Network Provider Information Form (PIF)

Note: If you are NOT currently contracted **or** to register for the purpose of claims payment, complete the Non-Network Provider Information Form found on our website at www.hennepinhealth.org.

Submit completed forms and any questions via email to hhnetworkmanagement@hennepin.us. **Remember to also include your W-9.** Allow 30 business days from date of receipt for this information to be processed.

BUSINESS INFORMATION	
Legal Business Name *(as appears on W-9)*	
DBA Name	**Website Address**
Federal Tax ID	**NPI/UMPI**
Enrolled as an MHCP Provider ☐ Yes ☐ No	**Business License #**

ELECTRONIC CLEARINGHOUSE INFORMATION

Hennepin Health accepts electronic claims submission and sends remittance advices through multiple Clearinghouses. If you are not already registered with a clearinghouse, please contact one of our participating partners found in the Clearinghouses section of our website.

Please complete the following regarding your claim submissions and remittance advices:

Electronic Claims Submission Type ☐ **837I** ☐ **837P**		**Remittance Advice (835)**	
Availity	☐	Availity	☐
Change Healthcare/Optum (legacy RelayHealth)	☐	Change Healthcare/Optum (legacy RelayHealth)	☐
Health EC via Minnesota E-Connect	☐	Health EC via Minnesota E-Connect	☐
Office Ally	☐	Office Ally	☐
Smart Data Solutions (legacy ClaimLynx)	☐	Smart Data Solutions (legacy ClaimLynx)	☐
Other:	☐	Other:	☐

LOCATION INFORMATION			
Address	**City**	**State**	**Zip Code**
Primary Phone	**Appointment Phone**		
After Hours Phone	**Fax**	**TDD**	

ACCESSIBILITY INFORMATION

Please specify your days/hours of operation *(e.g., M-F 8 a.m. - 5 p.m., Sat 8 a.m. - 1 p.m., Sun closed)*

Publish location in directory? ☐ Yes ☐ No **Accepting new patients?** ☐ Yes ☐ No

Please list all hospital affiliations for this location

Please specify all languages spoken at this location

Service accessibility information:

1. Does the organization provide Cultural Competency training? ☐ Yes ☐ No
2. Do you offer flexible appointment hours at this location? ☐ Yes ☐ No
3. Is this location wheelchair accessible? ☐ Yes ☐ No
4. Is transfer assistance available? ☐ Yes ☐ No
5. Are private waiting areas available? ☐ Yes ☐ No
6. What is the approximate distance from this location to public transportation?
    a. 1 to 2 blocks ☐
    b. 3 to 5 blocks (1/4 mile) ☐
    c. 6 to 8 blocks (1/2 mile) ☐
    d. 9 to 10 blocks (3/4 mile) ☐
    e. 11-13 blocks (1 mile) ☐
    f. More than 2 miles to public transportation ☐
7. Is the exam room large enough for patient and additional person; including space for assistive equipment? ☐ Yes ☐ No
8. Is the exam room equipped with a chair scale available to persons with disabilities? ☐ Yes ☐ No

Please check the box if you have additional locations ☐
Visit www.hennepinhealth.org to access the provider location roster.

OWNER INFORMATION

Last Name	**First**	**MI**

Contact Information: *(email, phone, address)*

DOB (MM/DD/YYYY)	**Social Security #**

PRACTITIONER INFORMATION

Providers and Practitioners must be enrolled as an MHCP provider with Minnesota DHS prior to being enrolled with Hennepin Health. Claims will be denied for all non-enrolled providers.

Please provide practitioner information for those seeing Hennepin Health members. For multiple providers, please complete the Practitioner Roster.

Provider #1

Last name	**First name**	**Middle initial**	**Title**
DOB (MM/DD/YYYY)	**Individual NPI**	**SSN**	
Specialty	**State license #**		

Provider #2

Last name	**First name**	**Middle initial**	**Title**
DOB (MM/DD/YYYY)	**Individual NPI**	**SSN**	
Specialty	**State license #**		

CONTACT INFORMATION

Correspondence Mailing Street Address ☐ *Same as location address*	**City**	**State**	**Zip Code**
Person Completing Forms: *(name, email, phone)*		**Date Submitted**	

Please note: Following review of this form and your W-9, additional information may be requested.

Hennepin Health

Location name & address: _____

HEALTH SERVICES CHECKLIST

Please check all that apply and complete one form for each location

Cultural and Language specific services	Direct Services	Interpreter Services	Mental Health	Chemical SUD
Afghan				
African American/Black				
American Indian or Alaskan Native				
Asian				
Hispanic/Latinx				
Hmong				
Karen				
LGBTQIA2S+				
North African				
Ukrainian				
Other:				

Substance Use Disorder Services	
Addiction medicine counseling	
Comprehensive assessment/evaluation	
Methadone treatment: Outpatient	
Peer recovery	
Residential non-hospital treatment	
Substance use disorder: Inpatient	
Substance use disorder: Outpatient	
Withdrawal management	
Other:	

LGBTQIA2S+ Services	
Affirmative cognitive behavioral therapy	
Gender affirmation services	
Gender affirmation treatment	
Gender identity	
Sexual health	
Other:	

Mental Health Services	
ARMHS (Adult rehabilitative mental health)	
Case management	
Comprehensive assessment/evaluation	
IRTS (Intensive residential treatment)	
Mental health treatment: Inpatient	
Mental health treatment: Outpatient	
Peer support	
Psychological testing	
Psychotherapy	
Targeted case management	
Other:	

Specialty Services	
Care guided services	
Telehealth	
Unhoused/transitional counseling	
Other:	

Hennepin Health

Family and Children Services			
Pregnancy and childbirth		**Pediatrics to young adult**	
Birthing centers		Children's chemical dependency	
Car seat education		Comprehensive assessment	
Doula		CTSS (Children's therapeutic services/supports)	
Family planning services		EIDBI	
Genetic testing, genetic counseling or genomic test evaluations		IRMHS (Intensive rehabilitative mental health services)	
Infertility education, counseling, treatment		Pediatric, aged 0-5	
Lactation consultation		Pediatric, aged 6-12	
Midwifery		Pediatric, aged 13-17	
Post-partum depression		Targeted case management	
Other:		Other:	

Therapies			
Anxiety disorders		EMDR	
Biofeedback		Marriage and family topics	
Chronic pain/pain management		PTSD	
Depression		Sexual abuse evaluation/treatment	
Domestic violence		Stress-related conditions	
DBT		Other:	
Eating disorders			

Auxiliary Aids and Language Services			
Auxiliary Aids		**Language Services**	
Braille		ASL Translators	
Communication Board		Bilingual Staff	
Cued-speech Interpreter		Mobile Applications	
Large Print or Font		Onsite Interpreters	
Magnifier		Phone Language Lines	
Qualified Notetaker		Video Links	
Qualified Reader or Oral Interpreter		Choose not to disclose	
Qualified Speech-to-Speech Transliterator			
Sign Language Interpreter			
Choose not to disclose			