

Fast Facts

PROVIDER PORTAL 2025

Tips & Tricks for Providers from HealthPartners Provider e-Services

Provider resources

Online provider resources, tools, and tips to help you to get the information and answers you need in a jiffy.

Whether you've never signed in before, or if you use it every day, the [Provider Portal](#) has easy-to-use applications, along with some new features guaranteed to save you time. Save this reference for later to help you avoid long wait times on the phone.

Member eligibility and benefits

The provider portal offers two ways to access eligibility and benefits. Login to your provider account to view full details, or use our Guest Eligibility tool for basic coverage information

- **Guest eligibility** allows you to quickly access member coverage dates and basic benefit information. No account needed!
- **Eligibility inquiry application** (login required) allows you to find additional online benefit descriptions, benefit limits, remaining visits and much more. Here are a few key tips for getting the most detailed answers.

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We're here for you!

Visit the [Contact us](#) page to find the right contact for different topics.

Guest Eligibility – No login or account needed!

Step One: Tell us where the member will be seen.

Benefits can vary greatly depending on where the service is rendered.

Eligibility inquiry

Provide your billing NPI or tax ID number to get started.

Clinic or office where member will be seen

Enter the billing NPI or tax ID number for the clinic or office where the member will be seen. This gives the most accurate results.

Choose billing NPI or tax ID number

Billing NPI

Tax ID number

Enter the number

Step two: Start an eligibility inquiry

- Enter member's information (must match the member's HealthPartners card)
- Specify the date of service
- Select medical or dental coverage type
- Include the practitioner's NPI whenever possible for the most specific benefit results.






If the practitioner's NPI is not found, you can remove the practitioner NPI and continue your search.

Start an eligibility inquiry

All fields are required unless marked optional.

Member information

Please make sure the information is entered as it appears on the member's HealthPartners member ID card.

Member's HealthPartners member ID	Member's first name	Member's last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's date of birth	Date of service	Member's insurance coverage type
<input type="text"/> 	<input type="text"/> 	Select one 
MM/DD/YYYY	MM/DD/YYYY	

Clinic or office where member will be seen

Billing NPI or tax ID number	Practitioner NPI (optional)
<input type="text"/>	<input type="text"/>

Entering the practitioner NPI returns specific network results

Search

Step three: Review results

- Review the Member details and coverage overview.
- Scroll down to review specific service type coverage and copay information.

HealthPartners Provider Clinical resources Admin tools e-Services Quality Contact us [Sign in](#)

Medical eligibility inquiry results

Start a new search Sign in for more details

Results as of August 20, 2024 at 9:26 am
These results are correct as of this service date. do not guarantee payment and are confidential. [See more information.](#)

Billing NPI: [Redacted]

Member details

First and last name [Redacted] Date of birth [Redacted]
HealthPartners member ID number [Redacted] Legal sex Male

HealthPartners coverage overview

Relationship to policyholder Self Coverage start date 01/01/2016
Group number [Redacted] Coverage end date [Redacted]
Care type Distinctions Insurance type Self Insured

Symbol key
D - Deductible applies for this service
O - Out-of-pocket applies for this service
CY - Totals are based on calendar year accumulation
PY - Totals are based on plan year accumulation
N/A - Benefit is not applicable for this level

Benefit name	In Network Level 1	In Network Level 2	In Network Walk in Clinic	In Network Other Walk in Clinic	Out of Network Level
Individual OOP Max	\$3500.00 CY	\$3500.00 CY	\$3500.00 CY	\$3500.00 CY	N/A
Individual Deductible	\$500.00 CY	\$500.00 CY	N/A	N/A	N/A
Family OOP Max	\$7000.00 CY	\$7000.00 CY	\$7000.00 CY	\$7000.00 CY	N/A
Family Deductible	\$1000.00 CY	\$1000.00 CY	N/A	N/A	N/A
Office Visit	\$20.00 O	30% D O	\$10.00 O	\$10.00 O	Not covered
Office Visit - Well Care	Full coverage	Full coverage	Full coverage	Full coverage	Not covered

Eligibility Inquiry – Sign into your portal account for extensive coverage information.

USE DETAILED SEARCHES

The more you put in, the more you get out. **By including your provider/org name, practitioner, and specific dates** your eligibility and benefit results will accurately display **network status** (In Network) and the appropriate benefit tier (*in most cases*).

Eligibility Inquiry

Search

You may search up to two prior years of a member's eligibility and benefits.

Member # Member name Social Security # Medicaid #

Optional: Enter a provider and practitioner to get specific benefit level on tiered products. You may also select a service type to narrow results.

*Member #
 *Service start date
 *Service end date
 *Coverage type
 Provider Search by provider name, tax ID, NPI or HPPIN
 Practitioner Search by: practitioner name (last, first) or practitioner's NPI
 Service type

[Clear](#) | [Search](#)

Remaining patient responsibilities determined as of 11/24/2021 at 01:29 PM

Deductible: No deductibles found
Out-of-pocket: No out-of-pocket found

Indicates more benefit information is available

Benefit name	In Network Level 1
Individual OOP Max	\$2500.00
Family OOP Max	\$4500.00

Benefit grid returns in Network and benefit level/tier

HOVER FOR EXPLANATIONS

Any time you see data underlined you can hover on that word for more detail.

Office Visit - Well Care	Out-of-pocket applies for this service
Virtual Office Visit	\$40.00
Urgent Care	\$40.00

Symbol key	
D	Deductible applies for this service
O	Out-of-pocket applies for this service
CY	Totals are based on calendar year accumulation
PY	Totals are based on plan year accumulation
N/A	Benefit is not applicable for this level
i	More information is available for this level by clicking on the info icon

- Deductible/out-of-pocket amounts and when they apply to a benefit.
- These symbols provide more contextual information regarding accumulators.

CLICK FOR MORE INFORMATION

Look for the information icon **i** next to a benefit for more detail.

The screenshot displays a table of services with their respective coverage percentages and visit limits. Two pop-up windows provide additional details for specific services.

Service	Coverage	Limit
Chiropractic	10%	25 Visits
Acupuncture	10%	-
Physical Therapy - Office	10%	-
Physical Therapy - Outpatient	10%	-
Occupational Therapy	10%	-

Additional Benefit Information - Routine Fluoride Limit:
 In Network Level 1
 Routine Fluoride Limit 1 Visits
 Routine Fluoride Remaining Limit 1 Visit

Additional Benefit Information - Chiropractic:
 In Network Level 1
 Chiropractic Visit Limit 25 Visits
 Chiropractic Remaining Visits 25 Visits

IN THE COVERAGE OVERVIEW

View member card – see an image of the member’s insurance card.

[View member card - 3502](#)



IN THE COVERAGE DETAILS SECTION

Look for these additional links:

- [View policyholder information](#)
- [View additional benefits](#)
- [View coverage criteria](#)

View policyholder information – shows who the policyholder is for this coverage.

View additional benefits – provides more specific details on benefits like therapy visit limitations, dental service details, DME coverage and limitations.

Select service type

- Acupuncture
- Administrative
- Ambulance and Medical Transportation
- Autism Services
- Benefits Chart Definitions
- Chiropractic Services
- Clinical Trials
- Covid-19 Otc Tests
- Definitions of Terms Used
- Dental Services - Accidental Dental Services
- Dental Services - Medical Complications of Dental Care
- Dental Services - Medically Necessary Hospitalization and Anesthesia for Dental Care
- Dental Services - Medically Necessary Outpatient Dental Services
- Dental Services - Oral Surgery
- Dental Services - Orthognathic Surgery Benefit
- Dental Services - Preventive Dental Services
- Dental Services - Treatment of Cleft Lip and Cleft Palate of a Dependent Child
- Dental Services - Treatment of TMD and CMD
- Diabetic Equipment and Supplies
- Diagnostic Imaging Services
- Durable Medical Equipment, Prosthetics, Orthotics and Supplies**
- Emergency and Urgently Needed Care Services
- Gene Therapy
- Health Education
- Home Health Services
- Home Hospice Services

- Infertility/Fertility Services
- Inpatient Hospital Services
- Laboratory Services
- Mastectomy Reconstruction Benefit
- Medication Therapy Disease Management Program
- Mental Health Services - Inpatient Services
- Mental Health Services - Outpatient Services
- Office Visits for Illness or Injury

	Network Benefits	Non-Network Benefits
Deductible	Individual Calendar Year Deductible - None. Family Calendar Year Deductible - None.	The Plan has an unallocated deductible. This means once a Covered Person meets the individual deductible, the Plan begins paying benefits for that person. If two or more members of the family meet the family deductible, the Plan begins paying benefits for all members of the family, regardless of whether each Covered Person has met the individual deductible. However, a Covered Person may not contribute more than the individual deductible toward the family deductible.
Coverage Level	Special dietary treatment for phenylketonuria (PKU) if it meets the Medical Coverage Criteria - 80% of the charges incurred. Oral amino acid based elemental formula if it meets the Medical Coverage Criteria - 80% of the charges incurred.	All other durable medical equipment, prosthetics, orthotics and supplies - 80% of the charges incurred.
Limitation	Coverage of durable medical equipment is limited by the following: - Payment will not exceed the cost of an alternate piece of equipment or service that is effective and medically necessary. - Hair prostheses (wigs) for hair loss resulting from alopecia areata are subject to \$200 maximum benefit per calendar year. - Hair prostheses (wigs) for hair loss resulting from alopecia areata and oral appliances for cleft lip and cleft palate, payment will not exceed the cost of an alternate piece of equipment or service that is effective, medically necessary and enables Covered Persons to conduct standard activities of daily living. - The Plan reserves the right to determine if an item will be approved for rental vs. purchase. - Durable medical equipment and supplies must be obtained from or repaired by approved vendors. - Covered Services and supplies are based on established medical policies which are subject to periodic review and modification by the medical director. The Medical Coverage Criteria are available by calling Member Services, or logging on to your myHealthPartners account at healthpartners.com.	
Out-Of-Pocket	Individual Calendar Year Out-of-Pocket Limit - \$3,000. Family Calendar Year Out-of-Pocket Limit - \$4,500. The out-of-pocket limits under the Network's Benefits and the Non-Network Benefits are combined. Non-Network Benefits for transplant surgery do not apply to the out-of-pocket limit and will not be paid at 80% cost if the out-of-pocket limit has been met. Non-Network Benefits above the usual and customary charge (see Benefits Chart Definitions - Charge) do not apply to the out-of-pocket limit.	

Plan provisions

Covered Services:

The Plan covers equipment, supplies and services, as described below. Certain items are only covered if your condition meets the Medical Coverage Criteria. For more information on what the Plan covers and any prior authorization requirements, call Member Services or log on to your myHealthPartners account at healthpartners.com.

- Durable medical equipment, such as wheelchairs, ventilators, oxygen, oxygen equipment, continuous positive airway pressure (CPAP) devices, hospital beds, and related services.
- Prosthetics, including breast prostheses, artificial limbs and artificial eye, and related supplies.
- Hair prostheses (wigs) for hair loss resulting from alopecia areata.
- Orthotics.
- Medical supplies, including splints, cervical collars, casts and dressings.
- Parenteral feedings.
- Special dietary treatment for Phenylketonuria (PKU), oral amino acid based elemental formula if it is recommended by a physician.

Care Type: Did you know Care Type displays on the member’s card and in eligibility results?



The member’s **Care Type** displayed in Coverage Details indicates their **provider network**.

Coverage details

Type of coverage	Medical	Relationship	Self
Group #	3502	Package code	SI471
Benefit record start date	01/01/2022	Benefit record end date	-
Coverage start date	01/01/2022	Coverage end date	-
Care type	Distinctions III		
Product	HP Distinctions Open Access SI Choice III		



Claims and payment tools

FIND EVERYTHING YOU NEED TO KNOW ABOUT CLAIMS AND PAYMENTS

- **Remittance Inquiry/EOP/payment details** – Review the claims associated with your payment. Simply search by a check number or review payments associated with your facility. You can also opt in for email notifications when a new remittance is available.
- **Claims Status Inquiry** – See if your claims have been received and where processing stands, including codes to describe approved, denied and pending status.
- **Claim Adjustments and Appeal Inquiry**– Check the status of claim adjustments and claim appeals submitted to HealthPartners.
- **Claims Estimator** – Get an accurate, real-time estimate for outpatient services using the member’s benefits and contracted rates to know how much the plan will cover and what the member will pay out of pocket. This is useful when eligibility is not specific enough for your specific needs.
- **Clear Claim Connect (C3)** – Review coding edits to determine appropriate codes to use before submitting a claim.
- **Fee Schedules** – Question regarding the reimbursement rate on your claim? You and your staff can log in to review professional fee schedules for State Public Programs and Medicare.
- **Electronic connections** – Addresses all your electronic data exchange needs.
 - **Clearinghouses and Payer ID:** Sending claims electronically to HealthPartners? See a list of approved clearinghouses and Payer IDs.
 - **Electronic Funds Transfers (EFT/ACH):** Want to get paid faster? Sign up for electronic payments.



Quick Tip Bookmark the [Claim Submission Quick Reference Guide](#). It has options for various types of claims submissions and corrections. When you're ready to submit, use our easy online claim forms for [adjustments](#), [appeals](#), [attachments](#) and [correspondence](#).

Prior Authorization (PA) and Referrals

The one-stop *Authorizations and Referrals* application has everything you'd expect. Start here and check back to make sure your patients get the care they need.

- **Verify PA requirements** and **coverage criteria policies** (*available without signing in!*).
- **Find fillable PA request forms** (*available without signing in!*).
- Submit a **new PA request** and **check the status** of previous PA requests.
- Submit a referral.
- **Check the status of referrals made to you**, including details like services included, number of units approved, comments and more.

Help patients find you

Patients rely on website search tools to find care. More often, they're looking for information on location and specific services combined with clinicians' race, ethnicity, languages spoken and gender. Something as simple as an incorrect phone number can frustrate a patient. Finding a doctor is the number one reason our members use healthpartners.com. You can make sure they get the most current information about your practice and clinicians by updating your profiles online.

Provider Data Profiles – This application allows you to update your practice's details, add and update practitioners, specify clinicians' specialized training and experience, update location address, directions and even a link to your website. The information feeds directly into HealthPartners website and member directories. After you've made your updates online, save time and download a prefilled MN Uniform Change form to submit to other payers.

Identify patient-friendly services such as telemedicine, interpreter options, onsite imaging technology and other clinic services. By identifying the services your clinics and locations provide, HealthPartners members will be able to find your clinic under more search options on the HealthPartners online clinic search tool.



After you've made your updates online, save time and download a prefilled MN Uniform Change form to submit to other payers.

Don't miss these other time-saving tools

The Portal has many other common resources needed to do business with HealthPartners. Access information quickly and easily when it fits in your schedule.

- [Forms for providers](#)
- [Credentialing resources:](#)
 - [Submit credentialing application online](#)
 - [Credentialing inquiry to check the status of an application](#)
- Policy information
 - [Medicare policies](#)
 - [Administrative policies](#)
 - [Pharmacy policies](#)
 - [Medical claim policies](#)

Be cyber smart

We've seen an increase in cybercrime targeting healthcare. These scams attempt to access and exploit account information and can steal money, usernames and passwords to access accounts, or infect computer networks – damaging an organization's ability to provide care and services.

You can help protect information on the HealthPartners Provider Portal by:

- Turn on multi-factor authentication (MFA) via text or email. Go to Manage my account to turn on MFA.
- Keep your user ID and password confidential.
- Never share your account with others.
- Report any unusual activity or concerns with your account.
- Be vigilant with email. Watch for spam and phishing emails by asking: Who-What-Why, before clicking on links.
- Delegates – confirm user identification before resetting or reactivating accounts.

Don't have a Portal account yet?

IT'S QUICK & EASY TO REGISTER

Health care providers and billing organizations are welcome to use the Provider Portal. There are two ways for a provider group to [register for an account](#):

- Get instant access using a HealthPartners-issued check.
- Have a PIN code sent to you via US Mail.
- Third parties and billing organizations must establish an independent account for their organization and request access to their client's (your) data. It's very fast, secure and allows them to manage all their client's business without separate logins!
- Every individual must have their own account. **Sharing accounts is not allowed.**
- Using unique and accurate information to create your account, such as non-generic email addresses, will ensure your account is secure and that we can reach you with important communications about your account activity.
- HIPAA regulation, Data Privacy, Data breaches – it's all so complicated! Securing your organization's and our member's data is imperative! Let us help you and your administrator make it easier and more secure.

[Learn more](#)

Your organization only needs to register once. The first person to register is assigned delegate status to create and maintain accounts for other staff. If you see an application here that you want, contact your delegate to create or update your account.



For help checking if your organization is registered, use the [Delegate search](#) or review the [Registration FAQs](#).

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at healthpartners.com/fastfacts.

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