name and License:</i>		<i>Alternate Name:</i>	
<i>Practicing Specialty:</i>		<i>HealthPartners ID:</i>		<i>NPI:</i>	

Age Populations serving:

- Child (ages 1-5)*
 Child (ages 6-12)
 Adolescent (ages 13-17)
 Adult (ages 18+)
 Seniors (ages 60+)

Expertise Areas:

<input type="checkbox"/> <i>ADHD Evaluation - Adult</i>	<input type="checkbox"/> <i>Children's Therapeutic Support Services</i>	<input type="checkbox"/> <i>Hearing Impaired Mental Health</i>	<input type="checkbox"/> <i>Obsessive - Compulsive Disorder Treatment</i>
<input type="checkbox"/> <i>ADHD Evaluation - Pediatric</i>	<input type="checkbox"/> <i>Chinese Culture and Language Specific Services</i>	<input type="checkbox"/> <i>Hispanic Culture Chemical Health Services</i>	<input type="checkbox"/> <i>Personality Disorders</i>
<input type="checkbox"/> <i>ADHD Therapy</i>	<input type="checkbox"/> <i>Christian Counseling</i>	<input type="checkbox"/> <i>Hispanic Culture Mental Health Services</i>	<input type="checkbox"/> <i>Pervasive Developmental Disorders</i>
<input type="checkbox"/> <i>Adoption Issues</i>	<input type="checkbox"/> <i>Chronic Pain/Pain Management</i>	<input type="checkbox"/> <i>HIV/AIDS Issues</i>	<input type="checkbox"/> <i>Postpartum Depression</i>
<input type="checkbox"/> <i>African American Culture Chem Hlth Specific Svcs</i>	<input type="checkbox"/> <i>Clergy Abuse</i>	<input type="checkbox"/> <i>Hmong Culture and Language Specific Svcs</i>	<input type="checkbox"/> <i>Post Traumatic Stress Disorder</i>
<input type="checkbox"/> <i>African American Culture Specific Mental Hlth Svcs</i>	<input type="checkbox"/> <i>Cognitive - Behavioral Therapy</i>	<input type="checkbox"/> <i>Hypnosis</i>	<input type="checkbox"/> <i>Pre-Bariatric Surgery Evaluation</i>
<input type="checkbox"/> <i>African Culture Specific Chem Health Svcs</i>	<input type="checkbox"/> <i>Conduct/Disruptive Disorder</i>	<input type="checkbox"/> <i>Japanese Culture & Language Specific Svcs</i>	<input type="checkbox"/> <i>Psychological Testing</i>
<input type="checkbox"/> <i>African Culture Specific Mental Health Svcs</i>	<input type="checkbox"/> <i>Developmental Disabilities/Mental Illness</i>	<input type="checkbox"/> <i>Jewish Culture Specific Mental Health Svcs</i>	<input type="checkbox"/> <i>Psychotic Disorders</i>
<input type="checkbox"/> <i>Alzheimer's Evaluation</i>	<input type="checkbox"/> <i>Dialectical Behavior Therapy</i>	<input type="checkbox"/> <i>Korean Culture and Language Specific Svcs</i>	<input type="checkbox"/> <i>Refugees</i>
<input type="checkbox"/> <i>Ambulatory Detox - Buprenorphine</i>	<input type="checkbox"/> <i>Dissociative Disorder</i>	<input type="checkbox"/> <i>Laotian Culture and Language Services</i>	<input type="checkbox"/> <i>Reproductive Health Issues</i>
<input type="checkbox"/> <i>Ambulatory Detox - Other</i>	<input type="checkbox"/> <i>Domestic Violence/ Perpetrators</i>	<input type="checkbox"/> <i>Medical Issues/Chronic Illness</i>	<input type="checkbox"/> <i>Russian Culture and Language Specific Svcs</i>
<input type="checkbox"/> <i>Anger Management</i>	<input type="checkbox"/> <i>Domestic Violence/ Survivors</i>	<input type="checkbox"/> <i>Medication Evaluation & Management</i>	<input type="checkbox"/> <i>Serious and Persistent Mental Illness</i>
<input type="checkbox"/> <i>Anxiety Disorders</i>	<input type="checkbox"/> <i>Dual Diagnosis (MH/CH)</i>	<input type="checkbox"/> <i>Men's Chemical Health Services</i>	<input type="checkbox"/> <i>Sexual Abuse Eval and Tmt / Survivors</i>
<input type="checkbox"/> <i>Asperger's Disorder</i>	<input type="checkbox"/> <i>East European Culture Specific Mental Hlth Svcs</i>	<input type="checkbox"/> <i>Men's Mental Health Services</i>	<input type="checkbox"/> <i>Sexual Abuse Eval and Tmt / Perpetrators</i>
<input type="checkbox"/> <i>Attachment Disorder</i>	<input type="checkbox"/> <i>East Indian Culture and Language Specific Svcs</i>	<input type="checkbox"/> <i>Mental Health Assessments</i>	<input type="checkbox"/> <i>Sexual Addiction Issues</i>
<input type="checkbox"/> <i>Autism Evaluation</i>	<input type="checkbox"/> <i>Eating Disorders</i>	<input type="checkbox"/> <i>Methadone Maintenance Services</i>	<input type="checkbox"/> <i>Sexual and Gender Identity Disorders</i>
<input type="checkbox"/> <i>Autism Therapy</i>	<input type="checkbox"/> <i>EMDR</i>	<input type="checkbox"/> <i>Middle Eastern Culture and Language Svcs</i>	<input type="checkbox"/> <i>Sexual Dysfunction Issues</i>
<input type="checkbox"/> <i>Biofeedback Therapy</i>	<input type="checkbox"/> <i>Faith-based Counseling</i>	<input type="checkbox"/> <i>Mood Disorders</i>	<input type="checkbox"/> <i>Sleep Disorders</i>
<input type="checkbox"/> <i>Bosnian Culture and Language Specific Svcs</i>	<input type="checkbox"/> <i>Family Therapy</i>	<input type="checkbox"/> <i>Muslim Culture Specific Services</i>	<input type="checkbox"/> <i>Somali Culture and Language Specific Svcs</i>
<input type="checkbox"/> <i>Brain Injury Chemical Health</i>	<input type="checkbox"/> <i>Fetal Alcohol Syndrome Evaluation</i>	<input type="checkbox"/> <i>Multicultural</i>	<input type="checkbox"/> <i>Torture Victims Services</i>
<input type="checkbox"/> <i>Brain Injury Mental Health</i>	<input type="checkbox"/> <i>Forensic Evaluation</i>	<input type="checkbox"/> <i>Native American Culture Chemical Health</i>	<input type="checkbox"/> <i>Tourette's Syndrome</i>
<input type="checkbox"/> <i>Cambodian Culture & Language Specific Svcs</i>	<input type="checkbox"/> <i>Gambling Addiction</i>	<input type="checkbox"/> <i>Native American Culture Mental Health</i>	<input type="checkbox"/> <i>Trichotillomania</i>
<input type="checkbox"/> <i>Chemical Health Assessments/Mobile</i>	<input type="checkbox"/> <i>Gay, Lesbian, Transgender, Bisexual Issues</i>	<input type="checkbox"/> <i>Neuro Psych Testing – Adult</i>	<input type="checkbox"/> <i>Vietnamese Culture & Language Specific Svcs</i>
<input type="checkbox"/> <i>Chemical Health Assessments/non-Rule 25</i>	<input type="checkbox"/> <i>Grief Counseling</i>	<input type="checkbox"/> <i>Neuro Psych Testing – Pediatric</i>	<input type="checkbox"/> <i>Women's Chemical Health Services</i>
<input type="checkbox"/> <i>Chemical Health Assessments/Rule 25</i>	<input type="checkbox"/> <i>Hearing Impaired Chemical Health</i>	<input type="checkbox"/> <i>Nursing Home Evaluation</i>	<input type="checkbox"/> <i>Women's Mental Health Services</i>



New Behavioral Health Clinic Services

1. Place a check next to the therapy type or service you provide.

2. This information can be updated on-line via the Provider Data Profile application on the secured Provider page at HealthPartners.com or emailed to ProviderData@HealthPartners.com. If you do not have access to the internet, please complete this form and fax to Provider Data Support # 952-853-8703.

<i>Date:</i>		<i>Location Name:</i>		<i>Tax ID:</i>	
<i>Address:</i>		<i>City:</i>		<i>State:</i>	<i>Zip Code:</i>

Expertise Areas:

<input type="checkbox"/> Abuse Survivors Group	<input type="checkbox"/> DBT Group - Adult
<input type="checkbox"/> Adult Rehab Mental Health Services	<input type="checkbox"/> Depression/Anxiety Group
<input type="checkbox"/> Anger Management Group - Adolescent	<input type="checkbox"/> Domestic Violence Group
<input type="checkbox"/> Anger Management Group - Adult	<input type="checkbox"/> Eating Disorders
<input type="checkbox"/> Assertive Community Treatment Services	<input type="checkbox"/> Eating Disorders Group
<input type="checkbox"/> Chemical Health Day Treatment	<input type="checkbox"/> Group Therapy (Other)
<input type="checkbox"/> Chemical Health Detox	<input type="checkbox"/> Mental Health Day Treatment
<input type="checkbox"/> Chemical Health Outpatient Treatment - Adolescent	<input type="checkbox"/> Mental Health Inpatient Treatment Free Standing Facility
<input type="checkbox"/> Chemical Health Outpatient Treatment - Adult	<input type="checkbox"/> Methadone Maintenance Services
<input type="checkbox"/> Chemical Health Outpatient Treatment - Senior	<input type="checkbox"/> Mobile Crisis
<input type="checkbox"/> Chemical Health Outpatient Treatment w/Lodging	<input type="checkbox"/> Multidisciplinary Pain Programs
<input type="checkbox"/> Children's Therapeutic Support Services	<input type="checkbox"/> Residential Chemical Health
<input type="checkbox"/> DBT Group - Adolescent	<input type="checkbox"/> Sex Offender Group