

Open Access

Personalized provider listing

Your personalized provider listing

This listing includes health care providers in the Open Access network based on the criteria you selected during your online search:

Searching your network as of 04/22/2023. Type: doctor, for 'Mental Health', Location: Bigfork, Minnesota, United States, within a 20 mile radius, Language: ,, Sorted by: 'Distance'

Getting Care - Choose a personal physician

A personal relationship with a physician is at the heart of good care and good health. That's why we encourage you to choose a personal physician from one of the primary care specialties (family medicine, internal medicine, general medicine and pediatrics) who gets to know you and your health history. This physician can provide most of your care and work with specialists if you need special care.

Visit **healthpartners.com** to view the entire national network of over 500,000 providers. To learn about your specific benefits, log on as a member, consult your plan documents or call Member Services at **952-883-5000**, **1-800-883-2177** or the number listed on the back of your member ID card.

Although provider information is updated regularly, if you wish to be certain of receiving care from a specific provider, you should contact that provider to ask whether they are still a HealthPartners or CIGNA Open Access Plus provider and whether or not the doctor is accepting new patients.

Dental providers are available to members of this medical plan who require dental care due to an injury or preventive dental care services. Please check your medical plan benefits for more information before seeing these providers.

Access to health care services does not guarantee access to a particular type of doctor. Please contact Member Services at **952-883-5000** or **1-800-883-2177** for specific information about access to different kinds of doctors.

THIS HEALTH CARE PLAN MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES. READ YOUR MEMBERSHIP CONTRACT TO DETERMINE WHICH EXPENSES ARE COVERED.

Plans are underwritten and/or administered by HealthPartners, Inc., Group Health, Inc., HealthPartners Insurance Company and HealthPartners Administrators, Inc. Fully insured Wisconsin plans are underwritten and administered by HealthPartners Insurance Company.

Searching Open Access network as of 04/22/2023. Type: doctor, for 'Mental Health', Location: Bigfork, Minnesota, United States, within a 20 mile radius, Language: ,, Sorted by: 'Distance'

Total results: 6

Network providers

Jeffrey S. Olds, MSW, LICSW
Scenic Rivers Health Services
135 Pine Tree Dr
Bigfork, MN 56628-4346
(218) 743-3232
Mental Health

Evan Hans Toonstra, MSW,
LICSW
Scenic Rivers Health Services
135 Pine Tree Dr
Bigfork, MN 56628-4346
(218) 743-3232
Mental Health

Celin R. Williams, MSW,
LICSW
Scenic Rivers Health Services
135 Pine Tree Dr
Bigfork, MN 56628-4346
(218) 743-3232
Mental Health

Michele R Rinne, MEd, LP
Thomas Counseling and
Wellness Center, LLC
258 Pine Tree Dr
Bigfork, MN 56628-4340
(218) 360-5503
Mental Health

Jean M. Vaneps, NP-PMH
Providence Psychiatry
Services, Ltd
258 Pine Tree Dr
Bigfork, MN 56628-4340
(218) 246-6286
Mental Health

Melissa K.R. Weidendorf, MS,
LPCC
Speak Easy LLC
49103 Mn Hwy # 38
Marcell, MN 56657
(218) 245-5073
Mental Health

To get the most up-to-date information, log on at healthpartners.com.

Other important information

Care utilization management programs

Part of helping our members stay healthy is making sure they get the care they need when they need it. To help coordinate effective, accessible and high-quality health care, HealthPartners uses utilization management programs. These programs are based on the study of patient populations to evaluate appropriate levels of care. They use guidelines for the best medical practices based on the most up-to-date medical evidence.

Our utilization management programs include activities to reduce the underuse, overuse and misuse of health services. These programs include:

- inpatient concurrent review and care coordination to ensure a safe and timely transition from the hospital
- "best practice" care guidelines for selected kinds of care
- outpatient case management to provide care coordination
- the CareCheck program to coordinate out-of-network hospitalizations

Prior approval is required for a small number of services and procedures. These are listed on the HealthPartners Web site and are also available by calling Member Services. Typically, your doctor will require this approval on your behalf. Decisions about coverage are based on coverage criteria, which are also posted on the Web site and available from Member Services.

HealthPartners does not employ incentives that encourage barriers to care and service. Our Outcomes Recognition Program rewards doctors who achieve the highest levels of quality and service to patients.

Transplant network

As a member of this plan, you have access to a national transplant network. Depending on where you need to receive care you will have access to either the HealthPartners Transplant Centers of Excellence or the CIGNA LIFESOURCE Transplant Network. This network includes respected hospitals and medical centers throughout the United States for organ and tissue transplant.

Members needing transplant services receive care management support from the HealthPartners Complex Case Management staff. This unit consists of Registered Nurses with clinical experience in transplant, hematology/oncology, home health care, dialysis, critical care and/or community care. They are specially trained to manage complex transplant cases.

Call Member Services for more information.

Other important information

Appropriate use and coverage of prescription

We strive to provide our members with coverage of medications that are high quality, safe and cost-effective. We do this in several ways, including use of:

- A prescription drug formulary of medications that have been reviewed and approved for coverage based on quality, safety, effectiveness and value.
- A program to assist members who require many different medications to avoid unintended drug interactions.

The list of prescription drugs on the formulary is on the HealthPartners Web site, along with information on how drugs are reviewed, the criteria used to determine which drugs are added to the formulary, how you can request coverage of nonformulary drugs, and more. You can also get this information from Member Services.

Our approach to protecting personal information

As a health plan, we comply with federal and state laws regarding the confidentiality of medical records and personal information about our members and former members. We've developed policies and procedures to ensure that the collection, use and disclosure of such information complies with the law. Whenever necessary, we obtain consent or authorization from our members, or an approved member representative, when the member is unable to give consent or authorization for disclosure of personal information. We give members access to their own information consistent with applicable law and standards. Our policies and practices are designed to facilitate appropriate and effective use of information, internally and externally, to enable us to serve our members and improve the health of our members, our patients and the community, while being sensitive to their privacy. If you would like a copy of our privacy notice, please visit **healthpartners.com** or call Member Services at **952-883-5000** or **1-800-883-2177**. For your provider's privacy policy, please contact your provider directly.

Other important information

Provider reimbursement information for medical plans

Our goal in reimbursing providers is to provide affordable care for our members while encouraging quality care through best care practices and rewarding providers for meeting the needs of our members. Several different types of reimbursement arrangements are used with providers. All are designed to achieve that goal.

Some providers are paid on a "**fee-for-service**" basis, which means that the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.

Some providers are paid on a "**discount**" basis, which means that when a provider sends us a bill, we have negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.

Sometimes we have "**case rate**" arrangements with providers, which means that for a selected set of services the provider receives a set fee, or a "case rate," for services needed up to an agreed upon maximum amount of services for a designated period of time. Alternatively, we may pay a "case rate" to a provider for all of the selected set of services needed during an agreed upon period of time.

Sometimes we have "**withhold**" arrangements with providers, which means that a portion of the providers payment is set aside until the end of the year. The year-end reconciliation can happen in one or more of the following ways:

- Withhold arrangements are sometimes used to pay specialty, referral or hospital providers who furnish services to members. The provider usually receives all or a portion of the withheld amount based on performance of agreed upon criteria, which may include patient satisfaction levels, quality of care and/or care management measures.
- Some providers, usually hospitals, are paid on the **basis of the diagnosis** that they are treating; in other words, they are paid a set fee to treat certain kinds of conditions. Sometimes we pay hospitals and other institutional providers a set fee, or "**per diem**" for each day or according to the number of days the patient spent in the facility.
- Some providers, usually hospitals, are paid according to Ambulatory Payment Classifications (APCs) for outpatient services. This means that we have negotiated a payment level based on the resources and intensity of the services provided. In other words, hospitals are paid a set fee for certain kinds of services and that set fee is based on the resources utilized to provide that service.

Occasionally, our reimbursement arrangements with providers include some **combination** of the methods described above. For example, we may pay a case rate to a provider for a selected set of services needed during an agreed upon period of time, or for services needed up to an agreed upon maximum amount of services, and pay that same provider on a fee-for-service basis for services that are not provided within the time period or that exceed the maximum amount of services. In addition, although we may pay a provider, such as a medical clinic, using one type of reimbursement method, that clinic may pay its employed providers using another reimbursement method.

Check with your individual provider if you wish to know the basis on which he or she is paid.