

# MHCP provider news and updates

May 1 – 14, 2018

## Systems announcements

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Watch this space for information about MN–ITS availability, technical information, and other systems notifications.

### MN–ITS transaction and point of sale issues

Some MN–ITS transactions may not be fully functioning at this time. We are aware of the issue and are working to resolve it as quickly as possible. Issues that were occurring with pharmacy point of sale (POS) have been resolved. If something does not appear to be working correctly, please try again later. (pub. 5/3/18)

### MN-ITS technical issues in testing region

We are aware of issues in the MN–ITS test region and are working to resolve them as quickly as possible. If you experience any of the following issues, call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 for help:

- Unable to open the link to the test region
- Unable to log in to an existing test account
- Unable to create a new or modify an existing test account

(pub. 5/1/18)

## Billing for walkers and replacement brakes when the member has Medicare

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Bill Medicare first for replacement hand brakes for walkers if the brakes originally dispensed with the walker are in need of repair, so therefore, need to be replaced. When dispensing a new walker with hand brakes, bill Medicare first for the walker. Bill MHCP for hand brakes as a replacement for the standard glide-type brakes, because Medicare does not pay for hand brakes. (pub. 5/1/18)

## Survey on provider wages and costs due June 5, 2018

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The Minnesota Department of Human Services Aging and Adult Services Division is conducting a survey of provider wages and costs. Results of the survey will support the evaluation of the new legislatively mandated rate methodology for a number of services provided under the state's Elderly Waiver (EW), Alternative Care (AC), and Essential Community Supports (ECS) programs. The rate methodology also affects customized living services provided under the Brain Injury (BI) and Community Access for Disability Inclusion (CADI) programs.

The new rate methodology will be partially implemented on January 1, 2019. DHS must provide a report to the legislature summarizing the results of its evaluation and any recommendations for changes to the methodology (Minnesota Statute 256B.0915, Subd. 11-17). Completing this survey is your opportunity to provide input on this evaluation of the new rate methodology for these critical services:

- Adult day service
- Chore
- Companion
- Customized living
- Foster care
- Home-delivered meals

- Homemaker
- Individual community living support
- Respite services

Download the wage and cost survey from the project website: [MN Aging Services Project Website](#). **Completed surveys are due by 5 p.m. Tuesday, June 5.** Survey instructions, online training, and contact information for technical assistance are also available through the project website. (pub. 5/1/18)

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## Individual Education Program (IEP) provider revalidation letters in MN–ITS

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MHCP has been sending revalidation letters to IEP providers since November 2017. If we sent you a revalidation letter, you will find it in your MN–ITS mailbox. Click **Miscellaneous Received**, then click the radio button in front of **PRVLTR** and look for the revalidation letter in the document list. Update the search by changing the start date to November to be sure you are able to view all requests.

You can read more about revalidation in the MHCP Provider Manual, [Provider Screening Requirements](#) section under **Revalidation**.

Remember to check your MN–ITS mailbox regularly for revalidation letters and other MHCP requests. (pub. 4/26/18)

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## Child and Teen Checkups (C&TC) periodicity schedule revisions

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We revised language and updated links in the [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#). Printed copies will be available to order on the [DHS Bulk Order Website](#) in approximately one month.

Revisions include the following:

- **Screening Schedule:** We added this sentence to clarify – “If a child misses a screening visit or a required screening component was not offered at a previous visit, the missing screening components should be performed at the earliest possible time.”
- **Changes on this updated C&TC Periodicity Schedule (compared to 2016):**
  - Human immunodeficiency virus (HIV) screening lab test – We revised this paragraph to clarify requirements.
  - Dyslipidemia screening – We added a link to the [Dyslipidemia Risk Assessment C&TC Fact Sheet](#)
  - Oral health – We revised the language to state that for children 6 years and older, fluoride varnish may be applied based on their risk factors for dental caries.
- **Clarifications, Health history:** We added this language to clarify: “This may include housing stability, food security, home or community safety, adverse childhood experiences. No specific form or questionnaire is required.”

(pub. 4/25/18)

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## Early Intensive Developmental and Behavioral Intervention (EIDBI) 101 online training update

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The current EIDBI 101 training course that was offered through [TrainLink](#) is no longer available. DHS is working to update the online training for providers, parents, stakeholders, counties and tribal nations. As of April 1, 2018, current individual EIDBI providers are not required to take the EIDBI 101 course until the updated course is available online. We will post a new message on this page when the revised training is ready. (pub. 4/17/18)

## Payment Error Rate Measurement (PERM) for 2018

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The 2018 PERM audit has begun. The CMS review contractor, Chickasaw Nation Industries (CNI), randomly selects a claim for review that you or your organization submitted to DHS for payment, or that was submitted on your behalf. CNI will contact you if one of your claims was selected. Refer to [Payment Error Rate Measurement \(PERM\) 2018 \(PDF\)](#) for details. (pub. 4/17/18)

## Early Intensive Developmental and Behavioral Intervention (EIDBI) authorizations

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EIDBI providers are no longer required to submit a denial letter or explanation of benefits (EOB) when submitting a Minnesota Health Care Programs (MHCP) fee-for-service authorization request to the state medical review agent if the member has other insurance. Continue to bill the other insurance first, then report other insurance on the claims to MHCP. Use the EOB from that insurance to enter information on the coordination of benefits (COB) screen in MN-ITS. (pub. 4/17/18)

## Home and community-based services billing exceptions for T1016, T2028, and T2041

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On March 5, 2018, the single-date billing requirement went into effect for most home and community-based services (HCBS) waiver providers. We have delayed the single date billing requirement for the following Healthcare Common Procedure Coding System (HCPCS):

- T1016 – case management
- T2028 – consumer directed community supports (CDCS)
- T2041 – CDCS mandatory case management – alternative care and elderly waiver (AC/EW)

Continue to bill as you have been for T1016, T2028 or T2041. We will announce a new effective date for billing changes as soon as possible. Watch this provider news and updates page for information about implementing the single-date billing requirement for these three HCPCS. We will notify you at least two months before the implementation date. (pub. 4/10/18)

## New Medicare cards being issued

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From April 2018 through April 2019 the Centers for Medicare & Medicaid Services (CMS) will send new Medicare health insurance cards to all Medicare recipients. The identifying number will change from a Medicare claim number to a Medicare beneficiary identifier (MBI).

### **Do not give the new number to a member**

Eligibility transaction responses (271) will display the new MBI; do not give the MBI to the member. Members should see their new MBI only when they receive a new Medicare card.

Refer to the [MN-ITS User Manual](#) for the 5010 X12 loop, segment and data element location of the Health Insurance Claim Number (HICN) or MBI on standard electronic 837I or 837P transactions.

### **Pilot testing of MBI numbers**

If you are interested in pilot testing MBI numbers, submit a small batch file or a direct data entry (DDE) Medicare 837I or 837P claim. After you submit the claim, send an email to [Darryl.ross@state.mn.us](mailto:Darryl.ross@state.mn.us) to notify us of your submission.

For more information, see the [Centers for Medicare & Medicaid Services](#) website. (pub. 4/10/18)

## Institution for mental disease (IMD) funding changes for substance use disorder (SUD) services

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Effective November 1, 2017, most recipients in an institution for mental disease (IMD) are no longer excluded from managed care, with a few exceptions. The following continue to be excluded from managed care:

- Recipients in a state-operated regional treatment center (Anoka Metro Regional Treatment Center), the Minnesota Sex Offender Program (MSOP) or the Forensics Treatment Services
- Recipients that meet another basis of exclusion

All other IMD recipients will be enrolled in a health plan. Be sure to check any MHCP member's eligibility each month so you are billing correctly. This includes adults with disabilities who may enroll with a managed care plan under the Special Needs Basic Care (SNBC) program.

IMD funding for substance use disorder (SUD) services is now determined on a month-to-month basis to align with changes to member eligibility for dates of service April 1, 2018, and after. These changes are specific to funding sources for managed care enrollees receiving treatment for SUD. For example, if a person is placed into a SUD IMD facility with coverage through the Consolidated Chemical Dependency Treatment Fund (CCDTF) and is then enrolled with a managed care plan the next month, CCDTF pays the first month and the managed care plan pays the second month. If this same person loses managed care plan eligibility the following month, then the CCDTF becomes the payer again, and so on.

The CCDTF previously reimbursed IMDs for SUD services from the date of admission through the date of discharge, regardless of changes to member eligibility, such as becoming enrolled in a managed care plan.

### What this change means for county and tribal lead agencies

- Service agreement date spans need to reflect any changes to a person's eligibility involving a managed care plan, fee-for-service (FFS) or CCDTF coverage.
- The process has not changed for CCDTF or FFS clients. These clients are CCDTF eligible, but are not yet enrolled with a managed care plan.

### What this change means for IMDs providing SUD services

Billing for services now includes managed care plans for people enrolled in Minnesota Health Care Programs (MHCP) who are receiving SUD services in an IMD facility. Be sure to check your client's eligibility each month and notify the MCO or the county or tribal placing authority right away whenever the payer source changes. (pub. 4/5/18; rev. 4/25/18; rev. 5/1/18)

## Ambulatory payment classification (APC) outpatient claims

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The Department of Human Services completed the system update for APC outpatient claims to reflect the new pricing. We did a mass adjustment for claims with dates of service from Jan. 1, 2017, through Feb. 26, 2018. The reprocessed claims will be on the April 3, 2018, remittance advice with batch number 4 18072 00 905. (pub. 4/4/18)

## Intensive treatment in foster care training sessions

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Providers interested in providing intensive treatment in foster care need to attend one of the Intensive Treatment in Foster Care (ITFC) Applicant Provider Information Sessions, and then be certified. You can read more in the bulletin [Children's Mental Health Announces New Service: Intensive Treatment in Foster Care](#).

Sign up for the training through the Adult and Children's Mental Health link from the [TrainLink](#) information page. From the TrainLink registration page, click on Course Catalog Search and enter the course code CMH110. Click on Class Schedule for all session dates and locations. Upcoming sessions scheduled in 2018 are May 15, August 21, and November 20. Each session time will be 9:00 a.m. to 12:00 p.m. (pub. 4/3/18)

## Institutional Medicare crossover claims denied lines incorrectly

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A system update caused institutional Medicare crossover claims to adjudicate and deny in error by denying lines with adjustment code CO-A1, M50 remark. The issue affected claims submitted from February 16-22, 2018. We resolved the

issue on February 22, 2018. The claims that denied were on your March 6, 2018, remittance advice. We will reprocess claims that are not yet replaced. These denied claims will be replaced with batch number 4 18079 00 901 on the April 3, 2018, remittance advice. (pub. 3/29/18)

## Certified Community Behavioral Health Clinic (CCBHC) diagnostic assessment claims to be reprocessed

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Claims billed for diagnostic assessment services procedure codes 90791 and 90792, with dates of service between July 1, 2017, and February 6, 2018, were incorrectly applying to the limit for diagnostic assessments. This caused members to reach the maximum allowed units too soon. MHCP will reprocess all claims for procedure codes 90791 and 90792 with dates of service July 1, 2017, through February 6, 2018, to reset the units to the correct number. These claims will be on your April 3, 2018, remittance advice. (pub. 3/28/18)

## Replace denied CCBHC claims submitted without Q2 modifier

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Certified community behavioral health clinic (CCBHC) demonstration services such as psychiatric diagnostic evaluation (90791 Q2), provided to people who are eligible for both Medicare and Medicaid have previously been denied by the Medicare Administrative Contractors (MAC). This resulted in incorrect Medicare crossover claim processing. Effective January 5, 2018, MAC started accepting modifier Q2.

Replace claims you submitted to Medicare before Jan. 5, 2018, that denied. Use the Q2 modifier for the claims to process correctly. Follow billing procedures in the [CCBHC section](#) of the MHCP Provider Manual. (pub. 3/28/18)

## Additional information

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- [Provider news and updates archive](#)
- [MHCP provider policies and procedures](#)
- [Latest Manual Revisions](#)
- [Training and VideoPresence opportunities](#): Information about most new and ongoing training
- [Grants and requests for proposals](#)

If you have questions about this information, call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411.

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