

MHCP provider news and updates

July 24 – August 7, 2018

Systems announcements

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

MN–ITS maintenance August 4– 6, 2018

MN–ITS will be unavailable starting at 6:00 a.m. on Saturday, August 4, 2018, through 6:00 a.m. Monday, August 6, 2018, for the following transactions:

- Batch transaction processing – all batch transactions will be unavailable
- ApplyMN

Any batch files submitted via secure FTP during this time will be processed when the system is available.

All other applications will be available during this time; however, you may see some intermittent downtimes. (pub. 8/3/18)

MN–ITS Password Security Changes – Postponed

The password security changes announced on July 20, 2018, that we expected to implement Monday, July 23, 2018, have been postponed.

As before, MN–ITS users who forget their password or are locked out of their account must contact their account administrator to reset their password. MN–ITS administrators who are locked out of their account still need to call the Minnesota Health Care Programs (MHCP) Provider Call Center at 651-431-2700 or 800-366-5411 to reset their password.

We will update this message when we are able to implement this change.

Upcoming password security changes:

Watch this page for updates about the password security change. When the change is implemented, users who log back in after a password reset will be asked to set up three security questions. Having the security questions in place will allow the user to change their password themselves in the future, without the help of an account administrator. However, users who forget their password or get locked out of their account will still need their administrator to reset the password.

Users will not be able to use the same password they used the last two times they changed it, and must wait two days before they can change it again.

Password requirements are as follows:

- Must be at least 8 characters
- Must have at least 1 lower case character
- Must have at least 1 upper case character
- Must have at least 1 number
- Note: do not use these symbols: <, >, /, {, }, \, |,
- Are case sensitive

Please check your bookmarks!

The URL for MN–ITS is: <https://mn-its.dhs.state.mn.us>. This is not a change. However, if you have an old URL for MN–ITS saved in your favorites you will no longer be automatically redirected to the MN–ITS login page. Please check your bookmark to be sure you have the correct URL saved. Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 with any questions. (pub. 7/20/18; rev. 7/23/18)

MN–ITS mailbox not displaying all files

Some MN–ITS users are reporting that files, such as SAL or 835 files, are not displaying in the mailbox. We are working to resolve this issue as quickly as possible. We will update this message when we have more information. (pub. 7/18/18)

Psychiatric Residential Treatment Facilities (PRTF)

Psychiatric Residential Treatment Facilities (PRTF) provide active treatment to children and youth under age 21 with complex mental health conditions. PRTFs deliver services under the direction of a physician to children and youths and their families seven days per week. Treatment is designed to achieve the child's or youth's discharge from a PRTF to the community at the earliest possible date.

Northwood Children's Services in Duluth recently was the first PRTF to open in Minnesota. Direct inquiries about eligibility and admission to Northwood Children's Services to Leslie Chaplin, Director of Operations at lchaplin@northwoodchildren.org or 218-625-2647.

For an overview and more eligibility and admission details visit the [DHS - PRTF](#) webpage. For specific information on service criteria and other provider requirements, refer to the [PRTF section](#) of the MHCP Provider Manual. (pub. 8/2/18)

Online Provider Screening and Enrollment (MPSE) portal coming soon

Minnesota Health Care Programs (MHCP) will soon launch the Minnesota Provider Screening and Enrollment (MPSE) portal. MPSE will replace the need to fax paper enrollment requests. The online application will allow providers to manage their enrollment records and submit any requests to meet their enrollment needs. The MPSE portal will change how we do business from a paper-based process to a secure, web-based online enrollment and will become the solution for future enrollment of all Medicaid health care providers.

Refer to the [MPSE webpage](#) for the latest information on the implementation process. (pub. 7/24/18)

Mental Health Information System (MHIS) reporting period deadline

The Minnesota Department of Human Services requires regular reporting of adult client outcomes information for publicly funded mental health services using [MHIS](#). Client outcome reporting for the January 1 - June 30, 2018, dates of service is due by July 30, 2018.

If you are experiencing technical issues using MN–ITS, refer to **Systems announcements** at the top of this MHCP provider news and updates webpage.

You will find MHIS reporting resources on the [MHIS Technical Assistance webpage](#). Email dhs.amhis@state.mn.us if you have more MHIS reporting questions. (pub. 7/24/18)

Public comment period for an amendment to the elderly waiver plan

The Minnesota Department of Human Services (DHS) requests public comments on a [Proposed amendment to Minnesota's Elderly Waiver Plan \(summer 2018\) \(PDF\)](#) before submitting the amendment to the Centers for Medicare & Medicaid Services (CMS) for approval. We are holding a 30-day public comment period from July 3, 2018, through August 2, 2018. See the [Public comment period open for an amendment to the Elderly Waiver plan](#) for more information. (pub. 7/24/18)

Early Intensive Developmental and Behavioral Intervention (EIDBI) treatment modalities information sessions

Join DHS Disability Services on July 27, 2018, for an information session to learn more about the five different DHS-recognized EIDBI treatment modalities for autism spectrum disorder (ASD) and related conditions. We will also have an information session on telehealth. Parents, providers, advocates and other stakeholders are welcome to attend. Participants will receive an overview of the treatment modality, including who is best served by the treatment approach and in what setting. In addition, participants will learn more about who provides the treatment and what education, training and experience is required to become a provider.

The current treatment modalities include:

- Applied Behavior Analysis (ABA)
- DIR® or Floortime model
- Early Start Denver Model (ESDM)
- PLAY Project
- Relationship Development Intervention (RDI)

Other helpful information and resources will also be available. For more information and to register refer to the [information session page](#). Participants are welcome to come for the whole day or attend only the sessions that interest you. (pub. 7/13/18)

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 August 21 and November 20. Each session time will be 9:00 a.m. to 12:00 p.m. (pub. 7/12/18)

Public comment period for amendments to the disability waiver plans

The Minnesota Department of Human Services (DHS) requests public comments on [Summer 2018 federal waiver plan amendments \(PDF\)](#) before submitting the amendments to the Centers for Medicare & Medicaid Services (CMS) for approval. We are holding a 30-day public comment period from June 26, 2018, through July 26, 2018. See [Public comment period for Summer 2018 amendments to the disability waiver plans](#) for more information. (pub. 7/10/18)

Changes to personal support under home and community-based services

Effective July 1, 2018, personal support is covered under Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI) and Developmental Disabilities (DD) waiver programs. Previously it was covered only under the DD waiver.

The procedure code remains S5135, but it will now need a U4 modifier for dates of service on or after July 1, 2018. Lead agencies have updated service agreements that were previously authorized with S5135 and no modifier under a DD waiver to end June 30, 2018. A new line starts July 1, 2018, that includes the U4 modifier. If you have not received an updated service agreement, contact the lead agency. (pub. 7/10/18)

Changes to coverage and new billing requirement for hearing aids and supplies

Effective June 4, 2018, MHCP covers conformity evaluations. These services may be provided after the hearing aid is dispensed. Use HCPCS V5020 – one unit for a monaural aid and two units for a binaural aid.

Effective July 3, 2018, hearing aid services and parts with the following HCPCS codes require an invoice to be sent as a claim attachment:

- V5014 – Repair/Modification of a hearing aid
- V5267 – Hearing Aid Supplies/ Accessories

The invoice must include:

- The provider's, supplier's or manufacturer's name and address
- A description of the repair service or the supply or accessory
- Clear indication of the cost or value of the service or supply

List hearing aid supplies and services on separate claim lines with appropriate modifiers if billing both items. (pub. 7/10/18)

Early Intensive Developmental and Behavioral Intervention (EIDBI) clinical trainee enrollment and billing

We revised the [EIDBI Assurance Statement for Comprehensive Multi-disciplinary Evaluation \(CMDE\) Providers \(DHS-7120A\) \(PDF\)](#). Use the current form to enroll your clinical trainee as a CMDE provider. Send in the form for your staff, paying special attention to the effective date field. Once your staff are approved through Provider Enrollment, you may bill for any retroactive services, beginning on the day you enter as the effective date. We will accept claims for CMDE services the clinical trainee completes. (pub. 7/10/18)

Institutional billing for inpatient services webinar

Minnesota Health Care Programs (MHCP) will offer training for enrolled hospital providers on 837I (institutional) billing for inpatient services. The training will be provided online through a webinar. For more information and to register, see [Training on inpatient hospital billing](#). (pub 7/10/18)

Enhanced rate or budget for PCA and CSG

For traditional personal care assistance (PCA), PCA Choice and consumer support grant (CSG) services, a five percent enhanced rate or budget is available beginning July 1, 2018, for work that is provided:

- By a worker who has completed qualifying training
- To a person who is eligible for 12 or more hours of PCA per day

PCA provider agencies are required to pass on the five percent enhanced rate in wages or benefits to the specific worker who completed the training and is providing the services to the eligible person for both PCA and PCA Choice.

CSG participants will have an enhanced budget if they are eligible for 12 or more hours of PCA per day and have a qualifying worker. The participant and the fiscal support entity (FSE) must work together to pass on the five percent to the worker in wages or benefits.

We are still seeking federal approval for this change for consumer directed community supports (CDCS) and extended PCA on a waiver and will provide more information when it is available. Detailed instructions for individual PCAs, as well as provider agencies are available in the PCA Manual. See [Provider agency/fiscal support entity requirements for PCA, CDCS and CSG enhanced rate or budget](#).

Information for providers who work with managed care organizations (MCOs)

Providers working for a person whose PCA services are covered by a health plan, must check with the MCO about how the MCO will handle the enhanced rate. (pub. 7/2/18; rev. 7/5/18)

Requested fingerprint-based criminal background checks now overdue

If you received a letter from the Minnesota Health Care Programs (MHCP) Provider Screening and Enrollment about a fingerprint-based criminal background check (FCBC), you need to complete this requirement. The deadline to submit your background check information was June 4, 2018.

We sent letters to personal care assistance (PCA) and transportation providers about the FCBC requirement on May 4, 2018. You would have received the letter either by U.S. Postal Service mail or in your MN-ITS mailbox. Because MHCP assigned PCA and transportation providers to the high-risk provider type category, we must ensure that anyone who has 5 percent or more direct or indirect ownership interest in an agency for these provider types completes an FCBC. Refer to the [Provider Screening Requirements](#) in the MHCP Provider Manual to review the risk levels and screening requirements.

We will send a second notice to providers who did not respond to the first notice. If you do not respond to the request to complete the FCBC, we will terminate your participation with Minnesota Health Care Programs (MHCP). For more information, refer to the letter you received or call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411. (pub. 6/26/18)

Pediatric Psychopharmacology and Mental Health Treatment Education for Prescribers

The Psychiatric Assistance Line (PAL), a partnership between PrairieCare Medical Group and the Minnesota Department of Human Services Behavioral Health Division, is offering **free** and **continuing medical education (CME)-approved** trainings for health care professionals working with children and adolescents with mental health concerns. This training curriculum is designed to increase providers' knowledge of appropriate mental health assessment and treatment practices (both pharmaceutical and psychosocial interventions) for pediatric populations.

Who is the training for?

We encourage the following types of Minnesota health care providers working in the fields of pediatrics, primary care, family medicine, psychiatry, psychology, neurology and other related specialties to attend:

- Physicians
- Physicians Assistants (PA)
- Nurse Practitioners (NP)
- Advanced Practice Registered Nurses (APRN)
- Clinical Nurse Specialists (CNS)

For more information about the trainings and how to register, see the DHS mental health update, [Pediatric Psychopharmacology and Mental Health Treatment Education for Prescribers](#). (pub. 6/26/18)

Early Intensive Developmental and Behavioral Intervention (EIDBI) Atrezzo provider portal training

KEPRO, the medical review agent, has ongoing Atrezzo provider portal training on the Atrezzo registration, system navigation and case submission for providers who use the Atrezzo portal. Refer to the KEPRO [Atrezzo Provider Portal Overview \(PDF\)](#) for the 2018 schedule and webinar information. (pub. 6/26/18)

Rate changes for elderly waiver, alternative care, essential community support and home and community-based services

Long term services and supports rate changes for specific services under these programs are effective July 1, 2018, for members with fee-for-service coverage for the following:

- Home delivered meals (HDM) (S5170) for alternative care (AC), elderly waiver (EW) and essential community support (ECS) programs increase by 2.61 percent.
- EW and AC monthly case-mix budget caps and consumer directed community supports (CDCS) monthly budget caps will increase by 0.03 percent in conjunction with the HDM service rate increase.
- The ECS monthly budget will increase by 0.58 percent in conjunction with the HDM service rate increase.
- The Internal Revenue Service (IRS) announced on December 14, 2017, the standard mileage rate for the use of a car, van, pick-up or panel truck is 55 cents per mile for business miles driven beginning January 1, 2018. DHS adjusted the federal mileage rate to 55 cents effective July 1, 2018. This mileage adjustment applies to all home and community-based services (HCBS) programs.
- Adjustments to rates determined through the disability waiver rates system (DWRS) frameworks will affect only rates that are not banded to individual or weighted average historic amounts. See the [May 31, 2018, eList announcement](#). Rates paid by managed care organizations may not be exactly the same as fee-for-service rates. Check with the managed care organization for specific information when billing.

For more details on rate and limit changes for HCBS services, see [Long-term services and supports rates changes](#). (pub. 6/26/18)

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.)
- For MA members with fee-for-service coverage, 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; rev. 7/10/18)

Changes in opioid prescriptions at pharmacy point-of-service - Correction

Beginning August 20, 2018, the fee-for-service pharmacy program's maximum opioid dose will decrease from the current 120 morphine equivalents per day (MED) to 90 MED. Managed care plans within Minnesota Health Care Programs (MHCP) will implement this change no later than January 1, 2019.

The fee-for-service 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 using the following forms.

- [High Dose Opioid Drug Authorization](#) (DHS-7072) (PDF)
- [Clinic Tool for the Assessment and Management of Persistent Pain](#) (DHS-6109) (PDF)

Work with patients to reduce daily opioid doses

To minimize disruption for the fee-for-service MHCP members you serve, work with your patients who have current daily doses in the range of greater than 90 MED through 120 MED, and reduce their daily opioid doses to at or below the new 90 MED maximum before August 20, 2018. This will not affect those prescriptions that already have an existing prior authorization for daily morphine equivalent doses greater than 120mg MED.

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; rev. 7/5/18)

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](#)