December 7 - 20, 2021

Systems announcements

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

Log in to MN–ITS via the MN–ITS: Home webpage or new URL
Please access MN–ITS using this link to the MN–ITS: Home webpage or the new URL, https://mn-its.dhs.state.mn.us. Do not access MN–ITS using bookmarks or links you have saved. Our system migrated to a new server and you will only have access with links that have been updated to the new server. Read the REVISED: MN–ITS mailbox changes effective Dec. 4, 2021 message and the MN–ITS mailbox retention history change coming message published Oct. 20, 2021, for more information about changes made to MN–ITS. (pub. 12/7/21, rev. 12/8/21, 12/9/21, 12/10/21)

Welcome, affiliation, change and termination letters from Dec. 4 – 14, 2021, sent

Minnesota Health Care Programs Provider Eligibility and Compliance unit sent letters from Dec. 4 – 14, 2021, to MN–ITS mailboxes or via the U.S. Postal Service on Dec. 14, 2021. The letters include the following:

- Welcome
- Affiliation
- Change
- Termination

You should check your MN–ITS mailbox, allow for U.S. Postal Service delivery time, or both. (pub. 12/15/21)

Positive Summary training available to Waiver employment providers

Positive Summary training is now available on the Hands-on tools webpage on the DisabilityHubMN.org website. The Positive Summary is a tool you can use with the members you support to highlight and summarize what the entire care team learned during the plan phase of employment to help shape work goals and future success. Waiver employment development plan phase providers are responsible for completing the Positive Summary and helping the member share it with other team members when they are ready to find a job. Watch the 11-minute Positive Summary training YouTube video to learn more about the Positive Summary and how to use it. (pub. 12/14/21)

Revised: Diabetic testing supply program change

This message has been revised to clarify how to bill therapeutic continuous glucose monitoring (CGM) systems for members with or without Medicare. Minnesota Health Care Programs (MHCP) will move CGM systems, previously billed by durable medical equipment (DME) providers using codes K0553 and K0554, to the pharmacy point-of-sale preferred diabetic testing supply program, effective Jan. 1, 2022. We will continue covering preferred therapeutic CGM systems, but enrolled pharmacy providers must bill using National Drug Codes. Nonpreferred CGM systems will continue to require prior authorization and be subject to the nonpreferred diabetic testing supply criteria. DME providers may continue to bill for therapeutic CGM systems when they are billing for members that have Medicare primary. Otherwise, claims for members without Medicare need to be billed through MHCP-enrolled pharmacy providers. (pub. 12/7/21, rev. 12/20/21)

Substance Use Disorder (SUD) terminology and processes clarified

Minnesota Department of Human Services’ Behavioral Health Division has created a PDF to clarify terminology and communicate Behavioral Health Fund request changes and the direct access and Rule 25 processes to SUD service providers, counties and tribes. Review the Behavioral Health Fund (BHF) request changes and terminology clarification
Revised: MN–ITS mailbox changes effective Dec. 4, 2021

This message has been revised to clarify MN–ITS mailbox changes. Minnesota Health Care Programs will have a new MN–ITS mailbox retention history effective Dec. 4, 2021, for all inbound and outbound transactions, including "Mailbox-Transaction Responses File Types and Miscellaneous Received." You will be limited on what you can view in the MN–ITS mailbox after the migration is complete. Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 to request any archived files that you need.

As a reminder, you should follow the File naming convention for 5010/D.0 when sending inbound files to ensure transactions are successful.

We have recently made changes to our servers and you may see some .zip files in your mailbox for larger batch transactions. You can open .zip files by saving a copy to your desktop and changing the file extension from .zip to .txt. You can also try opening with .zip software or tool.

We recommend using Firefox browser for optimal performance of MN–ITS, including transactions. (pub. 12/1/21, rev. 12/7/21)

Share your feedback on ways to address the direct care workforce shortage in Minnesota

The Minnesota Department of Human Services (DHS) asks service providers and direct care workers and their employers to take a survey on how to use available grant money to retain and recruit direct care workers during the current workforce shortage. The survey closes at noon Dec. 19, 2021.

Review the Share your feedback on ways to address the direct care workforce shortage in Minnesota AASD and DSD eList announcement for more information and a link to the survey. (pub. 11/30/21)

Critical Access Dental Payment Program (CADPP) Annual Encounter Data Reporting Form changed, data due Dec. 31, 2021

We have made changes to the Critical Access Dental Payment Program (CADPP) Annual Encounter Data Reporting Form (DHS-7602) to allow electronic data collection and eliminate the need to process paper forms.

You should discard old versions of the form and use the new online CADPP Annual Encounter Data Reporting Form (DHS-7602) (PDF) when reporting encounter data for the 2020 calendar year and beyond. You should continue to report the same information and data as reported in previous years. We will no longer accept faxed, mailed or emailed submissions. The deadline to submit 2020 calendar year encounter data is Dec. 31, 2021. We require providers enrolled in the CADPP to submit encounter data for the previous calendar year every year to determine if you continue to meet program requirements as described in Minnesota Statutes, 256B.76, subdivision 4(d). (pub. 11/24/21)

Disability Waiver Rate System (DWRS) cost reports must be received by Dec. 1, 2021, or claims will be denied

The Disability Services Division emailed Authorized Agents of provider organizations required to report DWRS costs on Mar. 31, 2021. For providers who have been notified that they are reporting by DHS, all reports must be submitted in the DWRS cost reporting system by Dec. 1, 2021. If you do not submit your DWRS cost report by Dec. 1, 2021, your claims will be denied until your report is submitted in the DWRS cost reporting system. Minnesota Department of Human Services (DHS) will not reprocess claims to pay when claims are denied. You must resubmit any affected denied claims after your enrollment is updated. You may check the Minnesota Provider Screening and Enrollment (MPSE) portal to see when your enrollment record is updated. Review the Disability Waiver Rate System cost reporting webpage for more information or email DHS.DWRScostreporting@state.mn.us if you have questions about this message. (pub. 11/23/21)
Electronic signatures now accepted on provider enrollment applications

Minnesota Department of Human Services (DHS) now accepts electronic signatures and initials on provider enrollment applications. 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. After electronically signing the documents, you may fax a copy or upload to the Minnesota Provider Screening and Enrollment (MPSE) portal.

We are also working on adding electronic signature language to ownership and other disclosing forms to accept electronic signatures and initials. We will update you when the changes to those groups of forms are complete. See the Minnesota Department of Human Services accepts electronic signatures on these Minnesota Health Care Programs (MHCP) forms webpage for a list of forms that accept electronic signatures.

You can also use the MPSE portal to complete your enrollment online, eliminating the need to fax enrollment documents. Provider agreements, addendums and assurance statements can be uploaded and submitted using the MPSE portal. (pub. 11/23/21)

Minnesota Health Care Programs (MHCP) now covers over-the-counter (OTC) tests for COVID-19

MHCP covers OTC COVID-19 tests (antigen and polymerase chain reaction). OTC COVID-19 tests are a covered benefit according to sections 9811 and 9821 of the American Rescue Plan Act of 2021. See guidance issued by the Centers for Medicare & Medicaid Services #SHO 21-003 (PDF) for more information. Please review the Covered Services Changes and Modifications and the Billing sections of the Coronavirus (COVID-19) section of the MHCP Provider Manual for more information about providing OTC COVID-19 tests. (pub. 11/19/21)

Feedback on changing Early Intensive Developmental and Behavioral (EIDBI) annual evaluation requirement requested

We seek public input on a proposal to reduce the frequency of when a person is formally evaluated for the medical necessity of EIDBI services. Submit comments to ASD.DHS@state.mn.us by 4 p.m., Thursday, Dec. 16, 2021.

Review the Request for feedback on changing EIDBI annual evaluation requirement DSD eList announcement for more information. (pub. 11/18/21)

Revised: COVID-19 vaccine booster shot codes approved


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 booster dose for Pfizer, Moderna and Janssen COVID-19 vaccines:

- **Pfizer-BioNTech, CPT 91300**
  - Administration code 0004A: ADM SARSCOV2 30 mcg/0.3mL BOOSTER DOSE
- **Moderna, CPT 91306**
  - Administration code 0064A: ADM SARSCOV2 50 mcg/0.25mL BOOSTER DOSE
- **Janssen, CPT 91303**
  - Administration code 0034A: ADM SARCOV2 50X10^10 viral particles/0.5mL BOOSTER DOSE
You may now submit claims. MHCP will cover administration code 0004A retroactive to dates of service beginning Sept. 22, 2021. MHCP will cover administration codes 0064A and 0034A retroactive to dates of service beginning Oct. 20, 2021. You can find the covered codes on the MHCP fee schedule. You can find COVID-19 vaccine billing instructions under Billing in the Coronavirus (COVID-19) section of the MHCP Provider Manual. (pub. 11/15/21, rev. 11/23/21)

Pfizer COVID-19 vaccine for children ages 5-11 codes approved

The American Medical Association approved a new Current Procedural Terminology (CPT) code for COVID-19 Pfizer vaccine (91307) and administration codes (0071A and 0072A) for ages 5-11 years. The Advisory Committee on Immunization Practices (ACIP) has issued recommendations for children between the ages of 5 and 11 years receiving the Pfizer-BioNTech pediatric COVID-19 vaccine. Visit the Centers for Disease Control and Prevention COVID-19 ACIP Vaccine Recommendations webpage for more information.

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 Pfizer vaccine for ages 5-11:

- **Pfizer-BioNTech, CPT 91307**
  - Administration code 0071A: ADM SARSCV 10MCG TRS/SUCR 1, 1st DOSE
  - Administration code 0072A: ADM SARSCV 10MCG TRS/SUCR 1, 2nd DOSE

You may now submit claims. MHCP will cover administration code 0071A and 0072A retroactive to dates of service beginning Oct. 29, 2021. You can find the covered codes on the MHCP fee schedule. You can find COVID-19 vaccine billing instructions under Billing in the Coronavirus (COVID-19) section of the MHCP Provider Manual. (pub. 11/15/21)

Home and Community-Based Services (HCBS) enrollment forms updated

Minnesota Health Care Programs (MHCP) has updated many of the HCBS enrollment forms. Beginning Jan. 1, 2022, HCBS providers must complete the appropriate updated forms when needed to update or submit their enrollment information. We will reject outdated versions of forms submitted on or after Jan. 1, 2022. See the Use the most current Home and Community-Based Services enrollment forms (PDF) to review a list of the updated forms. (pub. 11/15/21)

Federal Medical Assistance Percentage (FMAP) increases for claims paid in new federal fiscal year, COVID-19 FMAP percentage continues

Beginning with claims paid on or after Oct. 1, 2021, coinciding with the beginning of the federal fiscal year until the end of the federal fiscal year 2022 (Sept. 30, 2022), regular FMAP increases from 50% to 50.51% (1905(b) of Social Security Act).

Review the Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the Children's Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2021 Through September 30, 2022 Federal Register webpage for more information.

Since Jan. 1, 2020, until the end of the quarter the COVID-19 federal public health emergency ends, the Families First Coronavirus Response Act (Public Law No. 116-127, section 6008) provides a temporary increase of 6.2% 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 receives an increase in state funds equal to the federal fund increase.
- County-provided Targeted Case Management services (Child Welfare, Mental Health and Vulnerable Adult-Developmental Disability)

The 6.2% COVID-19 FMAP increase and the Federal Fiscal Year FMAP increase to 50.51% does not apply to adults without children whose eligibility was gained under the Affordable Care Act and some other populations already receiving an enhanced FMAP.
Minnesota Health Care Programs (MHCP) will automatically reprocess paid claims from warrant date Oct. 12, 2021. Counties and providers do not need to do anything to receive the increased FMAP. Claims paid from Oct. 27, 2021, until the end of the quarter the COVID-19 federal public health emergency has ended (defined by federal government) will be paid at the higher 56.71% rate. If the COVID-19 federal public health emergency ends before Sept. 30, 2022, the percentage paid will be 50.51%.

Contact the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 11/9/21)

**Update about related conditions diagnosis code F78.0 for Developmental Disabilities (DD) waivers**

Minnesota Health Care Programs (MHCP) has resolved the issues providers experienced with F78.0 on service authorizations affected by the Oct. 1, 2021, updates to the ICD-10-CM codebook.

The CDC’s National Center for Health Statistics’ Oct. 1, 2021, codebook updates affected service authorizations for people accessing Developmental Disabilities (DD) waiver services using ICD-10 code F78.0. Code F78.0 can no longer be used for reimbursement.

Providers with service authorization letters (SALs) that list a primary diagnosis code of F78.0 must use F78.A9 to bill for services on or after Oct. 1, 2021. MHCP will not send new SALs. Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411, option 4, for assistance.

Counties and tribes should review the Update about related conditions diagnosis code F78.0 DSD eList announcement for information about submitting service authorization letters. (pub. 11/3/21)

**Minnesota Health Care Programs (MHCP) now covers in-line cartridges containing digestive enzymes**

MHCP began covering in-line cartridges containing digestive enzymes (HCPCS code B4105) on Oct. 1, 2021. This code is covered for members who have been diagnosed with exocrine pancreatic insufficiency. Review the Nutritional Products and Related Supplies section of the MHCP Provider Manual for more information. (pub. 11/1/21)

**Updated hospice rates posted**

Minnesota Department of Human Services (DHS) hospice rates for October 2021-2022 have been posted. Review the Minnesota Department of Human Services Hospice Rates (DHS-7275) (PDF) for rate information. Providers can also access the rate information under the Hospice Payments and Limits heading of the Hospice Services section of the Minnesota Health Care Programs Provider Manual. (pub. 11/1/21)

**Early Intensive Developmental and Behavioral Intervention (EIDBI) updates and claims information**

Minnesota Department of Human Services (DHS) recently received approval for an EIDBI state plan amendment effective retroactively to July 1, 2021.

The state plan amendment includes the following updates:

- [Coordinated care conferences](#) will now be billed using a new billing code and will be paid at a higher rate. Review the [Early Intensive Developmental and Behavioral Intervention (EIDBI) billing grid](#) and [MHCP fee schedule](#). DHS will identify claim lines with procedure code 99366 and UB modifier for claim line service dates on or after July 1, 2021, and recoup claims. EIDBI providers are responsible to bill the new T1024 procedure code and UB modifier for that time to receive the higher rate.
• A new intervention service option for higher intensity intervention services. Review the Intervention EIDBI Policy Manual webpage.
• The comprehensive multi-disciplinary evaluation (CMDE) rate increased; see EIDBI billing grid (PDF) and MHCP fee schedule. DHS will identify claim lines with procedure code 97151 and UB modifier for claim line service dates on or after July 1, 2021, and replace the claims to pay with the new rate.

Visit the Early Intensive Developmental and Behavioral Intervention (EIDBI) Benefit Policy Manual to review all recent EIDBI policy page updates.

DHS has reprocessed the claims for 97151 to reflect the higher rate. Claims for 99366 have been taken back, and you must resubmit claims for this service using the new T1024 code. Claims for T1024 that were submitted between Oct. 13, 2021, and Oct. 27, 2021, have been reprocessed due to programming updates to include level I, II, and III. All of these reprocessed claims will appear on the Nov. 9, 2021, warrant. Email ASD.DHS@state.mn.us if you have questions about this message. (pub. 11/1/21)

**Temporary targeted case management face-to-face contact requirements extended**

Federally approved policy modifications to targeted case management (TCM) services to temporarily allow telephone and video-conferencing in place of in-person face-to-face contact during the COVID-19 pandemic have been extended until the end of the federal public health emergency.

See the Coronavirus (COVID-19) section of the Minnesota Health Care Programs Provider Manual and Bulletin #21-69-04: DHS extends temporary changes to Targeted Case Management changes Face-to-face contact requirements for information and requirements about providing targeted case management services during the federal public health emergency.

The change was effective Mar. 19, 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.

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

**Tribal provider requirements**

This change means that Indian Health Services (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 of 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 federal public health emergency. (pub. 10/22/21)

**REVISED: Enrollment information for Community Mental Health Center providers**

We revised this message to clarify licensing requirements under the “New requirement” heading.

The Affordable Care Act Section E, Section 6401, created provisions to provider screening and other enrollment requirements under Medicare, Medicaid and CHIP to establish program integrity. The provisions include a new level of screening, application fees and an application and enforcement component.

**New requirement**

According to Minnesota Statutes, 256B.04, subdivision 21, if you have more than one business location that provides a service, you must follow the instructions for new enrollments and enroll each business location. This includes all satellite locations. These instructions are located within the Provider Screening Requirements section of the Minnesota Health
Care Programs Provider Manual. While you have to enroll all locations, you don’t need new licensing for all the sites. Your current licensure will cover all of your new enrollments.

**Revalidation notices**

MHCP continues to review enrollment records to identify providers due for required revalidation. MHCP will attempt to rely on Medicare enrollment information whenever possible.

MHCP Provider Eligibility and Compliance notifies providers when it is time to complete revalidation. All providers are required to complete revalidation at least one time every five years. Providers will receive a notice when it is time for revalidation and can expect to receive an initial revalidation notice as soon as 3 ½ years after the most recent revalidation or enrollment date.

Providers seeking certification or licensure may be reviewed before their pre-scheduled revalidation date.

Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 or TTY: 711 or 800-627-3529 for more information. (pub. 10/20/21, rev. 11/3/21)

**U.S. Department of Health and Human Services (HHS) extends the federal COVID-19 public health emergency**

HHS Secretary Xavier Becerra again renewed the federal COVID-19 public health emergency effective Oct. 18, 2021. See the HSS’ [Renewal of Determination That A Public Health Emergency Exists](https://www.hhs.gov/about/news/2021-10-18/nondecline.html) webpage to read the official declaration of this renewal. (pub. 10/18/21)

**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](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/moderately-severely-immunocompromised.html) and [How to Talk with Patients Who Are Immunocompromised](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/talk-patients.html) 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](https://www.mhcp.policymgmt.com) webpage. The MHCP COVID-19 vaccine billing instructions are in the [Coronavirus (COVID-19)](https://www.mhcp.policymgmt.com) Billing section of the MHCP Provider Manual. (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)

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)

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)

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.
- How to Read Your Remittance Advice – You will learn what a remittance advice is, how you receive it and the information it contains.
- Guide to the User Administration Section in MN–ITS – Primary Administrators will learn how to make changes to their organization's MN–ITS account.

(pub. 10/26/21)

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.