MHCP provider news and updates
August 6 – 19, 2019

Systems announcements

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

Residential Withdrawal Management Service implementation update

Centers for Medicare & Medicaid Services (CMS) approved Residential Withdrawal Management Service Level 3.2 (clinically managed) and Level 3.7 (medically monitored) and we have added both service levels to Minnesota’s Medicaid benefit set beginning July 1, 2019.

The Residential Withdrawal Management Services (245F) license is a separate residential license you must obtain from our licensing division in order to provide and bill for the services. You must enroll as an eligible provider with Minnesota Health Care Programs after you receive your 245F license. We are working to complete the systems update to move forward with implementation of Residential Withdrawal Management Services and to ensure you are able to enroll and bill for services appropriately.

If you have questions about Residential Withdrawal Management Services licensing, please contact Kristi Strang at Kristi.strang@state.mn.us or 651-431-6611.

If you have questions about policy, please contact the Behavioral Health Division (BHD) at DHS.BHD.Withdrawal.Management@state.mn.us.

BHD will provide further updates during a one-hour Residential Withdrawal Management Services Update Webex event beginning at noon on Aug. 12, 2019. Go to the Withdrawal Management Update Webex webpage to register. (pub. 8/6/19)

Billing change to Value Code 24 for Managed care organization (MCO) Substance Use Disorder (SUD) room and board services

Room and board services for MCO enrollees will be billed differently when reporting Value Code 24 for dates of service beginning on or after Aug. 1, 2019. You will need to enter a five-digit rate code identifying the rate instead of the rate.

Please refer to the MN–ITS Inpatient 837I SUD Services (Loop: 2300, HI01-2) webpage for instructions on how to add the Value Code 24 and the associated five-digit rate code.

You must follow these steps when submitting your claim to be compliant with billing guidelines.
1. Enter the Value Code 24 (Loop: 2300, H101-2)
2. Enter the five-digit rate code from the Value Code 24 MCO Room and Board Billing (PDF) list.

If you have questions about the rate code and Value Code 24, call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 or 800-366-5411. (pub. 8/1/19)
**Federally Qualified Health Center (FQHC) claims billing for H0032 with or without modifiers reprocessed**

We have reprocessed FQHC claims denied for CO 252 when billing for H0032 with or without modifiers. You do not need to resubmit claims. We have corrected the issue and you will see the reprocessed claims on your Aug. 9, 2019, remittance advice. (pub. 8/1/19)

**Next round of Opioid Prescribing Reports sent**

Minnesota Department of Human Services sent the next round of individualized Opioid Prescribing Reports on Wednesday, July 31, 2019. We sent reports to providers who treat Minnesotans covered by Medicaid and MinnesotaCare and prescribe opioids for pain management, including those who prescribe to fee-for-service members and those who care for members enrolled in a Managed care organization. You will not receive a report this round if you received a report in June.

If you registered for a MN–ITS account before July 30, 2019, you can find your report in your MN–ITS mailbox in the Miscellaneous Received file folder PRVLTR. If you do not have a MN–ITS mailbox, we will mail you a report via the U.S. Postal Service. You should receive it during August. We will send future reports to registered MN–ITS mailboxes. See the May 30, 2019, MN–ITS Registration Letters mailed to opioid prescribers provider news message for information about registering for MN–ITS.

The Opioid Prescribing Reports will support the DHS Opioid Prescribing Quality Improvement Program. See the [Opioid Prescribing Improvement Program (OPIP)](https://www.dhs.state.mn.us/) website for more information. The Opioid Prescribing Reports are private data, we will provide them only directly to the health care provider. Your report compares your prescribing data to your peers, with your peers’ identifying information removed. You will get a report only if you prescribe opioids.

To provide feedback or ask questions about your report, use the [Provider Feedback Form](https://www.dhs.state.mn.us/) on the OPIP website. (pub. 7/31/19)

**Minnesota Provider Screening and Enrollment (MPSE) portal revised to add additional MPSE resource links**

The Department of Human Services (DHS) is proud to announce that, as of July 25, 2019, the Minnesota Provider Screening and Enrollment (MPSE) portal has launched to all Minnesota Health Care Programs (MHCP) providers, electronic data interchange (EDI) trading partners, clearinghouses, billing intermediaries. Managed care organizations can use MPSE to enroll and manage their health care case coordinators.

The MPSE portal is a new web-based application that allows providers to submit and manage their MHCP provider enrollment records and related enrollment requests online. The MPSE portal eliminates the need for providers to submit paper enrollment applications and allows for real-time tracking of the enrollment process.

DHS launched the MPSE portal to a sampling of providers from various healthcare specialties and facility types on June 24, 2019, to take part in MPSE pilot testing to ensure that the MPSE portal was functioning as expected and to receive input.

**How to Access the MPSE Portal**

Providers will access the MPSE portal through their MN–ITS account. New enrolling providers who do not already have a MN–ITS account will first need to register for MPSE access. Find detailed instructions on [how to access the MPSE portal](https://www.dhs.state.mn.us/) on the MPSE Portal webpage.

**Additional MPSE Resources**

[Frequently Asked Questions (FAQ) for Minnesota Provider Screening and Enrollment (MPSE) Portal](https://www.dhs.state.mn.us/)

The [MPSE User Manual](https://www.dhs.state.mn.us/). The link to the MPSE User Manual is on the right-hand navigation bar on each page of the MPSE portal. The MPSE User Manual explains terminology used in the portal, instructs on how to submit enrollment requests and describes the program features.
For MHCP Policies and procedures, refer to the MHCP Provider Manual.

For additional information, you can call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411.

**MPSE Portal Training**
DHS has prepared brief, online instructional videos to assist providers in using the MPSE portal. We are also offering in-person and webinar training sessions to teach providers how to use the MPSE portal. Find links to the MPSE tutorial videos or register for the in-person or webinar training on the MPSE portal training webpage. (pub. 7/25/19, rev. 8/6/19)

**Legislative changes to the Medical Assistance reimbursement rate for outpatient drugs**

Important changes were made to state law regarding the reimbursement rate for outpatient drugs covered by the fee-for-service (FFS) Medical Assistance (MA) program during the 2019 legislative session. See the Office of the Revisor Statutes SF 12 Bill Text Versions webpage for statutory references. Effective for claims with a date of service on or after July 1, 2019, the following changes will be incorporated into the MA reimbursement for outpatient drugs:

**Drug reimbursement (ingredient cost, for example)**
- The reimbursement rate for drugs is the same for all pharmacies. The differential rate paid to rural independently owned pharmacies was eliminated.
- The reimbursement rate for drugs is the lesser of the National Average Drug Acquisition Cost (brand or generic), the state maximum allowable cost or specialty maximum allowable cost, or the usual and customary charge submitted. If a drug does not have a National Average Drug Acquisition Cost, state maximum allowable cost and specialty maximum allowable cost, then the reimbursement rate is the lesser of the wholesale acquisition cost minus 2 percent or the usual and customary charge submitted.

**Dispensing fee**
- The dispensing fee for “covered outpatient drugs”, as defined by federal law, will be increased to $10.48 from $3.65.
- The dispensing fee for covered drugs that don’t meet the federal definition of a “covered outpatient drug” will remain $3.65. An example of a covered drug that doesn’t meet the definition of a “covered outpatient drug” is a covered over-the-counter (OTC) multivitamin.
- The dispensing fee for all compounded intravenous solutions was changed to $10.48 per bag. All other dispensing fees for compounded intravenous products were eliminated.
- The dispensing fee for covered OTC drugs will be prorated if a claim is for less than the manufacturer’s original package size.
- The retrospective billing pharmacy OTC drug dispensing fee was eliminated.
- The Long-term care blister card system dispensing fee was eliminated.

**340B reimbursement**
- The reimbursement rate for outpatient drugs dispensed by a 340B covered entity is the lesser of the 340B Drug Pricing Program ceiling price, the National Average Drug Acquisition Cost (brand or generic), or the usual and customary charge submitted. If a drug does not have a 340B Drug Pricing Program ceiling price and National Average Drug Acquisition Cost, then the reimbursement rate is the lesser of the wholesale acquisition cost minus 2 percent or the usual and customary charge submitted.
- The reimbursement rate for drugs administered to FFS members by 340B covered entities will be discounted by 28.6 percent. Before July 1, 2019, these claims were discounted by 20 percent.
- All outpatient pharmacy claims dispensed to FFS members must be submitted with a submission clarification code of ‘20’. All medical claims for 340B drugs administered to FFS members must be submitted with the ‘UD’ modifier. Minnesota Department of Human Services will use the submission clarification code and modifiers to exclude claims from the Medicaid drug rebate program.

**Over-the-counter (OTC) drugs**
- Covered OTC drugs prescribed to FFS members are no longer required to be dispensed in the manufacturer’s original package. Claims for partial packages of OTC drugs will be reimbursed at the sum of the ingredient cost plus a prorated dispensing fee.
MinnesotaCare tax

- Subject to federal approval, the drug reimbursement (ingredient cost) will be increased by 1.8 percent to account for the MinnesotaCare tax applied to wholesale drug distributors.

Additional Changes

- The definition of a provider’s usual and customary price was revised to clarify that it includes prices that are offered as part of a discount program offered by the pharmacy.

  "The usual and customary price means the lowest price charged by the provider to a patient who pays for the prescription by cash, check, or charge account and includes prices the pharmacy charges to a patient enrolled in a prescription savings club or prescription discount club administered by the pharmacy or pharmacy chain."

- Minnesota Health Care Programs (MHCP) will conduct a Cost of Dispensing Survey every three years. All pharmacies enrolled with MHCP must participate in the survey and may face sanctions if they do not participate. We will provide additional information regarding the survey and survey process in the future.

All changes were moved to production as of July 19, 2019. We will reprocess those claims for dates of service from July 1, 2019 – July 18, 2019 on Aug. 29, 2019, and they will appear on your Sept. 17, 2019, remittance advice. Pharmacies may reverse and resubmit their own claims. (pub. 7/19/19)

Early Intensive Development and Behavioral Intervention (EIDBI) state plan amendment approved

Minnesota Department of Human Services revised the state plan to amend observation and direction services criteria under the EIDBI Benefit beginning June 10, 2019. The change allows a Level 1 or Level 2 provider to provide observation and direction with providers of the same or lower level. Please see the state plan amendment (PDF) for more information. (pub. 7/19/19)

Minnesota Family Planning Program (MFPP) Provider Training Guide updates

We made updates to income information in the MFPP Training Guide. The updates include:

- Question 2b: Household size and income information - Removed a reference to alimony income because federal tax requirements around alimony have changed.
- Questions 7-9: Household income information
  - Removed the explanation of zero income because the application form no longer asks for this information.
  - Removed explanation of proof of stopping work because it is no longer required.
- Family size and income limits chart - Made annual changes to income limits effective July 1, 2019 – June 30, 2020.

The training guide is intended for Minnesota Health Care Programs (MHCP) enrolled providers who are certified or want to become certified, to determine presumptive eligibility for individuals not currently enrolled in any other MHCP and are applying for MFPP coverage. See the Certified MFPP Provider Training Guide (DHS-7421) (PDF) for more information. (pub. 7/18/19, rev. 8/6/19)

Mental Health Partial Hospitalization HCPCS code H0035 update

The Centers for Medicare & Medicaid Services National Correct Coding Initiative established a medically unlikely edit for Mental Health Partial Hospitalization HCPCS code H0035 with a maximum unit of one per day beginning Jan. 1, 2019. This change went into effect before our system work was completed.

Minnesota Health Care Programs will use the 2018 hourly rate to reimburse claims for dates of service beginning Jan. 1, 2019, through June 30, 2019. Resubmit your denied or incorrectly paid claims for dates of service Jan. 1, 2019, through June 30, 2019, as follows:

1. Change the service unit to 1 unit
2. In the "Reference" (Loop: 2300, NTE01) field, enter Updated Information "UPI"
3. In the "Text" (Loop: 2300, NTE02) field, enter the number of hours provided
These instructions do not apply to claims submitted for dates of service on or after July 1, 2019. On July 12, 2019, a new per diem rate was added to our system effective July 1, 2019. Resubmit claims with dates of service before July 13, 2019, to receive the new rate. Claims with dates of service on or after July 13, 2019, do not need to be resubmitted. (pub. 7/18/19)

**Enhanced rate or budget increase instructions for Personal Care Assistance (PCA) and financial management services (FMS) providers**

The enhanced rate or budget increased from 5 percent to 7.5 percent beginning July 1, 2019, for people who meet eligibility requirements and use PCA or Consumer Support Grant (CSG) with budgets based on the outcome of PCA assessments. The Minnesota Department of Human Services (DHS) is in the process of requesting federal approval to increase the Consumer Directed Community Supports (CDCS) enhanced budget percentage from 5 percent to 7.5 percent.

PCA provider agencies and CSG FMS providers should follow the instructions on the [Provider agency/FMS provider requirements for enhanced rate or budget](#) provider manual webpage. CDCS FMS providers should follow the instructions on the [CDCS enhanced budget process](#) page of the CDCS Manual. In most cases, PCA agencies no longer need to manually request DHS or lead agencies to update a person's service agreement. If an existing service agreement needs to be modified to include enhanced rate or budget information, the PCA provider agency or FMS provider must take the additional steps outlined in the Modifying existing service agreements section of the [Provider agency/FMS provider requirements for enhanced rate or budget](#) manual page.

**Managed care organization (MCO) enhanced rate or budget information**

Providers should check with the MCO about how the MCO will handle the enhanced rate or budget for people whose PCA or CDCS services are covered by a health plan. (pub. 7/16/19)

**2019 legislature authorizes Minnesota’s Waiver Reimagine project**

Minnesota’s Waiver Reimagine project earned 2019 legislative approval allowing Minnesota Department of Human Services to move forward with consolidating and simplifying Minnesota’s disability waiver programs. Minnesota’s Waiver Reimagine project aims to provide equal access to services through simplification and system-level improvements.

To learn more about the improvements and how to give feedback, see the [Information about Minnesota’s Waiver Reimagine project](#) DSD eList announcement webpage. (pub. 7/16/19)

**Changes for PCA Choice agencies and financial management services (FMS) providers**

PCA Choice agencies and FMS providers are required to fulfill responsibilities related to direct-support workers in PCA Choice, Consumer Directed Community Supports (CDCS) and the Consumer Support Grant (CSG).

The changes are detailed in a new contract between SEIU Healthcare Minnesota and the State of Minnesota, an updated SEIU Contract Compliance online training course, an updated [PCA Choice-CDCS-CSG Reporting Spreadsheet](#) and information about the requirement to send worker information to the Minnesota Department of Human Services each pay period. (pub. 7/12/19)

**2019 Home and Community-Based Services (HCBS) billing and service documentation requirement legislative changes**

Important HCBS billing and service documentation requirement provisions passed during the 2019 Minnesota Legislative Session that affect Minnesota Health Care Programs enrolled providers.
- **HCBS billing requirements** - New HCBS billing requirements were added beginning July 1, 2019. You must maintain documentation of services provided as a condition of payment. We only reimburse services provided under a federally approved waiver plan.

- **HCBS documentation requirements** – Beginning July 1, 2019, new service delivery documentation is required for services delivered on an hourly or minute-based rate and for services reimbursed at a daily (not hourly or minute-based) rate.

- **Waiver Transportation, Equipment Supply and Adult Day billing and documentation requirements** - Additional billing and documentation requirements were added for Waiver Transportation and Equipment and Supply beginning July 1, 2019, and Adult Day beginning Aug. 1, 2019.

See the [2019 Home and Community-Based Services (HCBS) billing and service documentation requirement legislative changes (PDF)](http://example.com) for more specific information. (pub. 7/9/19)

**Revision to Minnesota Health Care Programs (MHCP) member ID card**

The gender field on the MHCP member ID card will now be blank. The card will no longer display gender type because we do not require that information to be listed on the card. We will revise the card and remove the word gender when the current stock runs out. (pub. 7/9/19)

**1st round of Opioid Prescribing Reports sent**

Minnesota Department of Human Services (DHS) sent the first round of individualized Opioid Prescribing Reports on Friday, June 28, 2019. We sent reports to providers who treat Minnesotans covered by Medicaid and MinnesotaCare and prescribe opioids for pain management, including those who prescribe to fee-for-service members and those who care for members enrolled in a managed care organization.

If you registered for a MN–ITS account before June 27, 2019, you can find your report in your MN–ITS mailbox in the Miscellaneous Received file folder PRVLTR.

The Opioid Prescribing Reports will support the DHS Opioid Prescribing Quality Improvement Program. See the [Opioid Prescribing Improvement Program (OPIP)](http://example.com) website for more information. The Opioid Prescribing Reports are private data, we will provide them only directly to the health care provider. Your report compares your prescribing data to your peers, with your peers’ identifying information removed. You will get a report only if you prescribe opioids.

To provide feedback or ask questions about your report, use the [Provider Feedback Form](http://example.com) on the OPIP website.

Only those with registered MN–ITS mailboxes received reports. We will send reports again in a few weeks to those who did not receive a report in this distribution, but you must register for a MN–ITS account to get your report electronically. See the May 30, 2019, MN–ITS Registration Letters mailed to opioid prescribers provider news message for information about registering for MN–ITS. (pub. 6/28/19)

**MN–ITS Registration Letters mailed to opioid prescribers**

Minnesota Department of Human Services has completed sending MN–ITS account Registration Letters to opioid-prescribing providers who do not currently have a MN–ITS account, via the U.S. Postal Service. You must register for a MN–ITS account to receive individual Opioid Prescribing Reports. We will send the reports to your MN–ITS mailbox in mid-June.

MN–ITS is the free, web-based HIPAA-compliant system for electronic billing and communication with providers. Your customized Registration Letter includes an initial user ID and password, which must be used during the registration process. 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.

Call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about registering. (pub. 5/30/19)
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.