Non-Network Provider Information Form (PIF)

Note: If you are currently contracted **or** requesting to contract, complete the 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**
Owner Name(s)	**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 claims 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	**Fax Phone**		

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 #**		

OWNER INFORMATION

Last Name	**First**	**MI**
Contact Information: *(name, email, phone)*		
DOB (MM/DD/YYYY)	**Social Security #**	

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

Legal business name: _____ **Tax ID**: _____ **NPI**: _____

Location name & address: _____

HEALTH SERVICES CHECKLIST

Please check all that apply

*** Please complete one form for each location***

Cultural and language specific services	Direct services	Interpreter services
Afghan		
African American/Black		
Asian American/Pacific Islander		
Hispanic/Latinx		
Hmong		
Karen		
Indigenous		
LGBTQIA2S+		
Somali		
Ukrainian		
Other:		

Culturally specific services	Mental health	Chemical-SUD
Afghan		
African American/Black		
Asian American/Pacific Islander		
Hispanic/Latinx		
Hmong		
Karen		
Indigenous		
LGBTQIA2S+		
Somali		
Ukrainian		
Other:		

Substance use disorder services	
Addiction medicine counseling	
Comprehensive assessment/evaluation	
Methadone treatment: Outpatient	
Peer recovery	
Recovery community organization	
Residential non-hospital treatment	
Substance use disorder: Inpatient	
Substance use disorder: Outpatient	
Withdrawal management	
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:	

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

Specialty services	
Care guided services	
Housing consultants (HCBS provider)	
Housing transition/sustaining (HCBS provider)	
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		Children's residential treatment	
Doula		Comprehensive assessment	
Family planning services		CTSS (Children's therapeutic services/supports)	
Genetic testing, genetic counseling or genomic test evaluations		EIDBI (Early Intensive Developmental and Behavioral Intervention)	
Infertility education, counseling or treatment		IRMHS (Intensive rehabilitative mental health services)	
Lactation consultation		Pediatric, aged 0-5	
Midwifery		Pediatric, aged 6-12	
Post-partum depression		Pediatric, aged 13-17	
Other:		Targeted case management	
		Other:	

Therapies			
Anxiety disorders & stress management Therapies		EMDR (Eye movement desensitization & reprocessing)	
Biofeedback		Marriage and family topics	
Chronic pain/pain management		PTSD (Post-traumatic stress disorder)	
Depression		Sexual abuse evaluation/treatment	
Domestic violence		Stress-related conditions	
DBT (Dialectical behavioral therapy)		Other:	
Eating disorders			