MHCP provider news and updates

May 15 – 28, 2018

Systems announcements

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

Secure FTP Users Only:
The SFTP server will be unavailable Saturday, May 19, 2018, from 5:00 to 9:00 a.m. for upgrades and maintenance. You will not be able to log in, submit or receive any files during this time. (pub. 5/16/18)

MHCP Provider Directory updates

The MHCP Provider Directory site changed to a new look on Wednesday, May 16, 2018. It includes a link to MinnesotaHelp.Info, where we will list additional home and community-based services and providers. Most providers will be listed in one of the directories. If you or your agency are not listed in either the MHCP Provider Directory or in MinnesotaHelp.info, please call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411. A representative will get your information and forward it to the appropriate area to review for including in one of the lists. (pub. 5/16/18)

Children's mental health residential facilities reclassified as Institution for Mental Diseases (IMD)

Eleven children's mental health residential treatment facilities were reclassified as Institutions for Mental Diseases (IMD) effective May 1, 2018. Children's IMD residential treatment program are facilities with over 16 beds. IMD status does not affect a member's access to service, eligibility for continuing treatment, or the reimbursement process.

What this change means for counties and tribes
- Counties and tribes continue screening to establish medical necessity for residential level of care before placement, except in emergency placement (Minnesota Statutes 245.4885).
- County workers will receive the County Notice of IMD Status (DHS-4145) (PDF) from the IMD facility and will change the eligibility code to program IM.
- Counties and tribes continue to submit claims to DHS for services they provide to children eligible for Medical Assistance (MA). We will continue to reimburse them for the MA-covered treatment the facility provides.

What this change means for IMDs providing children's residential mental health services
- For a facility reclassified as IMD, MHCP provider enrollment will change the facility type to IMD.
- The facility is responsible for determining that the appropriate county, tribe, or managed care organization has been involved with the level-of-care determination.
- For MA members with fee-for-service coverage, the IMD facility completes the DHS-4145 and faxes it to the county. The county will change the eligibility code. (For managed care members, no change is needed.)
- The IMD facility continues to invoice the counties and tribes for services provided.

Refer to Children's mental health news for more details and the list of children's IMD facilities. (pub. 5/16/18)

Changes in opioid prescriptions at pharmacy point-of-service

Beginning August 20, 2018, the maximum opioid dose will decrease from the current 120 morphine equivalents per day (MED) to 90 MED. This limit will apply to Minnesota Health Care Programs (MHCP) for both managed care plans and fee-for-service. The prior authorization (PA) vendor may grant exceptions in clinically appropriate circumstances, such as cancer-related pain, palliative or hospice care, or documented medical necessity. To request an exception, submit a PA request to Health Information Designs (HID) at 866-205-2818 or fax a completed PA request to 866-648-4574.

Work with patients to reduce daily opioid doses
To minimize disruption for the MHCP members you serve, work with your patients who have current doses at the 120 MED maximum and reduce their daily opioid doses to the new 90 MED maximum before August 20, 2018. This will not affect those prescriptions that already have an existing prior authorization for a higher daily morphine equivalent dose.

Why the change?
MHCP is initiating this change as part of the Uniform Formulary Policy initiative. Curbing the escalating problem of prescription opioid abuse is a key priority of the Minnesota State Substance Abuse Strategy.
High doses of opiates are linked to an increase in morbidity and mortality. The goal of this and other changes is to ensure safe and effective use of opiates in managing pain when pharmacotherapy is deemed medically necessary. Refer to the Minnesota's opioid prescribing guidelines for more information. (pub. 5/15/18)

Institutional Medicare crossover claims denied incorrectly

A system update caused institutional Medicare crossover claims to deny lines with adjustment code CO-A1, M51 remark in error. The denied claims were on your May 1, 2018, remittance advice. We will reprocess claims that are not yet replaced. These claims will be replaced with batch number 4 18129 00 901 on the May 15, 2018, remittance advice. (pub. 5/15/18)

Children's Therapeutic Services and Supports (CTSS) denied claims

Claims billed for Children's Therapeutic Services and Supports (CTSS) procedure code H2014 from April 13 to April 26, 2018, were incorrectly denied. MHCP will reprocess these denied claims. The reprocessed claims will be on your May 15, 2018, remittance advice. (pub. 5/15/18)

Requesting authorization and billing assistive listening devices (ALD)

Multiple assistive listening device (ALD) components billed together on the same claim will deny due to NCCI edits. When requesting authorization for a complete ALD system, select one of the following appropriate bundled codes:
- **V5281** – Assistive listening device, personal FM/DM system, monaural (one receiver, transmitter, microphone), any type
- **V5282** – Assistive listening device, personal FM/DM system, binaural (two receivers, transmitter, microphone), any type

On separate documentation list the individual contracted ALD components, both HCPCS codes and descriptions (either transmitter, microphone or receiver(s)) and include model numbers and individual prices as listed on the contract.

On the Authorization Form (DHS-4695) (PDF), list one of the two system HCPCS codes: V5281 or V5282, with the NU modifier and a description of "Bundled ALD." Do not enter a model number or a bundled price; they are not listed on the contract.

Submitting the claim
Include the approved authorization number and bill one claim line using HCPCS V5281 or V5282, but do **not** add a model number. No attachment or other documentation is necessary when you submit the claim. (pub. 5/15/18)

Electronic visit verification system survey

The Minnesota Department of Human Services (DHS) is surveying providers of personal care assistance, home health services, and home and community-based services to learn more about existing use of electronic visit verification (EVV) in Minnesota. The 21st Century Cures Act requires states to electronically verify personal care services, including home and community-based services that provide support for activities of daily living or instrumental activities of daily living by January 1, 2019. By January 1, 2023, states must electronically verify home health services. You can learn more about the EVV requirement in the recent legislative report: Legislative Report: Electronic Visit Verification System, January 2018**. If you are a provider of these services, look for a letter in the PRVLTR folder in your MN–ITS mailbox that has a link to the survey.** (pub. 5/15/18)

New employment services for waivers coming summer of 2018

The Minnesota Department of Human Services will add three employment services to our home and community-based services (HCBS) waivers starting July 1, 2018. The new services will be added to the Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI) and Developmental Disabilities (DD) waivers. They will replace Supported Employment Services and the community-based work component of the Day Training and Habilitation (DT&H) and Prevocational Services.

We will provide more details to you through your MN–ITS mailbox and other announcements as we get closer to the effective date. Check your MN–ITS mailbox regularly and sign up for DSD eLists so you do not miss any important information. In the meantime, visit the Employment First webpage for current information and regular updates. (pub. 5/15/18)

Billing for walkers and replacement brakes when the member has Medicare

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

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)

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

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)

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

We revised language and updated links in the C&TC Schedule of Age-Related Screening Standards (Periodicity Schedule) (DHS-3379) (PDF). Printed copies are available to order on the DHS Bulk Order Website.

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; rev. 5/15/18)

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

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

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

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

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

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 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

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)

Intensive treatment in foster care training sessions

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)

Additional information

- 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.

Sign up to receive provider news and other MHCP notices through our free provider email lists