



Inspire (SNBC) Benefit Exception Inquiry

*Note: if requesting for SNV or HHA services, use the SNBC Homecare Authorization Inquiry form instead.
 ***Any incomplete fields may result in delayed processing.

Member & Care Coordinator Information			
Date of Inquiry sent to HealthPartners:	(THIS IS DAY 1 OF 14 - please fax in ASAP)		
Member Name:			
Member ID:		DOB:	
Entity Providing Care Coordination:			
Care Coordinator (CC) Name:		CC Phone:	
CC Email:			
Primary Care Physician:			
Clinic Name:		Clinic Phone:	

Service Information			
Item/Service for Consideration:			
Service Request Type:	<input type="checkbox"/> Ongoing Service Request	Auth Expiration Date:	
	<input type="checkbox"/> New Service Request		
Service Provider Name and Location:		Tax ID (required):	
Frequency & Duration:		Phone #:	
Total Units requested for auth period:		Fax #:	
HPCP Code:		Cost:	
Requested Start Date:			
Primary diagnosis (include description, not just codes):			
Alternative resources CC has researched/attempted: Quasi formal services: Informal services: Other:			

Rationale to support requested item/service:

List current services member receives (or attach current service agreement):

Additional Documentation

**SNBC Member's
waiver screening
date:**

*Date the member will be, or last was, screened for the
waiver.*

In Lieu of Service

Is this item in lieu of other services? Yes No

If Yes, Explain:

Documents attached to support need (check all that apply):

- Current HRA findings, Care Plan and/or Service Agreement
- Physical/Occupational Therapy Notes
- Durable Medical Equipment (DME) Description of Item
- Physician Notes
- Other

Note: A prescription from a physician is not sufficient documentation without supporting physician notes.



*** For Internal Use Only:

Outcome			
<input type="checkbox"/> Service Approved	Start Date:		End Date:
<input type="checkbox"/> Service Not Approved			
<p>Care Coordinator: Call member within 1 business day of notification and inform them of HealthPartners decision.</p>			

HealthPartners SNBC Supervisor

Date

Once completed, submit this form via secure email
to: HPSNBC_CC@healthpartners.com
- OR -
Send via RightFax to: (952) 853-8723