

MHCP provider news and updates

October 29 – November 11, 2019

Systems announcements

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

HCBS webpage update to Requirements for PCA Choice and Financial Management Services (FMS)

The Department of Human Services (DHS) has updated **Requirements for PCA Choice and financial management services (FMS)** on the Partners and Providers webpage for [Home and community-based services providers](#), beneath the PCA toggle.

DHS has updated the following information under this section of the webpage:

- The current requirements for PCA Choice and FMS providers described in the contract between the State of Minnesota and the Service Employees International Union Healthcare Minnesota (SEIU).
- The information in [PCA Choice and FMS provider frequently asked questions](#),
- The [Instructions for submitting PCA-CDCS-CSG Reporting Spreadsheet through MN–ITS \(PDF\)](#)
- The [SEIU Contract Compliance training video](#) (explaining the requirements and how to complete the spreadsheet)
- The [PCA Choice-CDCS-CSG Reporting Spreadsheet template](#) providers should use.

DHS has already sent notice of these updates and the new spreadsheet template for pay period data to PCA Choice and FMS providers' MN–ITS mailboxes.

The terms of the contract between the State of Minnesota and SEIU are effective July 1, 2019 – June 30 2021. Any PCA Choice agencies and FMS providers who submitted spreadsheets after July 1, 2019 with the previous paid time off accrual rate or minimum hourly wage rate should correct previously submitted spreadsheets and send the corrected spreadsheets directly to SEIUhomecare@seiuhcmn.org.

Providers should continue to send spreadsheets using the most current [spreadsheet template](#) to DHS via MN–ITS. To ensure your spreadsheet submissions are properly received, use the naming convention instructions that are explained in [Instructions for submitting PCA-CDCS-CSG Reporting Spreadsheet through MN–ITS \(PDF\)](#). (pub. 11/8/19)

Please remind members to complete the Account Validation Service (AVS) form

Minnesota Department of Human Services (DHS) implemented the Account Validation Service (AVS) on Sept. 1, 2019. AVS will be used to help identify unreported accounts when determining eligibility for Medical Assistance for people who are age 65 or older and people who are blind or have a disability (MA-ABD), including Medical Assistance for Employed Persons with Disabilities (MA-EPD) and the Medicare Savings Programs (MSP). Applicants and enrollees must authorize the state to request information through the AVS if they have an asset limit for MA or MSP eligibility. This does not apply to children.

Providers should remind their members to complete the [Authorization to Obtain Financial Information from the Account Validation Service \(AVS\) \(DHS-7823\) \(PDF\)](#) form authorizing use of the AVS. We are mailing the form to Minnesota Health Care Programs (MHCP) members in eight monthly groups through April 2020. The mailings for Groups 1 – 3 have already occurred. Members who receive the form must complete and return it to the county or tribal agency indicated on the cover letter sent with the form. **If the member doesn't complete and return the form by the due date shown on**

the cover letter, their MA or MSP will be closed with advance notice. As a reminder, you must verify MHCP member eligibility once a month before providing services.

If members have any questions, refer them to their financial worker for assistance. See [Bulletin 19-21-02 DHS Announces Implementation of the Account Validation Service \(AVS\) for Medical Assistance](#) for more information.

The following chart shows how DHS is mailing the request for Authorization to Obtain Financial Information from the AVS (DHS-7823) forms to members enrolled in MA-ABD or MSP. Members were split into eight groups based on their annual renewal date.

Mailing schedule for Form DHS-7823 to certain MA and MSP members

Mailing Group	Member's annual renewal month	DHS mails the forms to this group no later than:	Due date on the cover letter:
Group 1	January 2020 and May 2020	Aug. 30, 2019	Sept. 18, 2019
Group 2	February 2020 and June 2020	Sept. 24, 2019	Oct. 18, 2019
Group 3	March 2020	Oct. 26, 2019	Nov. 18, 2019
Group 4	April 2020	Nov. 26, 2019	Dec. 18, 2019
Group 5	September 2020	Dec. 26, 2019	Jan. 20, 2020
Group 6	October 2020	Jan. 26, 2020	Feb. 18, 2020
Group 7	July 2020 and November 2020	Feb. 26, 2020	Mar. 18, 2020
Group 8	August 2020 and December 2020	Mar. 26, 2020	Apr. 20, 2020

(pub. 11/8/19)

Revalidation training for Public Health Nursing Organizations Nov. 12, 2019

Minnesota Department of Human Services (DHS) is offering training for Public Health Nursing Organizations who choose to revalidate through the Minnesota Provider Screening and Enrollment (MPSE) portal. See the [Sept. 13, 2019, archived Minnesota Health Care Programs \(MHCP\) provider news and updates message \(PDF\)](#) "Revalidation begins Oct. 15 for counties, PCPO agencies, public health nursing agencies, and waiver service providers" for more information.

We will offer both in-person and webinar training Tuesday, Nov. 12, 2019. The training will take place at the DHS building located at 444 Lafayette Rd., St. Paul, 55155. Training will start at 8:30 a.m. and last until noon.

You must register by sending an email to DHS.PRTraining@state.mn.us including all the following:

- Specify Nov. 12 for Public Health Nursing Organizations
- Attendee(s)' full name and phone number
- NPI of the Public Health Nursing Organization that is being revalidated
- Whether you will be attending the training in-person or via webinar

DHS will send out parking passes to in-person attendees and webinar links for the online training. If you have questions about revalidation or the training, call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411. (pub. 11/4/19)

Revalidation training for county human services agencies Nov. 7, 2019

Minnesota Department of Human Services (DHS) is offering training for county human services agencies who choose to revalidate through the Minnesota Provider Screening and Enrollment (MPSE) portal. See the [Sept. 13, 2019, archived](#)

[Minnesota Health Care Programs \(MHCP\) provider news and updates message \(PDF\)](#) “Revalidation begins Oct. 15 for counties, PCPO agencies, public health nursing agencies, and waiver service providers” for more information.

We will offer both in-person and webinar training Thursday, Nov. 7, 2019. The training will take place at the DHS building located at 444 Lafayette Rd., St. Paul, 55155. Training will start at 8:30 a.m. and last until noon.

You must register by sending an email to DHS.PRTraining@state.mn.us including all the following:

- Specify Nov. 7 for county human services agencies
- Attendee(s) full name and phone number
- UMPI or NPI of the county human services agency that is being revalidated
- Whether you will be attending the training in-person or via webinar

DHS will send out parking passes to in-person attendees and webinar links for the online training. If you have questions about revalidation or the training, call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411. (pub. 11/1/19, rev. 11/4/19)

Changes to how Skilled Nurse Visits (SNV) are authorized in MMIS

Beginning Jan. 1, 2020, authorizations for skilled nurse visits (SNVs) must indicate if a registered nurse (RN) or a licensed practical nurse (LPN) will perform the visit. The Department of Human Services (DHS) is making this change to comply with federal coding rules.

What will change?

DHS updated MMIS to allow for the entry of authorizations using the updated codes.

Previously, MMIS had only one code, T1030, to authorize SNVs, regardless of the credentials of the nurse who performed the visit. Beginning Jan. 1, 2020, the existing code T1030 will indicate a visit from an RN, and the new code T1031 will indicate a visit from an LPN. If a person will receive visits from both RNs and LPNs, that person’s service agreement must have two separate line items in MMIS, one for each code.

Instructions

Effective immediately, new service agreements that span beyond Dec. 31, 2019, must use the updated codes. For people served by LPNs, all existing service agreements that span beyond Dec. 31, 2019, must be updated **before** Jan 1, 2020, so home health agencies that provide SNV can bill using the updated codes on Jan 1, 2020.

The process is different depending on whether the person receives state plan services or is on a Waiver or Alternative Care plan. Lead agencies and home health agencies should see [CBSM – Changes in Authorization of SNVs](#) for more details on the process for each circumstance. (pub. 10/29/19)

Prior authorization requests reminder for dental providers

Submit all prior authorization requests for dental services and dental with consolidated NPI using one of the following options:

- [KEPRO portal](#)
- MN–ITS DDE Authorization Request (278). See the [Authorization Request](#) web page for instructions.
- U.S. Postal Service to:
KEPRO
Attention: Minnesota Medicaid
2810 N. Parham Rd.
Suite 305
Henrico, VA 23294

KEPRO is the preferred method for submitting prior authorization requests. The Minnesota Department of Human Services (DHS) will take no action on prior authorization requests mailed directly to DHS. (pub. 10/29/19)

Pended authorization request response time changed

Providers will have 15 calendar days to respond to pended authorization requests beginning Dec. 1, 2019. We will deny the request if you do not respond after 15 days and you will need to submit a new request. This change was made because KEPRO's accreditor requires a faster turnaround time. (pub. 10/29/19)

South Country Health Alliance (SCHA) health plan option ends in Morrison, Todd and Wadena counties Jan. 1, 2020

SCHA will no longer be a health plan option for Minnesota Health Care Programs (MHCP) members living in Morrison, Todd and Wadena counties effective Jan. 1, 2020. SCHA members in the following programs must choose a new health plan during the annual health plan selection (AHPS) period beginning in October 2019:

- Families and Children
- MinnesotaCare
- Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO)

SCHA members in Families and Children, MinnesotaCare, MSC+ and MSHO who do not select a new health plan will be assigned into a system-generated default plan effective Jan. 1, 2020.

SCHA members in Special Needs BasicCare (SNBC), known as SingleCare, SharedCare or AbilityCare, will be moved to and access their health care services through Medical Assistance fee-for-service effective Jan. 1, 2020.

MSHO and Integrated SNBC members living in Morrison, Todd and Wadena counties have Medicare coverage through SCHA and received a letter from SCHA in early October explaining their options. These members can call the Senior Linkage Line at 800-333-2433 for assistance in enrollment into a new Medicare Advantage Plan or New Part D Plan effective Jan. 1, 2020.

Minnesota Department of Human Services is working with SCHA on the transition of their Morrison, Todd and Wadena county members' current services and authorizations.

SCHA remains a health plan option in Brown, Dodge, Freeborn, Goodhue, Kanabec, Sibley, Steele, Wabasha and Waseca counties for 2020. SCHA members and providers in these counties do not need to take action at this time. Providers should contact the MHCP Provider Call Center at 800-366-5411 with questions. (pub. 10/15/19)

Individualized Education Program (IEP) Services free billing training available

Minnesota Health Care Programs (MHCP) is providing free billing training for IEP providers. We will provide training in person and online through a webinar.

Training is scheduled from 9 a.m. until 3 p.m. on the following dates:

- Wednesday, Oct. 16, 2019
- Monday, Nov. 18, 2019
- Wednesday, Dec. 18, 2019

In-person training will be held at the Minnesota Department of Human Services, 444 Lafayette Rd., St. Paul, 55101. See the [Individualized Education Program \(IEP\) Services Billing Lab](#) web page for registration and more information.

For help registering for this training, contact the MHCP Provider Call Center at 651-431-2700 or 800-366-5411. (pub. 10/9/19)

Minnesota Health Care Programs (MHCP) fee-for-service (FFS) payments for HCPCS G0101 or Q0091 no longer allowed effective Jan. 1, 2020

MHCP FFS will no longer allow payment for HCPCS G0101 (Cervical or vaginal cancer screening) or Q0091 (Screening Pap smear; obtaining, preparing and conveyance or cervical or vaginal smear to laboratory) beginning Jan. 1, 2020.

Obtaining a screening pap smear is part of a comprehensive preventive service and should not be reported separately. Collection of a diagnostic pap smear due to symptoms or illness is included in the physical exam portion of a problem-oriented Evaluation and Management service and is not separately reportable.

Continue using the appropriate CPT codes for pap smears for the pathologist's interpretation of the cytology specimen. (pub. 10/7/19, rev. 10/14/19)

Annual health plan selection (AHPS) for Minnesota Health Care Programs (MHCP) members begins in October

MHCP members may change their health plan during AHPS to be effective for Jan. 1, 2020. We will begin mailing AHPS forms to members beginning in October.

Members who want to change their health plan must return the form by Thursday, Dec. 5, 2019. If members do not want to make changes, they do not have to do anything. Members will be reenrolled in the same health plan as long as the member is eligible. Members are not required to change their health plan during open enrollment *unless* their current health plan will not be available the following year.

Members in counties with only one health plan choice will receive notice of the opportunity to change their primary care physician. (pub. 10/3/19)

Service changes for 19 or 20-year-olds on MinnesotaCare

Beginning Jan. 1, 2020, MinnesotaCare members on fee-for-service (FFS) who are 19 or 20 years old will no longer receive the following services:

- Home care nursing
- Orthodontics
- Nonemergency medical transportation
- Personal care assistance
- Case management
- Nursing home

Additionally, the dental benefit will be limited to receive only the following:

- Diagnostic, preventive and restorative services
- Endodontics, periodontics, prosthodontics, removable prostheses
- Dental X-rays
- Oral surgery and outpatient dental surgery

See the [MHCP Benefits at-a-glance](#) webpage for more information about Minnesota Health Care Programs covered services for FFS members. (pub. 9/25/19)

Public comment period open for amendments to random sample extrapolation in monetary recovery rules

Minnesota Department of Human Services (DHS) is considering amendments to its rules governing use of random sample extrapolation in monetary recovery and seeks public comment. The Surveillance and Integrity Review Section

(SIRS) at DHS uses random sample extrapolation to identify and recover overpaid Minnesota Health Care Programs (MHCP) funds. You can find a summary of the proposed amendments, the official Notice of Request for Comments, the draft amendments and other information under Surveillance and Integrity Review Section (SIRS) on the [Rulemaking Docket](#) webpage.

You can submit comments on the proposed amendments via:

- Email to elizabeth.oji@state.mn.us
- U.S. Postal Service to:
Elizabeth Oji
Office of the Inspector General, Minnesota Department of Human Services
P.O. Box 64982
St. Paul, MN 55164-0982
- Posting on the [Office of Administrative Hearings](#) website
- Calling 651-431-6316. TTY users may call 800-627-3529
- Faxing 651-431-7569

We will accept comments until further notice that we intend to adopt or withdraw the rules. (pub. 9/25/19)

Diabetic testing supply changes

The 30-day quantity limit of diabetic testing strips will decrease from 200 strips to 100 strips (or 102 depending on the package size) beginning Nov. 1, 2019. Prior authorization is required if members need more than 100 strips (or 102 depending on the package size) per 30 days.

The National Drug Code (NDC) list of preferred blood glucose meters and preferred blood glucose testing strips has also changed. See the [Point of Sale Diabetic Testing Supply Program](#) section of the Minnesota Health Care Programs Provider Manual or the [Diabetic Testing Supplies](#) webpage for the NDC list of preferred products. (pub. 9/25/19)

2019 Provider Legislative Update posted

We have posted the 2019 Provider Legislative Update. It includes a summary of key provisions passed during the 2019 Minnesota Legislative Session that affect you. See the [2019 Provider Legislative Update \(DHS-7607A\) \(PDF\)](#) to read the update. (pub. 9/19/19)

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.

For managed care organizations (MCOs), Residential Withdrawal Management Services are carved out of the MCO contract until 2020. On or after Jan. 1, 2020, providers will bill the health plan for managed care members.

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. (pub. 8/6/19, rev. 8/9/19, rev. 9/18/19)

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)

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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