



HealthPartners Inspire (SNBC) Benefit Exception Inquiry Form Instructions

General Instructions:

Use the HealthPartners Benefit Exception Inquiry (BEI) form to request a service/item outside of the standard benefit set covered by Special Needs BasicCare only when all other alternative options have been explored.

Please email (HPSNBC_CC@healthpartners.com) or fax completed form to 952-853-8723 along with all supporting documentation (i.e.: Physical Therapy evaluation notes, physician documentation and/or hospital/ER notes) A reply will be given in 14 calendar days from date of inquiry via email or phone to the Care Coordinator listed on the form.

- **Date of Inquiry** is Day 1. If BEI does not include sufficient information, or if not submitted timely, the inquiry will be returned to the care coordinator or rejected for “lack of information”.

It is important that the member has been referred to the county for waiver services and to indicate the screening date on this form. Requests will be rejected without this step being taken.

Urgent Requests: Urgent requests can be submitted when they relate to immediate health and safety concerns of the member. Please note request for urgent review on form. If the member is experiencing a medical emergency, please call 911.

Non-urgent requests include transportation and incomplete BEI requests that had been previously submitted.

Service Information Section: Detailed information is needed for HealthPartners to be able to make the best decision on your request and to enter an authorization if request is approved. Please complete all fields. For **Units** please indicate how many units you are requesting which should reflect the quantity needed within the frequency and duration period of request.

In Lieu of Services Section: Use section when implementing an In Lieu of Service when the purpose is to meet the need(s) of a member with a replacement service that normally would not be covered. The most common example is a waived DME item being provided for a non-waivered member. Example:

DME item/Service	In Lieu of Service
Grab Bars	HHA for bathing/PCA
Hand held shower	HHA for bathing/PCA
Toilet safety frame	PCA

What are NOT in Lieu of Services?

- When service is covered under MA/PMAP
- When planning opening member to waiver, and service/equipment is placed in temporarily until waiver is active

Outcome Section:

For service approvals: HealthPartners will indicate that the benefit exception is approved and fill in start and end dates as appropriate per request and return via fax/email to the requesting entity.

For services not approved:

- Step 1: HealthPartners will indicate via BEI form that they are not approving the Benefit Exception Inquiry and will return form via fax/email to the requesting entity.
- Step 2a: Once received from HealthPartners, the requesting entity will inform the member of HealthPartners decision to not approve the request. If the member is in agreement with HealthPartners decision, please indicate that on the form by checking the box which states ‘Member in agreement: No DTR to be issued. If member does not agree with HealthPartners decision, please indicate that on the form by checking the box which states, ‘Member not in agreement: DTR to be issued.
- Step 2b: Please complete and return to HealthPartners within 3* business days in order to meet required DTR time frames. Reminder, Date of Inquiry is Day 1 & we have 10 days to complete the DTR process.
- *If unable to reach member in 3 business days, notify HealthPartners care coordination team.

