

How to complete the provider information in eApply

Average time to complete: 15 min

The entire application must be completed in one session. You cannot save the form and return later.

What provider information you will need:

- Tax ID
- W-9 form
- NPI
- Unique Minnesota Provider Identifier (UMPI) if applicable
- Electronic claims submission type (8371, 837P, etc.)
- Name of EDI Clearinghouse
- Practice/provider licenses including license number

If you have any questions you can contact:

Hennepin Health

Phone: 612-596-1036, ask to speak with an eApply specialist

Email: HHNetworkManagement@hennepin.us

To start: Register

Go to <https://Hennepin-eApply.evips.com/eApply>.

- Create an account by selecting **Register**.
- Fill in the boxes and select your [DHS Provider Type](#).

Hennepin Health eApply™ Home

Main

Log in

Enter your credentials

User name

Password

Remember me?

Log in

Register if you don't have an account.

[Forgot your password?](#)

[Forgot your user name?](#)

- Select **Outpatient Groups** for:
 - Clinical services
 - Behavioral health and SUD services
 - Optical services
 - Specialty care
- Select **Inpatient Facilities** for:
 - Ambulatory surgical centers
 - Durable medical equipment
 - Home health
 - Hospitals
 - Housing/waiver stabilization providers
 - Medical transportation providers
 - Pharmacy

Hennepin Health eApply™ Home About

Main

Register

Create a new account

User name

Password

Confirm password

Email

Provider Type

- Outpatient Groups
- Inpatient Facilities

Fill out the form

Below the Hennepin Health logo you will find a navigation bar that takes you step by step through the application. Start on "Main" and add additional sections as you complete the parts of the application. You can go back to any section throughout the process to make edits or to review.

Step 1: Practice or Facility Information

The first Main section to be completed is Practice Information or Facility Information.

- In this section, enter your practice details including NPI (if applicable) and tax ID.
- **Do not enter hyphens in the Tax ID box or the application will not submit correctly.**

Practice Information

Practice Name *

Practice Type *

Legal Name *

NPI

Tax ID *

Facility Information

Facility Name *

Facility Type *

Legal Name *

NPI

Tax ID *

WebSite

Person Filling out the form *

Save Cancel

- Click on **Save**. The bottom left footer will show "Add Complete".

NPI

Tax ID *

WebSite

Person Filling out the form *

Add Complete

- Move on to the next section by scrolling up to the navigation bar at the top. Select **Attestation Questions**.

Hennepin Health eApply™ Home Help About Hello Oct12testperson! Log out

Main ▾ Attestation Questions Locations

Step 2: Attestation questions

In this section, answer the Practice or Facility Questions related to billing and accessibility. We require this information to facilitate our contracting and reporting.

Practice Questions

Are you requesting to Contract with Hennepin Health? *

If yes, please confirm which products you are requesting a contract for:
Hennepin Health-SNBC, Hennepin Health-PMAP and Hennepin Health-MNCare or
All Product lines

Do you have an Unique Minnesota Provider Identifier (UMPI)? *

If so please list the 10 digit alpha-numeric here.

Step 3: Locations

Enter all locations where you provide care or conduct business.

- Select **Create New** to enter a location.

Practice Locations

Select Create New ; Enter one Tax record; Enter one Practice/Service record for EACH location under this NPI

Create New

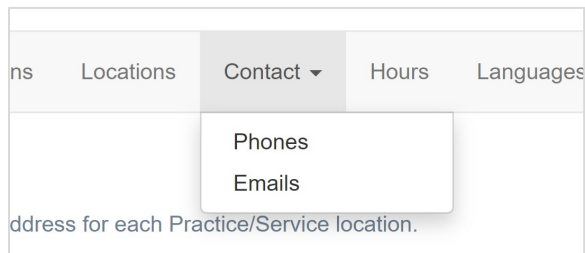
Practice Location	Location Type Name	Tax ID Number	Address
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- Use the plus sign to add the location address.
- Select Location Type of Practice/Service for each care location.
- Select Location Type of Tax for the business address as listed on your W-9.
- If you enter the street address and five-digit zip code, the city, county and state will pre-populate.

Practice Location	Location Type Name
Location Name *	Downtown Clinic
Address	<div style="border: 1px solid gray; width: 100%; height: 30px;"></div> +
Legal Name *	
NPI	

Step 4: Contact

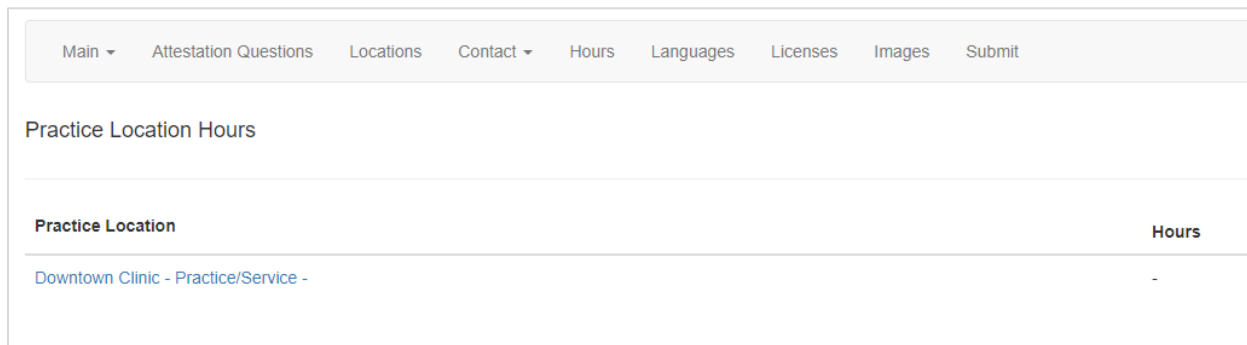
- Scroll to the top navigation bar. Enter the phone and email contact information using the drop-down menu.



- Enter all phone numbers and email addresses associated with your practice locations (e.g., After Hours, Appointment, Fax, Main, Office, Pager, Primary, etc.)

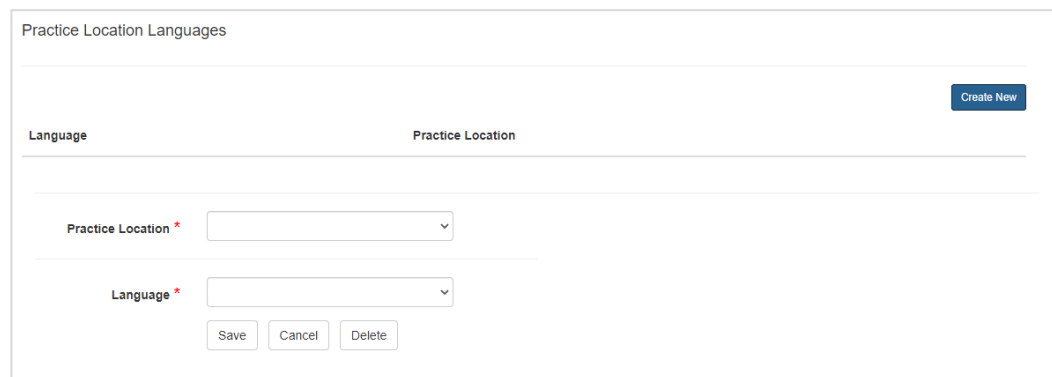
Step 5: Hours

- Scroll to the top navigation bar. Enter the hours for each practice location by selecting the location, then hours. Click **Save**.



Step 6: Language

Scroll to the top navigation bar. Enter languages other than English available at each location. Click **Create New**, then select the practice location and corresponding language by using the drop-down menu. Click **Save**. Add multiple languages for a location by selecting the same location and repeating the steps.



Step 7: Licenses

Scroll to the top navigation bar. For this section you will need to enter licenses for each location and provide the license type and number if applicable.

- Click on **Create New** to enter the ACTIVE licenses/certifications that your practices hold.

Practice Licenses

[Create New](#)

License Type	License #	Status	Practice Location
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Practice Location *

License Type *

License # *

Primary

Issued

Expires

Issuing State

Active

Status *

Notes

Step 8: Images

Scroll to the top navigation bar. Select Images to upload required documents. Click on **Create New**.

Documents can be uploaded in pdf, jpg, png, tif, bmp or gif formats. Select documents from your computer using the Browse button. Documents are restricted to 10000 KB or 10 MB. If documents are too large to upload, submit them to hhnetworkmanagement@hennepin.us with your Tax ID in the subject line.

Practice Images

W-9 form is required. Practice/Service locations are required to have a minimum of one practitioner registered at each location. Please provide the following practitioner information via document upload: • Practitioner First and Last Name • Practitioner Type 1-Individual NPI • Documents must be in .pdf, .jpg, .png, .tif, .bmp or .gif format prior to upload

[Create New](#)

Document Type	File	Linked	View
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Document Type *

File *

Notes

Required documents

- W-9 form
- Practitioner roster/list: see [Location and Practitioner roster template](#) (Fill in **all** columns on the practitioner tab)

Step 9: Submit

Once you have finished all sections, you can review each section and check that it is complete. You will see a list for each section showing the status and what is missing.

Status	Section	Reason
✖	Practice Images	Practice Images Section has no items.
✖	Practice Questions	The Practice Questions Section is incomplete.
✔	Practice Information	Pass
✔	Practice Licenses	Pass
✔	Practice Location Emails	Pass
✔	Practice Location Hours	Pass

- When all sections are checked Pass, sign the application and click on **Submit**.

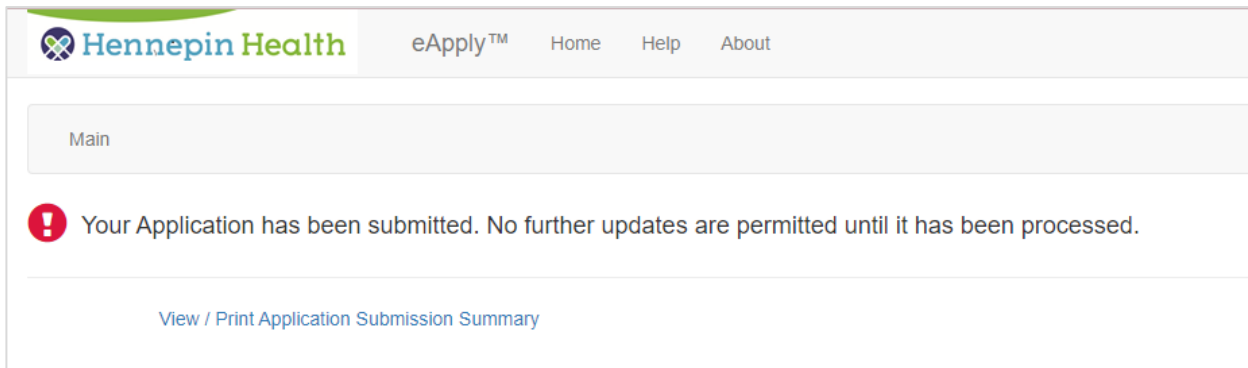
Status	Section	Reason
✔	Practice Images	Pass
✔	Practice Information	Pass
✔	Practice Licenses	Pass
✔	Practice Location Emails	Pass
✔	Practice Location Hours	Pass
✔	Practice Location Languages	Pass
✔	Practice Location Phones	Pass
✔	Practice Locations	Pass
✔	Practice Questions	Pass

By signing and clicking the Submit button, I certify that I have read and agree to the Attestation terms presented below.

I am authorized to bind the entity named in this document and I certify that the above information is true and correct. I agree to update this information as necessary so that it remains complete, true and accurate while my Provider Information form is being processed. I further acknowledge that I am responsible for knowing the rules and requirements of the Entity and agree to be bound by them in the Provider Information form process. I further understand and acknowledge that the Entity and its designated agent(s) will investigate the information in this Application. By submitting this Application, I agree to such investigation."

Signature *

After you submit you cannot make changes to the application.



The screenshot shows the top navigation bar of the Hennepin Health eApply™ system. The navigation bar includes the Hennepin Health logo, the text "eApply™", and links for "Home", "Help", and "About". Below the navigation bar is a "Main" section. A red exclamation mark icon is followed by the text: "Your Application has been submitted. No further updates are permitted until it has been processed." At the bottom of the main section, there is a blue link: "View / Print Application Submission Summary".

You may view or print a copy of your application.

Application acceptance

We review all submitted applications. An application submission is not guaranteed an acceptance. You will receive an email response within 45 days.

Thank you for completing this process.

Hennepin Health Provider Operations team