

Fast Facts

DECEMBER PROVIDER PORTAL SPECIAL EDITION 2022

Tips & Tricks for Providers from HealthPartners Provider e-Services

Provider resources

Online provider resources, tools, and tips to help you to get the information and answers you need in a jiffy.

Whether you've never signed in before, or if you use it every day, the [Provider Portal](#) has easy-to-use applications and some hidden gems to save you time. Save this reference for later to help you avoid long wait times on the phone.

Find member eligibility and benefits

The Eligibility Inquiry application allows you to find additional online benefit descriptions, benefit limits, remaining visits and much more. Here are a few key tips for getting the most detailed answers.

USE DETAILED SEARCHES

The more you put in, the more you get out. **By including your provider/org name, practitioner, and specific dates** your eligibility and benefit results will accurately display **network status** (In Network) and the appropriate benefit tier.

Remaining patient responsibilities determined as of 11/24/2021 at 01:29 PM

Deductible	Out-of-pocket
No deductibles found	No out-of-pocket found
<p>● Indicates more benefit information is available</p> <p>In Network <i>Benefit grid returns in Network and benefit level/tier</i></p>	
Benefit name	Level 1
Individual OOP Max	\$2500.00
Family OOP Max	\$4500.00

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We're here for you!

Visit the [Contact us](#) page to find the right contact for different topics.

HOVER FOR EXPLANATIONS

Any time you see data underlined you can hover on that word for more detail.

Office Visit - Well Care	Out-of-pocket applies for this service
Virtual Office Visit	\$20.00
Urgent Care	\$40.00

Symbol key	
D	Deductible applies for this service
O	Out-of-pocket applies for this service
CY	Totals are based on calendar year accumulation
PY	Totals are based on plan year accumulation
N/A	Benefit is not applicable for this level
i	More information is available for this level by clicking on the info icon

- Deductible/out-of-pocket amounts and when they apply to a benefit.
- These symbols provide more contextual information regarding accumulators.

CLICK FOR MORE INFORMATION

Look for the information icon **i** next to a benefit for more detail.

Chiropractic	10%	<u>D</u> <u>O</u> i
Acupuncture	10%	<u>D</u> <u>O</u>
Physical Therapy - Office	10%	<u>D</u> <u>O</u> i
Physical Therapy - Outpatient	10%	<u>D</u> <u>O</u> i
Occupational Therapy	10%	<u>D</u> <u>O</u> i

Benefit	Coverage	Symbol
Routine (preventive) Dental	Full Coverage	i
Bitewing X-Ray Limit	1 Visits	CY i
Routine Fluoride Limit	1 Visits	CY i

Additional Benefit Information

Chiropractic:
In Network Level 1
Chiropractic Visit Limit 25 Visits
Chiropractic Remaining Visits 25 Visits

[Close](#)

Additional Benefit Information

Routine Fluoride Limit
In Network Level 1
Routine Fluoride Limit 1 Visits
Routine Fluoride Remaining Limit 1 Visit

[Close](#)

IN THE COVERAGE OVERVIEW

View member card – see an image of the member’s insurance card.

[View member card - 3502](#)



IN THE COVERAGE DETAILS SECTION

Look for these additional links:

- [View policyholder information](#)
- [View additional benefits](#)
- [View coverage criteria](#)

View policyholder information – shows who the policyholder is for this coverage.

View additional benefits – provides more specific details on benefits like therapy visit limitations, dental service details, DME coverage and limitations.

Select service type

- Acupuncture
- Administrative
- Ambulance and Medical Transportation
- Autism Services
- Benefits Chart Definitions
- Chiropractic Services
- Clinical Trials
- Covid-19 Otc Tests
- Definitions of Terms Used
- Dental Services - Accidental Dental Services
- Dental Services - Medical Complications of Dental Care
- Dental Services - Medically Necessary Hospitalization and Anesthesia for Dental Care
- Dental Services - Medically Necessary Outpatient Dental Services
- Dental Services - Oral Surgery
- Dental Services - Orthognathic Surgery Benefit
- Dental Services - Preventive Dental Services
- Dental Services - Treatment of Cleft Lip and Cleft Palate of a Dependent Child
- Dental Services - Treatment of TMD and CMD
- Diabetic Equipment and Supplies
- Diagnostic Imaging Services
- Durable Medical Equipment, Prosthetics, Orthotics and Supplies**
- Emergency and Urgently Needed Care Services
- Gene Therapy
- Health Education
- Home Health Services
- Home Hospice Services

- Infertility/Fertility Services
- Inpatient Hospital Services
- Laboratory Services
- Mastectomy Reconstruction Benefit
- Medication Therapy Disease Management Program
- Mental Health Services - Inpatient Services
- Mental Health Services - Outpatient Services
- Office Visits for Illness or Injury

	Network Benefits	Non-Network Benefits
Deductible	Individual Calendar Year Deductible - None. Family Calendar Year Deductible - None.	The Plan has an embedded deductible. This means once a Covered Person meets the individual deductible, the Plan begins paying benefits for that person. If two or more members of the family meet the family deductible, the Plan begins paying benefits for all members of the family, regardless of whether each Covered Person has met the individual deductible. However, a Covered Person may not contribute more than the individual deductible toward the family deductible.
Coverage Level	Special dietary treatment for phenylketonuria (PKU) if it meets the Medical Coverage Criteria - 80% of the charges incurred. Oral amino acid based elemental formula if it meets the Medical Coverage Criteria - 80% of the charges incurred.	All other durable medical equipment, prosthetics, orthotics and supplies - 80% of the charges incurred.
Limitation	Coverage of durable medical equipment is limited by the following: - Payment will not exceed the cost of an alternate piece of equipment or service that is effective and medically necessary. - Hair prostheses (wigs) for hair loss resulting from alopecia areata are subject to \$300 maximum benefit per calendar year. - Hair prostheses (wigs), other than hair prostheses (wigs) for hair loss resulting from alopecia areata and and appliances for cleft lip and cleft palate, payment will not exceed the cost of an alternate piece of equipment or service that is effective, medically necessary and suitable. Covered Persons to conduct standard activities of daily living. - The Plan reserves the right to discontinue if an item will be approved for rental or purchase. - Durable medical equipment and supplies must be obtained from or required by approved vendors. - Covered Services and supplies are based on established medical policies which are subject to periodic review and modification by the medical directors. The Medical Coverage Criteria are available by calling Member Services, or logging on to your myHealthPartners account at healthpartners.com.	
Out-Of-Pocket	Individual Calendar Year Out-of-Pocket Limit - \$0,000. Family Calendar Year Out-of-Pocket Limit - \$0,000. The out-of-pocket limits under the Network Benefits and the Non-Network Benefits are combined. Non-Network Benefits for transplant surgery do not apply to the out-of-pocket limit and will not be paid if 100% care the out-of-pocket limit has been met. Non-Network Benefits show the usual and customary charge (see Benefits Chart Definitions - Charge) do not apply to the out-of-pocket limit.	

Plan provisions

Covered Services:

- The Plan covers equipment, supplies and services, as described below. Certain items are only covered if your condition meets the Medical Coverage Criteria. For more information on what the Plan covers and any prior authorization requirements, call Member Services or log on to your myHealthPartners account at healthpartners.com.
- Durable medical equipment, such as wheelchairs, ventilators, oxygen, oxygen equipment, continuous positive airway pressure (CPAP) devices, hospital beds, and related services.
- Prosthetics, including breast prostheses, artificial limbs and artificial eyes, and related supplies.
- Hair prostheses (wigs) for hair loss resulting from alopecia areata.
- Orthotics.
- Medical supplies, including splints, surgical stockings, casts and dressings.
- Parenteral feedings.
- Special dietary treatment for Phenylketonuria (PKU) and oral amino acid based elemental formula if it is recommended by a physician.

Care Type: Did you know Care Type displays on the member’s card and in eligibility results?



The member’s Care Type displayed in Coverage Details indicates their provider network.

Coverage details

Type of coverage	Medical	Relationship	Self
Group #	3502	Package code	SI471
Benefit record start date	01/01/2022	Benefit record end date	-
Coverage start date	01/01/2022	Coverage end date	-
Care type	Distinctions III		
Product	HP Distinctions Open Access SI Choice III		

Claims and payment tools

FIND EVERYTHING YOU NEED TO KNOW ABOUT CLAIMS AND PAYMENTS

- **Remittance Inquiry/EOP/payment details** – Review the claims associated with your payment. Simply search by a check number or review payments associated with your facility. You can also opt in for email notifications when a new remittance is available.
- **Claims Status Inquiry** – See if your claims have been received and where processing stands, including codes to describe approved, denied and pending status.
- **Claims Estimator** – Get an accurate, real-time estimate for outpatient services using the member’s benefits and contracted rates to know how much the plan will cover and what the member will pay out of pocket. This is useful when eligibility is not specific enough for your specific needs.
- **Clear Claim Connect (C3)** – Review coding edits to determine appropriate codes to use before submitting a claim.
- **Fee Schedules** – Question regarding the reimbursement rate on your claim? You and your staff can log in to review professional fee schedules for State Public Programs and Medicare.
- **Electronic connections** – Addresses all your electronic data exchange needs.
 - **Clearinghouses and Payer ID:** Sending claims electronically to HealthPartners? See a list of approved clearinghouses and Payer IDs.
 - **Electronic Funds Transfers (EFT/ACH):** Want to get paid faster? Sign up for electronic payments.



Bookmark the [Claim Submission Quick Reference Guide](#). It has options for various types of claims submissions and corrections. When you’re ready to submit, use our easy online claim forms for [adjustments](#), [appeals](#), [attachments](#) and [correspondence](#).

Prior Authorization (PA) and Referrals

The one-stop *Authorizations and Referrals* application has everything you’d expect. Start here and check back to make sure your patients get the care they need.

- **Verify PA requirements** and **coverage criteria policies** (*available without signing in!*).
- **Find fillable PA request forms** (*available without signing in!*).
- Submit a **new PA request** and **check the status** of previous PA requests.
- Submit a referral.
- **Check the status of referrals made to you**, including details like services included, number of units approved, comments and more.

Help patients find you

Patients rely on website search tools to find care. More often, they're looking for information on location and specific services combined with clinicians' race, ethnicity, languages spoken and gender. Something as simple as an incorrect phone number can frustrate a patient. Finding a doctor is the number one reason our members use healthpartners.com. You can make sure they get the most current information about your practice and clinicians by updating your profiles online.

Provider Data Profiles – This application allows you to update your practice's details, add and update practitioners, specify clinicians' specialized training and experience, update location address, directions and even a link to your website. The information feeds directly into HealthPartners website and member directories. After you've made your updates online, save time and download a prefilled MN Uniform Change form to submit to other payers.

Identify patient-friendly services such as telemedicine, interpreter options, onsite imaging technology and other clinic services. By identifying the services your clinics and locations provide, HealthPartners members will be able to find your clinic under more search options on the HealthPartners online clinic search tool.



After you've made your updates online, save time and download a prefilled MN Uniform Change form to submit to other payers.

Don't miss these other time-saving tools

The Portal has many other common resources needed to do business with HealthPartners. Access information quickly and easily when it fits in your schedule.

- [Forms for providers](#)
- [Credentialing resources:](#)
 - [Submit credentialing application online](#)
 - [Credentialing inquiry to check the status of an application](#)
- Policy information
 - [Medicare policies](#)
 - [Administrative policies](#)
 - [Pharmacy policies](#)
 - [Medical claim policies](#)

Be cyber smart

We've seen an increase in cybercrime targeting healthcare. These scams attempt to access and exploit account information and can steal money, usernames and passwords to access accounts, or infect computer networks – damaging an organization's ability to provide care and services.

You can help protect information on the HealthPartners Provider Portal by:

- Keep your user ID and password confidential.
- Get your own account – never share accounts.
- Report any unusual activity or concerns with your account.
- Be vigilant with email. Watch for spam and phishing emails by asking: Who-What-Why, before clicking on links.
- Delegates – confirm user identification before resetting or reactivating accounts.

Don't have a Portal account yet?

IT'S QUICK & EASY TO REGISTER

Health care providers and billing organizations are welcome to use the Provider Portal. There are two ways for a provider group to [register for an account](#):

- Get instant access using a HealthPartners-issued check.
- Have a PIN code sent to you via US Mail.
- Billing organizations and third parties must establish an independent account for their organization and request access to their client's (your) data. It's very fast, secure and allows them to manage all their client's business without separate logins!
- Every individual must have their own account. **Sharing accounts is not allowed.**
- Using unique and accurate information to create your account, such as non-generic email addresses, will ensure your account is secure and that we can reach you with important communications about your account activity.
- HIPAA regulation, Data Privacy, Data breaches – it's all so complicated! Securing your organization's and our member's data is imperative! Let us help you and your administrator make it easier and more secure.

[Learn more](#)

Your organization only needs to register once. The first person to register is assigned delegate status to create and maintain accounts for other staff. If you see an application here that you want, contact your delegate to create or update your account.



For help checking if your organization is registered, use the [Delegate search](#) or review the [Registration FAQs](#).

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.

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