MHCP provider news and updates

September 3 – 16, 2019

Systems announcements

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

Notification procedures updated for members residing in Institutions for Mental Diseases (IMD) for Substance Use Disorder (SUD) services

The Minnesota Department of Human Services (DHS) must change a fee-for-service (FFS) Medical Assistance (MA) member's major program and eligibility span when the member is admitted to or discharged from an IMD facility for SUD treatment services. The procedure for notifying DHS of FFS MA members being admitted to or discharged from an IMD for SUD treatment services has changed.

Beginning Sept. 11, 2019, when you admit or discharge FFS MA members to or from an IMD facility for SUD treatment services, you are required to complete the County Notice of IMD Status (DHS-4145) (PDF) form and fax the completed form to the county or tribe of financial responsibility who completes the service agreements for that agency. Fax each request separately. The county or tribal agency will notify DHS to update the member's major program and eligibility span.

See the Behavioral Health e-Memo for more information, including details of the updated procedures. (pub. 9/13/19)

Revalidation begins Oct. 15 for counties, PCPO agencies, public health nursing agencies, and waiver service providers

Starting on Oct. 15, 2019, Minnesota Health Care Programs (MHCP) will start sending out revalidation notices to these four provider types: counties, personal care provider organizations (PCPOs), public health nursing providers, and waiver service providers. The notices will be sent to the MN–ITS mailbox for providers who are due for revalidation.

To ensure the most effective and efficient revalidation processing and to prevent backlogs, please do not send any revalidation documents until you receive your initial revalidation notice. You will receive a revalidation notice when you are due for revalidation.

Check your MN–ITS PRVLTR folder regularly for important notices, including notices that you are due for revalidation. If you have not set up a MN–ITS mailbox, your notice of revalidation will be sent to the credentialing address on your enrollment record.

For more about revalidation, review Provider Screening Requirements in the MHCP Provider Manual. (pub. 9/13/19)

2019 hearing aid volume purchase contract takes effect Sept. 1, 2019

The 2019 hearing aid volume purchase contract goes into effect Sept. 1, 2019, and is available online. See the 2019 Hearing aid contract, vendors, models, prices and codes Effective 9/1/19 through 8/31/20 (DHS-7274G) (PDF) to view the contract. The 2018 contract expired Aug. 31, 2019. You have a 30-day grace period for dispensing instruments purchased, but not delivered, before the contract expired. You must dispense hearing aids obtained under the 2018 contract before the grace period ends on Sept. 30, 2019. This includes hearing aids with approved authorizations. (pub. 9/4/19)

Procedure code H2011 has replaced S9484. HCPCS code S9484 is no longer billable for these services as of Aug. 28, 2019.

The change allows you to bill for 15-minute increments (15 minutes = 1 unit).

The change only affects fee-for-service reimbursement and does not apply to members enrolled in managed care.

You must replace claims previously processed and paid using procedure code S9484 for dates of services beginning Jan. 1, 2019, and forward with the correct procedure code by Nov. 21, 2019. We will take back claims paid with procedure code S9484 that providers have not replaced by Nov. 21, 2019.

### Mental Health Adult and Child Crisis Services Billing

<table>
<thead>
<tr>
<th>New Code</th>
<th>Modifier</th>
<th>Service Description</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2011</td>
<td></td>
<td>Adult crisis assessment, intervention and stabilization – individual by a mental health professional</td>
<td>15 minutes</td>
</tr>
<tr>
<td>H2011</td>
<td>HN</td>
<td>Adult crisis assessment, intervention and stabilization – individual practitioner</td>
<td>15 minutes</td>
</tr>
<tr>
<td>H2011</td>
<td>HM</td>
<td>Adult crisis stabilization – individual by mental health rehabilitation worker</td>
<td>15 minutes</td>
</tr>
<tr>
<td>H2011</td>
<td>HQ</td>
<td>Adult crisis stabilization - group</td>
<td>15 minutes</td>
</tr>
<tr>
<td>H2011</td>
<td>UA</td>
<td>Children’s crisis assessment, intervention and stabilization – individual by a mental health professional</td>
<td>15 minutes</td>
</tr>
<tr>
<td>H2011</td>
<td>UA HN</td>
<td>Children’s crisis assessment, intervention and stabilization – individual practitioner</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>

(pub. 8/30/19)

### Public comment period open for amendments to the disability waiver plans

The Minnesota Department of Human Services requests public comments about Amendments to Minnesota’s BI, CAC, CADI and DD Waiver Plans Summer/Fall 2019 (PDF) before submitting the amendments to the Centers for Medicare & Medicaid Services for approval. We will accept public comments beginning Aug. 28, 2019, ending Sept. 27, 2019, at 4 p.m. For more information, including how to submit public comments, see the DSD eList announcement. (pub. 8/29/19)

### Opioid Prescribing Reports sent via U.S. Postal Service

Minnesota Department of Human Services (DHS) sent individualized Opioid Prescribing Reports via the U.S. Postal Service to providers who treat Minnesotans covered by Medicaid and MinnesotaCare and prescribe opioids for pain management. This includes providers who prescribe to fee-for-service members and those who care for members enrolled in a managed care organization.

Providers who did not register for a MN–ITS account before July 30, 2019, or have not yet registered for a MN–ITS account will receive mailed reports. We sent reports to providers with registered MN–ITS mailboxes before July 30, 2019, earlier this summer. 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 support the DHS Opioid Prescribing Quality Improvement Program. See the Opioid Prescribing Improvement Program (OPIP) 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 in outpatient settings.

To provide feedback or ask questions about your report, use the Provider Feedback Form on the OPIP website. (pub. 8/22/19)

**Early Intensive Developmental and Behavioral Intervention (EIDBI) forms will no longer be password protected beginning September**

EIDBI forms Comprehensive Multi-Disciplinary Evaluation (DHS-7108) and Individual Treatment Plan and Progress Monitoring (DHS-7109) will no longer be password protected as of September 2019. You won’t need to enter a password to open these documents. These forms and their addendums will only be available as PDFs from the Searchable document library (eDocs) webpage. See the Updates to the EIDBI Benefit Policy Manual webpage to view the changes made to the EIDBI Benefit policy manual. (pub. 8/20/19)

**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. 20, 2019. Go to the Withdrawal Management Update Webex webpage to register. (pub. 8/6/19, rev. 8/9/19)

**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) 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 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 on the MPSE Portal webpage.

Additional MPSE Resources

Frequently Asked Questions (FAQ) for Minnesota Provider Screening and Enrollment (MPSE) Portal

The MPSE User Manual. 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)

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**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)

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
  o Removed the explanation of zero income because the application form no longer asks for this information.
  o 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 services beginning Jan. 1, 2019, through June 30, 2019. Resubmit your denied or incorrectly paid claims for dates of services 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)
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.