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)

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 Jan. 16, 2022. See the HHS’ Renewal of Determination That A Public Health Emergency Exists webpage to read the official declaration of this renewal. (pub. 1/14/22)

Oximetry claim take back

Minnesota Health Care Programs (MHCP) reviewed oximetry claims and found claims that were billed incorrectly without using the required modifiers. We will be taking back incorrectly billed claims retroactive to Jan. 1, 2018. Claims that are taken back will show on your Jan. 18, 2022, remittance advice. You may resubmit your claim with the proper modifiers if you are still within the timely billing period. Review the Billing section in the Oximeters section of the MHCP Provider Manual for information about billing with modifiers. (pub. 1/12/22)

Minnesota Child and Teen Checkups (C&TC) Hepatitis C virus infection screening recommendation to take effect Oct. 1, 2022

Screening for Hepatitis C virus infection at least once at age 18 or older will be added as a recommended component of care to the Minnesota C&TC Schedule of Age-Related Screening Standards according to American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care Bright Futures Periodicity Schedule, U.S. Preventive Services Task Force, Centers for Disease Control and Prevention, and the Minnesota Department of Health (MDH). This recommendation becomes effective Oct. 1, 2022. You are strongly encouraged to complete recommended components as part of a preventive visit. The Minnesota C&TC Schedule of Age-Related Screening Standards and other relevant publications will be updated or created to reflect this change. A new Hepatitis C Fact Sheet will be posted on July 1, 2022, on the MDH Child and Teen Checkups Fact Sheets webpage to allow time for clinics to become familiar with the procedure and update protocols as needed before Oct. 1, 2022. (pub. 1/12/22)

Share information about the Energy Assistance Program with people you serve

The Minnesota Department of Commerce asks you to help spread the word to people you serve about the Energy Assistance Program (EAP). The EAP is a federally funded program that helps pay for home heating and water costs and furnace repairs for income-qualified households. Renters and homeowners are eligible to apply. Review the Minnesota Department of Commerce’s Energy Assistance Program webpage for more information about the program and how to apply. (pub. 1/12/22)
Approved Integrated Community Supports (ICS) settings for Home Community-Based Services (HCBS) provider enrollment requirement

HCBS providers who have submitted a setting capacity report to the Disability Services Division (DSD) and have received an ICS Setting Capacity Report Determination Letter from DSD approving the ICS setting to provide ICS must enroll the ICS setting with Minnesota Health Care Programs (MHCP) Provider Eligibility and Compliance. Each ICS setting must be separately enrolled and have a separate provider number. Follow the steps in the MHCP HCBS Programs Provider Enrollment manual section to enroll the ICS setting with Provider Eligibility and Compliance. You must submit the ICS Setting Capacity Report Determination Letter that you received from DSD with your enrollment forms.

Email HCBS.settings@state.mn.us if you have questions about the ICS Setting Capacity Report Determination Letter. (pub. 1/7/22)

Early Intensive Developmental Behavioral Intervention (EIDBI) team offers autism and related conditions training and events for 2022

The Minnesota Department of Human Services (DHS) EIDBI team is planning a variety of training opportunities and events for 2022. Topics include, navigating service systems, training on the EIDBI benefit and other resources. Trainings and events are subject to change throughout the year. Watch for monthly eList announcements from DHS and take advantage of the following opportunities:

- The Minnesota Autism Resource Portal’s Training and events webpage includes descriptions of trainings and events. All events and trainings are posted on the MN Autism Resource Portal calendar, including who should attend.
- Minnesota Department of Human Services EIDBI Policy office hours will be held the third Tuesday of every month. Policy office hours are for current EIDBI providers who have questions about EIDBI policies and procedures. Email asd.dhs@state.mn.us each month to obtain a registration link.
- Minnesota Department of Human Services EIDBI Clinical office hours will be held the third Thursday of every month. Clinical office hours are for current EIDBI providers who have clinical questions related to EIDBI services. Email asd.dhs@state.mn.us each month to obtain a registration link.
- EIDBI Billing Training will occur every two months. Visit the EIDBI Resources and MN–ITS Training webpage to find registration and more information.
- Review the 2022 trainings and events about autism and related conditions DSD eList announcement for a comprehensive list of all trainings and how to register.

Email asd.dhs@state.mn.us if you have questions about this message. (pub. 1/5/22)

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

We have resolved the issue cited in the Customized Living Services (CLS) service authorization (SA) in pended status provider news message posted on Sept. 27, 2021. Home and Community-Based Services providers providing CLS are still required to update and keep their license or credentials current. Contact the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about your license or credentials.

Providers waiting on a pended or suspended SA line item to be approved should contact the lead agency waiver case manager to request that the SA is reviewed and updated. (pub. 1/5/22)

Revised: Emergency grants for nursing facility staffing shortages appear on Jan. 4, 2022, remittance advices

We have revised this message to explain we will apply payments to reduce existing credit balances on the Feb. 1, 2022, warrant date. Jan. 4, 2022, remittance advices include emergency grant funds from the State Fiscal Relief Fund (American Rescue Plan Act) to administer nursing facility staffing shortages. These funds were automatically allocated to
nursing facilities as a gross adjustment. You will see this adjustment on your Jan. 4, 2022, remittance advice with adjustment code 673. We will not apply any payments to reduce existing credit balances on the Jan. 4, 2022, remittance advice. We will apply payments to reduce existing credit balances on the Feb. 1, 2022, warrant date. Review the Emergency Grants - Nursing Facility Staffing Shortages (Legislative COVID-19 Response Commission Action Order #8) webpage for more information about the grant. (pub. 1/5/22, rev. 1/5/22)

**MN–ITS mailbox migration status**

The migration of documents to the new server is complete. Visit the MN–ITS Mailbox user guide to review the retention schedule. If you need files longer than the retention schedule allows, call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 and request the files be placed back into your mailbox. (pub. 1/4/22)

**Minnesota Health Care Programs (MHCP) Provider Call Center name changed to Minnesota Health Care Programs (MHCP) Provider Resource Center**

We have changed the name of the Minnesota Health Care Programs (MHCP) Provider Call Center to Minnesota Health Care Programs (MHCP) Provider Resource Center to more accurately reflect its scope and function. We are updating the name throughout our communication channels. The MHCP Provider Resource Center is your source for answers to questions you have about coverage policies and billing procedures provided to MHCP members. See the MHCP Provider Resource Center webpage for more information. (pub. 1/4/22)

**Information about health care career opportunities now available to help employers find workers**

Governor Tim Walz proclaimed January as Health Care Month due to the record number of open positions in health care workplaces. Employers can find materials to help with their recruitment efforts at CareerForce’s January 2022: Health Care Month webpage such as flyers for posting job openings and materials to help potential employees understand career pathways and opportunities in health care, including direct support positions or direct care positions. (pub. 1/4/22)

**Minnesota Health Care Programs (MHCP) application fee increase Jan. 1, 2022**

The MHCP application fee will be $631 per practice location beginning Jan. 1, 2022. If you are required to pay a fee, you must pay the fee that applies to the calendar year that we receive your application. We must receive your application fee before we can process your enrollment application.

See Application Fees in the Provider Screening Requirements section of the MHCP Provider Manual for more information. (pub. 1/4/22)

**Grant application process for providers using third-party electronic visit verification (EVV) system**

Minnesota Department of Human Services has made small grants available for providers using a third-party EVV system to assist with costs related to connecting to the state’s EVV data aggregator. We have sent a memo with information about the grants to providers who have been identified as providing services that require use of EVV. Providers can find the memo in the PRVLTR folder of their MN–ITS mailbox. (pub. 1/3/22)

**New health plan year begins Jan. 1, 2022**

The new plan year for people enrolled in a Medical Assistance or a MinnesotaCare health plan begins Jan. 1, 2022. We sent members information via the U.S. Postal Service about 2022 health plan options available in their county. See the Annual health plan selection (APHS) for 2022 webpage for more information. Members who need to contact their health plan can find contact information on the Health plan member services phone numbers webpage. (pub. 12/30/21)
Update for culturally specific or culturally responsive programs and disability responsive programs

The Minnesota Legislature amended the definition of culturally specific program, created a new definition for disability responsive programs, and passed a rate increase for specific rate enhancements during the 2021 Special Session. SUD services providers can refer to the Update for culturally specific or culturally responsive programs and disability responsive programs Behavioral Health e-Memo for more information. Email questions you have about this message to youropinionmatters.dhs@state.mn.us. (pub. 12/30/21)

Service rate and budget increases effective Jan. 1, 2022

The 2021 Minnesota Legislature authorized several rate and budget increases for Home and Community-Based Services effective Jan. 1, 2022. Information about the service rate and budget changes, including links to resources, rate methodologies, instructions and manuals, can be found on the Long-term services and supports rates changes webpage. (pub. 12/28/21)

Durable medical equipment (DME) and supplies policy changes effective Jan. 1, 2022

The following changes to DME and supplies policy are effective Jan. 1, 2022:

- We will allow a 10-day shipping window for claims. You may now ship a second order of supplies to members 10 days before the month ends.
- We will update competitive bid rates, nonrural rates, and rural rates and you will be reimbursed at the updated rate.
- The following codes will get a 50th percentile rate:
- New code A4453 is required to bill accessory units associated with A4459 (urological and bowel policy). A9900 is no longer a covered code beginning Jan. 1, 2022. You will need to update any existing authorizations that use A9900 as it can no longer be billed Jan. 1, 2022 and later.
- We have updated all codes subject to the 9.5% rate increase (following the 9.5% cutback from Medicare during the initial competitive bid process that was discontinued) in MMIS. We added the following codes to MMIS: A4234, A4235, A4236, A4253, A4256, A4258, A4259, A4608, A4615, A4616, A4617, A4637, A6550, A6550, A7000, E0560, E0580, E0776, E0951, E1028, E1029, E2606, K0195, K0808, K0813, K0852, K0853 and K0854.

The proposed pricing changes for enteral products and supplies pricing is delayed until July 1, 2022. Rates will not be updated at this time.

Email megan.warfield-kimball@state.mn.us or review the changes we made to the Urological and Bowel Supplies and the Equipment and Supplies sections of the Minnesota Health Care Programs Provider Manual after Jan. 1, 2022, for more information. (pub. 12/23/21)

Incomplete Nonemergency Medical Transportation driver applications delay processing

Minnesota Health Care Programs (MHCP) Provider Eligibility and Compliance has received many incomplete enrollment applications for individual transportation drivers that have caused application processing delays.

The most common error is that many applicants have left the group affiliation information section on the MHCP Individual Provider Enrollment Application (DHS-4016) (PDF) (Page 6) blank. All individual drivers must be affiliated with a transportation organization. Another issue is the individual driver is not signing or not submitting the MHCP Individual Non-Pay-To Provider Agreement (DHS-4611A) (PDF). You must submit completed enrollment applications to avoid processing delays.
**All drivers must be enrolled with MHCP by July 1, 2022.** Transportation agencies can enroll their drivers through the Minnesota Provider Screening and Enrollment (MPSE) Portal by signing into your organization’s portfolio and clicking on Manage Organization to Individual Affiliations. You are still required to upload the [MHCP Individual Non-Pay-To Provider Agreement (DHS-4611A) (PDF)](https://example.com/mhcp-individual-agreement) in the MPSE portal. You can also fax these forms to Provider Eligibility and Compliance at 651-431-7462. Refer to the [Transportation Enrollment Criteria and Forms](https://example.com/transportation-criteria-forms) section in Enrollment with MHCP for complete enrollment details.

Contact the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 12/23/21)

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**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)

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**Positive Summary training available to Waiver employment providers**

Positive Summary training is now available on the [Hands-on tools](https://example.com/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](https://example.com/positive-summary-training) YouTube video to learn more about the Positive Summary and how to use it. (pub. 12/14/21)

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**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)

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**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 (PDF)](https://example.com/bhf-terminology-pdf) to learn more about Behavioral Health Fund (BHF) Request (DHS-2780A), Determining Behavioral Health Fund eligibility for State Fiscal year 2022 (DHS-6770) and direct access and Rule 25 processes. (pub. 12/3/21)

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**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)

**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)

**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)

**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 50X10¹⁰ 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,
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)

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)
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)

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 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 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)

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. (pub. 6/22/21)

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.
- [Entering Coordination of Benefits (COB) for Medicare Part B](#) – You will learn how to add coordination of benefits to a Professional claim using a Medicare Part B Explanation of Benefits.

**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 the following 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.