MHCP provider news and updates

March 19 – April 1, 2019

Systems announcements

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

Technical assistance opportunity for employment service providers

The Institute for Community Inclusion at the University of Massachusetts Boston is accepting applications for the Minnesota technical assistance project (MN-TAP). This project will help you offer better support to people with intellectual and developmental disabilities as they receive and succeed in competitive, integrated employment opportunities. See the Minnesota Technical Assistance Project (PDF) for more information about the project.

MN-TAP is hosting a webinar on Tuesday, Apr. 2, 2019, at 3 p.m. for you to learn about the project and ask questions. See the DSD eList announcement for registration and more information. (pub. 3/28/19)

Community emergency and disaster assistance protocols for people who receive waiver services

With February's record snowfall and March's warmer temperatures, many parts of Minnesota are at a higher risk of flooding. Minnesota Department of Human Services (DHS) will work with lead agencies and waiver service providers in preparation and response. For information on eligible reimbursements for relocating people who receive waiver (DD, CAC, CADI, BI and EW) and Alternative Care program services, see the DSD eList: Community emergency and disaster assistance protocols for people who receive waiver services announcement. (pub. 3/22/19)

Free one-day training for day and employment disability service providers in April 2019

We invite you to join disability employment expert Genni Sasnett this April for a free one-day training session “Transforming Organizations to Transform Services.” The training focuses on the organizational changes required to support innovation and transformation in the areas of employment and community integration. Training will be held in Duluth, Mankato and West St. Paul. See the DSD eList announcement webpage for dates, locations, registration and more information. (pub. 3/21/19)

Duplicate X12 835 remittance advices (RAs) for Mar. 19, 2019, warrant date

You may see duplicate X12 835 RAs in your MN–ITS mailbox on the Mar. 19, 2019, warrant. The data in the original is the same as the data in the duplicate. You can ignore the duplicate RAs. (pub. 3/21/19)

Consumer Support Grant (CSG) claims with improper use of the 76 modifier will be taken back

Minnesota Health Care Programs (MHCP) will take back CSG claims submitted with procedure code T2025 and the 76 modifier going back to July 1, 2018. This will occur on the Apr. 16, 2019, warrant. The 76 modifier is used for repeat
procedures or services by the same physician or other qualified health care professional and is 50 percent state funded and 50 percent federally funded. The CSG program is 100 percent state funded.

Providers with claims taken back for this reason on the Apr. 16, 2019, warrant should rebill these claims without the 76 modifier. (pub. 3/19/19)

**Minnesota Health Care Programs (MHCP) revised requirements for mental health practitioners**

We revised the requirements for mental health practitioners providing services to MHCP members effective May 12, 2018.

See the [General MHCP Non-Enrollable Mental Health Provider Requirements](#) provider manual webpage for more information. (pub. 3/14/19)

**2019 mental health procedure codes and rates**

The current mental health fee-for-service CPT or HCPC procedure codes and rates are now updated effective Jan. 1, 2019. See the [Service rates information](#) webpage for code and rate information. (pub. 3/13/19)

**Opioid Prescribing Reports will be sent to MN–ITS mailboxes**

Minnesota law requires the Minnesota Department of Human Services (DHS) to provide individualized Opioid Prescribing Reports to all health care providers who treat Minnesota Health Care Programs (MHCP) members and prescribe opioids for pain management. This includes health care providers who only care for MHCP members enrolled in a Managed Care Organization (MCO).

DHS will send the first individual Opioid Prescribing Reports to your MN–ITS mailbox this spring. The Opioid Prescribing Reports are private data; we will provide them only directly to you, the health care provider. The report compares your prescribing data to your peers in your specialty. The only provider-specific information will be about your prescribing. You will receive a report only if you prescribe opioids.

**To access the report, providers must register for a MN–ITS account.** MN–ITS is the free, web-based HIPAA-compliant system for electronic billing and communication with providers. DHS will send MN–ITS registration letters with user IDs and temporary passwords to all opioid-prescribing providers who do not currently have a MN–ITS account, via U.S. Postal Service, in late March or early April. [Please watch for this letter and notify your administrative staff or billing office to watch for it and route it to you so you can register your account.](#)

Training on how to access the report in your MN–ITS mailbox will become available before the release of the reports. We will provide a link to the training on this webpage and the [Opioid Prescribing Improvement Program](#) website when the training becomes available.

The Opioid Prescribing Reports will support the DHS Opioid Prescribing Quality Improvement Program. See the [Opioid Prescribing Improvement Program](#) website for more information.

Contact the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 for questions about your MN–ITS mailbox. Direct questions about the Opioid Prescribing Reports to [dhs.opioid@state.mn.us](mailto:dhs.opioid@state.mn.us). (pub. 3/8/19)

**Prior authorization required for repair or replacement of wheelchair parts or accessories**

Prior authorization is required for claims for repair or replacement of wheelchair parts or accessories if the submitted combined charges for parts and labor are $1,000 or more. This applies to fee-for-service only. Claims without prior authorization are subject to payment recoupment beginning with a date of service of July 1, 2018. You may resubmit denied claims with authorization within one year of the date of service. See the [Mobility Devices](#) section of the Minnesota Health Care Programs (MHCP) Provider Manual for more information. (pub. 3/8/19, rev. 3/19/19)
Campaign offers you tools to “flip the script” and offer alternatives to opioids for pain

The Department of Human Services (DHS), in collaboration with the medical community, developed a new educational campaign to change the narrative around prescription opioid therapy, pain management and prescription opioid misuse. The Flip the Script outreach program increases awareness about safe opioid prescribing behavior and arms you with the tools and resources you need to talk with your patients about opioids and pain management. It also includes an online learning activity allowing you to earn continuing education credits for learning more about safe opioid prescribing behavior guidelines.

Visit the Flip the Script Opioid Prescribing Improvement Program website to learn more about the Opioid Prescribing Improvement Program. (pub. 3/7/19)

Excel version change to XLSX in MN–ITS

We will upgrade to the Excel XLSX version from the Excel XLS version beginning Apr. 1, 2019, for lists or reports posted in MN–ITS. If you need to open those files, you will need the Excel XLSX version. (pub. 3/5/19)

R diagnosis codes permitted for outpatient psychotherapy and psychoeducation sessions

The Minnesota Department of Human Services (DHS) allows the use of R diagnosis codes R45-R45.89 for outpatient psychotherapy and psychoeducation sessions beginning Feb. 5, 2019. See the ICD10Data Symptoms and signs involving emotional state webpage for R45-R45.89 code information.

R code rationale:

- R codes help the clinician focus on symptomology without committing to a diagnosis. They describe the functional impact but not necessarily the cause. R codes would be inappropriate for extremely long time periods, but could establish the medical necessity for further engagement, treatment and refined diagnosis.
- R codes will help acknowledge and explore cultural context in some symptomology.

R codes cannot be used for sessions that require a diagnosis of a serious and persistent mental illness (SPMI) or severe emotional disturbance (SED).

See the ICD10Data Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified webpage for more information about R codes. (pub. 3/5/19)

Dialectical Behavior Therapy Intensive Outpatient Program (DBT IOP) national certification deadline extended

Minnesota Department of Human Services (DHS) has extended the deadline to Jan. 1, 2021, for current DBT IOP providers enrolled in Minnesota Health Care Programs (MHCP) to become certified through a national certification board approved by the DHS Commissioner. See the Dialectical Behavior Therapy Intensive Outpatient Program – National Certification provider news published May 19, 2017, for more information. (pub. 3/5/19)

2019 Early Intensive Developmental and Behavioral Intervention (EIDBI) claims have been processed

Claims submitted for EIDBI services with dates of service beginning Jan. 1, 2019, have been processed for warrant date Mar. 5, 2019. All claims are paying at the full rate regardless of the education level of the rendering provider. System programming needs updating, and these claims will be reprocessed for proper reimbursement and editing once the programming is complete.
Providers who received advances will see adjustment(s) on their remittance advice (RA) for Mar. 5, 2019, or Mar. 19, 2019, depending on when the advances were received. (pub. 3/1/19)

**Outpatient Ambulatory Payment Classification (APC) payment error**

Minnesota Health Care Programs (MHCP) has completed the system update to correct the APC overpayment error on procedure codes with status indicators Q1, Q2 or Q3 when multiple units were paid. MHCP has reprocessed claims made within the last three years for procedure codes with status indicators Q1, Q2 or Q3 limited to a single unit to meet Centers for Medicare & Medicaid Services (CMS) guidelines. The reprocessed claims will be on the Mar. 5, 2019, remittance advice (RA). (pub. 1/31/19, rev. 3/1/19)

**Child and Teen Checkups (C&TC) or Early and Periodic Screening, Diagnosis and Treatment (EPSDT) CAP underpayment error**

Minnesota Health Care Programs (MHCP) identified a C&TC or EPSDT CAP underpayment error on procedure code X5623.

We have updated our system with the correct payment rate. We have reprocessed claims and we will send the payments on the next payment cycle. No action is required by counties and tribes impacted by the error. (pub. 2/27/19)

**2019 Indian Health Services (IHS) encounter rate change**

The federally established encounter rate for IHS programs has changed to $455.00 per day effective Jan. 1, 2019. We have changed the rate on all service agreements previously entered into the Medicaid Management Information System (MMIS) and we will reprocess all previously submitted claims to pay the difference between last year’s rate and this year’s rate.

You must use the $455.00 rate when placing a member on Medicaid (whether Native or not) into a provider type 51 (IHS). The eligibility for the encounter payment is established by provider type (PT51) and the member’s major program Medical Assistance. Enter this rate whenever MMIS prompts you with the 963 edit.

Send questions about the rate to DHS.CCDTF@state.mn.us. (pub. 2/22/19)

**Instructions for implementing the Consumer Directed Community Supports (CDCS) enhanced budget and enhanced rate for extended personal care assistance (PCA)**

The Centers for Medicare & Medicaid Services (CMS) approved amendments to Minnesota Department of Human Services (DHS) waiver plans. The amendments authorized the CDCS enhanced budget and the enhanced rate for extended PCA waiver services effective immediately. Financial Management Service (FMS) providers and PCA provider agencies should follow the instructions below.

- **FMS providers** - Changes to the individual’s CDCS budget and plan are directed by the individual and approved by the lead agency. Then, the FMS provider implements changes by following the instructions found on the [CDCS enhanced budget process](#) webpage.
- **PCA provider agencies** - PCA agencies working with a person authorized for extended PCA services follow the instructions on the [Provider agency/FMS provider requirements for enhanced rate or budget](#) webpage.

(pub. 2/11/2019)
Personal care assistance (PCA) and home care nursing (HCN) services for people under 65 are now fee-for-service (FFS)

Beginning Jan. 1, 2019, all PCA and HCN services for people under age 65 will be covered under FFS. Members will continue to be enrolled in the Managed Care Organization (MCO) they were enrolled in, but MCO contracts for Minnesota Health Care Programs (MHCP) members under age 65 will no longer cover PCA and HCN. MHCP will cover these services on a FFS basis beginning Jan. 1, 2019.

Additional information for PCA agencies regarding this change:

- Due to the large volume of fax requests, it will take the Resource Center approximately 3-4 weeks to process your request. Do not resend your request for an authorization.
- Do not send multiple forms within the same fax. Send one fax for each person.
- Only fax the health plan authorization letter. Do not fax the PCA assessment and service plan.
- Attach the page of the service plan or an EOMB to show shared care was authorized if you need to cite shared care not authorized on the health plan authorization letter.
- We are issuing the FFS authorizations with line items instead of two 6-month lines for the remainder of the service agreement to increase data entry efficiency. If you need the units divided differently due to a different flexible use plan, indicate this in the comments section of form DHS-4074A. For example, if the person had planned on a 25/75% division of units.
- Do not send a request for an authorization for people receiving PCA services through a waiver or Alternative Care program. If you are providing PCA services to a person on a waiver or the Alternative Care program, contact your county or tribal nation case manager to have your authorization entered into MMIS.
- Do not send a request for an authorization for people who are 65 and older and are receiving PCA services through MCOs. The transition to FFS does not apply to people 65 and older in managed care.

Changes to PCA payer do not affect other health care services.

Under this contract change, members will continue to be enrolled in the MCO they were enrolled in and the MCO will continue to pay for their other health care services.

The contract change does not apply to the two options for those 65 and over: Minnesota Senior Health Options (MSHO) or Minnesota Senior Care+ (MSC+). MSHO and MSC+ MCOs will continue to authorize and pay for PCA and HCN services. (pub. 2/6/2019)

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.

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