DEPARTMENT OF HUMAN SERVICES

MHCP provider news and updates

June 9 – 22, 2020

Systems announcements

We will update this section with information about MN–ITS availability, technical information and other systems announcements when necessary.

Substance Use Disorder (SUD) Institution for Mental Diseases (IMD) gross adjustment

Minnesota Health Care Programs (MHCP) identified some SUD/IMD claims with dates of service Jan. 1, 2014, to June 30, 2019, that were processed and paid under an incorrect fund. We have created a lump sum gross adjustment to take back the amount paid under the incorrect fund and repaid the gross adjustment amount under the correct fund. You will see both the takeback and repaid transactions under the 409 adjustment reason code on your June 23, 2020, remittance advice. Providers do not need to take any action as the gross adjustment does not change the previous paid amount, it will only change the funding source. Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 6/19/20)

Federal Medical Assistance Percentage (FMAP) increase for some services

Beginning Jan. 1, 2020, until the end of the quarter the COVID-19 federal emergency has ended, the Families First Coronavirus Response Act (Public Law No. 116-127, section 6008) provides a temporary increase of 6.2 percent in the FMAP rate for the following services for children, parents or guardians with children under 19, individuals 65 and older and individuals blind or disabled:

- Individualized Education Program
- Rule 5 Children's Residential includes Institutions for Mental Disease, which received a 6.2 percent state funds rate increase and were replaced on the June 9, 2020, MMIS warrant
- County-provided Targeted Case Management services (Child Welfare, Mental Health and Vulnerable Adult-Developmental Disability)

The 6.2 percent increase does not apply to adults without children and other populations already receiving an enhanced FMAP.

Minnesota Health Care Programs (MHCP) will automatically reprocess paid claims from warrant dates Jan. 7, 2020, through May 12, 2020. You will see this on the June 23, 2020, remittance advice. Counties and providers do not need to do anything to receive the increased FMAP. Claims paid from May 27, 2020, until the end of the quarter the COVID-19 federal emergency has ended (defined by federal government) will be paid at the higher 56.2 percent rate.

Contact the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 6/19/20)

Family Planning (FP) and Minnesota Family Planning Program (MFPP) denied claims for CPT codes 99441, 99442 and 99443

Minnesota Health Care Programs (MHCP) is aware of CPT codes 99441, 99442 and 99443 denying claims for members in FP and MFPP. We have fixed the system to correctly pay. We will reprocess all affected claims with dates of services back to Mar. 19, 2020. The reprocessed claims will appear on the June 23, 2020, remittance advice. Providers do not need to resubmit claims and can continue to bill claims as usual. See the Covered Services Changes and Modifications section of the Coronavirus (COVID-19) section of the MHCP Provider Manual for more information about the codes. (pub. 6/18/20)

Personal care assistance (PCA) and other home and community-based service providers guidance for providing in-home support during the COVID-19 emergency

Minnesota Department of Human Services and the Minnesota Department of Health are committed to protecting people who work and receive support in their homes and communities. Together, we recently published guidance that provides important information and recommendations to minimize exposure and transmission of COVID-19 for PCA agencies and other home and community-based service providers of in-home services. It includes information about:

- Standard precautions
- Symptoms and early detection
- Transmission-based precautions
- Emergency back-up plans and preventing service interruptions
- Additional resources

See the Guidance for PCA agencies and other agencies providing in-home support during the COVID-19 emergency webpage to see the information and recommendations. (pub. 6/18/20)

Customized living rate add-on payments for settings with confirmed cases of COVID-19

The Minnesota Department of Human Services (DHS) will provide a 50 percent rate add-on for customized living services for 45 days, beginning with the date the provider had at least one COVID-19 exposure at the setting, as determined by the Minnesota Department of Health. This rate add-on is available to providers who have had at least one COVID-19 exposure between Mar. 13, 2020, and June 30, 2020.

The rate add-on payments are not intended to meet increased needs of individual waiver participants, but to help providers of customized living services meet the health and safety needs of waiver program members in settings that have one or more confirmed COVID-19 exposures. The add-on payments will help cover the following kinds of costs:

- Additional personal protective equipment
- Additional staff time to adjust service delivery to implement recommended or mandated public health practices, such as social distancing, screening staff or visitors for health concerns
- Implementation of infection control procedures, such as additional facility cleaning and disinfecting
- Paid sick leave for staff, replacement staff or overtime pay

DHS will send attestation forms directly to Minnesota Health Care Programs enrolled customized living providers in identified settings as soon as DHS determines a provider is eligible for add-on payments.

See Bulletin 20-25-02 Customized living rate add-on payments for settings with confirmed cases of COVID-19 for more information about eligible providers and claims, rate add-on payments, terms and conditions of payments, meeting the needs of individual waiver members and more. (pub. 6/18/20)

Temporary recertification waivers approved for 4 Behavioral Health Division (BHD) services

The Minnesota Department of Human Services' (DHS) BHD has approved temporary waivers for recertification due to the COVID-19 peacetime emergency for the providers of the following services:

- Dialectical Behavior Therapy (DBT)
- Assertive Community Treatment (ACT)
- Intensive Treatment Foster Care (ITFC)
- Adult Rehabilitative Mental Health Services (ARMHS)

Statute or DHS policy requires initial certification and recertification on varying intervals for each of these service types. Without current certification, provider entities will not be able to continue service provision without current certification and members are at risk of losing critical access and supports.

ACT and ARMHS providers
If your certification expired on or after Mar. 20, 2020, you have until the end of the peacetime emergency to recertify.

ITFC and DBT providers
If your certification expired on or after Mar. 20, 2020, you have until July 31, 2020, or until the end of the peacetime emergency, whichever is later, to recertify.

Call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about recertification.

DHS staff will continue to provide technical assistance and support using virtual means to all the providers. (pub. 6/18/20)

Adult foster care and supported living services COVID-19 Provider Alert Survey open

The Minnesota Department of Human Services (DHS) has opened the COVID-19 Provider Alert Survey to identify challenges faced by adult foster care and supported living services providers during the COVID-19 pandemic. These COVID-related pressures include:

- The number of confirmed or suspected COVID-19 infections
- The need for personal protective equipment and monitoring equipment
- Staffing and service capacity

This survey is voluntary. We will use the information submitted about the types and scope of COVID-19 impacts among providers to improve systems and inform emergency response coordination among state and local agencies. See the Provider alert survey for critical COVID-19 pressures webpage for more information and to complete the survey. (pub. 6/12/20)

UPDATED: Enhanced federal provider portal, relief fund payments for safety net hospitals, Medicaid and CHIP providers

The U.S. Department of Health and Human Services (HHS) announced on June 9, 2020, additional distributions from the $50 billion Provider Relief Fund.

Approximately $15 billion will go to eligible Medicaid and Children's Health Insurance Program (CHIP) providers that participate in state Medicaid and CHIP programs and that have not already received funds from the Provider Relief Fund. These payments will not be made automatically. Providers need to go to the federal portal to apply for this support. Eligible providers must have directly billed either their state Medicaid/CHIP programs (DHS) or Medicaid-managed care plans for health care-related services during the period of Jan. 1, 2018, to May 31, 2020. Nearly 1 million providers may be eligible across the country.

HHS also announced the distribution of $10 billion in Provider Relief Funds to safety net hospitals, those hospitals that serve our most vulnerable citizens. Recognizing the incredibly thin margins these organizations operate on, these payments will be made directly to hospitals this week via direct deposit.

Providers are encouraged to apply even if they are uncertain if they are eligible. More information about the requirements and distributions is available online at the HHS website, including these recently updated resources:

- A set of instructions for providers, including a deadline of July 20, 2020, to submit an application;
- The application form itself; and
- The portal to complete the application process.

(pub. 6/11/20, rev. 6/12/20)

Behavioral Health Division (BHD) publishes telemedicine FAQs for Substance Use Disorder (SUD) and Mental Health (MH) services

Answers to frequently asked questions about the temporarily expanded use of telemedicine during the COVID-19 pandemic have been published on the COVID-19 Telemedicine FAQs: Behavioral Health Division webpage in response to provider inquiries. (pub. 6/10/20)

Partial Hospitalization Program (PHP) monthly meetings begin June 26, 2020

The Minnesota Department of Human Services will offer monthly meetings for PHP providers beginning June 26, 2020. These meetings will allow providers the chance to learn about state regulatory changes, ask questions and provide feedback about PHP services. The meetings will be conducted online only via WebEx. If you are a Minnesota Health Care Programs enrolled PHP provider and would like to join the meeting, send an email with your facility name and NPI, street address, phone number and email address to DHS.PHP@state.mn.us by June 19, 2020, and we will send you a WebEx invite. (pub. 6/9/20)

July 1, 2019, hospital inpatient rates implemented

The Minnesota Department of Human Services (DHS) implemented the July 1, 2019, hospital inpatient rates over the weekend of June 5-7, 2020. Any inpatient hospital claims submitted after midnight June 5, 2020, with a discharge date on or after July 1, 2019, will be paid at the rates that were effective July 1, 2019. You will see the new rates on your June 26, 2020, remittance advice statement.

The new rates will run for two warrant cycles to ensure claims are paying correctly. After that is confirmed, DHS will reprocess claims with discharge dates on or after July 1, 2019, that paid before June 5, 2020.
See the Payment Methodology for Inpatient Hospital webpage for more information about inpatient rates. (pub. 6/9/20)

Paper warrants delayed

Minnesota Management and Budget reported there was a delay in issuing paper warrants. The paper warrants were issued on May 28, 2020. There may be an additional delay due to the U.S. Postal Service temporarily suspending services, including mail delivery, at some Minneapolis and St. Paul locations on May 28, 2020. Please allow 10 business days to receive the issued paper warrant. Call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 after 10 business days to report you have not received your issued paper warrant. (pub. 6/9/20)

Home delivered meals service rate and monthly budgets increased

The Minnesota Legislature authorized the Minnesota Department of Human Services (DHS) to implement the following increases to the home delivered meals service rate and monthly Elderly Waiver (EW), Alternative Care (AC) and Essential Community Supports (ECS) budgets effective July 1, 2020:

- A 3.53 percent increase to the home delivered meals service rate through AC, EW, and ECS.
- A 0.04 percent increase to EW and AC monthly case mix budget caps.

- A 0.04 percent increase to EW and AC Consumer Directed Community Supports (CDCS) monthly case mix budget caps.
- A 0.84 percent increase to ECS monthly budgets.

See Bulletin #20-25-03 for more information about the rate and budget changes and the Long-term services and supports rate changes webpage for information about the new service rate and monthly budget amounts, detailed MMIS instructions and a revised CDCS Community Support Plan Addendum. (pub. 6/9/20)

Housing Stabilization Services benefit start date delayed

The July 1, 2020, Housing Stabilization Services benefit start date will be delayed due to the impact of COVID-19. We estimate services to begin in mid-July 2020, with billing available in early August 2020. We will update this webpage when these services are available.

The following explains the status of housing stabilization services training and enrollment, and how you can prepare for the service start date.

Pre-service start date recommendations
Make sure members are enrolled in Medical Assistance**. I**f the person is on Supplemental Security Income or Social Security Disability Insurance, locate a copy of their award letter before services begin. Note that each of the assessment pathways (MnCHOICES, Professional Statement of Need and Coordinated Entry) are in the process of being updated and will be released for use soon. Ensure members you serve get an updated assessment through the pathway most appropriate to their circumstance after the process is released.

Mandated provider training
The mandated housing stabilization services provider training for housing consultation, housing sustaining and housing transition is under development. Modules of the housing stabilization services provider training are expected to be released during June and July. Your staff must complete the mandated housing stabilization services provider training within 30 days of when staff start delivering the service or within 30 days of when the trainings are available, whichever is later.

Billing labs
Provider Relations Training Unit will host billing labs to train MHCP-enrolled providers to use the MN–ITS online billing system after housing stabilization services begin. We will post billing lab dates under Housing Stabilization Services on the MHCP enrolled provider training webpage after billing labs have been scheduled.

Remote roadshows
Remote regional roadshows will replace face-to-face regional roadshows with counties, tribes and providers due to COVID-19. Remote regional roadshows will be held during June and July 2020. Information about the remote regional roadshows will be announced through GovDelivery messages when the information becomes available.

Provider enrollment
Providers may enroll now to provide housing stabilization services. See the Housing Stabilization Services Enrollment Criteria and Forms webpage to enroll.

Email dhshousingstabilization@state.mn.us if you have questions about this message. (pub. 6/4/20)

Personal care assistance (PCA) services temporarily modified due to COVID-19 pandemic

Minnesota Department of Human Services has made temporary policy modifications to PCA services in response to the COVID-19 pandemic.

- Allow qualified professionals to provide remote services for all people who receive PCA services. Qualified professionals may provide all required in-person oversight via two-way interactive telecommunications (phone or internet technology, for example) for all people who receive services, including people who are new to receiving PCA services or transferring to the agency. Remote service delivery for supervisory visits was approved

retroactively to May 12, 2020, for members in the PCA Choice model. The PCA traditional model was approved for remote supervisory visits retroactively to Mar. 19, 2020.

- Increase the number of hours a PCA provider agency can bill for an individual worker. PCA provider agencies may bill up to a maximum of 310 hours per month, per individual worker, for the services an individual worker provides to a person who receives PCA services beginning May 1, 2020, through the duration of the COVID-19 peacetime emergency. We are updating the MMIS claims system to allow for the increase and we will update you when that is complete. You may submit claims for the increased hours now. The claims will deny and we will reprocess them after the system has been updated.

DHS will publish a bulletin outlining these changes under Waivers under peacetime emergency authority, Executive Order 20-12, No. 32 on the Waivers and modifications webpage.

These changes affect PCA services authorized through:

- Medical Assistance state plan
- Alternative Care program
  Extended PCA authorized under the Home and Community-Based Services (HCBS) waivers

See the Coronavirus (COVID-19) section of the Minnesota Health Care Programs Provider Manual for more information about these changes, including documentation and billing instructions. (pub. 6/3/20)

Minnesota Medicaid Nonemergency Medical Transportation program reviews

The Minnesota Department of Human Services (DHS) is working with the accounting and consulting firm Myers and Stauffer LC to conduct reviews of Nonemergency Medical Transportation (NEMT) services for Minnesota Health Care Programs (MHCP). Myers and Stauffer has many years of experience performing Medicaid NEMT audits and oversight studies for multiple states. Myers and Stauffer will review documentation for transportation claims billed by NEMT providers and paid by MHCP to identify compliance with state and federal program requirements.

DHS and Myers and Stauffer will conduct provider outreach through various messaging formats in the coming months. The goal is to review all programs throughout the year. Random sampling will be done to identify which providers and claims will be reviewed each month. See Myers and Stauffer's Minnesota Medicaid DSH, Minnesota RAC, and Minnesota NEMT webpage for more information. The site is updated regularly with outreach and education for NEMT providers.

No action is required by NEMT providers. Providers selected for review will be contacted directly for documentation. Contact Myers and Stauffer at 844-987-0492 or email MN NEMT@MSLC.com if you have questions about this process. (pub. 6/3/20)

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 changed?
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
All new service agreements must use the updated codes.

DHS published instructions on updating service agreements for people receiving SNVs from an LPN with service agreements that continued into 2020. If the home health agency or lead agency (in the case of a waiver) took no action, the person's service agreement must be updated for the home health agency to bill for SNVs from an LPN.

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.

Technical change request form
DHS updated the MA Home Care Technical Change Request (DHS-4074) (PDF) to simplify the technical change request process and allow home health agencies to request a change in the service agreement for SNVs. (pub. 5/28/20)

Reimbursement rates temporarily increased for telephone evaluation and management procedure codes during COVID-19 pandemic

Minnesota Health Care Programs (MHCP) has temporarily increased the reimbursement rates for the three telephone evaluation and management procedure codes, 99441, 99442 and 99443, retroactive to dates of service on or after Mar. 19, 2020. MHCP reprocessed paid claims back to that date on May 22, 2020, and the temporary rates will be in effect until the peacetime emergency is terminated or rescinded by proper authority. These codes are listed in the Coronavirus (COVID-19) section of the MHCP Provider Manual under covered services changes and modifications via telemedicine. Reprocessed claims will appear on your May 27, 2020, remittance advice. Updated rates can be found in the MHCP fee schedule. No further action is required by providers. (pub. 5/27/20)

Federally qualified health centers (FQHC) and rural health clinics (RHC) with Child and Teen Checkups (C&TC) encounter payment claim issue

Minnesota Health Care Programs is aware of incorrect payments for FQHC and RHC C&TC service claims for medical assistance programs. These claims are not paying at the encounter rate. We are working on the issue and we will reprocess all affected C&TC claims after the issue has been resolved. No further action is required by providers. We will communicate future updates on this webpage. (pub. 5/27/20)

Individualized Education Program (IEP) Services Annual Data Report Form for 2018-19 due July 5, 2020

The Minnesota Department of Human Services (DHS) will settle-up IEP services with IEP service providers for the 2018-19 school year after the June 30, 2020, claim submission deadline. You must submit a completed IEP Services Annual Data Report Form (DHS-5052) (PDF) to DHS no later than July 5, 2020.

For settle-up to occur, you must:

- Bill, receive payments and report all required cost data through the Special Education Data Reporting Application (SEDRA) of the Minnesota Department of Education (MDE), and
- Report the total direct service time and encounter data to DHS using the IEP Services Annual Data Report Form

If you do not submit the required cost data for any of the IEP services that you provided during 2018-19 and for which you received payments, the final rate for that service will be $0.00.

You must submit total direct service hours and encounters for each of these covered IEP services:

- Physical therapy
- Occupational therapy
- Speech and language and pathology and audiology services
- Mental health services
- Nursing services
- Personal Care Assistance services
- Interpreter services

You must also report the total number of special transportation trips and the total number of Medical Assistance-eligible children who received special transportation during the 2018-19 fiscal year.

Due to the COVID-19 pandemic, we recommend that school districts scan and email the required data to DHS **no later** than **July 5, 2020**, using the IEP Services Annual Data Report Form. DHS will not require a signature on the form, provided that the email comes from the Special Education Director or Administrator and includes a statement certifying the accuracy of the data being submitted on the form. The school district can still send the required form to DHS via U.S. Postal Service, however, note that mail will be picked up intermittently because DHS staff are working from home.

If you have questions about the required documentation, please call Jesusa Williams at 651-431-2538 or email jesusa.williams@state.mn.us. If you have questions about SEDRA, contact the Special Education Funding and Data Team of MDE at mde.spedfunding@state.mn.us. (pub. 5/27/20)

PCPO and FMS agencies must submit MHCP Affiliation Requests using the MPSE Portal or correct fax number

This is a reminder that Personal Care Provider Organizations (PCPO) agencies and Financial Management Services (FMS) agencies who wish to submit affiliation requests to Minnesota Health Care Programs (MHCP), or make other enrollment requests, can do so in **one** of the following two ways:

- Access the Minnesota Provider Screening and Enrollment (MPSE) Portal through your MN–ITS account. If you do not see a link for the MPSE portal on the left-hand side when you have logged in to MN–ITS, contact your MN–ITS administrator for access.

- Complete the documents required to enroll as a personal care assistant (PCA), consumer directed community supports (CDCS) worker, or consumer support grant (CSG) worker and fax your materials to MHCP Provider Eligibility and Compliance at **651-431-7465**.

The following identifies the documents required to enroll for each provider type:

Individual Provider type	Required Enrollment Forms
PCA	• Individual PCA Enrollment Application (DHS-4469) (PDF) • Individual Support Worker Provider Agreement (DHS-4611) (PDF)
CDCS	• Individual Direct Support Worker Enrollment Application (DHS-4469A) (PDF) • Individual Support Worker Provider Agreement (DHS-4611) (PDF)
CSG	• Individual Direct Support Worker Enrollment Application (DHS-4469A) (PDF) • Individual Support Worker Provider Agreement (DHS-4611) (PDF)

If you are faxing your forms, use the latest version of enrollment forms listed in the links provided to ensure the information you submit and the fax number is correct.

Enrollment materials sent to an alternative fax number will cause a delay in processing or a request to resubmit materials. Contact the MHCP Provider Call Center at 651-431-2700 with any questions. (pub. 5/26/20)

Community Access for Disability Inclusion waiver application public comment period open

The Minnesota Department of Human Services (DHS) requests public comments on proposed policy changes for the Community Access for Disability Inclusion (CADI) Waiver application before submitting it to the Centers for Medicare & Medicaid Services for approval. We are holding a 30-day public comment period from May 18, 2020, through June 17, 2020. See the DHS requests public comments on CADI Waiver application DSD eList announcement to review the changes, learn how to submit comments and see more information. (pub. 5/21/20)

Temporary expansion of remote support for certain Home and Community-Based Services (HCBS) waiver services

The Minnesota Department of Human Services commissioner will allow remote support (real-time, two-way communication) as a service delivery option for several waiver services temporarily during the COVID-19 pandemic beginning Apr. 29, 2020. Remote support may be delivered through phone or other interactive technology mediums currently available to the person receiving services. See more information added to the Coronavirus (COVID-19) section of the MHCP Provider Manual. You may also refer to Bulletin 20-48-01 Temporary expansion of remote support for home and community-based services (HCBS) waivers (PDF) for more information on the remote support policy, including a list of services that may be provided remotely, types of technology applications that can be used, lead agency instructions for rates and authorization, and provider instructions to add services on 245D license and enrollment record. (pub. 5/20/20)

Alternative adult day service delivery due to COVID-19 pandemic

The Minnesota Department of Human Services commissioner authorizes licensed adult day service providers to provide services remotely or in person to one person at a time beginning Apr. 29, 2020.

Alternative adult day services include the following services:

- Wellness checks and health-related services, including medication set-up and administration overseen by a nurse
- Socialization or companionship
- Activities
- Meals delivered to the person's home
- Assistance with activities of daily living, including bathing
- Individual support to family caregivers

See information about this added to the Coronavirus (COVID-19) section of the Minnesota Health Care Programs Provider Manual. You may also read Bulletin 20-25-01 Alternative adult day service delivery due to COVID-19 pandemic (PDF) for more information about the delivery method and delivery location of these services, revised licensing requirements and other changes. (pub. 5/20/20)

Clarification for signatures on Child Welfare Targeted Case Management and Mental Health Targeted Case Management service plans

The Minnesota Department of Human Services (DHS) under Governor's Emergency Executive Order 20-12 has temporarily waived the policy requirement for a signed service plan when it is not possible to obtain a signature from the client or the client's parent or legal representative. Verbal acknowledgement of the service plan via the telephone or through videoconference instead of a written signature is allowed temporarily until the emergency order has been lifted.

Effective Mar. 1, 2020, Child Welfare Targeted Case Management (CW-TCM) and Mental Health Targeted Case Management (MH-TCM) case managers may complete a service plan with the child and parent, legal guardian or legal representative; or the adult and legal representative via the telephone or through videoconference.

CW-TCM and MH-TCM service plan effective dates
The CW-TCM service plan effective date is the date the parent or legal guardian or legal representative acknowledges the CW-TCM service plan.

The MH-TCM service plan effective date is the date the MH-TCM clinical supervisor acknowledges the MH-TCM service plan. This clarification applies to fee for service and managed care.

Case manager responsibilities
The case manager must:

- Document who gave verbal acknowledgement and their relationship to the client in the client file
- Document when the verbal acknowledgement was received
- Send a copy of the completed CW-TCM service plan to the child and parent, legal guardian or legal representative

- Send a copy of the completed MH-TCM service plan to the child and parent, legal guardian or legal representative; or the adult or legal representative
- Obtain signatures within a reasonable time after the Governor's Emergency Executive Order 20-12 has been lifted (pub. 5/19/20)

State statute waived to allow Assertive Community Treatment (ACT) and Intensive Rehabilitative Mental Health Services (IRMHS) psychiatric care providers temporary use of telemedicine

The commissioner of the Minnesota Department of Human Services (DHS) approved a waiver to state statute to allow psychiatric care providers on ACT and IRMHS teams to temporarily provide via telemedicine.

Previous telemedicine waivers allowed the temporary use of telemedicine by mental health professionals and practitioners who were not directly prohibited from telemedicine by state statute. This waiver specifically allows the temporary use of telemedicine by psychiatric care providers on ACT and IRMHS teams who were directly prohibited from telemedicine by state statute. This ensures that the more than 2,400 members served by these teams will keep their access to important psychiatric mental health services such as assessment, medication management and symptom and risk monitoring during the COVID-19 pandemic.

Psychiatric care providers must submit the Telephonic Telemedicine Provider Assurance Statement (DHS-6806A) (PDF) to temporarily provide services via telephone or tele-video. Your “Requested Service Effective Date” on the form can be on or after Mar. 19, 2020.

Follow the video and telephone telemedicine billing guidance in the Coronavirus (COVID-19) section of the Minnesota Health Care Programs (MHCP) Provider Manual. Providing telemedicine remains in effect until the peacetime emergency is terminated or until it is rescinded by proper authority. Contact the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 5/11/20)

Early Intensive Developmental and Behavioral Intervention (EIDBI) policy changes in response to the COVID-19 pandemic

The Minnesota Department of Human Services has modified EIDBI policy due to the COVID-19 pandemic. EIDBI providers can adjust how they provide services during the length of the peacetime emergency. See the EIDBI policy changes in response to the COVID-19 emergency Disability Services Division (DSD) eList announcements on the Latest information about COVID-19 from DSD webpage for information. For information about providing services via telemedicine, see the Coronavirus (COVID-19) section of the Minnesota Health Care Programs Provider Manual. (pub. 5/6/20)

Temporary expansion of telemedicine provisions includes Certified Community Behavioral Health Clinic (CCBHC) services; scope of services table updated

The Minnesota Health Care Programs’ (MHCP) temporary expansion of coverage for telemedicine visits includes CCBHC services. The expansion of telemedicine coverage applies to CCBHCs that meet the requirements under Minnesota Statute 256B.0625 subdivision 3b, and the additional provider types and services listed on the recently approved Waivers and modifications webpage. Services provided via telemedicine according to all applicable requirements in the Coronavirus (COVID-19) section of the MHCP Provider Manual will satisfy the face-to-face requirement for services in the CCBHC scope of services table for the purpose of calculating the monthly wrap payment.

See the Coronavirus (COVID-19) section of the MHCP Provider Manual for more information on the temporary changes to telemedicine visits. See the Waivers and modifications webpage for more information about the telemedicine waivers.

We updated the Scope of Services for CCBHCs (PDF) table to include evaluation and management (E&M) telephonic billing codes made effective due to the COVID-19 emergency orders. E&M services listed on the CCBHC scope of services table provided according to all applicable requirements in the Physician Consultation, Evaluation and

Management section of the MHCP Provider Manual and according to all applicable requirements in the Coronavirus (COVID-19) section of the MHCP Provider Manual are considered CCBHC encounters. (pub. 5/6/20)

Department of Human Services (DHS) covers COVID-19 testing for uninsured under new Medical Assistance group

On Mar. 18, 2020, Congress passed the Families First Coronavirus Response Act (FFCRA), which gives states the option to make Medicaid available to certain uninsured people to pay for COVID-19 testing and the related office visit during the COVID-19 peacetime emergency.

The Minnesota Legislature authorized a new Medical Assistance (MA) coverage group for those who are uninsured to cover the testing and diagnosis of COVID-19. This change eliminates the financial barriers that might prevent someone who needs testing for COVID-19 from seeking care, increasing public health care risks.

The new coverage group is effective May 1, 2020, and ends when the COVID-19 peacetime emergency ends.

For this new MA coverage for COVID-19 testing group, only the testing and services related to diagnosis of COVID-19 are covered. This includes coverage for the COVID-19 test, serological tests and the office visit during which the test was given. Services for the treatment of COVID-19 are not included. There are no copays or deductibles for COVID-19 testing and the evaluation. A person can have more than one COVID-19 test covered while they are enrolled in this program.

Fee-for-service providers:

- Give the Application for Limited MA Coverage for COVID-19 Testing (DHS-7310) (PDF) to all uninsured patients to complete.
- Administer the COVID-19 testing and evaluation.
- Ensure the patient has completed all information necessary.
- Complete the provider portion of the application and submit the application to the Department of Human Services (DHS). DHS staff will determine eligibility.
- Verify eligibility and submit the claim(s) to DHS for processing.

Information on eligibility status will be available in the Eligibility Verification System (EVS) within 10 days of submission of the application.

Bill DHS for the COVID-19 testing and evaluation through MN–ITS.

Uninsured individuals are always encouraged to complete the appropriate Minnesota Health Care Programs application. Completing an application for MA or MinnesotaCare is not a requirement to qualify for MA coverage for COVID-19 testing.

Refer to the COVID-19 section of the MHCP Provider Manual for more information about temporary modifications due to COVID-19. (pub. 5/1/20)

Child & Teen Checkups (C&TC) visit reminders during COVID-19 pandemic

The Minnesota Department of Human Services (DHS) reminds providers of the following information about C&TC visits during the COVID-19 pandemic.

For children age 24 months or younger
DHS and the Minnesota Department of Health (MDH) recommend to continue in-person C&TC visits for children 24 months or younger to receive necessary immunizations and other screenings. To reduce the risk of spreading disease, see the Apr. 1, 2020, Provider news and updates message “Child and Teen Checkups (C&TC) well child visit prioritization guidance during COVID-19 pandemic.”

If a practice is unable to provide a C&TC visit to a child aged 24 months or younger (for example, a caregiver in the home is positive for COVID-19 or does not feel comfortable coming into the office), providers may complete components of the visit via telemedicine (for example, history, anticipatory guidance, vaccine counseling and developmental screening) based on their clinical judgment. Report only the codes of the services provided, and payment will reflect only those completed components per the Minnesota Health Care Programs (MHCP) Fee Schedule. See the Covered Services Changes and Eligible Providers sections of the Coronavirus (COVID-19) section of the MHCP Provider Manual and the

“Telemedicine information and documentation” section of this message for information about enrollment and providing via telemedicine during the COVID-19 pandemic.

For children older than 24 months
Providers may perform condensed C&TC visits using telemedicine. Providers will need to use their clinical judgment as to which components of the C&TC service are appropriate to be performed during the telemedicine visit, and payment will reflect only those completed components per the MHCP Fee Schedule.

Telemedicine information and documentation
MHCP will include delivery of services through telephone connection between the patient and provider as part of telemedicine services effective Mar. 19, 2020. Providing telemedicine via phone for COVID-19 remains in effect until the peacetime emergency is terminated or until it is rescinded by proper authority. See the Covered Services Changes and Eligible Providers sections of the Coronavirus (COVID-19) section of the MHCP Provider Manual for information about enrolling and providing via telemedicine.

Policies on telemedicine services are in the Physician and Professional Services section of the MHCP Provider Manual.

MHCP will cover medically necessary services and consultation by an MHCP provider through telephonic telemedicine in the same manner as if the service or consultation was delivered in person on an interim basis during the COVID-19 pandemic. Refer to the Telemedicine/Telephonic Telemedicine Providers provider list in MN–ITS to see if you’ve been approve to provide telemedicine or telephonic services. You must use the Chrome browser to view the list.

If you are providing condensed and modified C&TC services and not all the components of a visit, leave off the S0302 code and HIPAA-compliant referral condition codes. All provisions discussed here are time limited. Consult the Coronavirus (COVID-19) section of the MHCP Provider Manual regularly for the most up-to-date information.

Follow-up after the COVID-19 pandemic
Any member who receives a preventive medicine visit via telemedicine should have a complete in-person C&TC visit as soon as possible after the COVID-19 peacetime emergency has formally ended. Consideration of completion of further face-to-face visit components, follow-up care or the timeline of the next complete age-related face-to-face C&TC visit is at the provider’s discretion. See the Child and Teen Checkups (C&TC) section of the MHCP Provider Manual for more information.

Email DHS at dhs.childteencheckups@state.mn.us if you have questions about this message. (pub. 4/24/20)

Targeted case management face-to-face visit requirements changed

Federally approved policy modifications to targeted case management (TCM) services temporarily allow telephone and video-conferencing in place of in-person face-to-face contact during the COVID-19 pandemic.

See the Coronavirus (COVID-19) section of the Minnesota Health Care Programs Provider Manual for information about providing targeted case management services during this pandemic.

The change is effective for TCM services provided in the month of March, 2020, and allows case managers to conduct targeted case management visits by phone or video with adults receiving services or their legal guardians, and with children receiving services and their parents or legal guardians. The change runs through the end of the public health emergency.

Tribal provider requirements
This change means that Indian Health Service (IHS), Sec. 638 Tribal providers, may receive the daily encounter payment when the contact between the case manager and the person receiving services happens by telephone instead through an in-person face-to-face visit. Although the mode of how a service may be delivered is temporarily changing (for example, targeted case management services can be delivered via telephone temporarily), there are no changes to the payment methodology for the daily encounter payment. The same services and types of providers that are required to generate a daily encounter payment continue to be required when targeted case management services are delivered during the COVID-19 emergency period.

The affected services include:

- Child welfare targeted case management
- Children’s mental health targeted case management
- Adult mental health targeted case management

- Vulnerable adult or adult with developmental disabilities (VA/DD) targeted case management
- Relocation service coordination targeted case management

Bulletin 20-69-02 Targeted case management changes for face-to-face contact requirements includes temporary instructions for these programs. (pub. 4/22/20)

Access to telemedicine services increased

Minnesota Department of Human Services (DHS) has expanded access to telemedicine to ensure the 1.1 million Minnesotans covered by Medical Assistance and MinnesotaCare do not lose access to care and services, including mental health and substance use disorder coverage, during the pandemic.

DHS has received federal approval to temporarily ease certain limits in existing law for receiving needed care and services through telephone and video visits that can instead be provided safely and effectively without an in-person face-to-face visit by:

- Expanding the definition of telemedicine to include telephone calls so providers who have a telemedicine agreement in place with DHS can serve patients through telephone or tele-video visits.
- Allowing a provider's first visit with a patient to be conducted over the phone.
- Allowing Medical Assistance and MinnesotaCare enrollees to have more than three telemedicine visits in a week.
- Allowing DHS-contracted managed care plans to follow these same policies.

All telemedicine changes are effective Mar. 19, 2020.

DHS received Centers for Medicare & Medicaid Services approval for temporarily expanding the providers that may deliver services using telemedicine, including many mental health and substance use disorder (SUD) treatment providers. This approval also applies to equivalent tribal providers. See the Temporary coverage of telemedicine visits for Substance Use Disorder and Mental Health providers webpage for information about telemedicine for mental health and SUD.

DHS also received temporary approval to allow a telemedicine service to satisfy the face-to-face requirement under the encounter payment methods for Indian Health Service, Tribal 638 clinic, Federally Qualified Health Center, and Rural Health Clinic services. If a service would have received an encounter payment if performed in person, the same service will receive an encounter payment if performed via telemedicine, including telephone and televideo as long as all of the applicable telemedicine requirements are met.

See the waivers and modifications webpage or the Coronavirus (COVID-19) section of the MHCP Provider Manual for more information about requirements that have been waived or modified so together we can continue to provide essential programs and services to Minnesotans safely and without undue delay during the COVID-19 pandemic. (pub. 4/21/20)

Department of Human Services (DHS) waives signature requirements for delivery of durable medical equipment (DME) and Nonemergency Medical Transportation (NEMT)

The DHS commissioner waived the need for providers to get signatures when delivering DME and supplies to Medical Assistance (MA) and MinnesotaCare members effective Apr. 17, 2020. Providers are required to maintain documentation that they successfully delivered equipment or supplies to members.

Also, effective Apr. 17, 2020, NEMT providers are not required to obtain a signature from MA and MinnesotaCare members to certify that the transport occurred. All other documentation requirements continue to apply and providers are required to ensure appropriate documentation that substantiates that the transport occurred.

This change supports the need for social distancing during the COVID-19 pandemic.

The waiver expires at the end of the COVID-19 peacetime emergency. (pub. 4/21/20)

Housing Stabilization Services benefit begins mid-July, 2020

Housing Stabilization Services is a new Minnesota Medical Assistance benefit to help seniors and people with disabilities find and keep housing. Providers may enroll now. Services begin mid-July, 2020. Providers who want to learn more about the service or enrolling to deliver this service can find information in the Housing Stabilization Services section of the Minnesota Health Care Programs Provider Manual and on the Housing and homelessness: Policies and procedures webpage. Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 for more information. (pub. 4/21/20, rev. 6/4/20)

Telemedicine and telephonic telemedicine services approved provider list available Apr. 20, 2020

Minnesota Health Care Programs (MHCP) will post a list of providers approved for telemedicine services and telephonic telemedicine services for COVID-19 expanded services on Apr. 20, 2020. The list, named Telemedicine/Telephonic Telemedicine Provider List, can be accessed by logging in to your MN–ITS account and finding it within the Provider Lists link. The list will be updated each week on Monday and will include all providers approved for telemedicine delivery before the COVID-19 pandemic and those approved to provide services telephonically since the pandemic. You must use a Chrome or Firefox browser and will need the Excel XLSX version to access this list and other provider lists.

Please refer to the Coronavirus (COVID-19) section of the MHCP Provider Manual for more information about telemedicine and telephonic telemedicine services, including billing. (pub. 4/17/20, rev. 4/28/20)

Minnesota Restricted Recipient Program (MRRP) COVID-19 related medication payments

MRRP participants' COVID-19 related medications will be paid through an acute discharge pharmacy. To assure payment, contact the managed care organization (MCO) of record for the Minnesota Health Care Programs (MHCP) member. If the person is a fee-for-service (FFS) member, contact the MRRP at 651-431-2648 or 800-657-3674 after dispensing medications and give the following information:

- Patient name
- DOB
- PMI (if known)
- Diagnosis
- Medications dispensed
- Prescribing provider and NPI used
- Pharmacy name and NPI used
- Date of service

When MRRP staff receive a request, they will open the acute discharge pharmacy to allow for claim submission and will call and work with pharmacy staff to ensure reimbursement on active FFS medical assistance patients during this pandemic. (pub. 4/17/20)

MinnesotaCare payment grace period granted

The Minnesota Department of Revenue will grant a 60-day payment grace period for MinnesotaCare monthly and quarterly estimated payments due Apr. 15, 2020. These payments are now due June 15, 2020. See the MinnesotaCare Payment Grace Period announcement from the Department of Revenue for more information. (pub. 4/13/20)

Eliminating financial barriers to COVID-19 diagnosis and treatment

On Mar. 20, 2020, Minnesota Governor Tim Walz issued Executive Orders 20-11 and 20-12, granting the Minnesota Department of Human Services (DHS) emergency temporary authority to change administrative and regulatory requirements for state programs in response to the COVID-19 pandemic.

These executive orders aim to ensure access to services and protect the health of over 1 million Minnesotans, including older adults, individuals with disabilities, young families with children and individuals with mental illness—groups likely to be significantly impacted by COVID-19.

Effective Mar. 19, 2020, DHS has removed any cost-sharing for the diagnosis and treatment of COVID-19 for all Medical Assistance (Medicaid) and MinnesotaCare members. This applies to members in both fee for service and managed care.

This action is taken to help address financial concerns that might prevent someone who needs testing or treatment for COVID-19 from seeking appropriate care that would result in an increased risk to public health. The federal government will pay 100 percent of the costs of COVID-19 testing, treatment and the corresponding office visit for Medical Assistance and Minnesota Care.

This executive order and consequent waiver on cost-sharing for COVID-19 remains in effect until the peacetime emergency is terminated or until it is rescinded by proper authority. (pub. 4/10/20)

Emergency payments for COVID-19 costs offered for nursing facilities

Minnesota Department of Human Services (DHS) is offering expedited, emergency payments to Minnesota Health Care Programs enrolled nursing facilities providers located in Minnesota for costs directly related to COVID-19 incurred on or after Mar. 13, 2020, per Minnesota Statute 12A.10. That statute allows providers who incur additional costs resulting from disasters to apply for expedited reimbursement.

On Mar. 31, 2020, the Nursing Facility Rates and Policy Division conducted a webinar and PowerPoint presentation which provided instructions for submitting the reimbursement application. That webinar was recorded and is available for those who were unable to participate in the live session. Providers who did not receive the reimbursement application and instruction forms, or who would like a copy of the PowerPoint, can email the Long-Term Care Policy Center at dhs.ltcpolicycenter@state.mn.us.

A frequently asked questions list is being developed and should be posted on the Nursing Facility Provider Portal webpage by the end of April.

Visit the Waivers and modifications webpage and scroll to “Changes under existing authority to respond to COVID-19,” and select **No. 3: Expediting payments to nursing homes (CV01**) for information on actions taken by the commissioner. (pub. 4/9/20)

Washington Publishing Company (WPC) temporary link to X12 codes

WPC is experiencing issues with their website and is working to resolve them. WPC instructs providers to use https://nex12.org/index.php/codes for contact information and access to the X12 codes for the WPC until the WPC webpage is available. We will update this webpage when the WPC issues have been resolved. (pub. 4/3/20)

Coronavirus (COVID-19) Minnesota Health Care Programs (MHCP) Provider Manual section posted

We have posted a new Coronavirus (COVID-19) manual section of the MHCP Provider Manual. It will include a list of temporary modifications to policies and procedures that have been made to Medical Assistance and MinnesotaCare programs. Unless listed in this manual section, all other program requirements continue to apply. Please refer to this manual section for the most up-to-date information. (pub. 4/2/20)

DHS extends prescription limit to 90 days for certain medications

In response to Gov. Tim Walz’ COVID-19 pandemic Emergency Executive Order 20-12, the Department of Human Services (DHS) has received federal approval to temporarily cover up to a 90-day supply of many noncontrolled prescription maintenance medications.

Under current state law, prescriptions for medications are limited to a 34-day supply (Minnesota Statute, 256B.0625, subdivision 13). Effective April 2, 2020, the DHS commissioner increased the prescription drug coverage limit for certain therapeutic drug classes to a 90-day supply for all fee-for-service Medical Assistance and MinnesotaCare members.

DHS is not mandating that a 90-day supply of these medications be dispensed. Prescribers and pharmacists are expected to continue to use their professional and clinical judgment as to the appropriate quantity to dispense to members.

Claims for medications affected by this change do not require an override from the Provider Call Center. Contact the Provider Call Center to determine if overrides are available for medications **not included** in this initiative if the member has another insurance that has covered a 90-day supply of the medication. This extension in the prescription drug coverage limit applies to the fee-for-service pharmacy benefit. The managed care organizations (MCOs) may implement a 90-day supply program and you can obtain details of those programs from the MCOs.

This executive order and consequent 90-day supply prescription limit extension for COVID-19 remains in effect until the peacetime emergency is terminated or until it is rescinded by proper authority. (pub. 4/2/20)

Provider revalidations postponed

Minnesota Health Care Programs (MHCP) is postponing provider revalidation efforts effective Apr. 1, 2020, in accordance with Executive Order 20-12. MHCP will not be sending revalidation notices to providers who are due to revalidate their enrollment to ensure providers remain enrolled and able to provide necessary services to members during the COVID-19 pandemic. We will update the MHCP provider news and updates webpage when the revalidation process resumes. (pub. 4/1/20)

Child and Teen Checkups (C&TC) well child visit prioritization guidance during COVID-19 pandemic

The benefit of attending a C&TC well visit and receiving necessary immunizations and screenings should be balanced with the risk of exposure to other children and adults with potential contagious diseases. Many providers are reviewing their daily workflows and practices in consideration of their patient population, safe practice capacity, clinic environment as well as guidance from the Minnesota Governor's executive orders. The current American Academy of Pediatrics (AAP) recommendations for providing well visits and immunizations during the COVID-19 Pandemic as of Mar. 19, 2020 are:

- Newborn visits or infant weight checks
- Well child visits two years of age and younger, of special importance maintaining up to date immunization status
- Reschedule well visits for those in middle childhood and adolescence to a later date

See the AAP's COVID-19 Clinical Guidance Q&A webpage for more information about the AAP's recommendations. The Minnesota Department of Human Services (DHS) and the Minnesota Department of Health (MDH) recognize that you may prioritize C&TC visits in your practice. The AAP's recommendations are not intended to replace or supersede institutional policies in place for clinics or health care systems.

See the AAP COVID-19 Clinical Guidance Q&A webpage as well as the Centers for Disease Control and Prevention's (CDC) Resources for Clinics and Healthcare Facilities webpage to view options to help decrease the spread of COVID-19 with regard to well visits including the consideration of modifications to the structure of the clinic schedule and physical space.

For information specific to managing patients during the COVID-19 outbreak, see the following:

- MDH's Health Care: Coronavirus Disease 2019 (COVID-19) webpage
- Minnesota Chapter of the American Academy of Pediatrics COVID-19 webpage
- CDC webpages:
  - What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection
  - Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

Email the C&TC programs at DHS at dhs.childteencheckups@state.mn.us or MDH at health.childteencheckups@state.mn.us if you have questions or need more information about prioritizing well child visits.

This is a collaborative communication from the Child and Teen Checkups teams at DHS and MDH. (pub. 4/1/20)

Webpage devoted to waivers and modifications to Minnesota Health Care Programs requirements during COVID-19 pandemic

Executive orders signed by Gov. Tim Walz grant the Minnesota Department of Human Services (DHS) temporary authority to waive or modify administrative and regulatory requirements so that DHS and its partners can continue to provide essential programs and services to Minnesotans safely and without excessive delay during the COVID-19 pandemic.

See the Waivers and modifications webpage for information about waivers and modifications in effect, including those pending federal approval and changes made by the DHS commissioner under existing authority. (pub. 3/27/2020)

Governor, Minnesota Department of Human Services (DHS) suspend certain licensing regulations

Gov. Tim Walz issued Executive Order 20-12 Mar. 20, 2020, and DHS Commissioner Jodi Harpstead has suspended or modified certain licensing requirements and activities until May 1, 2020, to allow greater flexibility to comply with recommendations from the Minnesota Department of Health and the Centers for Disease Control and Prevention. These modifications ensure the best interests of your clients and communities are met.

Read the COVID-19 update regarding Minnesota Department of Human Services (DHS) licensing message to find out more about DHS suspending or modifying most licensing enforcement activity. (pub 3/24/20)

Minnesota Department of Human Services (DHS) to follow Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) guidelines for 2019-Novel Coronavirus (COVID-19) codes and billing

CMS has developed an additional code for coronavirus lab tests effective Apr. 1, 2020. See the CMS Develops Additional Code for Coronavirus Lab Tests CMS newsroom webpage for code information. Beginning Apr. 1, 2020, providers may submit claims for tests performed on or after Feb. 4, 2020.

The American Medical Association (AMA) also approved a unique CPT code effective Mar. 13, 2020. See the AMA's New CPT Code Announced to Report Novel Coronavirus Test press release. The Centers for Disease Control and Prevention (CDC) has issued coding guidelines for COVID-19. See the CDC's ICD-10-CM Official Coding Guidelines - Supplement (PDF) for more information.

We follow CMS and CDC guidelines and we are working on updating our system to be ready for claims submitted beginning Apr. 1, 2020. Continue to monitor this webpage for updates.

Additional COVID-19 resources

- Minnesota Department of Health
- Centers for Disease Control and Prevention
- CMS Newsroom

(pub. 3/18/20)

Training

Telehealth learning sessions available for mental health and substance use disorder (SUD) providers

We have compiled a list of non-Minnesota Department of Human Services (DHS) learning sessions on using telecommunications technology as a response to the COVID-19 pandemic and evolving concerns with service providers in

the field of mental health and substance use disorder. For learning sessions information, schedule and topics, see the following:

Telehealth Learning Series for SUD Tx and Recovery Support Providers – The Addiction Technology Transfer Center (ATTC) Network, the Center for Excellence on Protected Health Information (CoE-PHI), the National Consortium of Telehealth Resource Centers, and the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada – Reno facilitate this training. Visit the Telehealth Learning Series for SUD Tx and Recovery Support Providers webpage for more information.

TLC Tuesdays (5 sessions) – Mid-America Mental Health Technology Transfer Center (MHTTC) offers online training. Complete recordings from each session will be available on the Telehealth Learning & Consultation Tuesdays webpage.

The DHS Coronavirus Disease 2019 (COVID-19) webpage provides counties, tribes, providers and members of the public with information specific to responding to COVID-19 as it relates to DHS programs. You can also sign up to receive email updates on that page. Check the webpage often as it will be updated as additional waivers are approved. (pub. 4/3/20)

Free online billing lab training available

Minnesota Health Care Programs (MHCP) offers free online 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:

- Nursing facility

Minnesota Provider Screening and Enrollment (MPSE) free online training available

Minnesota Health Care Programs is providing free online training for our MPSE online portal.

See the MPSE portal training webpage for registration, brief online tutorials to help prepare you for class and more information. (pub. 2/5/20)

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.