March 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 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)

Mental Health Uniform Service Standards webinar Mar. 31, 2022

Minnesota Department of Human Services (DHS) Behavioral Health Division invites you to a Mental Health Uniform Service Standards webinar from 1:30 - 3:30 p.m. Thursday, March 31, 2022. The webinar will explain how to implement the new Mental Health Uniform Service Standards and the steps you need to take to meet the new requirements which become effective July 1, 2022.

The webinar will focus on the implementation plan for Minnesota Health Care Programs enrolled mental health service providers. Review the Implementation Plan: Covered Mental Health Services (PDF) to read the new law, an overview of what is changing, and instructions for what you need to do in response to the changes. We will explain the plans, provide additional details and context, and respond to your questions during the webinar.

You do not need to register to attend the webinar. Please click this Webex link when it's time to join the meeting. (pub. 3/28/22)

Instructions for checking on submitted document status

We have noticed an increase in calls to the Minnesota Health Care Programs (MHCP) Provider Resource Center (formerly known as the Provider Call Center) from providers regarding documents submitted via fax and not processed within 30 days.

We encourage providers to use the Minnesota Provider Screening and Enrollment (MPSE) Portal to enroll or make changes to your record. This online platform allows you to see the documents you uploaded and allows you to track progress. You will find guides and the following videos to assist you with using MPSE on the Minnesota Provider Screening and Enrollment (MPSE) Portal webpage:

- Introduction to the MPSE Portal (5 min., 9 sec.)
- Managing User Roles in MPSE (8 min., 40 sec.)
- Introduction to Owners and Authorized Persons in MPSE (6 min., 11 sec.)
- MPSE Registration for New Provider Enrollers (5 min., 33 sec.)
- Managing Existing Affiliations to an Individual Provider in MPSE (8 min., 34 sec.)
- Managing Existing Affiliations to a Direct Support Worker in MPSE (8 min., 33 sec.)

If you have faxed documents to MHCP more than 30 days ago and the documents have not been processed, contact the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411. Please have the following information available when you call:

- Time and date of documents sent to MHCP
- Explanation of documents sent
- Number of pages sent
Phone or fax number you sent the documents from

If you have faxed documents to MHCP more than 60 days ago and the documents have not been processed, we request that you fax us the documents again. (pub. 3/25/22)

**MN Autism Resource Symposium scheduled April 12, 2022**

The state of Minnesota is hosting the first MN Autism Resource Symposium on April 12, 2022, in honor of National Autism Awareness and Acceptance Month.

The MN Autism Resource Symposium is a joint state agency effort and is an opportunity for the Minnesota autism community to:
- Come together
- Explore support options
- Learn from one another
- Be inspired

Review the [Register for MN Autism Resource Symposium](#) DSD eList announcement to learn more and to register for this free event. (pub. 3/25/22)

**Provider resource for affordable employee health insurance**

The Disability Services Division has created a webpage for employers to help their employees access affordable health, dental and vision insurance. Review the [Guidance for employers on offering health, dental and vision benefits](#) webpage for tips and information. Additional employer resources for employee recruitment and retention can be found under the “Providers” tab on the [Direct care workforce resources](#) webpage. (pub. 3/24/22)

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

MHCP covers OTC antigen and polymerase chain reaction (PCR) tests according to the American Rescue Plan Act of 2021. The coverage of the OTC COVID-19 tests applies to members covered under the fee-for-service (FFS) program as well those covered through Managed Care Organizations (MCOs).

MHCP members are not able to receive direct reimbursement from Minnesota Department of Human Services (DHS) or MCOs for OTC COVID-19 tests purchased by the member; the provider must bill DHS or the MCOs directly for the OTC tests. Providers submitting claims for OTC tests must have an order from a prescriber for the OTC tests.

The federal Public Readiness and Emergency Preparedness Act expanded prescriptive authority for OTC COVID-19 tests to pharmacists during the public health emergency.

Refer to the [Over-the-Counter COVID-19 Test Coverage for Members covered under Fee for Service or Managed Care Organizations](#) chart for a summary of how FFS and MCOs cover OTC COVID-19 tests. (pub. 3/15/22)

**Health Care Month employer survey**

Governor Tim Walz proclaimed January 2022 as Health Care Month in Minnesota to highlight the work of health care employees and raise awareness about the many employment opportunities in the field.

We ask representatives of health care organizations, including long-term care, direct care, hospitals and clinics and other health care organizations, to take a few minutes to respond to the Minnesota Department of Employment and Economic Development’s (DEED) [Survey of Health Care Employers about Health Care Month](#). Your responses will help DEED plan for future Health Care Months. You can also find workforce resources on Career Force’s [Health Care](#) webpage. (pub. 3/3/22)
Minnesota Women, Infants, and Children (WIC) program update regarding Similac formula recall

Abbott Nutrition initiated a voluntary national recall of certain powdered Similac formula products on Feb. 17, 2022. The recall expanded Feb. 28. The Minnesota WIC program uses Similac as their contract formula. The WIC program is allowing temporary substitutions for this contract formula in response to the recall. Review the Minnesota Department of Health’s Abbott Formula Recall – Health Care Providers (PDF) to see a list of substitutes and more information. (pub. 3/3/22)

Benefits of early intervention for children with ASD webinar March 16, 2022

Minnesota Department of Human Services and the Pediatric Care Coordination Community of Practice invite you to the Identifying Autism Spectrum Disorder (ASD) and Accessing Services: What Care Coordinators Need to Know webinar. The webinar is scheduled for March 16, 2022, and will cover the importance of early screening, identification and intervention to help ensure children with ASD have access to the right supports at the right time.

Review the Webinar discusses benefits of early intervention for children with ASD DSD eList announcement for registration and additional information. (pub. 3/2/22)

Anesthesia rates increased for modifiers QY, QK, QK GC and QX

Minnesota Health Care Programs (MHCP) anesthesia rates increased for modifiers QY, QK, QK GC and QX effective Jan. 1, 2022. You can find rate formulas on the 2022 Anesthesia Rates chart under MHCP Anesthesia Payment Formulas on the Anesthesia Services section of the MHCP Provider Manual.

We will reprocess claims with the new rates retroactive to Jan. 1, 2022. We will post another Provider News message announcing the date we will reprocess the claims and when to expect the adjusted payments to appear on your remittance advice. (pub. 3/1/22)

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. Review the EIDBI Provider Enrollment section of the Minnesota Health Care Programs Provider Manual 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.
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, RFPs and RFIs webpage to learn more about the RFP and application process. Proposals are due by 4 p.m. March 31. Email camille.miller@state.mn.us with any questions and share this opportunity among your networks. (pub. 2/24/22)

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 under a new medical assistance coverage group (major 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, rev. 3/1/22)

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)](https://example.com/price-list) 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](https://example.com/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](https://example.com/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](https://example.com/training) 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](https://example.com/training), click the Training button, enter your information and check your email for next steps.
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)

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)

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. (pub. 1/14/22)

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)
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 SARS 10MCG TRS/SUCR 1, 1st DOSE
  - Administration code **0072A**: ADM SARS 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)

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**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/moderately-severely-immunocompromised.html) and [How to Talk with Patients Who Are Immunocompromised](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/immunocompromised-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.mn.gov/dhs/mhcp/feeschedule/index.html) webpage. The MHCP COVID-19 vaccine billing instructions are in the [Coronavirus (COVID-19) Billing](https://www.mn.gov/dhs/mhcp/providers/billing/coronavirus-billing/) section of the MHCP Provider Manual. (pub. 9/10/21)

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**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](https://www.dhs.state.mn.us/docs/dhs/departments/human-services/bulletins/bull202502c.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](https://www.dhs.state.mn.us/docs/dhs/departments/human-services/bulletins/bull202502c.pdf) eList announcement for more details. (pub. 9/7/21)

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**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

(pub. 2/10/22)

**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:
- **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.
- **How to Read Your Payer Claim Control Number, PCN** – A PCN is a 17-digit claim number that is automatically generated by our system when a claim is submitted to Minnesota Health Care Programs for processing. This video will focus on the individual components of the PCN that are the most important for billers to understand.

(pub. 3/24/22)

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.