May 24 – June 6, 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. (pub. 12/7/21, rev. 12/8/21, 12/9/21, 12/10/21, rev. 3/29/22)

**Emergency and disaster assistance for people who receive waiver services**

With this spring’s heavy precipitation and temperature changes, many parts of Minnesota are at a higher risk of flooding. Minnesota Department of Human Services (DHS) will work with waiver providers in preparation and response to flooding.

For information on eligible reimbursements for relocating people who are on Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), Developmental Disabilities (DD), Elderly Waiver (EW) programs and Alternative Care (AC), review the Aging and Adult Services Division (AASD) and Disability Services Division (DSD) eList announcement for more information.

If you have questions regarding this message, use the DSD Contact Form for disability waivers (BI, CAC, CADI, and DD) or email dhs.aasd.hcbs@state.mn.us for EW and AC services. (pub. 5/24/22)

**Place of service (POS) codes and billing information for telehealth services**

The Centers for Medicare & Medicaid Services (CMS) developed and revised the definition of POS code 02 and added a new POS code 10. When reporting a service with place of service 02 or 10, you are certifying that you are rendering services to a patient located in an eligible originating site via an interactive audio and visual telecommunications system.

Providers must have an approved Telehealth Provider Assurance Statement (DHS-6806) (PDF) on their provider file beginning June 1, 2022, to bill claims for services provided via telehealth. Providers who submit professional claims for services via telehealth should use claim format 837P (professional), including the CPT or HCPCS code that describes the services rendered and the POS 02 or new POS 10 for services via telehealth. Include the 93 modifier when billing for services provided via audio only (telephone communication).

**Place of service codes**

- Place of service 02 (newly redefined): Telehealth provided other than the patient’s home. It’s the location where health services and health-related services are provided or received through telecommunication technology. The patient is not located in their home when receiving health services or health-related service through telecommunication technology.

- Place of service 10 (new place of service): Telehealth provided in patient’s home. The location where health services and health-related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health-related services through telecommunication technology.

**New telehealth modifier**

Modifier 93, Audio only: Synchronous telehealth service rendered via telephone or other real-time interactive audio-only telecommunications system. **MHCP requires this modifier** when audio-only telehealth is used.
Other modifier information
- Outpatient facilities (Ambulatory Payment Classifications or Ambulatory Surgical Center claims) will continue to use telehealth modifiers on their claims
- Continue to use modifier GT to bill for services SUD H2035/HQ delivered by telehealth on type of bill 89X

Review the CMS New/Modifications to the Place of Service (POS) Codes for Telehealth webpage for more information about the POS codes.

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 5/24/22)

Diabetes management resource available from Minnesota Department of Health (MDH)

MDH’s Control Your Diabetes for Life Toolkit is a diabetes management resource designed for health care providers, health educators, case managers, health coaches, community health workers, interpreters, patient advocates, and family members. You can use this toolkit to help people with pre-existing diabetes manage their diabetes and enjoy life.

The toolkit includes instructional sheets on 26 self-care topics, a patient action plan for setting goals, and a one-page self-care checklist. It also covers lifestyle change and self-care information. Go to MDH’s Control Your Diabetes for Life Toolkit webpage to download the toolkit. (pub. 5/24/22)

Mental Health Uniform Service Standards (USS) update

The Minnesota Department of Human Services (DHS) Behavioral Health and Licensing Divisions pushed back the implementation date of the Uniform Service Standards legislation passed in 2021. We originally expected an implementation date of July 1, 2022, but we now expect an effective date of Sept. 15, 2022, and we will notify you of the exact date when it becomes known. We have experienced delays in submitting the required State Plan Amendments (SPAs) to Centers for Medicare & Medicaid Services (CMS). We have sent draft SPA documents to Minnesota tribes for comments, and anticipate submitting documents to CMS by June 21, 2022.

We will continue to answer your questions, and we will publish a Frequently Asked Questions document soon. Email uss.dhs@state.mn.us if you have questions you’d like answered or want to request an implementation plan for the services you offer. (pub. 5/20/22)

DHS will be sending announcements targeted to direct support professionals (DSPs)

Minnesota Department of Human Services (DHS) will share communications with direct support professionals (DSPs) in an effort to address the workforce shortage and to support DSPs in their work. Encourage your employees to sign up for the email list to receive these messages. Review the DHS will be sending announcements targeted to direct support professionals eList announcement for more information. (pub. 5/19/22)

Federal government signals public health emergency likely to extend beyond mid-July

U.S. Department of Health and Human Services Secretary Xavier Becerra has said he will provide a 60-day notice before the federal government ends the COVID-19 public health emergency. Minnesota Department of Human Services (DHS) has not received this notice and the current emergency declaration ends July 15, 2022, less than 60 days from now. DHS is now planning for the emergency declaration to extend beyond its current July 15 expiration date.

Although the federal government can end the emergency declaration at any time, the declarations are issued for 90 days. Another full 90-day extension of the federal public health emergency would put the expiration date in mid-October.
The emergency status means most Minnesotans who receive public health care coverage maintain their Medical Assistance or MinnesotaCare coverage regardless of a change in their eligibility status, and without having to go through any renewal or redetermination processes.

The emergency status also extends Medicaid program flexibilities the state is using to help enrollees during the pandemic. Housing stabilization services providers can continue to help members receiving housing stabilization services develop their person-centered plans as well as provide ongoing service delivery. Parents, spouses and other legally responsible relatives of enrollees can continue providing personal care assistant services.

The extension also allows states continued flexibility to support easier access to the Supplemental Nutrition Assistance Program (SNAP). SNAP participants may also continue receiving additional Emergency SNAP (E-SNAP) benefits each month. The department must seek federal approval monthly to issue E-SNAP and has been approved every month since March 2020.

The federal public health emergency went into effect Jan. 27, 2020, at the start of the COVID-19 pandemic. (pub. 5/18/22)

**Revised: Fee-for-service coverage claim information for retroactive MinnesotaCare coverage in 2021**

This message has been revised to clarify who will be eligible for MinnesotaCare fee-for-service coverage and explain pharmacy billing past the timely filing period.

Minnesota Health Care Programs (MHCP) is retroactively enrolling people in MinnesotaCare for months of coverage in 2021 as part of implementing the American Rescue Plan Act of 2021. These enrollees will receive MinnesotaCare fee-for-service (FFS) coverage for the months they are retroactively enrolled.

We are sending a FFS eligibility coverage letter to impacted households beginning May 17, 2022, which lists the names of household members that are retroactively enrolled and the months in 2021 they have MinnesotaCare FFS coverage. Members will show you the letter if you provided services to one of the eligible members. You will have six months from the date of the letter to submit claims to MHCP for those services for payment.

For claims for dates of service past the timely filing period, providers will need to send the following two claims attachments. This does not apply to pharmacies.

- A copy of the FFS eligibility coverage letter from the member
- A copy of this provider news message

Instructions for pharmacies past timely filing:

- Submit your claim for dates of service; the claim will deny
- Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411

Call the MHCP Provider Resource Center if you have questions about the claims attachments or this message. (pub. 5/17/22, rev. 5/19/22)

**Information required for submitting requests to Kepro for baby formula changes**

You need to submit a request to Kepro on the [Kepro](#) website with the following information if you switch a member’s baby formula due to manufacturer shortages:

- Prior authorization number
- Number of units already dispensed
- Number of units requested of the new product
- Description or name of the new product
- Pricing documentation

(pub. 5/17/22)
Individualized Education Program (IEP) Services 2020-21 Annual Data Report
Form due July 5, 2022

The Minnesota Department of Human Services (DHS) will collect the final data for IEP services claims for the 2020-21 school year after the June 30, 2022, claim submission deadline. Schools must submit their completed IEP Services Annual Data Report Form (DHS-5052) to DHS no later than July 5, 2022.

To complete the report, you must:
• Have billed for services, received payments and reported all required cost data through the Special Education Data Reporting Application (SEDRA) of the Minnesota Department of Education (MDE), and
• Report the total direct service time and encounter data to DHS using the IEP Services Annual Data Report Form.

If you do not submit the required cost data for the IEP services that you provided during the 2020-21 school year and for which you received payments, the final rate for that service will be $0.00.

You must submit total direct service hours and encounters for each of the following covered IEP services:
• Physical therapy
• Occupational therapy
• Speech, language, pathology and audiology services
• Mental health services
• Nursing service
• Personal care assistance services
• Interpreter services

You must also report the total number of special transportation trips and the total number of Medical Assistance-eligible children who received special transportation during the 2020-21 school year.

If you have questions about the required documentation, call Jesusa Williams at 651-431-2538, or email jesusa.williams@state.mn.us. Email the Special Education Funding and Data Team of MDE at mde.spedfunding@state.mn.us if you have questions about SEDRA. (pub. 4/26/22)

100-day wait-and-see period for child support enforcement members

Providers must wait at least 100 days before billing Minnesota Health Care Programs (MHCP) if a member has third-party liability coverage that is derived from a parent whose obligation to pay child support is being enforced by Minnesota Department of Human Services and payment has not been received from the third-party liability.

The 100-day waiting period follows federal law under the Bipartisan Budget Act.

The claim will deny if it is submitted before the 100-day period ends. The Health Insurance Recovery Unit will send a notification letter to you when the claim is denied. The claim can be resubmitted after the 100-day period has passed.

Review the Unsuccessful TPL Billing guidance in the Medicare and Other Insurance section of the MHCP Provider Manual for more information. (pub. 5/13/22)

Early Intensive Developmental Behavioral Intervention (EIDBI) providers meet and greet opportunities with Managed Care Organizations (MCOs) scheduled

The Minnesota Department of Human Services EIDBI team will host a series of online meet and greets with each MCO in June. EIDBI providers who want to increase their ability to serve children on Minnesota Medicaid should attend. MCOs will share information about where they serve, who to contact, how to get credentialed, how to submit authorizations and more. MCOs will also answer your questions. Registration is required.

Meet and greet schedule
• Blue Plus
  • Wednesday, June 1, 2022, from 2 - 3 p.m.
Substance Use Disorder (SUD) residential and withdrawal management providers must enroll in the 1115 SUD System Reform Demonstration by Jan. 1, 2024

The following SUD providers are required to enroll in the 1115 SUD System Reform Demonstration (1115 Demonstration) by Jan. 1, 2024:

- Minnesota residential treatment provider licensed by the Minnesota Department of Human Services (DHS) and enrolled in Minnesota Health Care Programs (MHCP)
- Minnesota withdrawal management providers licensed by DHS and enrolled in MHCP
- Out-of-state residential SUD providers enrolled in MHCP

We are hosting two training webinars via Webex to support SUD providers required to enroll in the SUD System Reform Demonstration.

Dates and Times
- Wednesday, June 8, 2022, 11 a.m. - noon
- Thursday, June 16, 2022, 11 a.m. - noon

Topics
- 1115 Demonstration Level of Care Requirements for enrolling
- 1115 Demonstration enrollment process
- DHS licensing requirements for enrolling in the 1115 SUD System Reform Demonstration

Register online
- Go to the 1115 Demonstration Enrollment Webinar June 8 webpage to register for the June 8, 2022, session.
- Go to the 1115 Demonstration Enrollment Webinar June 16 webpage to register for the June 16, 2022, session.

Email 1115demonstration.dhs@state.mn.us by Monday, May 23, 2022, if you have questions about either session. (pub. 5/12/22)
Self-advocacy training and support is available as a waiver service

Self-advocacy training and support is available to help people with disabilities to advocate for themselves. Self-advocacy training and support can be authorized through services such as:

- Family training and counseling
- Consumer directed community supports (CDCS)
- Semi-independent living services (SILS)

For more information, visit the DSD eList announcement and use the DSD Contact Form for questions. (pub. 5/10/22)

Early Intensive Developmental and Behavioral Intervention (EIDBI) enrollment compliance change effective July 1, 2022

The Minnesota Department of Human Services (DHS) is implementing the EIDBI advance certification requirement due to a legislative change in 2019, which goes into effect July 1, 2022.

All current MHCP-enrolled EIDBI providers are required to meet the requirements on the EIDBI Provider Agency Assurance Statement (DHS-7120B) (PDF) and resubmit the form by July 1, 2022, to avoid billing interruption. There are no exceptions.

An agency representative must complete the DHS-7120B and initial the DHS-approved treatment modality that is provided at the agency. The person listed as the advanced certification holder in that treatment modality on your DHS-7120B must be actively enrolled with MHCP. If you provide multiple modalities, you must indicate an advanced certification holder for each modality. If your agency has multiple locations, each physical location must submit a separate DHS-7120B. The same person with advanced certification may be listed on multiple forms.

The requirement to employ a person with advanced certification in the treatment modality you provide does not replace the requirement for EIDBI agencies to employ a qualified supervising professional (QSP), who is a licensed mental health professional. EIDBI agencies must employ a QSP.

Review the EIDBI Provider Enrollment section of the MHCP Provider Manual for more information and for full enrollment requirements. Upload the completed forms, along with all other required MHCP provider enrollment documents, through the online Minnesota Provider Screening and Enrollment (MPSE) Portal or fax to 651-431-7462.

Contact the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 5/10/22)

Training for HCBS and PCA business owners on transitioning to an employee-owned cooperative: a workforce shortage strategy

The Disability Services Division is offering a webinar in an effort to address the ongoing workforce shortage for Home and Community-Based Services (HCBS) business owners and Personal Care Assistance (PCA) business owners. The webinar, scheduled for May 24, 2022, will cover how to transition a business to an employee-owned cooperative. Review the DSD Webinar announcement webpage for details and to register for the training. Email PositiveSupports@state.mn.us if you have questions. (pub. 5/10/22)

Telehealth Provider Assurance Statement (DHS-6806) is due before June 1 for providers who want to continue providing services via telehealth

All Minnesota Health Care Programs (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 service June 1, 2022, and later must submit the Telehealth Provider Assurance Statement (DHS-6806) before June 1, 2022.
Legislative changes were made to Minnesota Statutes, 256B.0625, subdivision 3b (Telehealth Services) and providers who submitted DHS-6806A can continue providing services via telehealth through May 31, 2022, but will need to submit DHS-6806 to bill for dates of service June 1, 2022 and later. The following apply to providers who want to provide and bill for services via telehealth:

- MHCP no longer accepts new Telephonic Telemedicine Provider Assurance Statement (DHS-6806A).
- Audio-only continues to be an allowable telehealth modality. These changes to the telehealth 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. 5/5/22)

2021 DHS opioid prescribing reports are coming

The Minnesota Department of Human Services (DHS) will send more than 15,000 opioid prescribing reports to Minnesota Medicaid and MinnesotaCare providers. Reports will be distributed to providers via their health system or by U.S. Postal Service. All providers who receive a 2021 DHS opioid prescribing report are exempt from their respective licensing board’s requirement to complete two hours of continuing education on prescribing opioids (Minnesota Statutes 214.12).

DHS has issued reports annually since 2018. The 2021 reports are notable because they identify roughly 300 health care providers whose opioid prescribing rates exceed certain quality thresholds. These providers may be required to participate in a quality improvement (QI) program with DHS. The cover letter accompanying each prescribing report offers providers specific instructions on how to proceed.

Make note of the following if you receive a report:

- Use the report data to gain insight into how your opioid prescribing compares to that of your specialty peers.
- DHS discourages abrupt cessation or dramatic changes in opioid prescribing for individual patients. Such practices are unsafe and can indicate low-quality care. DHS is monitoring prescribing data and will reach out to providers to address instances where patient safety is in question.
- Questions and feedback regarding the reports and quality improvement program can be submitted using the Opioid Prescribing Improvement Program (OPIP) Inquiry form.

Information about the quality improvement program and prescribing reports is located on the Opioid Prescribing Improvement Program webpages. (pub. 5/4/22)

Continue using expired Consent for sterilization form until new form is posted

The Consent for sterilization (PDF) linked to in the Sterilization section of the Minnesota Health Care Programs Provider Manual expired April 30, 2022. This form comes from the federal Health and Human Services Office of Population Affairs and a new form will be posted when it is available. Continue to use this form until the new form is posted. (pub. 5/2/22)

Maximum quantity of HCPCS code A4390 corrected; claims have been reprocessed

The maximum quantity of code A4390 (ostomy pouch, drainable, with extended wear barrier attached) was incorrectly set to 3 units Jan. 1, 2020. We corrected this issue on April 8, 2022, and changed the maximum quantity to 31 units. We reprocessed claims that did not pay for the units requested on dates of service from Jan. 1, 2020, to April 8, 2022. Reprocessed claims will appear on your April 26, 2022, remittance advice. (pub. 4/26/22)
Revised: Temporary staff help is available to residential service providers experiencing a COVID-19 outbreak

Providers of residential services can now request short-term emergency staffing if they’re experiencing a COVID-19 outbreak at their facility. Providers must show that they have exhausted all available measures to identify staff and are at risk for closure, or at risk of placing residents in situations with unsafe staffing levels.

The purpose of the emergency staffing pool is to give providers time to either:

1. Identify, hire and onboard appropriate staff for the current number of residents, or
2. Reduce the number of residents to levels that can be appropriately managed with the current level of staffing.

Skilled nursing facilities will have to demonstrate that they have unsuccessfully sought staff through Aladtec or pursued 12A funding to meet their staffing needs.

Eligible providers will receive temporary staff for up to 21 days from a third-party staffing agency selected by the State of Minnesota at no cost to the provider. While the State of Minnesota will try to meet providers’ appropriate requests for temporary COVID-19 staffing, the provider remains responsible for all requirements of their license and continuity of services for their residents.

See the Temporary Staffing help eList announcement for provider eligibility, frequently asked questions and the emergency staffing application.

Submit questions using the DSD Contact Form. (pub. 4/26/22, rev. 5/18/22)

Housing Stabilization Services Provider Change Request update

We have updated the Provider Change Request process using Housing Stabilization Eligibility Request (DHS-7948).

Beginning April 4, 2022, when a member is approved through a Provider Change Request, the eligibility start date with the new provider will be the date the request is approved by Housing Stabilization Services staff. The eligibility start date for a Provider Change Request use to be the date the request was submitted.

This update allows the previous provider to work with and bill for time spent with the member up to the date that the request is approved by Housing Stabilization Services staff.

We will notify the previous provider via email when a provider change occurs. The email will include the member name, the date the change is effective, and the last day the provider can bill for services.

Email dhshousingstabilization@state.mn.us if you have questions about this message. (pub. 4/21/22)

Children’s Mental Health Outcome Measures Reporting System update

We have revised the Children’s Mental Health (CMH) Outcome Measures Reporting System User Manual effective April 12, 2022. The revisions reflect recent updates to the system and include:

- Improvements to the “Submission History” function
- Additional response options for client demographic information
- Addition of the “Strengths and Difficulties Questionnaire” forms for ages 2-4 and Informant report (ages 18 and up)
- Increased functionality and improved user experience of the “CMH Reports” function
- Improvements to the appearance and accessibility of the application

The system updates do not change any current reporting requirements. We recommend providers and staff who administer or enter outcome measures download and review the newest version of the User Manual. Review the Outcome measures webpage for more information about the measures and reporting system. (pub. 4/20/22)
Updates made to Housing Focused Person-Centered Plan (DHS-7307)

We have updated the Housing Focused Person-Centered Plan (DHS-7307) (PDF) with the following:

- Assessed Needs Box: We added a new box that requires staff to check one or more areas of assessed need that was identified in the assessment.
- Areas in Need of Housing: New instructions require staff to write at least 3-4 sentences explaining how the person's needs (mobility, communication, decision making, or managing challenging behaviors) affect their ability to find or keep housing.
- Support Instructions: New instructions require staff to write at least 3-4 sentences explaining how the provider will support the person with their assessed needs and help them find or keep their housing; as well as identify if they are starting with transition or sustaining services.
- Signature blocks: Members and providers may sign the Housing Focused Person-Center Plan electronically. The new signature page explains how the member and the provider may sign electronically.

Providers and targeted case managers who use the Housing Focused Person-Centered Plan (DHS-7307) must use the updated version beginning Aug. 1, 2022.

Older versions of the Housing Focused Person-Centered Plan (DHS-7307) will be accepted through July 31, 2022. Beginning Aug. 1, 2022, any Housing Stabilization Services request submitted with an out-of-date Housing Focused Person-Centered Plan will be denied.

Email dhshousingstabilization@state.mn.us if you have questions about this message. (pub. 4/20/22)

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

HHS Secretary Xavier Becerra renewed the federal COVID-19 public health emergency effective April 16, 2022. Visit the HSS' Renewal of Determination That A Public Health Emergency Exists webpage to read the official declaration of this renewal.

Continue following existing COVID-19 policies and procedures for Minnesota Health Care Programs until further notice. We will provide more guidance as it becomes available. (pub. 4/14/22)

1115 Substance Use Disorder (SUD) System Reform Demonstration rate enhancements approved

The Centers for Medicare & Medicaid Services approved Minnesota’s 1115 Substance Use Disorder System Reform Demonstration additional rate enhancements from the 2021 first legislative special session. SUD providers that are approved and enrolled in the 1115 SUD System Reform Demonstration are eligible for these rate enhancements:

- Outpatient SUD providers enrolled in the demonstration are eligible for a 20% base rate enhancement over the rate in effect on Dec. 31, 2020.
- Residential SUD providers enrolled in the demonstration are eligible for a 25% base rate enhancement over the rate in effect on Dec. 31, 2019.

The rate enhancements are effective for dates of service on or after Jan. 1, 2022, for Medical Assistance (MA) members. We will communicate more information about billing and how to receive the rate enhancement when the systems have been updated. Email 1115demonstration.dhs@state.mn.us with any additional questions. (pub. 4/12/22)

Medical supplies codes with rural updates; claims to be reprocessed

We updated all applicable medical supplies codes with a rural rate effective Jan. 1, 2022. Some of the codes for dates of service between Jan. 1, 2022, through March 30, 2022, were reimbursing using nonrural rates instead of rural rates. We
Mental Health Uniform Service Standards webinar held March 31, 2022

The Minnesota Department of Human Services (DHS) Behavioral Health Division held a Mental Health Uniform Service Standards webinar on Thursday, March 31, 2022. The goal of the webinar was to 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 focused 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 explained the plans, provided additional details and context, and responded to questions during the webinar.

Participants did not need to register to attend the webinar. See Uniform Service Standards Implementation: Mental Health Covered Services for the PowerPoint presentation provided during the webinar. (pub. 3/28/22, rev. 4/12/22)

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)

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)

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)

**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)

**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, 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](https://www.mn.gov/mhealth). You can find COVID-19 vaccine billing instructions under Billing in the [Coronavirus (COVID-19)](https://www.mn.gov/mhealth) 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).


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)](https://www.mn.gov/mhealth) 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](https://www.mn.gov/mhealth) 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)
Minnesota Department of Human Services (DHS) is offering an online Webex training on the basics of the MPSE Portal on June 21, 2022, from 1 to 4 p.m. This training is free to attend.

**Advantages to using the MPSE portal include:**
- Having a complete record of all information Minnesota Health Care Programs (MHCP) has for your organization or individual enrollment records in one place online
- Having access to real-time updates on requests made to DHS including
  - Status of the request
  - Submission date
  - Requests for More Information (RFMI) data
- No more faxing!

**Who should attend?**
- Owners of MHCP-enrolled provider organizations
- Employees who maintain provider enrollment records
- Employees responsible for organization compliance
- Anyone interested in learning more about the MPSE portal

Register for this training on the [MPSE portal training](#) webpage where you can also find on-demand videos and links to more information about the MPSE portal. (pub. 6/2/22)

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

Minnesota Health Care Programs (MHCP) has scheduled two free Webex training sessions for transportation providers about the MPSE portal. The training will feature a demonstration on how to complete an Organization to Individual affiliation for enrolling your individual drivers. The goal of this training is to clarify the enrollment process through the MPSE portal. Training is scheduled for June 7 and June 13, 2022.

You can register for these sessions on the [MPSE Portal Training for Transportation Services Providers](#) webpage. Select the date you would like to attend and register using the links provided.

As a reminder, on July 1, 2021, Minnesota legislation required all Non-Emergency Medical Transportation individual drivers to enroll with MHCP and become affiliated with their transportation organization by July 1, 2022. (pub. 5/27/22)

**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.