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# MN STATE PUBLIC PROGRAMS

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2024 Provider Resource Materials

## State Public Programs Product Information Index

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Link to [MSHO Training Manual - Model of Care](#)

## HealthPartners Families' and Children's Medicaid plans

The HealthPartners Minnesota Health Care Programs (MHCP) care plans provide care to recipients of Prepaid Medical Assistance Programs (PMAP), MinnesotaCare Programs (MNCare), and Minnesota Senior Care Plus (MSC+). HealthPartners Care members do not have a Primary Care Clinic designation with the exception of a restricted recipient. No referrals are needed for HealthPartners Care network healthcare providers, specialists and hospitals.

MHCP medical coverage policies apply and are found on the [Provider Portal](#).

### **MHCP plans service area**

MHCP service area varies by product. See specific service area under each product.

### **Prepaid Medical Assistance Programs (PMAP)**

The benefits are based on the Medical Assistance (MA) benefit packages. PMAP covers health care for the following people who have Medical Assistance:

- Children under the age of 21
- Parents and caretakers of a dependent child
- Pregnant women
- Certain low-income adults without a dependent child

HealthPartners service area for PMAP members includes: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Stearns, Washington, and Wright counties.

### **MinnesotaCare (MNCare)**

MinnesotaCare is a managed care plan for recipients who do not have access to affordable health care coverage. Some members may be required to pay a premium to the State.

HealthPartners service area for MNCare members includes: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Stearns, Washington, and Wright counties.

### **Minnesota Senior Care Plus (MSC+)**

MSC+ is for members age 65 or older who qualify for Medical Assistance. They may also have fee-for-service Medicare. The health care benefits are similar to PMAP coverage with the addition of Elderly Waiver Services and Nursing Facility services for those who are assessed as eligible for those services.

Some MSC+ members have a care coordinator. The care coordinator will perform an initial assessment of the member within 30 days of enrollment and annually thereafter. Following the assessment, the care coordinator will develop a personalized care plan. The care coordinator will support the member through different settings of care and update the member's care plan to accommodate the member's changing needs.

HealthPartners service area for MSC+ members includes: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Washington and Wright counties.

## HealthPartners Inspire (SNBC) plan

The HealthPartners Inspire (SNBC) Plan covers people with disabilities who are ages 18 through 64 and have Medical Assistance. Inspire members do not have a Primary Care Clinic designation with the exception of a restricted recipient. No referrals are needed for HealthPartners Care network healthcare providers, specialists and hospitals. Refer to Member Services for questions about benefits.

Each member has a care coordinator. The care coordinator will perform an initial assessment of the member within 30 days of enrollment and annually thereafter. The care coordinator will work with the member to develop a personalized care plan based on the member's needs. The care coordinator will support the member through different settings of care and update the member's care plan to accommodate the member's changing needs.

### **HealthPartners Inspire (SNBC) service area**

HealthPartners Inspire service area includes: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Washington, and Wright counties.

## HealthPartners Minnesota Senior Health Options (MSHO) plan

HealthPartners MSHO Plan covers health care services for people who are ages 65 and over, have Medical Assistance, and both Medicare Parts A and B. MSHO integrates primary, acute, and long-term care and Medicaid and Medicare services, including Part D, through managed care for seniors. HealthPartners MSHO coordinates Elderly Waiver services for members who meet eligibility criteria set forth by the Department of Human Services. The MSHO Plan is Primary Care Clinic-based and not all contracted providers will be in-network for these members. Referrals to specialty providers may be required.

MSHO benefits include all Medicare and Medicaid services including Elderly Waiver services as needed and nursing home care. Elderly Waiver services include assisted living, adult day care, home modifications, chore services, home delivered meals and others.

One of the most attractive benefits of the MSHO plan is each member has a care coordinator. The care coordinator will perform an initial assessment of the member within 30 days of enrollment and annually thereafter. Following the assessment, the care coordinator will develop a personalized care plan. The care coordinator will support the member through different settings of care and update the member's care plan to accommodate the member's changing needs.

### **HealthPartners MSHO plan service area**

HealthPartners MSHO plan's service area includes the following counties: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Washington and Wright.

### **Medicare prescription drug coverage (Part D drug coverage)**

HealthPartners MSHO Plan combines Medicare, Medicaid and Part D prescription drug coverage all in one plan. New for 2023, all HealthPartners MSHO members have a \$0 copay for all covered prescription drugs. HealthPartners is the only MSHO plan with \$0 drug costs.

In addition, HealthPartners MSHO Plan covers some other drug classes and over the counter medications that are not covered by Medicare. HealthPartners MSHO Plan benefits, list of covered drugs, pharmacies, and copays may change throughout the year and on January 1 of each year.

## MSHO supplemental benefits 2024

The MSHO plan provides comprehensive coverage for all seniors covered by Medicare and Medical Assistance. HealthPartners also offers supplemental benefits to MSHO members. These benefits may change each year. Please read about the supplemental benefits [HERE](#) for the full descriptions.

The MSHO [supplemental benefits](#) for 2024 are as follows:

### Dental

- Adult fluoride
- Second annual periodic exams
- Root canals on molars
- Porcelain crowns, up to \$2,500
- Electric toothbrush and 3 toothbrush replacement heads

### Health and wellness programs and items

- Activity Tracker
- Animatronic Support Pet (cat, dog, or bird)
- Health Education Classes
  - Juniper
  - PowerUp Cooking Class
- SilverSneakers® exercise program, where you can visit over 16,000 fitness locations, get online and video workouts, and attend nearby classes
- Tablet for members with diabetes, heart disease, depression or cognitive impairment
- Transportation to/from supplemental benefit-covered services and Alcoholics Anonymous or Narcotics Anonymous meetings
- Weight Management Program

### Other

- Family Caregiver Services
- First Aid Kit
- Foot Care Visits
- Fresh Produce Box (FarmboxRx)
- Home Delivery Meals
- In-home Bathroom Safety Devices and Installation
- Independent Living Skills (ILS)
- Night Light
- Pedaler
- Personal Emergency Response System (PERS) provided to members who do not qualify under elderly waiver for lifeline
- Pocket Hearing Amplifier
- Psychotherapy for Caregivers
- Respite Care
- Eyeglass Coatings and Progressive Lenses
- Transportation for Caregivers to Attend Covered Caregiver Support Services
- Virtuwell™

## Product names with group number and medical package codes

State Public Program Members	Group Number	Medical Package Code
MA Kids & Pregnant Women No Copay	4183	HP2
MA Adults with Copay	4183	HPC2
MA Adults No Copays	4183	HPD2
MA Adults Copay Max (0)	4183	HPC4
MA Adult Copay Max (1-11)	4183	HPC4D
MA Adult Copay Max (12-110)	4183	HPC4A
MA Adults - Medicaid Expansion with Copay	4183	HP25
MA Adults - Medicaid Expansion No Copay	4183	HP26
MA Adults - Medicaid Expansion Copay Max (0)	4183	HP27
MA Adult – Medicaid Expansion Copay Max (1-11)	4183	HP27D
MA Adults - Medicaid Expansion Copay Max (12-110)	4183	HP27A
MA Adult <65 FFS Medicare (AB) with Copay	4183	HPMC2
MA Adult <65 FFS Medicare (AB) No Copay	4183	HPM2
MA Adult <65 FFS Medicare (AB) Copay Max (0)	4183	HPMC4
MA Adult <65 FFS Medicare (AB) Copay Max (1-11)	4183	HMC4D
MA Adult <65 FFS Medicare (AB) Copay Max (12-110)	4183	HMC4A
MA < 65 with FFS Medicare (A no B) with Copay	4183	HPMC6
MA < 65 with FFS Medicare (A no B) No Copay	4183	HPM2A
MA < 65 with FFS Medicare (A no B) with Copay Max (0)	4183	HPMC7
MA < 65 with FFS Medicare (A no B) with Copay Max (1-11)	4183	HMC4F
MA < 65 with FFS Medicare (A no B) with Copay Max (12-110)	4183	HMC4E
<b>MSC+ NHC (Medicare AB) with Copay</b>		
MSC+ NHC (Medicare AB) with Copay	4184	GSP01
MSC+ NHC (Medicare AB) Copays Max (0)	4184	GSP16
MSC+NHC (Medicare AB) Copays Max (1-11)	4184	GSP50
MSC+ NHC (Medicare AB) Copays Max (12-110)	4184	GSP26
MSC+ Institutional (Medicare AB) No copay	4184	GSP03
MSC+ Non-NHC (Medicare AB) with Copay	4184	GSP02
MSC+ Non-NHC (Medicare AB) Copays Max (0)	4184	GSP17
MSC+ Non-NHC (Medicare AB) Copays Max (1-11)	4184	GSP51
MSC+ Non-NHC (Medicare AB) Copays Max (12-110)	4184	GSP29
<b>MSC+ NHC (Medicare B no A) with Copay</b>		
MSC+ NHC (Medicare B no A) with Copay	4186	GSP04
MSC+ NHC (Medicare B no A) Copays Max (0)	4186	GSP18
MSC+ NHC (Medicare B no A) Copays Max (1-11)	4186	GSP52
MSC+ NHC (Medicare B no A) Copays Max (12-110)	4186	GSP32
MSC+ Institutional (Medicare B no A) No Copay	4186	GSP06
MSC+ Non-NHC (Medicare B no A) with Copay	4186	GSP05
MSC+ Non-NHC (Medicare B no A) Copays Max (0)	4186	GSP19
MSC+ Non-NHC (Medicare B no A) Copays Max (1-11)	4186	GSP53
MSC+ Non-NHC (Medicare B no A) Copays Max (12-110)	4186	GSP35

State Public Program Members	Group Number	Medical Package Code
MSC+ NHC (Medicare A no B) with Copay	4187	GSP07
MSC+ NHC (Medicare A no B) Copays Max (0)	4187	GSP20
MSC+ NHC (Medicare A no B) Copays Max (1-11)	4187	GSP54
MSC+ NHC (Medicare A no B) Copays Max (12-110)	4187	GSP38
MSC+ Institutional (Medicare A no B) No Copay	4187	GSP09
MSC+ Non-NHC (Medicare A no B) with copay	4187	GSP08
MSC+ Non-NHC (Medicare A no B) Copays Max (0)	4187	GSP21
MSC+ Non-NHC (Medicare A no B) Copays Max (1-11)	4187	GSP55
MSC+ Non-NHC (Medicare A no B) Copays Max (12-110)	4187	GSP41
MSC+ NHC (No Medicare) with Copay	4188	GSP10
MSC+ NHC (No Medicare) Copays Max (0)	4188	GSP22
MSC+ NHC (No Medicare) Copays Max (1-11)	4188	GSP56
MSC+ NHC (No Medicare) Copays Max (12-110)	4188	GSP44
MSC+ Institutional (No Medicare) No Copay	4188	GSP12
MSC+ Non-NHC (No Medicare) with Copay	4188	GSP11
MSC+ Non-NHC (No Medicare) Copays Max (0)	4188	GSP23
MSC+ Non-NHC (No Medicare) Copays Max (1-11)	4188	GSP57
MSC+ Non-NHC (No Medicare) Copays Max (12-110)	4188	GSP47
SNBC Medicare Community with Waiver-Adults	4180	HP260
SNBC Medicare Community with Waiver-Kids & Pregnant	4180	HP261
SNBC Medicare Community no Waiver-Adults	4180	HP262
SNBC Medicare Community no Waiver-Kids & Pregnant Women	4180	HP263
SNBC Medicare Institutional-Adults	4180	HP264
SNBC Medicare Institutional-Kids & Pregnant Women	4180	HP265
SNBC no Medicare Community with Waiver-Adults	4180	HP266
SNBC no Medicare Community with Waiver-Kids & Pregnant Women	4180	HP267
SNBC no Medicare Community no Waiver-Adults	4180	HP268
SNBC no Medicare Community no Waiver-Kids & Pregnant	4180	HP269
SNBC no Medicare Institutional-Adults	4180	HP270
SNBC no Medicare Institutional-Kids & Pregnant Women	4180	HP271
MSHO Community Non-Nursing Home Certifiable	4182	GPM07
MSHO Community Nursing Home Certifiable	4182	GPM08
MSHO Institutional	4182	GPM09
Minnesota Care Adult (Non-Parents)	4190	HP24A
Minnesota Care Adult (Non-Parents) No Copay - American	4190	HP24B
Minnesota Care Adult (Parents)	4190	HP1
Minnesota Care Adult (Parents) No Copay-American Indian	4190	HP1A
Minnesota Care Child 0-18	4190	HP8
Minnesota Care Members Age 19-20	4190	HP8A
Minnesota Care Pregnant Women	4190	HP8B



## Spoken language interpreter services

### Information for HealthPartners Care, HealthPartners Inspire and HealthPartners MSHO

Members may use the following spoken language interpreter services:

**Kim Tong Translation Service**

2994 Rice St.  
Little Canada, MN 55113  
Phone: 651-252-3200  
Fax: 651-252-3214  
24-Hour Service  
*Face to face and phone interpretation*  
Website: [kttsmn.com](http://kttsmn.com)

**Itasca Corporation**

475 Etna St. Ste. 1  
St. Paul, MN 55106  
Phone: 651-457-7400  
Fax: 651-457-7700  
Website: [itascacorp.biz](http://itascacorp.biz)

**The Bridge World Language Center, Inc.**

110 2<sup>nd</sup> St S Ste 213  
Waite Park, MN 56387  
Phone: 320-259-9239  
Fax: 320-654-1698  
Website: [bridgelanguage.com](http://bridgelanguage.com)

**The Language Banc**

1625 Park Ave  
Minneapolis, MN 55404  
Phone: 612-588-9410 or 888-588-1904  
Fax: 612-588-9420  
24-Hour Service  
Website: [thelanguagebanc.com](http://thelanguagebanc.com)

**The Minnesota Language Connection, Inc.**

1327 County Road D Circle E  
Saint Paul, MN 55109  
Phone: 651-644-7100  
Fax: 651-237-9009  
24-Hour Service  
Website: [minnesotalanguageconnection.com](http://minnesotalanguageconnection.com)

**Propio LS, LLC** (including its subsidiaries  
Intelligere, LLC and Arch Language Network,  
LLC)  
10801 Mastin Blvd. Ste 580  
Overland Park, KS 66210  
Phone: 952-920-6160  
Fax: 866-231-8176  
Website: [propio-ls.com](http://propio-ls.com)

To arrange for these services, please work directly with the interpreter agency or contact HealthPartners Member Services with any questions at **952-967-7998**.

More information on [interpreter services](#) can be found under the administrative policies on the Provider Portal at [healthpartners.com/provider](http://healthpartners.com/provider).

## Sample insurance cards

### Insurance card identifies State Public Program member

#### Member card:

- The member's identification number, name and PMI number appear at the top of the card.
- Under the member name is "Care Type" which shows the member's product. For MSHO, it reads "HealthPartners – MSHO (HMO SNP)."
- Copays appear in the middle section of the card.
- For MSHO, the member's clinic number and clinic name appear next to "Medical" and "Dental" on the bottom of the card.
- Effective July 15, 2021 the care types changed for PMAP, MinnesotaCare and MSC+ ID cards. The care type HealthPartners Care or HPCare was previously used by all three products. The new care types more closely reflect the name of each product. You may see both care types in circulation while we reissue new cards. The table below shows the care types before and after July 15<sup>th</sup>.

Product	Before July 15th, 2021	Starting July 15, 2021
Families & Children	HPCare	Families & Children
MinnesotaCare	HPCare	Families & Children/MinnesotaCare
Minnesota Senior Care Plus (MSC+)	HPCare	Minnesota Senior Care Plus MSC+
Special Needs Based Care (SNBC)	HealthPartners Inspire	No change
Minnesota Senior Health Options	HealthPartners MSHO	No change


**HealthPartners®**


**ID** 12345678      **Group** 4183      **Renewal Mo.** January  
**Name** JANE A DOE      **PMI###**  
**Care Type** HealthPartners Care

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**Office** \$0.00  
**RxBIN** 017142 **RxPCN** MNPROD1      **See Contract**  
**RxGrp** HMN07  
**ER** \$0.00  
**Urgent** \$0.00  
**Deductible** \$0.00  
[healthpartners.com](http://healthpartners.com)

**Member Services**  
**952-967-7998 or 866-885-8880 (TTY 711)**  
 HealthPartners Member Services PO Box 9463, Minneapolis, MN 55440-9463  
**RideCare:** To schedule a ride to a medical appointment, call 952-883-7400 or 888-288-1439.  
 To file a State Fair Hearing, please send your request to: Appeals Office/Department of Human Services, PO Box 64941, St. Paul, MN 55164-0941. Or, fax your request to: 651-431-7523. A State Ombudsperson may be able to help you with your problem. They can also help you request a State Fair Hearing. You may call them at 651-431-2660 or toll free at 1-800-657-3729.  
**Emergency & Urgently Needed Care**  
 For emergency situations, call 911 and/or get medical attention immediately.  
 For medical advice call the CareLine<sup>SM</sup> nurse service any time at 612-339-3663 or 800-551-0859.

**Information for Providers**  
**Admissions:** Fax information to 952-853-8705 or call 800-316-9807 for any hospital or facility admissions.  
**Claims Submission**  
 Medical: HealthPartners Claims, PO Box 1269, Minneapolis, MN 55440-1289  
 Dental: HealthPartners Dental Claims, PO Box 1172, Minneapolis, MN 55440-1172  
Offered by HealthPartners


**HealthPartners®**

**SAMPLE**

**ID** 12345678      **Group** 4183      **Renewal Mo.** January  
**Name** JANE A DOE      **PMI###**  
**Care Type** Families & Children/MinnesotaCare

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**Office** \$0.00  
**RxBIN** 017142 **RxPCN** MNPROD1      **See Contract**  
**RxGrp** HMN07  
**ER** \$0.00  
**Urgent** \$0.00  
**Deductible** \$0.00

**Member Services**  
**952-967-7998 or 866-885-8880 (TTY 711)**  
 HealthPartners Member Services PO Box 9463, Minneapolis, MN 55440-9463  
**RideCare:** To schedule a ride to a medical appointment, call 952-883-7400 or 888-288-1439.  
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Offered by HealthPartners

**SAMPLE**


**HealthPartners®**

<b>ID</b>	<b>12345678</b>	<b>Group</b> 4184	<b>Renewal Mo.</b>
<b>Name</b>	JANE A DOE		January
<b>Care Type</b>	Minnesota Senior Care Plus MSC+		PMI###

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<b>Office</b>	\$0.00
RxBIN 017142 RxPCN MNPROD1	See Contract
RxGrp HMN07	
<b>ER</b>	\$0.00
<b>Urgent</b>	\$0.00
<b>Deductible</b>	\$0.00

**Member Services**  
**952-967-7998 or 866-885-8880 (TTY 711)**  
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**Emergency & Urgently Needed Care**  
 For emergency situations, call 911 and/or get medical attention immediately.  
 For medical advice call the CareLine<sup>SM</sup> nurse service any time at 612-339-3663 or 800-551-0859.

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**Information for Providers**  
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**Claims Submission**  
 Medical: HealthPartners Claims, PO Box 1289, Minneapolis, MN 55440-1289  
 Dental: HealthPartners Dental Claims, PO Box 1172, Minneapolis, MN 55440-1172

*Offered by HealthPartners*

**SAMPLE**


**HealthPartners®**

Plan (80840)

<b>ID</b>	<b>12345678</b>	<b>Group</b> 4182	<b>Renewal Mo.</b>
<b>Name</b>	JANE A DOE		January
<b>Care Type</b>	HealthPartners MSHO HMO SNP		PMI###

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<b>Office</b>	\$0.00	Prescription Drug Plan
RxBIN 015574 RxPCN MNPROD1	See Contract	
RxGrp HMN01		
<b>ER</b>	\$0.00	
<b>Urgent</b>	\$0.00	

+  
**PCP Code**    **PCP or Network**    **CMS - H2422###**

<b>Medical</b>	ABC	ABC CLINIC
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MS-ID Card GP051061 **Medicare<sub>Rx</sub>**  
Prescription Drug Coverage

**Emergency & Urgently Needed Care**  
 For emergency situations, call 911 and/or get medical attention immediately.  
 For medical advice call the CareLine<sup>SM</sup> nurse service any time at 612-339-3663 or 800-551-0859 or call your clinic at ###-###-####.  
**Hospital Admissions** Contact CareCheck<sup>SM</sup> at 866-275-8555 for any admission at an out-of-network hospital or facility.  
**Claims Submission**  
 Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289  
 Dental: HealthPartners Dental Claims, P.O. Box 1172, Minneapolis, MN 55440-1172

**Member Services**  
**Phone 952-967-7029 or 888-820-4285 (TTY 711)**  
 HealthPartners Member Services P.O. Box 9463, Minneapolis, MN 55440-9463  
**RideCare:** To schedule a ride to a medical appointment, call 952-883-7400 or 888-288-1439.  
 To file a State Fair Hearing, please send your request to: Appeals Office/Department of Human Services, P.O. Box 64941, St. Paul, MN 55164-0941. Or, fax your request to: 651-431-7523. A State Ombudsperson may be able to help you with your problem. They can also help you request a State Fair Hearing. You may call them at 651-431-2660 or toll free at 1-800-657-3729.

*Offered by HealthPartners*

**SAMPLE**


**HealthPartners®**

<b>ID</b>	<b>12345678</b>	<b>Group</b> 4180	<b>Renewal Mo.</b>
<b>Name</b>	JANE A DOE		January
<b>Care Type</b>	HealthPartners Inspire SNBC		PMI###

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<b>Office</b>	\$0.00
RxBIN 017142 RxPCN MNPROD1	See Contract
RxGrp HMN07	
<b>ER</b>	\$0.00
<b>Urgent</b>	\$0.00
<b>Deductible</b>	\$0.00

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 Dental: HealthPartners Dental Claims, PO Box 1172, Minneapolis, MN 55440-1172

*Offered by HealthPartners*

## Member Eligibility

**Please verify member eligibility EVERY month!**

Electronic claim transactions for Minnesota Health Care Programs (MHCP) are accepted through MN-ITS *Interactive* or MN-ITS *Batch*. Claims sent through ITS or NSF will no longer be accepted.

Verify recipient eligibility through MN-ITS or by calling EVS at **(651) 431-4399** or **1-800-657-3613**. Learn more about MN-ITS and register online at **Minnesota Restricted Recipient Program (MRRP)**.

**Minnesota Restricted Recipient Program (MRRP)** designated provider information will be listed on the MN-ITS website. The eligibility portal will indicate the member is restricted.

Placement in the program will stay with the member if they change health plans. Placement in the program will also stay with members if they change to MHCP fee-for-service. Members will not lose eligibility for MHCP because of placement in the program.

Restricted recipients may not pay out-of-pocket to see a non-designated provider who is the same provider type as one of their designated providers.

## Pharmacy / Formulary

The HealthPartners formulary should be used when writing prescriptions. Many over-the-counter drugs are also covered as long as they are prescribed by a plan physician and obtained at a plan pharmacy.

### **Preferred Drug List (PDL)**

A preferred drug list was launched and is maintained by DHS for members on HealthPartners Medicaid plans. The drug list includes prior authorization requirements.

### **HealthPartners List of Covered Drugs (LOCD)**

For the most up-to-date drug list (includes any rules or restrictions that may apply to a specific drug, such as prior authorization requirements or a limit on the amount a member is able to receive), HealthPartners Care, which includes Prepaid Medical Assistance PMAP and MinnesotaCare MNCare, HealthPartners Inspire (SNBC) and MSHO drug list can be accessed on the HealthPartners website.

## Noncovered services

A provider may bill HealthPartners Medicaid plan members for non-covered services only. Refer to the administrative policy, AP015 [Provider Billing and Collection of Member Cost-Sharing for Medicaid Products](#). Refer to the provider portal, [Administrative Policies page](#).

## Public programs products may require referrals for claims payment

HealthPartners MSHO Plan is primary care clinic-based and may require referrals. Providers are encouraged to check eligibility and call Member Services to verify if referrals are required. Eligibility may be checked on the Provider Portal at [healthpartners.com/provider](https://healthpartners.com/provider). After logging in, select “Eligibility” from the drop-down menu under the heading Applications.

The preferred method for referral submission is online through the Provider Portal using the Referral Maintenance Application at [healthpartners.com/provider](https://healthpartners.com/provider). After logging in, select Referral Inquiry or Referral Maintenance to create, update, view and retrieve/answer Referral Authorization Inquiries (RAIs). A referral can also be made by completing a [Provider Recommendation/Referrals](#) by following the submission instructions on the form.

An RAI is generated when a member assigned to a primary care clinic product receives services outside of the primary care clinic’s specialty referral network. The member may or may not have been directed by the primary care clinic care system; however, it is important for primary care providers to respond to these RAIs indicating if the care was referred by the primary care clinic care system or not. The RAI response is needed so the outstanding claim can be processed appropriately. RAI notifications are sent to primary care providers via the Provider Portal. There is no indicator on the portal that an RAI has been sent when you log on, so it is important to check your work queues regularly to view and respond to RAIs.

**Please note:** The current policies and procedures remain in effect and in place regarding prior authorization or Recommendation For Further Services for the HealthPartners Transplant Centers of Excellence, HealthPartners Direct Access Mental Health Network, HealthPartners Referral Mental Health Network, the WLS (Weight Loss Surgery), Low Back Pain or other designated networks.

### Members can learn about the providers in these plan-wide networks in several ways:

- Visit [healthpartners.com](https://healthpartners.com) to view a list of providers.
- Per instructions in the member enrollment packet, they can request a provider directory be mailed to them.
- Call Member Services to ask about a particular provider.

## Public programs products may require prior authorization for certain services

HealthPartners may require prior authorization for certain services or items. For each healthcare service or item that requires a prior authorization, there are documented review criteria in place that have been developed or adopted by HealthPartners and reviewed by physicians from appropriate specialty areas. All review criteria are available to the provider and member upon request free of charge. Emergency services do not require prior authorization.

Coverage criteria requirements may be checked on the Provider Portal at [healthpartners.com/provider](https://healthpartners.com/provider). Click on the Admin Tools heading and then select **Coverage criteria** from the list of options in the menu or click [HERE](#).



## Important phone numbers



### Where to call for assistance

#### HealthPartners Member Services (HPCare, SNBC, MSHO):

HealthPartners Care and Inspire main number: **952-967-7998 or 1-866-885-8880**

MSHO main number: **952-967-7029 or 1-888-820-4285**

Fax: **952-883-7333 or 952-883-7666**

TTY: **711**

**Claims Helpline: 952-883-7699 or 888-663-6464**

**RideCare: 952-883-7400 or 888-288-1439**  
(PMAP, MSC+, MSHO, SNBC)

TTY: **711**

**CareLine: 612-339-3663 or 800-551-0859**  
(Providers only: 952-883-5883)

TTY: **711**

#### Medical Management:

Prior authorization for services/procedures: **952-883-6333 or 888-467-0774**

Outpatient Case Management: **952-883-6983 or 877-499-7888**

Fax: **952-853-8745**

Inpatient Case Management: **952-883-6277 or 800-255-1886 x36277**

Fax: **952-853-8748**

Care Coordinator: Refer to the [Key Contacts Guide](#) on the Provider Portal, listed under Resources.