

# MHCP provider news and updates

August 8 – August 20, 2018

## Systems announcements

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

### **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)

## Minnesota Provider Screening and Enrollment (MPSE) portal training

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Minnesota Health Care Programs (MHCP) will host a series of training sessions to introduce the new MPSE portal. MHCP provider trainers will give a demonstration of the portal application and more including:

- How MPSE will change the way MHCP providers do business with Provider Eligibility and Compliance
- Benefits of MPSE for MHCP providers
- Implementation of MPSE

The sessions will be broken out by organizations with affiliations, organizations without affiliations, individual providers and a few for specific provider service types.

Learn more about the scheduled sessions on the [Minnesota Provider Screening and Enrollment training](#) page. You can also learn more on the features and benefits of the portal on the [Minnesota Provider Screening and Enrollment \(MPSE\) Portal](#) webpage. (pub. 8/14/18)

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## Name change for Provider Enrollment team

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The name of the Provider Enrollment team at DHS is changing to Provider Eligibility and Compliance to better reflect their functions and responsibilities.

The Provider Eligibility and Compliance team's duties include ensuring that providers enrolling with MHCP meet the requirements for their field, are not excluded from MHCP participation under the screening requirements, comply with specific initial enrollment criteria, and continue to meet their own professional and DHS compliance requirements. In addition, the team is responsible for the MMIS provider subsystem to ensure member services are authorized for qualified providers so DHS pays claims accurately. (pub. 8/14/18)

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## Place-of-service 03 for E&M services

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We have added place-of-service code 03, School, to Evaluation and Management (E&M) procedure codes 99214 and 99215. This allows psychiatrists and advanced practice registered nurses (APRN) with a mental health specialty to bill for evaluation and management services they complete in the school setting. All standard E&M documentation guidelines must be met. (pub. 8/14/18)

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## Surveys for waiver transportation – first survey deadline August 14, 2018

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Your participation in the Minnesota Department of Human Services (DHS) waiver transportation surveys is critical. If you provide waiver transportation, you received a letter in your MN-ITS mailbox on July 23, 2018, with information about the first survey.

Dates to remember are:

- August 14, 2018: This is the deadline to complete the survey about the waiver transportation payment methodology and rate recommendations.
- August 20, 2018: This is the date we will release the next survey about the current capacity and characteristics of Minnesota's waiver transportation fleet.

Go to [MN Home and Community-Based Transportation Services Rate Study](#) on the Navigant website for more information about the waiver transportation study, to download the cost survey, listen to the recorded training sessions, and access training materials. For technical assistance, email Navigant at [MNtransportationstudy@navigant.com](mailto:MNtransportationstudy@navigant.com). (pub. 8/9/18)

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## Individualized Education Program (IEP) retrospective reviews

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Schools and school districts are on the list of providers for a retrospective review in late October. DHS has contracted with the medical review agent, KEPRO, to perform the quarterly reviews. KEPRO will fax a letter to you requesting medical records.

Ensure that your contact information and fax number is current in your provider enrollment file. Call the MHP Provider Call Center at 651-431-2700 or 800-366-5411 if you need your provider file updated.

The letter from KEPRO will have details about the specific record requested, including a due date for submitting the information, and a user name and password to register in the [Atrezzo](#) provider portal to submit the requested documents. You will have 25 days to respond when you get a letter. If you have not responded within 15 days, your school will receive a reminder that you have 10 days left to respond. Contact KEPRO with questions related to record submission at [mnatrezzo@kepro.com](mailto:mnatrezzo@kepro.com). (pub. 8/8/18)

## Special education: Individualized Education Programs (IEP) or Individualized Family Service Plan (IFSP)

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Effective for dates of service on or after Nov. 1, 2018, MHCP will no longer accept modifiers 76 and 77. Schools must use new modifiers for services that are duplicated. This includes special transportation and services that are the same, but provided by two different school districts.

You may choose to begin using the new modifiers XE and XP now, as appropriate. Starting Nov. 1, 2018, you must use modifier XE rather than modifier 76 and modifier XP rather than modifier 77. Using the incorrect modifier will cause your claim to deny. We will update the IEP section of the MHCP Provider Manual with these changes by Nov. 1, 2018.

### When to use XE or XP

- Use modifier XE: Separate service same provider as the original service (special transportation only), as follows:
  - Bill first trip of the day using T1018 U8 TM
  - Bill each additional trip for that same day using T1018 U8 TM XE
- Use modifier XP: Same service different district, as in the following example.

A child receives Children's Therapeutic Service and Supports (CTSS) day treatment at a different school district. The child requires personal care assistant (PCA) services. Both school districts agree that each school will provide and bill for the PCA services the child receives when in their building. They would bill as follows:

- School 1 (home district) bills 1 unit T1018 U6 TM XP
- School 2 bills 1 unit T1018 U6 TM XP

MHCP will allow the use of the XP on both school's claims so that the two separate claims are not denied as a duplicate service. Each school must maintain their own provider documentation and time reporting requirements. (pub. 8/8/18)

## Nonexcepted off-campus provider-based hospital department payment rates

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MHCP recently completed system programming to implement the Centers for Medicare & Medicaid Services (CMS) [new payment methodology](#) for Jan. 1, 2018, on services reported with modifier PN. We will reprocess claims from Jan, 1, 2018, through July 2, 2018. They will be on your Aug 21, 2018, remittance advice. (pub. 8/8/18)

## Psychiatric Residential Treatment Facilities (PRTF)

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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](mailto: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

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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)

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

## Changes to personal support under home and community-based services

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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

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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

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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

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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

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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)

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

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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

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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**

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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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