Fast Facts

Administrative

Provider directory verification

Regulations require providers and health plans to verify directory information.

HealthPartners provider compliance staff makes outreach calls, reviews websites, and accepts rosters to validate that our information about providers and their locations is correct.

We verify the following information for each practitioner who appears in directories:

- Practitioner names and their practice locations
- Location names
- Location addresses
- Phone numbers where members can call to make appointments to see the provider
- Hospital affiliations
- Office hours
- Provider website URLs, if available
- Whether the provider is accepting new patients at some or all locations

HealthPartners providers are expected to keep their information up to date by using the Provider Data Profiles application on our provider portal here: **healthpartners.com/provider**

You can also request a roster from us of your provider information that you can use to verify the information we have on file is accurate by emailing **providercompliance@healthpartners.com**.

Please note: if your group has a Delegation Agreement for Credentialing in place with HealthPartners, the files that are submitted to our Credentialing Services Bureau are considered our source of truth for your provider information that's used in directories.

Credentialing website

HealthPartners Provider Home Page has a site to answer many of your common credentialing questions. You can access this site through the HealthPartners website at **healthpartners.com/credentialing** *(Provider Portal/Credentialing and Enrollment).*

Submitting credentialing applications

VIA THE PROVIDER PORTAL OR APPLYSMART

All credentialing applications should be submitted through the provider portal or ApplySmart. **Applications that are emailed, faxed or sent to us by U.S. mail will be returned.**

Clinics can submit initial or recredentialing applications securely through the HealthPartners Provider Portal (no logon required) where they are automatically loaded into our system overnight. The online form can be used for applications for both HealthPartners health plan and HealthPartners hospitals.

Visit: healthpartners.com/credentialingsubmission

ApplySmart (aka CredentialSmart) is still our preferred method for health plan application submission and is required for MN clinics when submitting initial applications. If you do not have an ApplySmart account, **Get Started** now.

Checking the status of credentialing applications

Clinics should check the status of *initial* credentialing applications for HealthPartners health plan and dental plan through the HealthPartners Provider Portal (no logon required).

Visit: Credentialing application status (healthpartners.com)

Malpractice face sheets for credentialing

NEW REQUIREMENT

The National Committee on Quality Assurance (NCQA) credentialing standards requires the practitioner's name be on the malpractice face sheet or that a roster be submitted with the face sheet. Credentialing applications submitted with face sheets that do not have the practitioner's name or roster will be considered incomplete and cannot be processed.

If you have questions, please contact Marilee Forsberg at **marilee.j.forsberg@healthpartners.com**.

Cultural competency training and office accessibility

HealthPartners and all health plans are required to maintain accurate information in our provider directories including information regarding Cultural Competency Training for providers and whether provider locations are accessible for members with disabilities. Please take a moment to complete the **Questionnaire** included as part of this edition of Fast Facts. Instructions are on the form for returning the information to HealthPartners or send to **providercompliance@healthpartners.com**.

Administrative policy updates

Please read this list of new or revised HealthPartners administrative policies. **HealthPartners administrative policies** are available online at **healthpartners.com**. After clicking on the administrative policies link, scroll down the list to see the policies on the following:

- GA Modifier on Claim Submissions
- Interpreter Services

HealthPartners successfully implements single payer ID (*Final Notice*)

PAYER ID 94267

When submitting claims, remittance advices and eligibility data electronically, the most important piece of information is the payer ID. Utilizing the correct payer ID reduces the likelihood of encountering rejections or denials.

HealthPartners, located in Bloomington MN, is pleased to announce the successful implementation of a single payer ID **(94267)** for all hospital, medical, dental, claim status and eligibility transactions. HealthPartners worked closely with its **Approved Clearinghouses** to establish a single payer ID 94267 for our providers. Communication from our clearinghouses to impacted customers began in March to prepare for this change. You or your vendor should have received this communication and taken appropriate steps to accommodate the new payer ID.

WHAT TO EXPECT

- Payer ID 94267 will display on HealthPartners member ID cards after July 2023 as groups renew their contracts. All member cards will reflect the new payer ID by January 2024.
- Any claims that are currently submitted electronically will continue to route to HealthPartners and will NOT require reenrollment.
- Any *new* enrollments will need to be enrolled with payer ID 94267.

ACTION RECOMMENDED

Please review HealthPartners **Approved Clearinghouses** and update your system and procedures to utilize payer ID 94267 for **all** EDI transactions. You may not see your clearinghouse listed, however your vendor or clearinghouse most likely connects to them without your knowledge. If you do not see HealthPartners payer ID 94267 listed on your payer list, please contact your practice management system vendor or clearinghouse directly to ensure that appropriate steps are taken to avoid disruption and payment delays. If you have additional questions, please contact **provideredisupport@healthpartners.com**.

Provider survey reminder

HealthPartners mailed a short survey to a sample of psychiatrists, primary care and specialty physicians, as well as their office managers. The survey assesses satisfaction in two key areas where we continue to focus improvement activities – Continuity/Coordination of Care across care settings and experience with the Utilization Management process for services requiring prior authorization.

There's still time to complete the survey if you've received it and haven't returned it yet. Your feedback is important in helping us to identify potential areas of improvement.

Questions, please contact Kelsey Folin, Utilization Management, at **952-883-5768**.

Provider Portal username updates

We will soon be implementing a new sign-in experience on our website to enforce additional security controls. As a result of this change, our username policy has been updated and no longer allows certain special characters. We are reaching out via email to impacted users with portal accounts that contain special characters to request that they log in prior to July 1 to update their username.

If you receive this email, you may have questions:

Q: *Is this email legitimate? Is it actually from HealthPartners?*	**A:** With so many scams and fraud, it's a legitimate question. It's 100% HealthPartners and we appreciate you checking!
Q: *Why do I have to do this?*	**A:** Your username contains special characters that are no longer allowed. If you do not update the username by July 1st your account will be locked.
Q: *How do I update my username?*	**A:** Simply click the button/link in the email which will take you directly to the update my account screen.
	– OR –
	Navigate directly to Healthpartners.com/provider, log in and click on My Account to update your username.

Please provide your clinician information on race, language, ethnicity & cultural competencies

HELP SUPPORT DIVERSITY IN OUR COMMUNITY

We have a great opportunity to continue our partnership with you to serve our increasingly diverse members and community.

We're asking clinicians to share information with us, on a voluntary basis, about their race, ethnicity and specific cultural competencies to provide personalized care that members request. We will use this information to:

- Assist members requesting specific types of provider attributes from HealthPartners Nurse Navigators and Member Services staff.
- Display your race, ethnicity and cultural competencies in our online provider directory, with your permission.
- Ensure our provider network represents the diversity within our communities.

Providing this information is optional, but we hope clinicians in your practices will complete the online **Clinician Information for Diversity and Health Equity Form** to support our ethnically, racially and culturally diverse communities.

- For every form completed, HealthPartners will donate $1 in charitable donations to one of the following organizations to continue the advancement of provider diversity and health equity in our communities.
- **Diverse Medicine Inc.**
- **National Black Nurses Association**
- **National Hispanic Health Foundation**

Please share this link **Clinician Information for Diversity and Health Equity Form** with your clinicians so they can complete and submit it, and support the work of these organizations in increasing diversity in medical fields and supporting health equity in our communities. Thank you again for your partnership.

Medical Policy updates – 7/1/2023

MEDICAL, BEHAVIORAL HEALTH, DURABLE MEDICAL EQUIPMENT (DME) & MEDICAL DENTAL COVERAGE POLICY

Please read this list of new or revised HealthPartners coverage policies. **HealthPartners coverage policies** and related lists are available online at **healthpartners.com** *(Provider/Coverage Criteria).* Upon request, a paper version of revised and new policies can be mailed to clinic groups whose staff does not have Internet access. Providers may speak with a HealthPartners Medical Director if they have a question about a utilization management decision.

Coverage Policies	Comments / Changes
Sacroiliac joint pain treatment procedures	• Effective 7/1/23 policy criteria for repeat sacroiliac joint injections have been revised to allow up to 4 injections, per side, when policy criteria are met.

Genetic testing: dermatologic conditions	• Effective immediately:
	  ○ The criteria for the following genetic tests have been revised:
	    ▪ The minimum number of certain required genes in Congenital Ichthyosis multigene panels and Epidermolysis Bullosa multigene panels have been decreased.
	• See published policy online for details.

Genetic testing: non-invasive prenatal screening (NIPS)	• Effective immediately: ○ A Penta screen (hCG, msAFP, uE3, DIA, ITA) has been added to the Maternal Serum Screening (MSS) criteria section of the policy as a one-time-per-pregnancy test for aneuploidy. • See published policy online for details.
Genetic testing: kidney disorders	• Effective immediately: ○ Covered indications for coverage of Comprehensive Kidney Disease Panel have been expanded to include cystic renal disease and congenital nephropathy. Additionally, it is no longer required that member be considering a kidney transplant to meet criteria. • See published policy online for details.

Genetic testing: aortopathies and connective tissue disorders	• Effective immediately:
	  ○ Criteria for coverage of Loeys-Dietz Syndrome (LDS) Multigene Panel are updated to require at least two of the following:
	    ▪ Characteristic facial features, including widely spaced eyes and craniosynostosis; or
	    ▪ Bifid uvula or cleft palate; or
	    ▪ Tortuosity of the aorta and its branches; or
	    ▪ Aortic dilation and dissection; or
	    ▪ Joint hypermobility.
	  ○ Criteria for coverage of Familial Thoracic Aortic Aneurysm and Dissection (TAAD) Multigene Panel are updated to allow thoracic aneurysm as a covered indication.
	• See published policy online for details.

Coverage Policies	Comments / Changes
Genetic testing: cardiac disorders	• Effective immediately, policy revised as follows: ○ Criteria for coverage of Hypertrophic Cardiomyopathy (HCM) Panels will no longer require that non-genetic causes of HCM be ruled out. • See published policy online for details.

Genetic testing: oncology – circulating tumor DNA and circulating tumor cells (liquid biopsy)	• Effective immediately, policy revised as follows:
	  ○ Moved BRAF Variant Analysis via Circulating Tumor DNA away from being considered investigational to medically necessary when criteria are met for members with metastatic colorectal cancer, cutaneous melanoma, or pancreatic adenocarcinoma. Standalone BRAF variant analysis for advanced or metastatic non-small cell lung cancer is considered investigational.
	  ○ Moved KRAS Variant Analysis via Circulating Tumor DNA away from being considered investigational to medically necessary when criteria are met for members with metastatic colorectal cancer or pancreatic adenocarcinoma. Standalone KRAS variant analysis for advanced or metastatic non-small cell lung cancer is considered investigational.
	  ○ Added unresectable HR+/HER2-negative breast cancer as a covered indication for PIK3CA variant analysis via circulating tumor DNA.
	• Prior authorization is required.
	• See published policy online for details.

Prosthesis lower limb – Minnesota Health Care Programs	• Effective 5/1/2023 there is a new Prosthesis – Lower Limb policy which applies only to MHCP members and reflects coverage/criteria per the DHS provider manual.
Site of service – attended polysomnography for evaluation of obstructive sleep apnea (OSA)	• Effective immediately, policy revised. Covered indications have been updated to include members who are being evaluated for placement of a hypoglossal nerve stimulator when they have not had an attended polysomnography within the last two years.
Court-ordered care – mental health	• Effective immediately, policy retired.
Juvenile court ordered examination	• Effective immediately, policy retired.

Artificial intervertebral disc replacement	• Effective 9/1/2023:
	• Under cervical artificial intervertebral disc replacement indications that are not covered:
	  ○ Removed indication: The requested procedure includes implantation at more than two contiguous or non-contiguous cervical levels.
	  ○ Replaced with new indication: The requested procedure will result in a total of three or more cervical artificial discs implanted, inclusive of any previously placed cervical artificial discs.
	• Prior authorization is required.

Coverage Policies	Comments / Changes
Genetic testing: oncology – molecular analysis of solid tumors and hematologic malignancies (Commercial and MHCP versions)	• Effective immediately, Comprehensive Molecular Profiling Panel Tests criteria section simplified to read: 　o Comprehensive molecular profiling panels for hematologic malignancies and myeloid malignancy panels in bone marrow or peripheral blood are considered medically necessary when: 　　▪ The member has blood work (CBC) and bone marrow evaluation which are consistent with acute myeloid leukemia (AML); or 　　▪ The member has a newly diagnosed myelodysplastic syndrome; or 　　▪ The member has a suspected myelodysplastic syndrome and other causes of cytopenia(s) have been ruled out; or 　　▪ The member is suspected to have a myeloproliferative neoplasm; and 　　　• Comprehensive panel can be ordered as part of initial genetic evaluation, or after JAK2, CALR, and MPL analysis were previously performed and the results were negative; or 　　▪ The member has a diagnosis of chronic myelogenous leukemia, and 　　　• There has been progression to accelerated phase or blast phase; or 　　　• BCR-ABL1 kinase domain mutation analysis has been performed and the results were negative. • See published policy online for details.
Dental services – cone beam computed tomography (CBCT) scan for medically related dental services	• Effective 7/1/2023, policy retired. Prior authorization is no longer required for this service.
Airway clearance system/high frequency chest wall compression system	• Effective immediately, the following service has been added to this policy as non-covered/investigational: 　o Devices for administering oscillation and lung expansion (OLE) therapy (e.g., Volara System) in the home setting.
Investigational services – list of non-covered services	• Effective immediately, the following services have been added to this policy as non-covered/investigational: 　o External upper limb stimulation for treatment of essential tremor (e.g., Cala Trio device); 　o Intense pulsed light (IPL) therapy for treatment of meibomian gland dysfunction/dry eye disease. • Effective immediately, the following service has been removed from this policy and is now considered an appropriate treatment option in selected individuals to be used at the provider's discretion. Prior authorization is not required. 　o Minimally invasive Maze as a standalone procedure (i.e., off pump, without cardiac bypass, including the hybrid/convergent technique) for treatment of atrial fibrillation.

Coverage Policies	Comments / Changes
Hospital bed – Minnesota Health Care Programs	• Effective immediately, policy updated to reflect revisions to DHS Provider Manual. ○ The criterion stating that "Enclosed beds for recipients with awake caregivers 24 hours per day" are not covered has been amended to state that "Enclosed beds for members with one-on-one caregiver supervision 24 hours per day" are not covered.
Transcranial magnetic stimulation	• Effective immediately, policy updated to allow more than one repeat course of transcranial magnetic stimulation, when criteria are met. ○ See published policy online for details.

Gender confirmation surgery	• Effective 7/1/2023, the Gender confirmation surgery policy has been revised. The policy is now titled Surgical treatment of gender dysphoria. Additional revisions are as follows.
	  ○ Prior authorization is required for surgical procedures to alter the chest or genitalia for treatment of gender dysphoria.
	  ○ Prior authorization is not required for surgical procedures to alter secondary sex characteristics when provided specifically for treatment of gender dysphoria.
	  ○ Medical coverage criteria have been updated in accordance with the World Professional Association for Transgender Health Inc. (WPATH) Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People, Eighth Version.
	  ○ See published policy online for details.

Non-surgical treatment for gender dysphoria	• Effective 7/1/2023, the Non-surgical treatment for gender dysphoria policy has been updated to include coverage for electrolysis or laser hair removal services for the treatment of gender dysphoria for commercial members. Prior authorization is not required. • Please note, there is a new policy, non-surgical treatment for gender dysphoria – Minnesota Health Care Programs, which is applicable to MHCP members. For MHCP members, coverage information regarding electrolysis or laser hair removal services for the treatment of gender dysphoria can be found on the policy titled Gender-confirming surgery – Minnesota Health Care Programs. • See published policies online for details.

Contact the Medical Policy Intake line at **952-883-5724** for specific patient inquiries.

Pharmacy Medical Policy updates

COMMERCIAL UPDATES

Coverage Policies	Comments / Changes
Bevacizumab (Vegzelma)	Added to Bevacizumab Medical Policy, as a non-preferred product.
Botulinum toxins	Removed step therapy requirements of oral preparations and iontophoresis for hyperhidrosis.
Efanesoctocog (Altuviiio)	Added to Blood Factor Policy.
Hydroxyprogesterone (Makena)	Not covered due to FDA withdrawal from the market.
Pegcetacoplan (Syfovre)	Added a new medical policy.
Teplizumab (Tzield)	Added a new medical policy.
Ublituximab (Briumvi)	Added a new medical policy, with criteria similar to Ocrevus.
Velmanase (Lamzede)	Added a new medical policy.

POLICIES AND CONTACT INFORMATION

Quarterly Formulary updates and additional information such as Prior Authorization and Exception Forms, Specialty Pharmacy information, and Pharmacy and Therapeutics Committee policies are available at **healthpartners.com/provider/admin tools/pharmacy policies**, including the **Drug Formularies**.

Pharmacy Customer Service is available to providers (physicians and pharmacies) 24 hours per day and 365 days per year.

- Fax: **952-853-8700** or **1-888-883-5434**   Telephone: **952-883-5813** or **1-800-492-7259**

- HealthPartners Pharmacy Services, 8170 33rd Avenue South, PO Box 1309, Mpls, MN 55440

HealthPartners Customer Service is available from 8 AM - 6 PM Central Time, Monday through Friday, and 8 AM – 4 PM Saturday. After hours calls are answered by our Pharmacy Benefit Manager.

For additional information, please contact **healthpartnersclinicalpharmacy@healthpartners.com**.

Gender affirming health care services

In March 2023 Executive Order 23-03 was issued affirming that Minnesotans have the right to be free from discrimination, including discrimination on the basis of gender identity and gender expression. The Executive Order defines "Gender affirming health care services" as all medical, surgical, counseling, or referral services, including telehealth services, that an individual may receive to support and affirm that individual's gender identity or gender expression and that are legal under the laws of the State of Minnesota.

WHAT DOES THIS MEAN FOR PROVIDERS?

Health care providers may bill HealthPartners for medically necessary gender affirming health care services pursuant to Minn. Stat. 60A.03 Subdivision 2, 62A.02, and 62D.01 Subdivision 2(b). Some self-insured members may not have coverage for all gender affirming procedures. Coverage information can be found at **Coverage criteria policies** – search with keyword "gender."

Government Programs

All contracted managed care organization providers must enroll with Minnesota Health Care Programs (MHCP)

HEALTHPARTNERS CONTRACTED PROVIDERS MUST ENROLL WITH DHS IN ORDER TO PARTICIPATE IN OUR MHCP NETWORKS (FAMILIES AND CHILDREN, MSC+, MSHO AND SNBC)

The 21st Century Cures Act requires states to enroll all providers who are currently providing or wish to provide services to members enrolled in managed care.

Actively enrolled fee-for-service providers who also have an existing contract with a managed care organization will not need to go through the screening and enrollment process again.

Beginning July 17, 2023, DHS will start the screening and enrollment process for managed care only providers (those who don't participate as a fee-for-service provider with DHS).

Providers may register for training in preparation for enrollment here: ➡ **Minnesota Provider Screening and Enrollment (MPSE) portal training**

Refer to the enrollment process for contracted managed care organization (MCO) providers on the DHS website here: ➡ **Enroll with Minnesota Health Care Programs / Minnesota Department of Human Services (mn.gov)**

Stay up to date by subscribing to provider news from DHS here: ➡ **Minnesota Department of Human Services Subscribe**

Housing stabilization services

The Department of Human Services (DHS) has a new version of the Professional Statement of Need document that housing stabilization services providers and qualified professionals will need to use beginning July 17, 2023.

If a Professional Statement of Need assessment was completed on the old form before July 17, 2023, the assessment is still valid for up to 12 months and will be accepted as documentation when submitting **Housing Stabilization Eligibility Requests** to DHS.

For additional information on eligibility requests and the Professional Statement of Need, please review the information found on the DHS website at: **Housing Stabilization Services Eligibility Requests**.

Housing Stabilization providers can also email DHS if there are additional questions about the resources at: **dhshousingstabilization@state.mn.us**.

The new form is located on the DHS website at:

Professional Statement of Need (DHS-7122)

Medicaid: Resuming Medicaid eligibility redeterminations

GETTING MEMBERS READY FOR RENWALS

FOR MINNESOTA PROVIDERS

Currently, many people using Minnesota Medicaid for their health insurance are receiving notices that they need to submit proof of eligibility to keep their Medicaid coverage. These notices will go to a monthly cohort of Medicaid recipients determined by the Minnesota Department of Human Services (DHS) with people potentially losing coverage as soon as July 1, 2023, and the process ending May 31, 2024. As you can imagine, this will be a very large and disruptive process that will impact a population that already experiences disparities in health outcomes.

Our goal at HealthPartners is to ensure everyone currently on Medicaid retains some form of coverage at the end of the redetermination process.

- Either they keep Medicaid coverage if they're still eligible;
- They enroll in a qualified health plan via MNSure.org; or
- They move to an employer-sponsored health plan.

Ensuring people have health insurance coverage mitigates the risk of hospitals, clinics and pharmacies providing care that may be uncompensated. More information about impacts to providers can be found in the February issue of Minnesota Physician Publishing **Trouble Ahead: Medicaid disenrollments looms**.

HealthPartners has been preparing for this market disruption for more than a year and messaging to our members and patients. We've provided outreach via direct mail, translated materials, email messages, text messages, social media ads, materials in our clinics and hospitals, and recorded voice messages.

Patients trust their clinicians and pharmacists and often are interacting with clinics, pharmacies and hospitals that are close to home. We are asking that you boost the messaging about the resumption of Medicaid eligibility renewals to the patients, families and caregivers you interact with daily.

> **Ensuring people have health insurance coverage mitigates the risk of hospitals, clinics and pharmacies providing care that may be uncompensated.**

Please join us in amplifying the following messages to our shared member-patients.

- Awareness. Medicaid renewals are coming.
- Ask them if their address, phone number and email address are up to date so the paperwork can be sent to the correct location and is not lost in the mail.
- Remind them to watch their mail for renewal paperwork.
- Ask them to fill out any forms and return them quickly.
- Encourage them to ask for help. There are many navigator and assistor organizations around the state that can help. A list can be found at **MNSURE Navigator Network**. *(mnsure.org/help/find-assister/find-navigator.jsp)*

Posters, flyers, scripting and letter templates provided by DHS can be modified and used in your clinic, pharmacy and/or hospital locations at **MDH Renew My Coverage Communications Toolkit**. *(mn.gov/dhs/renewmycoverage/communications-toolkits/)* Please use these materials to help us spread the word and keep members of our community covered!

If HealthPartners members have any questions, we are here to help. Please direct them to call us at the phone number on the back of their Member ID card.

Thank you for your partnership in this effort!

Control Your Diabetes for Life Toolkit

DIABETES RESOURCE FOR HEALTH EDUCATORS

ABOUT THE TOOLKIT

The toolkit includes instructional sheets on 26 self-care topics, a patient action plan for setting goals, and a one-page self-care checklist.

WHO SHOULD USE THE TOOLKIT?

The **Control Your Diabetes for Life Toolkit** is designed for anyone willing to guide a patient through the material. This includes health care providers, health educators, case managers, health coaches, community health workers, interpreters, patient advocates and family members.

Health educators can use this toolkit to help people with pre-existing diabetes manage their diabetes and enjoy life.

TOPICS INCLUDED IN THE TOOLKIT

- Information: What is diabetes, insulin, blood sugar, A1C, a carbohydrate, blood pressure, cholesterol, heart disease and stroke.

- Lifestyle change: Be active, eating and preparing healthy foods, getting help when you are down and more.

- Self-care: Take care of your heart, check your blood sugar, take your medicines, get your eyes checked, check your blood pressure and more.

ALSO INCLUDED

10 SIMPLE STEPS, designed as a separate handout, outlines steps to take for enjoying a healthy life with diabetes.

DOWNLOAD THE CONTROL YOUR DIABETES FOR LIFE TOOLKIT TODAY

Visit the Minnesota Department of Health website.

Control Your Diabetes for Life Toolkit

(health.state.mn.us/diseases/diabetes/manage/resources.html)

Look for the link *Download the Control Your Diabetes for Life Educator Toolkit*, click, provide your contact information, and describe how you plan to use the toolkit. Once you've completed the form, you will be directed to a drop box where you can download the entire toolkit (including the instructions), the 10 Simple Steps handout, and the individual files for the 26 topics.

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**.

Fast Facts Editor: Mary Jones

![HealthPartners logo]

Provider Directory Cultural Competency and
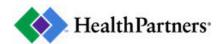# ADA Accessibility Questionnaire

Purpose:

Managed Care Federal Regulations require providers to confirm their cultural competency training and office accessibility for people with disabilities.

Instructions:

Please complete this form for each office location and submit the completed form to **compliance@healthpartners.com** or fax the form back to **952-853-8708**.

If you have any questions regarding completing this form, call **844-732-3537**.

Clinic/Facility Name_____

Office Location Address_____

City_____State_____Zip Code_____

NPI Number(s)_____

Clinic/Facility/Sole Practitioner Website URL_____

Clinic/Facility/Sole Practitioner Phone Number (including area code)_____

Is your office accepting new patients?   Yes ☐   No ☐

Cultural Competency:

Cultural and linguistic competence is the ability of managed care organizations and the providers within their network to provide care to recipients with diverse values, beliefs and behaviors, and to tailor the delivery of care to meet recipients' social, cultural and linguistic needs. The ultimate goal is a health care delivery system and workforce that can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, language proficiency, literacy, age, gender, sexual orientation, disability, religion or socioeconomic status.

Has office staff completed cultural competency training in the past 12 months?

Yes ☐   Type of training _____

          Month/Year completed _____

No ☐

HealthPartners®

Cultural Capabilities:

Cultural capabilities include cultural awareness, cultural safety and cultural competence offered by health care providers to better adapt and serve members' backgrounds, values, and beliefs to meet social, cultural, and language needs.

Do any staff in your office possess the following cultural capabilities (select all that apply)?

Cultural Awareness ☐

Please Describe _____

Cultural Safety ☐

Please Describe_____

Cultural Competence ☐ (check box if you answered Yes to Cultural Competency Training)

Please Describe_____

Accessibility:

Home Health, Home and Community Based Services (HCBS), Nursing Homes, Personal Care Assistance (PCA), and Transportation providers do not need to complete this section.

The Americans with Disabilities Act (ADA) requires public accommodations to take steps to ensure that persons with disabilities have equal access to their goods and services. For example, the ADA requires public accommodations to make reasonable changes in their policies, practices and procedures; to provide communication aids and services; and to remove physical barriers to access when it is readily achievable to do so. Visit **www.ada.gov.**

Is your office, including parking, entry ways, and other relevant space, accessible for people with disabilities?   Yes ☐   No ☐

Are your office exam rooms accessible for people with disabilities?   Yes ☐   No ☐

Does your office have equipment accessible for people with disabilities?   Yes ☐   No ☐

Please provide a contact name and phone number in case there are questions regarding your responses to this questionnaire:

_____   _____

Print Name   Phone Number

_____   _____

Signature   Date