

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 five page provider application. All five 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 emailed or faxed to the email address or 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 also requires all contracted providers to be able to communicate electronically (email/fax).**

Due to the volume of applications received, HealthPartners is unable to respond to inquiries regarding review status. Providers will be notified via phone or email upon final review of completed applications.

Applications can be emailed to:
HP_BHContracting@HealthPartners.com

Applications can be faxed to:
952-853-8850

HealthPartners, Inc.
Behavioral Health Provider Contract Application

Request/Instructions	<p style="text-align: center;">HealthPartners requires all contracted providers to be able to communicate electronically (email/fax)</p> <p style="text-align: center;">Please fax this form to HealthPartners at 952-853-8850 or email to HP_BHContracting@HealthPartners.com</p> <p>Contact Person: _____ Phone: _____</p> <p>Clinic Web Site Address: _____</p> <p>Date: _____ Fax: _____</p>
Contracting Provider Information	<p>Practice Legal Name: _____ (Legal name listed on W-9)</p> <p>Practice Marketing Name: _____</p> <p>Clinic Address: _____ (If additional practice sites, please list all locations – attach separate form if needed)</p> <p>City, State, Zip: _____</p> <p>Clinic Phone Number: _____ Clinic Fax: _____</p> <p>Email address: _____</p> <p>Federal Tax ID: _____ Billing NPI: _____</p> <p>Services (mental health, chemical health or both): _____</p> <p>Medicare Certification (for facilities only) Yes ___ No ___ Number _____</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/has 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 Are any practitioners at the clinic enrolled with Medicare and eligible to see Medicare 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 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 any defined programs (i.e. day treatment, IOP, etc.)?

If **yes**, Please provide information regarding such programs (attach any additional programming information/brochures to this form)

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

In the space below, list your practice's clinical staff and credentials as well as individual NPI numbers.
(Attach a separate sheet if necessary)

_____	_____
_____	_____
_____	_____

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

Has your clinic/facility 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.

Additional Information: (Please provide any additional details regarding your practice such as clinician competencies/areas of expertise, treatment modalities, treatment philosophy, etc. Feel free to attach a separate letter if you would like)

Behavioral Health Practitioner Services Information Form

- This information can be updated on-line via the Provider Data Profile application on the secured Provider page at www.HealthPartners.com/provider or the completed form can be emailed to ProviderData@HealthPartners.com.
- Providers are responsible to accurately represent their areas of competence in a manner consistent with how they have represented their competencies to their licensing bodies.

Date	Practitioner Name & License	Practitioner NPI #
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Select Age / Populations				
<input type="checkbox"/> Child (ages 1 – 5)	<input type="checkbox"/> Child (ages 6-12)	<input type="checkbox"/> Adolescent (ages 13-17)	<input type="checkbox"/> Adults (ages 18+)	<input type="checkbox"/> Seniors (ages 60+)
<input type="checkbox"/> Men's Chemical Health Services	<input type="checkbox"/> Men's Mental Health Services	<input type="checkbox"/> Women's Chemical Health Services	<input type="checkbox"/> Women's Mental Health Services	<input type="checkbox"/> Military/Veterans
<input type="checkbox"/> Refugees				
Select Mental Health/Chemical Health Conditions you treat regularly				
<input type="checkbox"/> ADHD Evaluation	<input type="checkbox"/> Adoption Issues	<input type="checkbox"/> Alzheimer's/Memory Loss	<input type="checkbox"/> Ambulatory Detox-Buprenorphine	<input type="checkbox"/> Anger Management
<input type="checkbox"/> Anxiety Disorders	<input type="checkbox"/> Attachment / Reactive Attachment Disorder	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Bipolar / Manic Depressive Disorder	<input type="checkbox"/> Brain Injury Behavioral Health
<input type="checkbox"/> Cancer Related Issues	<input type="checkbox"/> Chemical Dependency Issues	<input type="checkbox"/> Chronic Pain/Pain Management	<input type="checkbox"/> Clergy Abuse	<input type="checkbox"/> Conduct/Disruptive Disorder
<input type="checkbox"/> Conversion Disorder	<input type="checkbox"/> Cults and Mind Control	<input type="checkbox"/> Depressive Disorders	<input type="checkbox"/> Developmental Disabilities/Mental Illness	<input type="checkbox"/> Dissociative Disorder
<input type="checkbox"/> Domestic Violence/Perpetrators	<input type="checkbox"/> Domestic Violence/Survivors	<input type="checkbox"/> Dual Diagnosis (MH/CH)	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Feeding Problems in Children
<input type="checkbox"/> Fetal Alcohol Syndrome	<input type="checkbox"/> Fibromyalgia Related Issues	<input type="checkbox"/> Forensic Evaluation	<input type="checkbox"/> Gambling Addiction	<input type="checkbox"/> Gay, Lesbian, Transgender, Bisexual Issues
<input type="checkbox"/> Grief and Loss Issues	<input type="checkbox"/> Hearing Impaired Behavioral Health	<input type="checkbox"/> HIV/AIDS Issues	<input type="checkbox"/> Impulse Control Disorder	<input type="checkbox"/> Medical Issues/Chronic Illness
<input type="checkbox"/> Medication Evaluation & Management	<input type="checkbox"/> Mute/Selective Mutism	<input type="checkbox"/> Nursing Home Evaluation	<input type="checkbox"/> Obsessive Compulsive Disorder	<input type="checkbox"/> Parents with Special Needs Children
<input type="checkbox"/> Personality Disorders	<input type="checkbox"/> Pervasive Developmental Disorders	<input type="checkbox"/> Post Traumatic Stress Disorder	<input type="checkbox"/> Postpartum Depression	<input type="checkbox"/> Pre-Bariatric Surgery Evaluation
<input type="checkbox"/> Psychotic Disorders	<input type="checkbox"/> Reproductive Health Related Issues	<input type="checkbox"/> Serious and Persistent Mental Illness	<input type="checkbox"/> Sexual Abuse Perpetrators Eval & Treatment	<input type="checkbox"/> Sexual Abuse Survivors Eval & Treatment
<input type="checkbox"/> Sexual Addiction/Compulsive Sexual Behavior	<input type="checkbox"/> Sexual and Gender Identity Disorders	<input type="checkbox"/> Sexual Dysfunction Issues	<input type="checkbox"/> Sleep Disorders	<input type="checkbox"/> Somatoform Disorder
<input type="checkbox"/> TIC Disorders	<input type="checkbox"/> Torture Victims	<input type="checkbox"/> Tourette's Syndrome	<input type="checkbox"/> Trichotillomania	
Select Mental Health/Chemical Health Therapy Types you use regularly				
<input type="checkbox"/> ADHD Therapy	<input type="checkbox"/> Biofeedback Therapy	<input type="checkbox"/> Chemical Health Assessments/Mobile	<input type="checkbox"/> Chemical Health Assessments/non-Rule 25	<input type="checkbox"/> Chemical Health Assessments/ Rule 25
<input type="checkbox"/> Cognitive - Behavioral Therapy	<input type="checkbox"/> Dialectical Behavior Therapy	<input type="checkbox"/> EMDR	<input type="checkbox"/> Faith-based Counseling	<input type="checkbox"/> Family Therapy
<input type="checkbox"/> Functional Family Therapy	<input type="checkbox"/> Hypnosis	<input type="checkbox"/> Integrative Medicine/ Mind Body	<input type="checkbox"/> Medication Management + Psychotherapy	<input type="checkbox"/> Mindfulness Therapy
<input type="checkbox"/> Narrative Therapy	<input type="checkbox"/> Neuropsychological Testing	<input type="checkbox"/> Play Therapy	<input type="checkbox"/> Psychodynamic Psychotherapy	<input type="checkbox"/> Psychological Testing
Select Culture/Language/Religions experience or competencies				
<input type="checkbox"/> African American Culture	<input type="checkbox"/> African Culture	<input type="checkbox"/> Bosnian Culture	<input type="checkbox"/> Cambodian Culture & Language	<input type="checkbox"/> Chinese Culture & Language
<input type="checkbox"/> East Indian Culture & Language	<input type="checkbox"/> Hispanic Culture	<input type="checkbox"/> Hmong Culture & Language	<input type="checkbox"/> Japanese Culture & Language	<input type="checkbox"/> Korean Culture & Language
<input type="checkbox"/> Laotian Culture & Language	<input type="checkbox"/> Middle Eastern Culture & Language	<input type="checkbox"/> Native American Culture	<input type="checkbox"/> Russian Culture & Language	<input type="checkbox"/> Somali Culture & Language
<input type="checkbox"/> Vietnamese Culture & Language	<input type="checkbox"/> Buddhist Counseling	<input type="checkbox"/> Christian Counseling	<input type="checkbox"/> Jewish Culture	<input type="checkbox"/> Muslim Culture

By submitting this form, I attest that I have accurately represented my areas of competence in a manner consistent with how I have represented my competencies to my licensing bodies.



Behavioral Health Clinic Services

This information can be updated on-line via the Provider Data Profile application on the secured Provider page at HealthPartners.com or the completed form can be emailed to ProviderData@HealthPartners.com.

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

Select Age Populations:

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

Select Expertise Areas:

<input type="checkbox"/> Abuse Survivors Group	<input type="checkbox"/> DBT Group - Adolescent
<input type="checkbox"/> Adult Rehab Mental Health Services	<input type="checkbox"/> DBT Group - Adult
<input type="checkbox"/> Anger Management Group - Adolescent	<input type="checkbox"/> Depression/Anxiety Group
<input type="checkbox"/> Anger Management Group - Adult	<input type="checkbox"/> Domestic Violence Group
<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 Inpatient Treatment Free Standing Facility	<input type="checkbox"/> Mental Health Inpatient Treatment Free Standing Facility
<input type="checkbox"/> Chemical Health Outpatient Treatment - Adolescent	<input type="checkbox"/> Mobile Crisis
<input type="checkbox"/> Chemical Health Outpatient Treatment - Adult	<input type="checkbox"/> Multidisciplinary Pain Programs
<input type="checkbox"/> Chemical Health Outpatient Treatment - Senior	<input type="checkbox"/> Opioid Treatment Program
<input type="checkbox"/> Chemical Health Outpatient Treatment w/Lodging	<input type="checkbox"/> Residential Chemical Health
<input type="checkbox"/> Children's Therapeutic Support Services	<input type="checkbox"/> Sex Offender Group