MHCP provider news and updates

November 26 – December 9, 2019

Systems announcements

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

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

This is a reminder that beginning Jan. 1, 2020, authorizations for 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. 12/3/19)

Public comment period open for amendments to the Elderly Waiver (EW)

The Minnesota Department of Human Services requests public comments on proposed amendments to Minnesota’s EW Plan before submitting the amendments to the Centers for Medicare & Medicaid Services for approval. The 30-day public comment period begins Nov. 21, 2019, and ends Dec. 21, 2019, at 4 p.m. See the Amendments to Minnesota’s Elderly Waiver (EW) (PDF) to view the proposed amendments. For more information about the public comment period, including how to submit public comments, see the Aging & Adult Services Division and Community Supports for Seniors E-List web page. (pub. 11/26/19)

Enrollment forms updated or made obsolete in eDocs

Minnesota Health Care Programs Provider Eligibility and Compliance aligned enrollment forms to match the flow of the Minnesota Provider Screening and Enrollment (MPSE) portal.

We have posted updated Organization - Provider Enrollment Application (DHS-4016A) and Individual Practitioner - Provider Enrollment Application (DHS-4016) forms to eDocs and have streamlined a few of our forms.

Effective immediately:
- IEP Provider Enrollment Application (DHS-4215) is obsolete. Use DHS-4016A.
- Enrollment Application for Nursing Facility or ICF/DD (DHS-4043) is obsolete. Use DHS-4016A.
Pharmacist Enrollment Application (DHS-4668) will soon be obsolete. Use Individual Practitioner - Provider Enrollment Application (DHS-4016).
(pub. 11/26/19)

**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](https://www.umn.edu) 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](https://www.dhs.state.mn.us/), 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](https://www.dhs.state.mn.us/pcachoice).
- The [Instructions for submitting PCA-CDCS-CSG Reporting Spreadsheet through MN–ITS (PDF)](https://www.dhs.state.mn.us/pcachoice).
- The [SEIU Contract Compliance training video](https://www.dhs.state.mn.us/pcachoice) (explaining the requirements and how to complete the spreadsheet)
- The [PCA Choice-CDCS-CSG Reporting Spreadsheet template](https://www.dhs.state.mn.us/pcachoice) 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](https://www.dhs.state.mn.us/pcachoice) 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)](https://www.dhs.state.mn.us/pcachoice).

**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)](https://www.dhs.state.mn.us/pcachoice) 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](https://www.dhs.state.mn.us/pcachoice) 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**
**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)

**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”

<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>
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.