



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

<b>Request/Instructions</b>	<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>
<b>Contracting Provider Information</b>	<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.

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\_\_\_\_\_ 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.**

**Complete a copy of this form for each individual in your practice. PROVIDER NAME** \_\_\_\_\_

<b>x</b>	<b>Services</b>	<b>x</b>	<b>Services</b>	<b>x</b>	<b>Services</b>
	ADHD Evaluation - Adult		Domestic Violence/ Perpetrators		Muslim Culture Specific Services
	ADHD Evaluation - Children		Domestic Violence/ Survivors		Native American Culture Chemical Health
	ADHD Therapy		Dual Diagnosis (Mental Health/Chemical Health)		Native American Culture Mental Health
	Adolescents (13-18) Chemical Health Services		East European Culture Specific Mental Health Services		Neuro Psych Testing Adults
	Adolescents (13-18) Mental Health Services		East Indian Culture and Language Specific Services		Neuro Psych Testing Children
	Adoption Issues		Eating Disorders		Nursing Home Evaluation
	African American Culture Chemical Health Specific Services		EMDR		Obsessive - Compulsive Disorder Treatment
	African American Culture Specific Mental Health Services		Faith-based Christian Counseling		Oppositional Defiant Disorder
	African Culture Specific Chemical Health Services		Family Therapy		Personality Disorders
	African Culture Specific Mental Health Services		Fetal Alcohol Syndrome Evaluation		Pervasive Developmental Disorders
	Alzheimer's Evaluation		Forensic Evaluation		Post Traumatic Stress Disorder
	Anger Management		Gambling Addiction		Pre-Bariatric Surgery Evaluation
	Anxiety Disorders		Gay, Lesbian, Transgender, Bisexual Issues		Preschool (0-4) Mental Health Services
	Asperger's Disorder		Grief Counseling		Psychological Testing
	Attachment Disorder		Hearing Impaired Chemical Health		Refugees
	Autism Evaluation		Hearing Impaired Mental Health		Reproductive Health Issues
	Autism Therapy		Hispanic Culture Chemical Health Services		Russian Culture and Language Specific Services
	Biofeedback Therapy		Hispanic Culture Mental Health Services		Seniors Chemical Health Services
	Bosnian Culture and Language Specific Services		HIV/AIDS Issues		Seniors Mental Health Services
	Brain Injury Chemical Health		Hmong Culture and Language Specific Services		Serious and Persistent Mental Illness
	Brain Injury Mental Health		Hypnosis		Sexual Abuse Evaluation and Treatment/ Survivors
	Cambodian Culture and Language Specific Services		Japanese Culture and Language Specific Services		Sexual Abuse Perpetrators Evaluation and Treatment
	Chemical Health Assessments/Mobile		Jewish Culture Specific Mental Health Services		Sexual Addiction Issues
	Chemical Health Assessments/non-Rule 25		Korean Culture and Language Specific Services		Sexual and Gender Identity Disorders
	Chemical Health Assessments/Rule 25		Laotian Culture and Language Services		Sexual Dysfunction Issues
	Children's (5-12) Mental Health Services		Medical Issues/Chronic Illness		Sleep Disorders
	Children's Therapeutic Support Services		Medication Evaluation & Management		Somali Culture and Language Specific Services
	Chinese Culture and Language Specific Services		Men's Chemical Health Services		Torture Victims Services
	Chronic Pain/Pain Management		Men's Mental Health Services		Tourette's Syndrome
	Clergy Abuse		Mental Health Assessments		Trichotillomania
	Cognitive - Behavioral Therapy		Methadone Maintenance Services		Vietnamese Culture and Language Specific
	Developmental Disabilities/Mental Illness		Middle Eastern Culture and Language Services		Women's Chemical Health Services
	Dialectical Behavior Therapy		Mood Disorders		Women's Mental Health Services

**New Behavioral Health Clinic Services**

1. Place a check next to the therapy type or service you provide as a clinic group. If you provide different services at each location please complete one page for each site.

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.

Date:		Location Name:			
Address:		City:		Zip	

**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