HealthPartners

Last Updated: 6/2/2015

Contracting Provider Information Document for Facilities

Provider Group Legal Name (Contracting Entity):
(As reported on W-9)

Doing business as (dba):

Contracting Entity/Admin Street Address:

Contracting Entity/Admin City/State/Zip:

Contracting Entity Tax ID #:

Do you have electronic medical records? ☐ Yes ☐ No

JCAHO Accredited? ☐ Yes ☐ No Effective Date: End Date:

Bed Count title 18 *(for Medicare Certified hospitals and skilled nursing facilities)* :

MN Care Tax Do you increase your billed charges by 2% to accommodate MN Care Tax? ☐ Yes ☐ No

Is your practice MN Care Tax exempt? ☐ Yes ☐ No

Claims will be submitted: ☐ on paper ☐ electronically

Facility Site 1 Legal Name:

Facility Site 1 Marketing Name:

Facility Physical Address:

City/State/Zip:

Is the mailing address for this site the same as the Facility address? ☐ Yes ☐ No If not, please list:

Facility Phone Number: Facility Fax Number:

Tax ID *(If different than Contracting Entity)* : Billing NPI:

Is the remit/payment address for this site the same as the Facility address? ☐ Yes ☐ No If not, please list:

Remit Contact Name: Phone #: Fax #:

Is the referral/authorization address for this site the same as the Facility address? ☐ Yes ☐ No If not, please list:

Referral/Auth Contact Name: Phone #: Fax #:

Medicare Certification #: Effective Date: End Date:

CLIA Certification number (Lab): Effective Date: End Date:

Medical Assistance (DHS) # (*MN only*):

Does this site have an urgent care department that bills with urgent care place of service? ☐ No ☐ Yes If yes, please list hours of operation:

Facility Site 2 Legal Name:

Facility Site 2 Marketing Name:

Facility Physical Address:

City/State/Zip:

Is the mailing address for this site the same as the Facility address? ☐ Yes ☐ No If not, please list:

Facility Phone Number: Facility Fax Number:

Tax ID (If different than Contracting Entity): Billing NPI:

Is the remit/payment address for this site the same as the Facility address? ☐ Yes ☐ No If not, please list:

Remit Contact Name: Phone #: Fax #:

Is the referral/authorization address for this site the same as the Facility address? ☐ Yes ☐ No If not, please list:

Referral/Auth Contact Name: Phone #: Fax #:

Medicare Certification #: Effective Date: End Date:

CLIA Certification # (Lab): Effective Date: End Date:

Medical Assistance (DHS) number, *MN only*): Effective Date: End Date:

Does this site have an urgent care department that bills with urgent care place of service? ☐ No ☐ Yes If yes, please list hours of operation:

If there are more than 2 sites please make copies of this page and complete as necessary.

Please indicate the person responsible for the appropriate roles at your clinic. (Please note: The same person may be listed for multiple roles and not all roles may apply to your organization.) All individuals listed below will receive Fast Facts (our bi-monthly publication about policies, mandates, and announcements).

Please fax this sheet to (952) 853-8848 or mail to:

HealthPartners
P.O. Box 1309
Mail Stop 21108J
Bloomington, MN 55440-1309

Role	Definition
Primary Contact ** required **	Person designated to negotiate and manage the provider contracting relationship with HP. **Main contact for day-to-day issues.** Receives all communications from HPI including payment and/or incentive programs when applicable.
Contract Administrator	Additional individual(s) designated to negotiate and manage the provider contracting relationship with HP. Main contact for day-to-day issues.
Site Operations Contact	Main contact for day-to-day **patient care** and **clinical operations issues.**

Role	Definition
Claims & Billing Contact ** required **	Main contact for day-to-day **billing** and other **business office operations issues.**
Referral Contact	Main contact for **referral** questions and concerns.

Name of Organization: ____

** At a minimum, please provide information for the required roles: Primary Contact and Claims & Billing Contact**

Name & Address	Email & Phone	Roles
		☐ Primary Contact ☐ Claims & Billing Contact ☐ Contract Administrator ☐ Referral Contact ☐ Site Operations Contact

Name & Address	Email & Phone	Roles
		☐ Primary Contact ☐ Claims & Billing Contact ☐ Contract Administrator ☐ Referral Contact ☐ Site Operations Contact

Name & Address	Email & Phone	Roles
		☐ Primary Contact ☐ Claims & Billing Contact ☐ Contract Administrator ☐ Referral Contact ☐ Site Operations Contact

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