MHCP provider news and updates

November 12 – 25, 2019

Systems announcements

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

MN–ITS screens to get updated look

We are updating the look of some MN–ITS screens during the upcoming months, but functionality and usage will stay the same. (pub. 11/22/19)

Mental Health Adult and Child Crisis Response Services claim replacement deadline extended to Dec. 5

We have extended the deadline to Dec. 5, 2019, to submit fee-for-service claims replacing procedure code S9484 with new code H2011 for dates of service beginning Jan. 1, 2019. We will take back claims paid with procedure code S9484 that providers have not replaced by Dec. 5, 2019.

See the Aug. 30, 2019, Mental Health Adult and Child Crisis Response Services HCPCS code update message for additional information about code H2011. (pub. 11/21/19, rev. 11/22/19)

Sign up for Opioid Prescribing Improvement Program updates

Sign up to receive important email updates about the individualized opioid prescribing reports the Minnesota Department of Human Services sends to health care professionals and the related opioid prescribing improvement program. Visit the Opioid Prescribing Improvement Program webpage and enter your email address to subscribe. Please share this message with physicians and nurses who work in your clinic. (pub. 11/20/19)

Medicaid Recovery Audit Contractor (RAC) selected

The Office of the Inspector General (OIG) at the Minnesota Department of Human Services has selected Myers and Stauffer LC to provide Medicaid Recovery Audit Contractor (RAC) services. Myers and Stauffer is an experienced accounting and consulting firm providing services to state and federal government entities and has served as Medicaid RAC in several states. As RAC, Myers and Stauffer will conduct data-driven program integrity projects and request records from various Minnesota Health Care Programs (MHCP) providers and review paid MHCP claims to identify claims paid resulting from fraud, waste and abuse.

In the coming months, the OIG and Myers and Stauffer will conduct provider outreach through various messages as audit and review activities begin. More information will be posted on a RAC website that is being created specifically for RAC outreach and education. This website will provide access to a secure provider portal, include a list of RAC frequently asked questions and answers, and include additional information. We will post a message to this webpage when the website goes live. In the meantime, you can reach Myers and Stauffer at 844-987-0492 or email MN_RAC@MSLC.com if you have questions. (pub. 11/13/19)
University of Minnesota researchers roll out Early Intensive Developmental Behavioral Intervention (EIDBI) survey

Researchers from the University of Minnesota Special Education department are conducting a survey related to service provision for EIDBI providers.

The survey seeks your input on potential barriers to or delays in the onset of service delivery, the current state of provision of services to clients in rural Minnesota and the current or desired use of telehealth at your company. Information gathered from the survey will inform providers, families and state agencies about EIDBI services in Minnesota, identify gaps where children and families need more coverage and identify areas providers need support. There will be no collection, retaining or reporting of individual client or clinician information and your name or other identifying information will not be reported.

Visit this University of Minnesota webpage to take the survey. (pub. 11/13/19)

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@seiuomn.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.

<table>
<thead>
<tr>
<th>Mailing Group</th>
<th>Member’s annual renewal month</th>
<th>DHS mails the forms to this group no later than:</th>
<th>Due date on the cover letter:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>January 2020 and May 2020</td>
<td>Aug. 30, 2019</td>
<td>Sept. 18, 2019</td>
</tr>
<tr>
<td>Group 2</td>
<td>February 2020 and June 2020</td>
<td>Sept. 24, 2019</td>
<td>Oct. 18, 2019</td>
</tr>
<tr>
<td>Group 3</td>
<td>March 2020</td>
<td>Oct. 26, 2019</td>
<td>Nov. 18, 2019</td>
</tr>
<tr>
<td>Group 4</td>
<td>April 2020</td>
<td>Nov. 26, 2019</td>
<td>Dec. 18, 2019</td>
</tr>
<tr>
<td>Group 7</td>
<td>July 2020 and November 2020</td>
<td>Feb. 26, 2020</td>
<td>Mar. 18, 2020</td>
</tr>
</tbody>
</table>

Mailing schedule for Form DHS-7823 to certain MA and MSP members
(pub. 11/8/19)

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 fee-for-service prior authorization requests for dental services and dental with consolidated NPI using one of the following options:

- KEPRO portal
- 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, rev. 11/13/19)

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:

- 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)

**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.

Sign up to receive provider news and other MHCP notices through our free provider email lists.