September 28 – October 11, 2021

Systems announcements

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

$25.5 billion in Provider Relief Fund and American Rescue Plan rural federal funding available

New funding is available for health care providers affected by the COVID-19 pandemic. The U.S. Department of Health and Human Services (HHS), through the Health Resources & Services Administration (HRSA), made $25.5 billion available. This funding includes $8.5 billion in American Rescue Plan resources for providers who serve rural Medicaid, Children's Health Insurance Program (CHIP) or Medicare patients, and an additional $17 billion for Provider Relief Fund Phase 4 for a broad range of providers who can document revenue loss and expenses associated with the pandemic. Applications are due Oct. 26, 2021. Review the HHS Announces the Availability of $25.5 Billion in COVID-19 Provider Funding webpage for more information. Review the HRSA Future Payments webpage for application instructions and a schedule of technical assistance webinars to help you navigate the application portal. (pub. 10/4/21)

Minnesota Department of Human Services (DHS) accepting applications for Waiver Reimagine Advisory Committee members

We are accepting applications through Oct. 31, 2021, from people who want to join the new Waiver Reimagine Advisory Committee. The committee will provide input about the implementation of Waiver Reimagine during virtual meetings held every other month.

Review the full Request for applicants to join Waiver Reimagine Advisory Committee DSD eList announcement for more information. (pub. 9/29/21)

Individual Licensed Assisted Living Facilities can apply for Elderly Waiver Customized Living Services rate adjustment

The 2021 Minnesota Legislature approved a minimum daily rate for individual licensed assisted living facilities that are designated as disproportionate share facilities. The facility must have at least 80% of the residents enrolled in the Elderly Waiver (EW) program on Oct. 1, 2021, to be designated as a disproportionate share facility.

Facilities can apply between October 1 - 31, 2021, to receive this designation and associated rate adjustments by submitting the Disproportionate Share Facility Application (DHS-8157-ENG) to Minnesota Department of Human Services (DHS). DHS will inform facilities of their application results and designate eligible facilities by Nov. 15, 2021.

Eligible facilities will receive a minimum daily rate of $119 for claims associated with EW participants who receive 24-hour customized living services at the facility between July 1, 2022, and Dec. 31, 2022, assuming the rate adjustment program receives federal approval.

For more information, visit the Elderly Waiver (EW) and Alternative Care (AC) Program section of the Minnesota Health Care Programs Provider Manual under billing or review the Elderly Waiver Customized Living Services Rate Adjustment Aging & Adult Services Division Community Supports for Seniors E-List message. (pub. 9/28/21)
Free-Standing Birth Center facility base rates updated

Free-Standing Birth Center facility base rates have been updated retroactively to July 1, 2018, using a percentage of the statewide average hospital payment for an uncomplicated vaginal birth as stated in Minnesota Statute 256B.0625, subdivision 54. Review the following table for rate effective dates.

<table>
<thead>
<tr>
<th>CPT Procedure Code</th>
<th>July 1, 2018</th>
<th>July 1, 2019</th>
<th>July 1, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>59400</td>
<td>$1,486.09</td>
<td>$2,201.29</td>
<td>$1,939.18</td>
</tr>
<tr>
<td>S4005</td>
<td>$318.45</td>
<td>$471.71</td>
<td>$415.54</td>
</tr>
</tbody>
</table>

Minnesota Health Care Programs will reprocess claims retroactive to July 1, 2018, on the Sept. 28, 2021, remittance advice. (pub. 9/28/21)

Customized Living Services (CLS) service authorization (SA) in pended status

Minnesota Health Care Programs (MHCP) is aware of the SA line items in pended status for CLS line items attempted to be created by lead agencies. The SA line item goes into pended status when the provider listed on the SA line item has a license or credential end date occurring before the SA line end date. The pended status on the SA occurred due to the License requirement changes for customized living services provider reflected on the Home and Community-Based Services provider enrollment record. Contact the lead agency for SA corrections to the service line dates. Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if your SA is in pended status due to your license or credentials and we will submit a case to Provider Eligibility and Compliance. (pub. 9/27/21)

Service rate and budget changes effective Oct. 1, 2021

The 2021 Minnesota Legislature authorized a number of rate and budget increases for home and community-based services. The following service rate and monthly budget increases are effective Oct. 1, 2021:

- 10.10% increase to Personal Care Assistant (PCA)
- 10.30% increase to PCA Complex
- 49.70% increase to PCA Supervision
- 3.16% increase to Elderly Waiver (EW), Alternative Care (AC), and EW and AC Consumer Directed Community Supports (CDCS) monthly case mix budget caps
- 1.58% increase to CDCS budgets under the Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), and Developmental Disabilities (DD) waiver programs
- 10.10% increase to Consumer Support Grant budgets
- $42.00 for CDCS background checks

The terms and conditions of the July 1, 2021, to June 30, 2023, SEIU collective bargaining agreement (CBA) go into effect Oct. 1, 2021. The rate increases related to the CBA fit within the 10.10% increase to PCA and are not calculated in addition to it.

New terms of the CBA include a new minimum wage and new paid time off (PTO) accrual rate for workers in the bargaining agreement. Effective Oct. 1, 2021, direct support workers providing PCA Choice, CDCS or CSG services must:

- be paid a minimum of $14.40 per hour
- accrue a minimum of one hour of PTO for every 30 hours worked

We will communicate more information about additional terms of the new CBA and provider responsibilities in a future communication sent to providers’ MN–ITS mailboxes.

Additional information and resources about these changes is available on the Long-term services and supports rates changes webpage.

Call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 or 800-366-5411, option #4, for more information. (pub. 9/27/21)
Electronic visit verification (EVV) vendor HHAeXchange provider support contact information

HHAeXchange has dedicated the following phone number and email address to better support Minnesota’s providers with EVV implementation.

- Phone number: 855-573-1521
- Email: MNsupport@hhaexchange.com

(pub. 9/24/21)

Minneapolis Health Care Programs (MHCP) Uniform Preferred Drug List changes

The MHCP Uniform Preferred Drug List (PDL) is changing beginning Oct. 1, 2021. Two of the biggest changes include:

- Entresto and Eliquis changing from nonpreferred to preferred status on the Uniform PDL.
- Branded inhalers Proair HFA, Ventolin HFA and Advair Diskus continuing to have preferred status on the Uniform PDL. The generic versions of these inhalers are moving from preferred status to nonpreferred status.

Review all the changes on the Uniform PDL and preferred drug list changes (PDF). We have created the following resources to help you understand your role in keeping MHCP members on a nonpreferred drug or transitioning members to a preferred drug on or after Oct. 1, 2021:

- Frequently Asked Questions for Providers Regarding the Uniform PDL (PDF)
- Preferred Drug List Flow Diagram for Providers (PDF)
- Continuation of Therapy Prior Authorization Criteria (PDF)
- Nonpreferred Drug Prior Authorization Criteria (PDF)

If you have additional questions, contact:
- MHCP Provider Call Center (for members in fee-for-service Medicaid) at 651-431-2700 or 800-366-5411; or
- Managed Care Organization (MCO) responsible for the MHCP member’s coverage (for members in Managed Care Medicaid or MinnesotaCare). See the following table for contact information.

<table>
<thead>
<tr>
<th>MCO plan</th>
<th>Pharmacy contact numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Plus – Prime Therapeutics</td>
<td>844-765-5940 (Blue Advantage)</td>
</tr>
<tr>
<td>HealthPartners</td>
<td>952-883-5813</td>
</tr>
<tr>
<td></td>
<td>800-492-7259</td>
</tr>
<tr>
<td>Hennepin Health – Navitus</td>
<td>612-596-1036</td>
</tr>
<tr>
<td></td>
<td>800-647-0550</td>
</tr>
<tr>
<td>Itasca Medical Care – Caremark</td>
<td>800-345-5413</td>
</tr>
<tr>
<td>Medica – CVS Health</td>
<td>800-364-6331</td>
</tr>
<tr>
<td>PrimeWest Health – MedImpact</td>
<td>800-788-2949</td>
</tr>
<tr>
<td>South Country Health Alliance – PerformRX</td>
<td>866-935-8874</td>
</tr>
<tr>
<td>UCare – Express Scripts, Inc. (ESI)</td>
<td>877-558-7523 (physician authorizations)</td>
</tr>
<tr>
<td></td>
<td>800-595-7140 (Fairview Specialty – specialty medications)</td>
</tr>
</tbody>
</table>

(pub. 9/20/21)

Connect with interpreters to understand their role in health care virtual event scheduled Oct. 19

The Minnesota Department of Human Services will hold a virtual event to learn from interpreters about effective communication in health care settings. The event is scheduled Tuesday, Oct. 19, 2021, and registration is required. The event will include a panel of interpreters who will answer questions about collaboration, effective practices and their experiences in health care settings. Read the Connect with interpreters to understand their role in health care DSD eList announcement for registration and more information. (pub. 9/20/21)
DHS will resume PCA Steps for Success October 20-22 for PCA agency owners and managers

The Minnesota Department of Human Services (DHS) notified all Personal Care Assistance (PCA) providers earlier this year to prepare to sunset the PCA program while we worked to initiate a new program, Community First Services and Supports (CFSS).

However, we must delay this timeline due to our need for additional time to receive approvals on waiver and state plan amendments from the federal Centers for Medicare & Medicaid Services (CMS). See AASD, DSD and CFSS Implementation Council eList announcement for more information.

Now, the earliest possible implementation date for the Community First Services and Supports program will be June 1, 2022. This delay will not affect people’s ability to continue receiving services or access assessments to start services.

We are accepting PCA agency applications and will offer the PCA Steps for Success training Oct. 20-22, 2021. This training does not cover CFSS. Attendees of the Oct. 20-22 training will also need to complete training on CFSS before DHS implements CFSS. New owners and managers must start the enrollment process for their PCA agency before CFSS is implemented.

New qualified professionals (QPs) do not need to take the PCA Steps for Success class. We will continue accepting a PCA qualified professional test certificate for new QPs based on the online training and successful completion of the test for qualified professionals. For more information, see the Steps for Success workshop training webpage. (pub. 9/20/21)

DHS working on the category of service system edit for Pfizer-Biontech and Moderna COVID-19 vaccines third dose administration codes

We are aware of the category of service edit that is occurring for the third vaccine administration codes regarding the Pfizer-Biontech CPT code 0003A and the Moderna CPT 0013A code. We are currently working on a system edit. Continue to follow the billing instructions under Vaccines in the Billing section of the Coronavirus (COVID-19) Minnesota Health Care Programs Provider Manual section. Watch for a future Provider News message on this webpage for further billing instructions once we complete the system update. (pub. 9/14/21)

Housing Stabilization and Services update on remote support changes and federal public health and state peacetime emergencies

We are informing Housing Stabilization Services providers about updates to remote support and the federal public health and state peacetime emergencies. Visit the Housing Stabilization Services policy webpage to see the Information on the Important Program Announcements. (pub. 9/14/21)

Third dose for COVID-19 vaccines approved for certain immunocompromised individuals

The American Medical Association approved Current Procedural Terminology COVID-19 vaccine third dose codes 0003A for Pfizer and 0013A for Moderna for only certain immunocompromised individuals effective Aug. 12, 2021. The Centers for Disease Control and Prevention (CDC) has issued guidance on people recommended to receive a third dose of the COVID-19 vaccine. See the COVID-19 Vaccines for Moderately to Severely Immunocompromised People and How to Talk with Patients Who Are Immunocompromised CDC webpages. The CDC-recommended third dose of an mRNA COVID-19 vaccine is to be administered 28 or more days from administration of the second dose. However, the physician or other qualified health care professional should use clinical judgment to determine whether a third dose is appropriate for the patient.

Minnesota Health Care Programs (MHCP) will only reimburse for the administration of the vaccine. As a reminder, vaccines are exempt from cost-sharing. Use the following administration codes to report the administration of the third dose for only Pfizer and Moderna COVID-19 vaccines:
Pfizer-Biontech
  - Administration code 0003A: ADM SARSCOV2 30MCG/0.3ML 3RD DOSE

Moderna
  - Administration code 0013A: ADM SARSCOV2 100MCG/0.5ML 3RD DOSE

You may now submit claims. MHCP will cover administration codes 0003A and 0013A retroactive to dates of service on or after Aug. 12, 2021.

You can find the covered codes on the [MHCP fee schedule](#) webpage. The MHCP COVID-19 vaccine billing instructions are in the [Coronavirus (COVID-19) Billing](#) section of the MHCP Provider Manual. (pub. 9/10/21)

**Pre-Exposure Prophylaxis (PrEP) medications and associated services for HIV prevention have no copayment**

Services required with PrEP medications used as HIV prevention are now covered with no co-pay effective Sept. 1, 2021, as part of a national HIV-prevention effort and the Affordable Cares Act. This includes no copayments for the quarterly clinic visits and lab tests required to maintain a PrEP prescription.

Primary diagnosis Z20.6 must be used for claims submission with a notation of “PREP” in all capital letters, placed in the notes section of the claim, to bypass the copayment for a PrEP related service. (pub. 9/10/21)

**Payments ending for COVID-19 customized living rate add-on**

Minnesota Department of Human Services (DHS) will not look for new or adjusted claims from providers eligible for customized living rate add-on payments described in [Bulletin #20-25-02: Customized living rate add-on payments for settings with confirmed cases of COVID-19 (PDF)](#) effective Sept. 30, 2021.

DHS will make one final round of add-on payments after Sept. 30, 2021, based on any eligible fee-for-service claims submitted before Sept. 30, 2021. DHS has informed managed care organizations (MCOs) of its plan to end payment processing for this program. MCOs will determine when they will stop processing add-on payments for services they coordinate.

See the [Payments end for COVID-19 customized living rate add-on eList](#) announcement for more details. (pub. 9/7/21)

**Minnesota Health Care Programs (MHCP) enrollment screening will resume site visits**

Due to the state’s COVID-19 peacetime emergency, we adopted many flexibilities recommended by the Centers for Medicare & Medicaid Services to respond effectively to local outbreaks, including changes to MHCP enrollment screening requirements. The Minnesota Department of Human Services’ (DHS) commissioner requested and received a federal section 1135 waiver to temporarily stop certain screening requirements for providers, including site visits (Code of Federal Regulation, title 42, section 455.432). The Minnesota peacetime emergency has ended and we will resume site visit operations. We will conduct enrollment screening site visits in a manner that complies with DHS, Minnesota and Centers for Disease Control and Prevention safety guidelines. (pub. 9/7/21)

**Insulin pods are a covered benefit beginning Sept. 1, 2021**

External ambulatory insulin delivery systems (insulin pods, code A9274) are a covered diabetic equipment and supplies benefit beginning Sept. 1, 2021. See the Covered Services section of the [Diabetic Equipment & Supplies](#) Minnesota Health Care Programs Provider Manual section for coverage criteria and more information. (pub. 9/7/21)
Electronic visit verification (EVV) information explaining next steps posted

Minnesota Department of Human Services posted new information for providers on the Electronic visit verification webpage Sept. 1, 2021, about the start of EVV later this year. The new information can be found on the Electronic visit verification webpage under the Attention tab. The information includes next steps for providers of home health and personal care services (including some waiver services) to comply with EVV requirements detailed in the federal 21st Century Cures Act. The information also directs providers to the Minnesota state-selected EVV vendor HHAeXchange webpage. (pub. 9/2/21)

2021 hearing aid volume purchase contract effective Sept. 1, 2021

The 2021 hearing aid volume purchase contract is effective Sept. 1, 2021. See the 2021 Hearing aid contract, vendors, models, prices and codes Effective 9/1/21 through 8/31/22 (DHS-7274I) (PDF) to view the contract. The 2020 contract expired Aug. 31, 2021. You have a 30-day grace period for dispensing instruments purchased, but not delivered, before the contract expired. You must dispense hearing aids obtained under the 2020 contract before the end of the grace period, Sept. 30, 2021. This includes hearing aids with approved authorizations. (pub. 9/2/21)

Youth Assertive Community Treatment (Youth ACT)/Intensive Rehabilitative Mental Health Services (IRMHS) legislative updates

The following is a summary of the changes to Youth ACT/IRMHS services that happened during the 2021 Minnesota Legislative Session. The changes are effective July 1, 2021.

Eligible member updates

- Expanded age eligibility to youth eight years old or older and under 26 years of age.
- Changed eligibility requirement from “Probable need for services from the adult mental health system within the next two years” to “Likely need for services from the adult mental health system during adulthood.”

Service standard updates

- Added a requirement for two separate treatment teams: one team for youth eight years old or older and under 16 years old; and one team for youth at least 14 years old or older and under 26 years of age.
- Added a requirement for teams to have specialized training in providing services to the specific age group of youth that the team will serve.
- Re-established requirement for each client to have an individual treatment plan, which was inadvertently left off the last statute revision.

See the Youth Assertive Community Treatment (Youth ACT)/Intensive Rehabilitative Mental Health Services (IRMHS) section of the Minnesota Health Care Programs Provider Manual for more information. (pub. 9/2/21)

Dialectical Behavior Therapy-Adolescent (DBT-A) Mental Health Information System (MHIS) data reporting requirements

DBT-A providers are required to report data via MHIS to meet the requirement of the rule outlined in Minnesota Rules 9505.0372, subpart 10 E3.

Data collection for DBT-A MHIS reporting began on July 1, 2021. MHIS data collection and reporting follows the cycle of two reporting periods.

- Data collection from July through December each calendar year, with data reported to MHIS by Jan. 31
- Data collection from January through June each calendar year, with data reported to MHIS by July 31

You should report DBT-A clients to MHIS at least once per reporting period they receive service. Providers should collect data at intake, at the six-month anniversary of the start date and at discharge to meet this requirement.

The MHIS reporting requirement will be complete with reporting data at intake and discharge if the client discontinues service at or before the six-month anniversary of the start date.
A client needs additional reporting if they continue with the DBT program for one year or longer, but that is unlikely due to program guidelines. Report the client at least once per reporting period while they continue to receive service.

MHIS does not collect adolescent assessment data. DBT-A providers are required to complete MHIS fields related to Borderline Symptom List (BSL) despite the assessment not being a requirement for DBT-A clients. Please use selection "[97] Not required" when BSL data is not available for a DBT-A client. Email dhs.amhis@state.mn.us for questions about MHIS and requests for training or resources. You may also review resources available on the Mental Health Information System (MHIS) technical assistance webpage. (pub. 9/2/21)

**Individualized Education Plan (IEP) final rates for fiscal year 2019-2020 sent to school districts**


You will find your document in the Miscellaneous Received folder in your MN–ITS mailbox under the file type IEP. It is named Final Rates for FY 19 – 20.

Final IEP rates for the period July 1, 2019, through June 30, 2020, were calculated based on actual time and encounter data submitted by the school districts, and final data information from the Minnesota Department of Education (MDE).

Review the numbers reported by the school district as well as the information provided by MDE.

School districts have 60 days from the date the rate notification was delivered to the MN–ITS mailbox to make a formal written appeal of the final rates to DHS. The 60-day review period will end on **Oct. 30, 2021**. If you believe the final rates for FY 2019-2020 are incorrect, the school district must file a timely appeal according to Minnesota Statutes 256B.0625, subdivision 26(f).

Call Jesusa Williams at 651-431-2538 or email her at jesusa.williams@state.mn.us if you have questions about this message. (pub. 9/1/21)

**Child and Teen Checkups (C&TC) to accept The Survey of Well-Being of Young Children (SWYC) for age-appropriate developmental screenings effective Oct. 1, 2021**

Minnesota Department of Human Services C&TC program will accept the use of The SWYC effective Oct. 1, 2021, for age-appropriate developmental screenings provided only during a complete C&TC visit. This acceptance is based on a recommendation from the American Academy of Pediatrics. Children who have a positive score with The SWYC, indicating a potential concern, should be rescreened with a tool recommended by the Minnesota Developmental Screening Task Force. See All Instruments at a Glance (PDF) for a list of tools recommended by the Minnesota Developmental Screening Task Force. Use of the SWYC is not intended for social-emotional screening. The Minnesota Developmental Screening Task Force does not recommend the use of The SWYC in screening programs. (pub. 8/31/21)

**New form for Early Intensive Developmental and Behavioral Intervention (EIDBI) transition and/or discharge summary**

Minnesota Department of Human Services created EIDBI transition and/or discharge summary form (DHS-7109A) based on feedback from stakeholders to support EIDBI provider agencies in notifying the medical review agent and other parties of a transition or discharge from EIDBI services.

Providers must follow EIDBI policy and consult with the caregiver or guardian about the transition or discharge plan. The caregiver or guardian must sign the form if they approve of the transition or discharge plan. Review the EIDBI policy
Visit the EIDBI policy manual How to complete ITP and Progress Monitoring, DHS-7109 webpage for instructions to complete the form. Visit the Frequently asked questions webpage if you have trouble downloading the form. See the EIDBI policy manual EIDBI services webpage for step-by-step instructions on transferring agencies, and the EIDBI policy manual Medical necessity criteria webpage for termination of EIDBI services information. Email ASD.DHS@state.mn.us if you have questions about this message. (pub. 8/31/21)

**Durable medical equipment (DME) rural rates price list posted**

Minnesota Department of Human Services posted a DME rural rates price list. The list will be updated quarterly. See the DME Rural Rates Price List (PDF) for more information. (pub. 8/31/21)

**2021 Provider Legislative Update posted**

We posted the 2021 Provider Legislative Update. It includes a summary of key provisions passed during the 2021 Minnesota Legislative Regular Session and First Special Session that may affect you. See the 2021 Minnesota Health Care Programs (MHCP) Provider Legislative Update (DHS-7607C) (PDF) to read the update. (pub. 8/26/21)

**Revised: Verbal consent of individual treatment plans (ITPs) through telehealth**

We revised language to clarify that the policy is in effect now and remains in effect; it does not begin Sept. 1, 2021. A temporary peacetime emergency waiver allowing the member’s verbal or electronic written approval of the ITP or change in the ITP for mental health services or assessments delivered through telehealth remains in effect Sept. 1, 2021, based on new legislation. You may document the member’s verbal approval or electronic written approval of the treatment plan or change in the treatment plan instead of obtaining the member’s signature.

This is effective Sept. 1, 2021, for providers of the following services:

- Intensive Rehabilitative Mental Health Services
- Children’s Therapeutic Support Services
- Intensive Treatment Foster Care
- Adult Rehabilitative Mental Health Services
- Adult Mental Health Mobile Crisis Services
- Children’s Mental Health Mobile Crisis Services
- Outpatient Mental Health

Call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 8/25/21, rev. 8/26/21)

**Early Intensive Developmental and Behavioral Intervention (EIDBI) enrollment requirements changed**

Providers must indicate the Minnesota Department of Human Services-approved treatment modality they intend to provide at the agency on the EIDBI Provider Agency Assurance Statement (DHS-7120B) (PDF) due to a legislative change to EIDBI enrollment requirements effective Feb. 1, 2021. See the Treatment modalities - Certified providers webpage for a list of DHS-approved treatment modalities. EIDBI provider agencies enrolled before Feb. 1, 2021, must be in compliance by July 1, 2022. We will send additional information to your MN–ITS mailbox as the deadline approaches.

The agency must also attest to employing at least one of the following EIDBI provider types who have advanced certification:

- A qualified supervising professional (QSP) with advanced certification in the treatment modality indicated on the assurance statement. Complete and submit an EIDBI Qualified Supervising Professionals (QSP) Assurance Statement (DHS-7120C) (PDF); or
- A Level I provider with advanced certification in the treatment modality indicated on the assurance statement. Complete and submit an EIDBI Level I Provider Assurance Statement (DHS-7120D) (PDF).
Behavioral health provider recertification waivers update

Minnesota Department of Human Services (DHS) approved temporary waivers for behavioral health provider recertification in response to the state’s COVID-19 peacetime emergency effective Mar. 20, 2020, through Aug. 30, 2021. This includes recertification for the following behavioral health services:

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

Statute or DHS policy requires initial certification and recertification on varying intervals for each one of these services. The temporary waivers allowed you to continue providing services without current certification and allowed Minnesota Health Care Programs (MHCP) members to continue accessing critical supports and services.

The authority to waive recertification for ACT, ARMHS, ITFC and DBT service providers ends on Aug. 30, 2021. ACT, ARMHS, ITFC and DBT providers, you have until Aug. 30, 2021, to recertify if your certification expired on or after Mar. 20, 2020.

Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about recertification. (pub. 8/18/21)

Electronic signatures now accepted on provider assurance statements

The Minnesota Department of Human Services (DHS) now accepts electronic signatures and initials on Minnesota Health Care Programs (MHCP) provider assurance statements. Electronic signatures and initials have the same legal effect and will be enforced the same way as a handwritten signature. You will need to check a box on the form acknowledging you are signing electronically.

We previously added electronic signature language to MHCP agreements and addendums, and we will also add electronic signature language to MHCP enrollment applications, ownership disclosures, and other disclosing forms. We will update you when the changes to those groups of forms are complete. See the Minnesota Department of Human Services (DHS) accepts electronic signatures on these Minnesota Health Care Programs (MHCP) forms webpage for a list of forms that accept electronic signatures.

You may fax a copy or upload documents to the Minnesota Provider Screening and Enrollment (MPSE) portal after you sign electronically. You can also use the MPSE portal to complete your enrollment online, eliminating the need to fax enrollment documents. You can upload and submit provider agreements, addendums and assurance statements using the MPSE portal. (pub. 8/18/21)

Sign up for electronic funds transfer (EFT) for quick, hassle-free payments

Minnesota Health Care Programs (MHCP) recommends all providers sign up to be paid through EFT or direct deposit. EFT payments are a convenient alternative to receiving paper checks and feature many advantages.

EFT payments are:

- Faster – You can access your funds quicker. You don’t have to wait for a check to arrive and you don’t have to make a trip to the bank to make a deposit.
- Safer – You won’t deal with lost, stolen or misdirected checks.
- Easier – You can manage cash flow with less paperwork.

Providers who want to be paid through EFT from MHCP must have an active 10-digit supplier ID and a 3-digit supplier location code assigned from Minnesota Management and Budget (MMB). Follow these steps to establish a vendor number for MHCP payments:

1. Go to Minnesota supplier portal website and select “Register for an Account” and register as a “New Supplier” if you do not already have a supplier ID.
2. To add or update banking information to an existing supplier ID via the Supplier Portal, refer to Update Supplier Profile (PDF) or you can submit the MMB EFT Bank Change Request (PDF). Call MMB at 651-201-8106 if you have questions whether your supplier ID is active for direct deposit.

3. It will take 10 business days after adding your banking information before your supplier ID becomes active. After that, enter your EFT supplier ID and supplier location code using our online Minnesota Provider Screening and Enrollment (MPSE) portal, or fax a completed EFT Supplier ID Notification (DHS-3725) (PDF) to Provider Eligibility and Compliance at 651-431-7462. (pub. 8/11/21, rev. 8/20/21)

**Personal Care Assistance (PCA) program policy updates due to the end of the state’s COVID-19 peacetime emergency**

The Minnesota COVID-19 peacetime emergency ended July 1, 2021, and the Minnesota Department of Human Services will end one temporary peacetime emergency PCA program change and reinstate another based on new legislation.

**Change that will expire**
The remote qualified professional visits waiver was extended through Aug. 30, 2021, and then will expire. Follow the rules listed in the Qualified professional (QP) services PCA policy manual for these visits effective Aug. 31, 2021.

**Change reinstated**
Parents of minors and spouses may care for their family members and be paid for PCA services effective July 1, 2021. Parents and spouses must be enrolled with Minnesota Health Care Programs (MHCP) as an individual PCA.

**Questions**
Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411, option #4, if you have questions about this message. (pub. 8/4/21)

**Surveillance and Integrity Review Section (SIRS) of the Office of Inspector General in-person site visits have resumed**

SIRS of the Office of Inspector General has resumed in-person site visits. SIRS has a detailed COVID-19 protection plan in place and will work with you to ensure safety and compliance of your policies while at the site. (pub. 8/3/21)

**Revised: Substance Use Disorder (SUD) Service providers must request client spenddown amounts**

We have revised this message to specify SUD Service providers.

SUD Service providers must request the spenddown amounts from their clients effective immediately. Minnesota Department of Human Services no longer had authority to pay spenddown amounts for SUD clients beginning Aug. 1, 2020. This change is effective for claims with a date of service on or after Aug. 1, 2020.

Refer to Spenddowns in the Billing the Member (Recipient) section of the Minnesota Health Care Programs (MHCP) Provider Manual for more information.

Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 7/30/21, rev. 10/1/21)

**Revised: Early Intensive Developmental and Behavioral Intervention (EIDBI) legislative updates**

We have revised this message to correct the effective date for Definitions impacted by uniform standards. The following is a summary of the changes to EIDBI services that happened during the 2021 Minnesota Legislative Session. Visit the Minnesota Session Laws - 2021, 1st Special Session webpage to review the changes.
Background studies
EIDBI providers will soon be required to complete all **background studies** through the commissioner’s [NETStudy 2.0 system](#). We will update you on this change on this webpage.

The following update is effective July 1, 2021.

**Telehealth**
- Replaced “telemedicine” language with “telehealth”
- Removed “face-to-face” language from coordinated care conference and intervention service description
- Replaced “face-to-face” in the travel service description with “in-person”

The [Minnesota Telehealth Act](#) affects these other EIDBI service provisions.
- EIDBI services delivered via telehealth must now be delivered with the same service thresholds, authorization requirements and reimbursement rates as services delivered in-person as outlined on the [EIDBI billing grid](#)
- Until July 1, 2023, telehealth also includes audio-only communication between a health care provider and a participant according to subdivision 6, paragraph (b) of the Minnesota Telehealth Act.

We updated the Telehealth EIDBI policy manual to reflect these changes. See the [EIDBI Telehealth services policy manual webpage](#).

The following update is effective July 1, 2022.

**Definitions impacted by uniform standards**
- Mental health professional (Minnesota Statutes 256B.0949, subdivision 2 is amended by [Chapter 30, Article 17, Section 104](#))
- Standard diagnostic assessment (Minnesota Statutes 256B.0949, subdivision 4 is amended by [Chapter 30, Article 17, Section 105](#))
- Clinical trainee (Minnesota Statutes 256B.0949, subdivision 5a is amended by [Chapter 30, Article 17, Section 106](#))

**Questions**
Email [ASD.DHS@state.mn.us](mailto:ASD.DHS@state.mn.us) if you have questions about these EIDBI legislative updates. (pub. 7/22/21, rev. 8/31/21)

**Update on COVID-19 waivers and end of the state peacetime emergency**

On June 30, the Minnesota Legislature [voted to end the state peacetime emergency](#) effective Thursday, July 1, 2021, at 11:59 p.m. This will end the COVID-19 Peacetime Emergency authority the Department of Human Services (DHS) has under Executive Orders 20-11 and 20-12 to seek federal authority to change or waive federal requirements and to modify and waive certain statutes and rules related to DHS programs. We have used this authority to respond to the COVID-19 pandemic. We are quickly working to analyze the language in the [2021 HHS Omnibus bill](#) that modified the transition timeline for a number of the COVID-19 “CV waivers and modifications” and also made several pandemic changes a part of permanent state law. We will be making updates to our DHS [waivers and modifications](#) webpage to reflect revised dates soon. Please watch DHS bulletins, manuals and other regular communication channels for program-specific guidance over the coming weeks. (pub. 7/2/21)

**Training**

**Minnesota Health Care Programs (MHCP) on-demand video and online training updates**

MHCP offers training for providers who provide services for members enrolled in MHCP. We have updated on-demand and online training opportunities on the [MHCP provider training](#) webpage.

**On-demand videos**
On-demand videos are arranged by category, including Minnesota Provider Screening and Enrollment Portal (MPSE), MN–ITS and Billing. Each video can be viewed in 10 minutes or less and provides instructions on a concept or technique.
Online training
Online training is arranged by content for all providers or specific providers. Training is led by an instructor who will help attendees navigate the Minnesota Department of Human Services website and locate and use MHCP provider information and other related webpages or internet-based applications such as MN–ITS. Due to COVID-19, all instructor-led training is online only. We will update you on this webpage when, and if, we will continue in-person training. We have recently updated the look of the provider-specific training webpages and added the 2021 training dates. (pub. 12/22/20)

Free online Resources and MN–ITS training available

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

We have added new training sessions for the following service providers:
- Psychiatric Residential Treatment Facilities
- Waiver and Alternative Care

(pub. 6/22/21)

Minnesota Health Care Programs offers new resources and MN–ITS training webinars

MHCP now offers online resources and MN–ITS training for the following providers:
- Intensive Residential Treatment Services
- Adult Residential Crisis Stabilization Services
- Inpatient Hospital

Visit the [Intensive Residential Treatment Services (IRTS) and Adult Residential Crisis Stabilization Services (RCS) Resources and MN–ITS Training](#) and [Inpatient Hospital Resources and MN–ITS Training](#) webpages for dates, registration and more information. (pub. 8/31/21)

Changes to Waiver and Alternative Care (AC) Resources and MN–ITS Training sessions

We have made changes to the Waiver and AC Resources and MN–ITS training due to feedback we received from providers via the Minnesota Health Care Programs provider training surveys. Training will now be offered in two half-day sessions instead of one full-day session. This change will be effective starting August 2021. See the [Waiver and AC Resources and MN–ITS Training](#) webpage for more information. (pub. 6/23/21)

Free online Provider Basics and MN–ITS training available

Minnesota Health Care Programs (MHCP) is offering free online Provider Basics Resources and MN–ITS training to all enrolled MHCP providers who bill fee-for-services claims. This training is being offered monthly beginning Mar. 10, 2021.

You will learn how to navigate the MHCP provider webpages and the MHCP provider manual, and how to use MN–ITS administration, mailbox and eligibility requests (270/271) features. Go to the [Provider Basics](#) webpage to register for this training.

Claim training is not provided in this training. See our [MHCP provider training](#) webpage to register for provider-specific claim training. (pub. 2/11/21)

New on-demand training videos added

Minnesota Health Care Programs (MHCP) offers free on-demand training videos arranged by category on the [MHCP provider training](#) webpage. Each video can be viewed in 10 minutes or less and provides instructions on a concept or technique.
New videos:

- **Guide to the MN-ITS Home Page** – You will learn about the different resources found on the MN–ITS home page and how they can help you in your role at your organization.
- **Functions and Features of the MN-ITS Claim Screens** – We demonstrate the various navigation elements found on the MN–ITS claim screens in this video. We also explain the different resources located in the right navigation panel used when completing a claim.
- **Sending an Attachment for a MN–ITS Claim** – We explain when an attachment is required, how to determine what documentation is needed and demonstrate how to fill out and submit the Administrative Uniformity Committee (AUC) cover sheet.

(pub. 9/17/21)

**Free online Minnesota Provider Screening and Enrollment (MPSE) training available, new videos added**

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

We have added two new videos:

- **Managing Existing Affiliations to an Individual Provider in MPSE**
- **Managing Existing Affiliations to a Direct Support Worker in MPSE**

See the [MPSE portal training](#) webpage for registration, brief online tutorials to help prepare you for class and more information. (pub. 2/1/20, rev. 2/19/20)

**Additional information**

- [Provider news and updates archive](#)
- [MHCP provider policies and procedures](#)
- [Latest Manual Revisions](#)
- [Grants and requests for proposals](#)

Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this information.

Sign up to receive provider news and other MHCP notices through our [free provider email lists](#).