

MHCP provider news and updates

January 21 – February 3, 2020

Systems announcements

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

Pharmacies administering injectable antipsychotics and Vivitrol can bill as medical claim

Pharmacies can bill the administration of injectable antipsychotics and the medication Vivitrol for fee-for-service members as medical claims, not pharmacy claims, for dates of service on or after July 1, 2019. Pharmacies must bill for the drug component and the administration on an 837P claim form. Minnesota Health Care Programs has updated the claims system to allow for this medical billing from enrolled pharmacies. (pub. 1/22/20)

Resubmit authorization requests that received an ERRMSC System Error message Jan. 8-10, 2020

Providers who submitted authorization requests between 11:20 p.m. Jan. 8, 2020, and 11 a.m. Jan. 10, 2020, using MN–ITS 278 Transaction and who received an ERRMSC System Error message, need to resubmit the requests. The technical issue has been resolved. Call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this issue. (pub. 1/22/20)

Federal exemption granted for electronic visit verification (EVV) implementation delays

The Centers for Medicare & Medicaid Services approved our request for a good faith effort exemption to federal financial penalties regarding the implementation of EVV. CMS will not apply federal medical assistance percentage reductions in 2020. Unavoidable delays in meeting the Jan. 1, 2020, federal deadline to implement EVV for personal care services caused DHS to apply to the federal government for the exemption. See the [Approval of Minnesota's electronic visit verification good faith effort exemption request \(PDF\)](#) letter from CMS for more information.

The federal government requires states to implement EVV for personal care services, including personal care assistance and some waiver services, and home health care services to be eligible for full federal Medicaid matching dollars.

You will need to implement EVV after a state-selected verification system is made available for your use. We will select an EVV vendor through a request for proposals (RFP). We have not yet published the RFP.

To stay informed about Minnesota's steps towards EVV implementation, including the publication of the RFP and provider implementation deadlines, sign up to receive email updates using the form on the Public input tab on the [Electronic visit verification](#) webpage. (pub. 1/22/20)

Coordination of services surrounding Early Intensive Developmental and Behavioral Intervention (EIDBI), Personal Care Assistance (PCA) and waiver services clarified

EIDBI and Home and Community-Based Services (HCBS), including state plan services such as PCA or waiver services such as personal support, homemaker, chore services, etc., can be provided simultaneously but must be coordinated.

The EIDBI benefit does not have a policy or legislative mandate prohibiting simultaneous delivery of EIDBI and HCBS programs. HCBS programs do not have a policy or legislative mandate restricting the simultaneous provision of EIDBI and HCBS.

It is the responsibility of the EIDBI provider and the HCBS provider, if applicable, to ensure that the services are provided within the service scope and follow eligibility requirements, covered services, limitations, provider standards and qualifications and billing. See the [EIDBI policy guide](#), and [Community Based Services Manual](#) for more information.

It is the EIDBI provider's responsibility to provide therapy according to the Individualized Treatment Plan (ITP). It is the HCBS provider's responsibility to ensure that the services are provided according to the person's Coordinated Services and Support Plan.

EIDBI providers and HCBS providers must deliver services that are approved in the respective plans. Treatment plan and case note documentation should clearly indicate that there is no service duplication occurring. It is the providers' responsibility to ensure services are not duplicated.

EIDBI policy does not require a caregiver to be present during services; this policy is developed at the individual provider level. EIDBI services cannot be used to provide personal care or supervision. It is the EIDBI provider's responsibility to ensure that the services provided align with Minnesota Department of Human Services EIDBI policy and the person's ITP.

Email ASD.DHS@state.mn.us or dsd.responsecenter@state.mn.us if you have questions. (pub. 1/14/20)

IRS issues standard mileage rates for 2020

The Internal Revenue Service (IRS) standard business mileage rate decreased from 58 cents to 57 cents per mile beginning on Jan. 1, 2020. Minnesota Health Care Programs (MHCP) will reimburse 57 cents per loaded mile for volunteer driver (procedure code A0080) and licensed foster parent (procedure code A0090 UC) appropriate and most-direct-route transports for dates of service beginning Jan. 1, 2020, through Dec. 31, 2020.

Waiver transportation covered under the following waiver programs is excluded from this rate decrease:

- Brain injury
- Community Alternative Care
- Community Access for Disability Inclusion
- Developmental Disabilities
- Elderly Waiver
- Alternative Care

(pub. 1/7/20, rev. 1/22/20)

Updated Opioid Prescribing Reports sent

Minnesota Department of Human Services (DHS) sent updated individualized Opioid Prescribing Reports on Friday, Jan. 3, 2020. Health care providers who prescribed opioids for pain management to Minnesotans covered by Medicaid and MinnesotaCare will receive a report. The reports are confidential for the provider and compare his or her opioid prescribing behavior to their specialty peers. **Please share this message with health care providers who work in your clinic.**

We sent reports via the U.S. Postal Service to the provider's address on file with his or her licensing board. We did not share information contained in the reports with the licensing boards.

We also sent reports to the MN–ITS mailboxes of providers with MN–ITS accounts. The report is located in the Miscellaneous Received file folder PRVLTR.

The Opioid Prescribing Reports support the DHS Opioid Prescribing Quality Improvement Program. See the [Opioid Prescribing Improvement Program](#) (OPIP) website for more information or to sign up to receive email updates about the program.

Providers who do not receive a report should contact us at dhs.opioid@state.mn.us. (pub. 1/3/20)

Medicare reimbursement for Opioid Treatment Programs (OTP) services

Medicare will cover OTP services for members enrolled in both Medicare and Medicaid beginning Jan. 1, 2020.

See the [Centers for Medicare & Medicaid Services CMCS Informational Bulletin \(PDF\)](#) for guidance and enroll with Medicare as soon as possible to ensure Medicare and Medicaid payments.

Medicare is primary to Minnesota Health Care Programs (MHCP). Services covered by Medicare must be provided by a Medicare-enrolled provider and billed to Medicare first. Bill any balance after Medicare payment to other third party liability payers before billing to MHCP.

MHCP is aware of this update and is working on our system to accommodate the change. We will communicate updates to our system and billing changes on the [MHCP provider news and updates](#) webpage. (pub. 12/31/19)

Temporary process for submitting pending County Notice of IMD Status forms announced

There are delayed service agreement (SA) approvals for some services provided at Institution for Mental Diseases (IMD) designated facilities due to pending [County Notice of IMD Status \(DHS-4145\) \(PDF\)](#) forms providers submitted to counties.

Fax all pending [DHS-4145 \(PDF\)](#) forms to the Behavioral Health Division at 651-431-7471 no later than Jan. 15, 2020, to expedite a one-time SA approval. We will place an SA letter in your MN–ITS mailbox or contact you by phone or email within two weeks of receiving your fax. This is a temporary process for pending forms. It does not replace the current process communicated on the [Behavioral Health e-Memo #19-104](#).

Contact Vicki Radinzel at Vicki.Radinzel@state.mn.us for questions on this temporary process. (pub. 12/27/19)

Request changes to Personal Care Assistant (PCA) service agreement start dates

The Department of Human Services (DHS) can change the start dates of fee-for-service PCA service agreements to avoid gaps in service agreements when the following conditions are met:

- A PCA provider agency requests a reassessment from a lead agency before the end of the service agreement
- The lead agency or its contractor experiences delays in
 - Completing the assessment
 - Submitting the assessment to the lead agency
 - Entering the service agreement into MMIS
- PCA provider agencies submit the request with the following:
 - [PCA Technical Change Request form \(DHS-4074A\) \(PDF\)](#) **and**
 - Confirmation of the date the referral ([Referral for Reassessment for PCA Services form \(DHS-3244P\) \(PDF\)](#)) was sent to the lead agency.

PCA provider agencies should follow the instructions on the PCA Technical Change Request form to submit a request to adjust the start date of a fee-for-service PCA service agreement.

Lead agencies can also request a change to the start date of the fee-for-service PCA service agreement by:

- Documenting the date of the referral and changing the start date of the service agreement on the **Additional Information** screen when entering the service agreement into MMIS; **or**

- Submitting the [PCA Request Fax Form \(DHS-4292\) \(PDF\)](#) and completing section 5 to request a change to the start date of the service agreement. Include the date of the referral.
(pub. 12/23/19)

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)

Training

Minnesota Health Care Programs (MHCP) offers free training for MHCP enrolled providers.

Free billing lab training available

Minnesota Health Care Programs (MHCP) offers free training for MHCP enrolled providers. Go to the [MHCP enrolled provider training](#) webpage to see the list of available training.

We have added new training sessions for the following service providers:

- Acupuncture
- Mental health
- Physician and professional
- Children's Therapeutic Services and Supports

(pub. 1/7/20)

Additional information

- [Provider news and updates archive](#)
- [MHCP provider policies and procedures](#)
- [Latest Manual Revisions](#)
- [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](#).