February 15 - 28, 2022

**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](https://mn-its.dhs.state.mn.us) 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](https://mn-its.dhs.state.mn.us) 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)

**Updates to Early Intensive Developmental and Behavioral Intervention (EIDBI) background study and enrollment process**

We have made updates to background studies for EIDBI provider agencies and to the background study and enrollment process for individual EIDBI providers.

**Background studies for EIDBI provider agencies**

EIDBI provider agencies must use the Minnesota Department of Human Services (DHS) NETStudy 2.0 system to conduct background studies on all individuals who have direct contact with people who access services and their legal representatives. The changes apply to all employees hired by an EIDBI agency on or after July 1, 2021, including new hires. A DHS background study determines whether a person has committed an act that disqualifies them from providing care.

**Enrollment and background studies for individual EIDBI providers**

Effective immediately, people enrolling to become an individual EIDBI provider do not need to have a NETStudy 2.0 background study either initiated or completed before submitting their enrollment application. We are in the process of removing the background study number or request ID from EIDBI enrollment requirements. In the interim, EIDBI providers can leave that box blank on the enrollment form and proceed with the application process. We will notify you after the enrollment forms have been updated.

For general information about NETStudy 2.0, visit the [Background studies webpage](https://mn-its.dhs.state.mn.us). Review the [EIDBI Provider Enrollment section of the Minnesota Health Care Programs Provider Manual](https://mn-its.dhs.state.mn.us) for information about EIDBI provider enrollment requirements.

**Questions**

Call the DHS Background Studies Division at 651-431-6620 if you have questions about background studies.

Contact [MHCP Provider Resource Center](https://mn-its.dhs.state.mn.us) at 651-431-2700 or 800-366-5411 if you have questions about enrollment. (pub. 2/24/22)

**Minnesota Department of Human Services (DHS) seeks proposals addressing perinatal health disparities for Minnesota’s American Indian community**

DHS is seeking proposals to provide integrated, culturally supportive perinatal care to American Indian people in Minnesota who are at high risk for low birth weight and preterm births. Partnerships between governments and organizations must improve and communities must have access to funding and support to develop, implement, and evaluate their own solutions to address maternal health issues in disadvantaged communities. Visit the [Open grants](https://mn-its.dhs.state.mn.us).
Early Intensive Developmental Behavioral Intervention (EIDBI) comprehensive multi-disciplinary evaluation (CMDE) policy change

EIDBI providers are only required to complete a CMDE once every three years for people with autism spectrum disorder or related conditions effective Feb. 1, 2022. Families still may request a CMDE once per year, if they choose. Providers may complete CMDEs once per year without prior authorizations when clinically appropriate and within service limits listed on the EIDBI billing grid.

Review the Change to EIDBI comprehensive multi-disciplinary evaluation (CMDE) policy DHS autism eList announcement for more information. (pub. 2/15/22)

Minnesota Department of Human Services (DHS) launches report on building racial equity into Minnesota’s Medicaid program

DHS has issued a report on actionable steps to improve racial equity in Minnesota’s Medicaid program. Medicaid Medical Director Dr. Nathan Chomilo is lead author on the report: Building Racial Equity into the Walls of Minnesota Medicaid: A focus on U.S.-born Black Minnesotans.

The U.S.-born Black community faces some of the starkest disparities in health outcomes in the state. For example, compared to Black Minnesotans born outside the country, U.S.-born Black Minnesotans have three times the rate of asthma, heart failure, hospitalized heart conditions and depression. Minnesota’s Medicaid program plays a key role in addressing health disparities among Black Minnesotans. Approximately 41.5% of Black Minnesotans, and 64% of Black Minnesotan children, rely on Medicaid for health care coverage.

The report was co-created with members of the Black community, leaders of organizations that are a part of the community and those working to advance racial equity in health care for Black Minnesotans. It also used the expertise of DHS staff who work with the Medicaid program.

DHS hopes to share the report widely and establish community work groups to determine how best to further the report’s calls to action. Importantly, none of the calls to action seek to create racially exclusive Medicaid-funded services. Instead, they recognize the need to ensure that policies and programs are administered with awareness and action toward racial equity. The calls to action include:

- Simplify and support enrollment and renewal
- Increase investment in culturally relevant care for U.S.-born Black Minnesotans on Medicaid
- Fund community conversations with U.S.-born Black Minnesotans on Medicaid

Review the Building Racial Equity into the Walls of Minnesota Medicaid: A focus on U.S.-born Black Minnesotans report to learn more. Future reports will focus on other populations experiencing health care disparities, including Native Americans and Minnesotans who are Latinx/Hispanic, Asian American and Pacific Islander, people with disabilities, the unhoused and more. (pub. 2/10/22)

Expansion of coverage for uninsured under new medical assistance (MA) group

The Minnesota Legislature originally covered COVID-19 testing for uninsured for program TT, effective May 1, 2020. The Legislature expanded that coverage to include vaccines and treatment services related to COVID-19 effective March 18, 2021. This includes coverage for the COVID-19 test, serological tests and the office visit during which the provider administers the test. There are no copays or deductibles for COVID-19 vaccines, testing and treatment.

You may now submit claims retroactive to dates of service on or after March 18, 2021. You can find coverage information under COVID-19 Testing in the Coronavirus (COVID-19) section of the MHCP Provider Manual. (pub. 2/10/22)
**Minnesota Health Care Programs (MHCP) will cover vaccine counseling-only visits effective Jan. 1, 2022**

MHCP covers vaccine counseling-only visits effective Jan. 1, 2022. Providers may counsel for COVID-19 vaccinations and standard vaccines to children and adults. You may provide counseling both in-person and via telehealth, and providers billing for counseling services must be able to administer the vaccine for which they are counseling. Vaccine counseling-only visits cannot be billed separately if vaccine counseling is a required component of another service provided in the same visit. Refer to the Immunizations and Vaccinations section of the MHCP Provider Manual for billing information. (pub. 2/4/22)

**UnitedHealthcare awarded contract to serve 7-county metro area for first time**

New contracts between DHS and Blue Plus, HealthPartners, Hennepin Health, Medica, UCare and UnitedHealthcare, the health plans participating in public health care programs, began in January 2022. The plan options in each county are available on the Resources for MHCP members who get care through a health plan webpage.

This marks the first time UnitedHealthcare has been awarded public program contracts, and the first new DHS health plan option in about 10 years. Providers affiliated with UnitedHealthcare who are not enrolled with MHCP to provide and bill services should work with UnitedHealthcare to become enrolled.

The latest contracting process prioritized efforts to address equity and eliminate health disparities. Health plans were required to respond to relevant questions about their work. DHS and counties, including the Association of Minnesota Counties and the Minnesota Association of County Social Service Administrators, collaborated on the development and scoring of the questions in the request for proposals.

No enrollees will lose coverage or covered services due to the contract changes. Contract changes also will cause little disruption in pharmacy coverage, since DHS switched to a uniform preferred drug list to provide consistency in prescription drugs across health plans. (pub. 2/3/22)

**Telehealth provider assurance statement changes and updates**

The Telephonic Telemedicine Provider Assurance Statement (DHS-6806A) was created during the public health emergency to temporarily give more providers the ability to provide services via telehealth through audio only.

Legislative changes were made to Minnesota Statutes, 256B.0625, subdivision 3b (Telehealth Services) and these providers can continue providing services via telehealth beyond the public health emergency. The following apply to providers who want to provide and bill for services via telehealth:

- All MHCP providers who are currently enrolled with the Telephonic Telemedicine Provider Assurance Statement (DHS-6806A) and plan to continue providing and billing services via telehealth for dates of services June 1, 2022, and later must submit the Telehealth Provider Assurance Statement (DHS-6806) before June 1, 2022.

Audio-only continues to be an allowable telehealth modality. These changes to the assurance statement do not impact the use of audio only telehealth.

No further action is required from providers who already have an existing and approved Telehealth Provider Assurance Statement (DHS-6806) on file with MHCP, formerly named Telemedicine Provider Assurance Statement (DHS-6806).

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 2/1/22)

**Incontinence rate price list posted for procedure code T4535 and modifiers**

We have posted the rates for procedure code T4535 with U1, U2 or U3 modifiers on the 2022 T4535 Procedure Code and Modifiers Price List (PDF) instead of the Minnesota Health Care Programs fee schedule. (pub. 2/1/22)
Co-pay or family deductible charge for COVID-19 vaccine administration code 0051A-0054A

You will see cost-sharing co-pay or family deductible charges for COVID-19 vaccine administration code 0051A-0054A incorrectly displaying on your claim and remittance advice. The cost-sharing co-pay or family deductible will be deducted from the allowable amount until system changes are made. Providers should not collect the co-pay or family deductible amount from the member. We will reprocess claims after the system changes are complete to bypass cost-sharing and family deductible for the COVID-19 administration codes. Watch for a future provider news message on this webpage regarding updates and billing.

You can find the covered codes and MHCP COVID-19 vaccine billing instructions in the Coronavirus (COVID-19) Billing section of the MHCP Provider Manual. (pub. 2/1/22)

Electronic signatures now accepted on ownership and other disclosing forms

Minnesota Department of Human Services (DHS) now accepts electronic signatures and initials on ownership and other disclosing forms. 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.

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, enrollment applications and assurance statements can be uploaded and submitted using the MPSE portal. (pub. 2/1/22)

Training for currently enrolled personal care provider organization (PCPO) agencies is now available

Minnesota Department of Human Services (DHS) has begun the transition for currently enrolled PCPO agencies to Community First Services and Supports (CFSS) agencies.

All PCPO owners currently enrolled in Minnesota Health Care Programs (MHCP), managers and qualified professionals (QP) must complete CFSS training for current PCA agencies and pass the review test to add CFSS service codes to their existing MHCP enrollment record. Each owner, manager and QP will need their own certificate to meet the credentialing requirement. You will need to submit these certificates along with all current bonds and insurance documents. Fax documents to 651-431-7465.

To register for the training, go to Personal Care Assistance (PCA) and Community First Services and Supports (CFSS) Training and Test, click the Training button, enter your information and check your email for next steps.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411, option 4, if you have questions about this message. (pub. 1/26/22)

Co-pay or family deductible charge for COVID-19 vaccine administration codes 0004A and 0034A

We are aware of cost-sharing co-pay or family deductible charges for COVID-19 vaccine administration codes 0004A and 0034A incorrectly displaying on your claim and remittance advice. The cost-sharing copay or family deductible will be deducted from the allowable amount until system changes are made. Providers should not collect the co-pay or family deductible amount from the member. We will reprocess claims after the system changes are complete to bypass cost-sharing and family deductible for the COVID-19 administration codes. Watch for a future provider news message on this webpage regarding updates and billing. (pub. 1/25/22)
Amendments to the Elderly Waiver (EW) plan public comment period open until Feb. 18, 2022

Minnesota Department of Human Services (DHS) requests public comments about proposed amendments to Minnesota’s elderly waiver (EW) plan before submitting the amendments to the Centers for Medicare & Medicaid Services (CMS) for approval. Review the DHS requests public comments on amendments to the elderly waiver plan Aging and Adult Services Division eList announcement for more information. Submit comments to AASD.Publiccomments@state.mn.us by 4 p.m. Friday, Feb. 18, 2022. (pub. 1/25/22)

Developmental Disabilities (DD) waiver application and amendments to the Brain Injury (BI), Community Alternative Care (CAC) and Community Access for Disability Inclusion (CADI) waiver plans public comment period open until Feb. 21, 2022

Minnesota Department of Human Services (DHS) requests public comments about the DD waiver application and amendments to the BI, CAC and CADI waiver plans before submitting them to the Centers for Medicare & Medicaid Services (CMS) for approval. Submit comments to DSD.PublicComments@state.mn.us by 4 p.m. Monday, Feb. 21, 2022.

Review the DHS request public comments on DD Waiver application and DHS requests public comments on amendments to the BI, CAC and CADI waiver plans DSD eList announcements for more information. (pub. 1/25/22)

Revised: College tuition now available for workers who provide direct care and meet income requirements

The Minnesota Future Together Grants offer tuition-free pathways for eligible students in high-need career areas. We ask employers to share this opportunity with their employees who may be interested in pursuing a college degree at a Minnesota public higher education institution or tribal college. See the College tuition available for workers who provide direct care and meet income requirements AASD and DSD eList announcement for more information. (pub. 1/21/22; rev. 1/27/22)

Minnesota Health Care Programs (MHCP) Provider Resource Center will be closed from noon until 12:45 p.m. Monday through Friday

We are changing the MHCP Provider Resource Center hours of operation beginning Jan. 24, 2022. Our regular business hours are from 8 a.m. until 4:15 p.m. Monday through Friday and we will close for lunch from noon until 12:45 p.m. Monday through Friday. (pub. 1/19/22)

Local County or Tribal Agency Nonemergency Medical Transportation (NEMT) mileage rate increase

The 2022 personal and volunteer driver mileage rate for licensed foster parent and volunteer drivers has increased. The new reimbursement rate for Jan. 1, 2022, through Dec. 31, 2022, will be 58 cents per mile for procedure code A0090 with UC modifier for licensed foster parent and procedure code A0080 for volunteer driver.

Review the Procedure codes and payment rates for personal and volunteer drivers chart under the Personal and Volunteer Driver Mileage heading in the Local County or Tribal Agency Nonemergency Medical Transportation (NEMT) Services Claim, Service and Rate Information section of the Minnesota Health Care Programs Provider Manual for more information. (pub. 1/19/22)
Afghan cultural resources available for managed care organizations and providers

Afghan refugees are eligible for many public programs, including medical assistance. Refer to Bulletin #21-06-05 DHS Provides Guidance about Afghan Immigrants’ Eligibility for Public Programs. Use the following resources to navigate cultural aspects of providing services to Afghan refugees.

- Minnesota Department of Health’s Center of Excellence in Newcomer Health webpage
- University of Minnesota Department of Medicine’s Global Medicine webpages
- Switchboard’s Resources Library for Resettlement webpages

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 HSS’ Renewal of Determination That A Public Health Emergency Exists webpage to read the official declaration of this renewal.

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.

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.

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.
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)

**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 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)
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)

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 Provider Screening and Enrollment (MPSE) portal training for transportation providers**

Minnesota Health Care Programs (MHCP) is offering free MPSE portal training sessions to transportation providers via Webex. This training will explain how to use and navigate the MPSE portal. We will also show you how to complete an organization to individual affiliation request for enrolling your individual drivers.
The first training session will be Tuesday, Feb. 15, 2022, and additional sessions will be held every two weeks until April 12, 2022. You can register for these sessions by visiting the Minnesota Provider Screening and Enrollment (MPSE) Portal Training for Transportation Services Providers webpage for the MPSE portal for transportation providers and select the date from the links provided.

As a reminder, on July 1, 2021, Minnesota legislation began requiring all nonemergency medical transportation (NEMT) drivers to enroll with MHCP and affiliate with a transportation organization by July 1, 2022.

Review past provider notifications for more information:
- Nonemergency Medical Transportation (NEMT) driver enrollment required, enrollment process has begun MHCP provider news and updates message posted July 8, 2021
- Incomplete Nonemergency Medical Transportation driver applications delay processing MHCP provider news and updates message posted Dec. 23, 2021
- How to Enroll information in the Transportation Enrollment and Criteria and Forms section of the MHCP Provider Manual updated Jan. 4, 2022, to make the enrollment process clear for both transportation organizations and individual drivers

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.

(pub. 12/23/21)

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

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.