

July 15 - 28, 2025

Systems announcements

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

Important reminders

Providers are required to verify member eligibility. Use [MN-ITS](#) or call the automated Eligibility Verification System at 651-431-2700 or 800-366-5411 option 1. Review the [Verifying MHCP Eligibility in MN-ITS](#) and [Understanding Eligibility Results in MN-ITS](#) videos for more information.

Current news and updates

Mobility devices policy update

Minnesota Health Care Programs (MHCP) amended authorization requirements for several mobility device HCPCS codes effective Aug. 1, 2025.

MHCP is changing authorization from sometimes required to always required for wheelchair transportation and transit securement systems and miscellaneous items under the [Mobility Devices](#) section of the MHCP Provider Manual. The following HCPCS codes now require authorization always, regardless of submitted charge:

- E1022: Wheelchair transportation securement system, any type, includes all components and accessories
- E1023: Wheelchair transit securement system, includes all components and accessories
- K0108: Wheelchair component or accessory, not otherwise specified

Refer to [Authorization](#) information in the Mobility Devices section of the MHCP Provider Manual for HCPCS codes listed as always requiring authorization.

Under the [Noncovered Services](#) section, we added a list of accessories under items of convenience. These items are typically noncovered services. Items that address a medical condition should be coded as HCPCS code K0108. MHCP considers these items to be convenience items if they are not requested for the member's specific medical condition. Items only for convenience should be coded as HCPCS code A9270.

Providers must note the reason for requesting HCPCS codes where authorization is sometimes required. These include requests for excess quantities, backup manual wheelchairs, or devices for members who live in a nursing facility. Providers must clearly identify and explain this in documentation submitted to the [medical review agent](#).

Providers must bill two claims when billing MHCP: one for codes that do not require authorization, and one for codes that do require authorization.

Review the [Mobility Devices](#) section of the MHCP Provider Manual and the [Medical Supply Coverage Guide \(PDF\)](#) for information on MHCP authorization requirements and quantity limits by HCPCS code. Contact the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub 7/25/25)

Medicare crossover claims affected by incorrect mental health adjustment will be reprocessed

Minnesota Health Care Programs has identified Medicare crossover claims where a 3 percent mental health rate increase was incorrectly applied when Medicare paid only the deductible or coinsurance. We have started reprocessing the

affected claims to recoup overpayment. The reprocessed claims will appear on your Aug. 1, 2025, remittance advice. Providers do not need to take any action. (pub. 7/23/25)

Early Intensive Developmental and Behavioral Intervention (EIDBI) Clinical Supervision trainings offered

The Minnesota Department of Human Services is offering EIDBI Clinical Supervision trainings to help providers understand supervision requirements, responsibilities, and best practices. These sessions are designed to help EIDBI providers prepare to implement the new clinical supervision requirements passed during the 2025 legislative session.

The online training sessions are scheduled for the following dates and times:

- Wednesday, Aug. 20, 2025, from 9 to 10:30 a.m.
- Wednesday, Sept. 17, 2025, from noon to 1:30 p.m.

The content is the same for both training sessions. Registration is required.

Refer to the [Training announcement: EIDBI Clinical Supervision Trainings](#) Disability Services Division training announcement for more information and to register. (pub. 7/23/25)

Partial hospitalization rate increase

Partial hospitalization services rendered Jan. 1, 2024, through June 30, 2024, will receive a payment increase of 3 percent from the rates in effect as of Dec. 31, 2023. The rate increase is based on [Minnesota Statutes, 256.761](#), subdivision e. Partial hospitalization was not approved for the three percent rate increase until July 1, 2024.

The Minnesota Department of Human Services will reprocess claims for the affected dates as a gross adjustment payment for the increased rate. You do not need to take further action while we make these claims adjustments. The adjustments will appear on your Aug. 1, 2025, remittance advice. (pub. 7/22/25)

Audio-only telehealth services extended through July 1, 2027

The 2025 Minnesota Legislature extended the use of audio-only telehealth services by providers to July 1, 2027. Audio only is the delivery of health care services or consultations through telephone communication while the patient is at one site and the qualified health care provider is at a distant site. Refer to the [Telehealth Services](#) section of the Minnesota Health Care Programs Provider Manual for more information. (pub. 7/16/25)

Early Intensive Developmental and Behavioral Intervention (EIDBI) background study requirement changes effective Aug. 5

Effective Aug. 5, 2025, EIDBI agency owners, operators, and direct service staff must complete a Minnesota Department of Human Services background study through NETStudy 2.0; and receive an eligible or set-aside result before providing EIDBI services. The requirement results from changes passed by the 2025 Minnesota Legislature.

Refer to the [EIDBI background study requirement updates](#) DSD eList announcement for a summary of the changes.

We will share more information and resources in future eList announcements, Minnesota Health Care Programs Provider Manual updates, and on this webpage. (pub. 7/15/25)

Effective Sept. 1, UCare no longer available in some counties for PMAP and MinnesotaCare

The following are changes coming to the health care plans available in counties for the Prepaid Medical Assistance Program (PMAP) and MinnesotaCare.

For PMAP and MinnesotaCare members

Effective Sept. 1, 2025, UCare will no longer be available in the following counties for Prepaid Medical Assistance Program (PMAP) and MinnesotaCare:

Benton	Chisago	Crow Wing	Pennington
Ramsey	Roseau	Sherburne	Stearns
St. Louis	Wadena	Wright	

For MinnesotaCare Members Only

As of July 1, 2025, Medica became available in Benton, Ramsey and Stearns counties for MinnesotaCare.

Effective Aug. 1, 2025, Medica will expand for MinnesotaCare only into the following counties:

Anoka	Carver	Dakota	Olmsted
Rice	Scott	Washington	

For PMAP Members Only

Effective Sept. 1, 2025, Medica will be expanding for PMAP only into Benton and Kanabec counties.

Members Notified

The Minnesota Department of Human Services sent letters out to members notifying them of this change July 1-3, 2025. Members will need to choose a different plan available in their county. Refer members to our [Maps](#) online. Providers must work directly with the members new managed care organization (MCO) for contracting information. Refer to [MCO Contacts for MHCP providers](#).

If you have any questions, call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411.

If members have questions, refer them to their county or the Health Care Consumer Support line at 651-431-3722 or 833-970-0047. (pub. 7/15/25)

Doulas now required to submit Minnesota Department of Health (MDH) certification letter for enrollment and revalidation with Minnesota Health Care Programs (MHCP)

Effective immediately, MHCP now requires doula providers to submit their MDH certification letter that shows active registration dates with their enrollment or revalidation application. We now require this because MDH no longer lists start and end dates along with the individual name in their online doula registry so we are unable to verify dates through the registry.

Doula providers should note the following:

- MHCP will return all enrollment requests (new or previously submitted) if they do not include the MDH certification letter; and we will ask that you resubmit the request with the certification letter. Allow 30 days from the date of the submission for processing.
- You can submit the certification letter by uploading to the credentials page in the Minnesota Provider Screening and Enrollment portal.
- Currently enrolled doula providers do not need to submit the MDH certification letter.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 7/7/25)

Minnesota Health Care Programs (MHCP) now covers Casgevy, outside the APR-DRG, for members with fee-for-service coverage; must be used for treatment of sickle cell disease

Effective July 2, 2025, MHCP will reimburse providers for Casgevy, a cell-based gene therapy for treating sickle cell disease, outside the APR-DRG, if the following criteria apply:

- Casgevy is provided at an authorized treatment center.
- Casgevy is submitted on a professional claim.
- The individual receiving Casgevy is an MHCP member enrolled in fee-for-service.
- The MHCP member has a diagnosis of sickle cell disease.
- The provider has an approved prior authorization (PA) for Casgevy.
- Casgevy is covered for transfusion-dependent beta-thalassemia, however, not outside the APR-DRG (PA is not required).

Providers should submit claims for Casgevy to [Prime Therapeutics](#). Refer to [Casgevy clinical PA criteria](#) for additional details.

Call the Provider Call Center (staffed by Prime Therapeutics) at 844-575-7887 with questions. (pub. 7/3/25)

New Moving Home Minnesota supplemental services available July 1

New Moving Home Minnesota (MHM) supplemental services are available to support a person's transition from an institution to the community for certain programs starting July 1, 2025. The new supplemental services are a one-time service not covered by Medicaid.

The Minnesota Department of Human Services (DHS) has added detailed pages to the [MHM Program Manual](#) for each new supplemental service. These include:

- [Community education and integration costs](#)
- [Environmental modifications deposit](#)
- [Pantry stocking](#)
- [Pre-transition clean-up services](#)
- [Pre-transition non-medical transportation](#)
- [Records and fees](#)
- [Transition integration fund](#)

Note: As of July 1, 2025, the "MHM Demonstration and Supplemental Services Table" is no longer in use. Review the [MHM Program Manual](#) for current policy details for each MHM service.

Services will go into effect for programs on separate dates

Effective July 1, 2025, the new services are available to individuals enrolled in MHM who are also covered under:

- Fee-for-service Medicaid
- Special Needs BasicCare
- Families and Children programs (such as, Prepaid Medical Assistance Program)

Starting Aug. 1, 2025, services will also be available to those enrolled in:

- Minnesota Senior Health Options
- Minnesota Senior Care Plus

This staggered rollout allows managed care organizations time to align with requirements in their senior managed care contracts.

Providers must enroll

Before providing these services, providers must be enrolled with Minnesota Health Care Programs. For detailed enrollment information, refer to the [MHM Enrollment Criteria and Forms manual page](#).

MHM Supplemental Services Technical Assistance Sessions

MHM will hold technical assistance sessions on Monday, July 21, July 28, and Aug. 4 from 1 to 2 p.m. Calendar invites will be sent out for these sessions.

Training Opportunities

Training sessions for these new services are coming soon. Dates and times will be posted in an upcoming provider news update.

More information

DHS is working to add information about the new supplemental services and update forms. We will post a provider news when the updates are complete. (pub. 7/1/25)

Early Intensive Developmental and Behavioral Intervention (EIDBI) legislative updates

The 2025 Minnesota Legislature passed changes that affect the EIDBI benefit. Refer to the [EIDBI legislative updates](#) DSD eList announcement to review a summary of the changes. We will share more information and resources about these changes in future eList announcements, Minnesota Health Care Programs Provider manual sections and this webpage. (pub. 7/1/25)

DHS hosts monthly CFSS questions and answers office hours

The Minnesota Department of Human Services (DHS) is holding questions and answers office hour sessions for Community First Services and Supports (CFSS) once a month.

The CFSS office hour sessions will have CFSS policy and enrollment staff in attendance. The focus of the sessions will be questions about CFSS policies, enrollment and the transition from personal care assistance to CFSS.

To find the dates and times and to register for a session, go to the [CFSS Provider Agency Office Hours](#) webpage. (pub. 7/1/25)

Pre-Enrollment Risk Assessment (PERA) effective for Housing Stabilization Services providers effective July 1, 2025

The Minnesota Legislature made changes to state laws affecting Housing Stabilization Services (HSS), including new requirements for provider enrollment.

Effective July 1, 2025, the Minnesota Department of Human Services (DHS) must complete a Pre-Enrollment Risk Assessment of any agency seeking to enroll as a Housing Stabilization Services provider.

The assessment of the agency will include:

- History of performing services similar to those required for HSS.
- Whether the services require the potential agency to perform duties at a significantly increased scale and, if so, whether the potential agency has the capability and organizational capacity to do so.
- Financial information and internal controls.
- Compliance with other state and federal requirements, including but not limited to debarment and suspension status, and standing with the Secretary of State, if applicable.

At any time when completing the Pre-Enrollment Risk Assessment, DHS may deem the potential agency ineligible and deny or rescind enrollment. A potential agency may appeal a decision regarding its eligibility in writing within 30 business days. The commissioner must notify each potential agency of the commissioner's final decision regarding its eligibility.

Additional information about the process will be published in July.

Current HSS providers

We will notify current providers when they must complete the Pre-Enrollment Risk Assessment. An explanation of this notification process will be included in the additional information we will be providing in July.

Any Housing Stabilization Services provider enrolled before July 1, 2025, that billed for services on or after Jan. 1, 2024, must complete the Pre-Enrollment Risk Assessment no later than July 1, 2026, to remain eligible. Any provider enrolled before July 1, 2025, that has not billed for services on or after Jan. 1, 2024, must complete the Pre-Enrollment Risk Assessment to remain eligible

Other HSS-related legislation

The 2025 legislative session resulted in additional changes to [Minnesota Statutes, 256B.051](#) as well as other sections of statute that apply to Housing Stabilization Services. We are preparing a summary of the new legislation that will be shared through GovDelivery and this webpage in July 2025. (pub. 6/27/25)

Housing Stabilization Services (HSS) and Recuperative Care (RE) provider enrollments require Pre-Enrollment Risk Assessment (PERA) effective July 1, 2025

Beginning July 1, 2025, providers who want to enroll as an HSS provider or an RE provider need an approved PERA before submitting their enrollment applications. Enrollment applications received on or after July 1, 2025, will not be processed until Provider Eligibility and Compliance receives a copy of the PERA approval letter issued to the provider.

Any HSS or RE provider enrolled before July 1, 2025, that billed for services on or after Jan. 1, 2024, must complete the Pre-Enrollment risk assessment on a schedule determined by the commissioner and no later than July 1, 2026, to remain eligible. Minnesota Department of Human Services will notify providers of this process when it is available.

We are finalizing the PERA process and will have more information for providers. Please continue to watch this webpage for more information.

Information for House Stabilization Services providers

You should also review the [Risk Levels and Enrollment Verification Requirements](#) table for information about the risk level, a site visit and an enrollment fee. (pub. 6/27/25)

Medicare fraud scheme involving phishing fax requests targets providers and suppliers

The Centers for Medicare & Medicaid Services (CMS) has issued an alert about a Medicare fraud scheme that targets providers and suppliers via fax. Refer to the Alert: Medicare Fraud Scheme Involving Phishing Fax Requests message on the CMS' [Crushing Fraud, Waste, & Abuse](#) webpage for more information about the scheme and how to protect yourself. (pub. 6/27/25)

Revised: Important: single dental benefit administrator (DBA) deadline extended to Jan. 1, 2028

We revised this message to reflect that Minnesota Health Care Programs (MHCP) members with county-based purchasing coverage are not impacted by the potential implementation of a single DBA for MHCP effective Jan. 1, 2028.

The Minnesota Legislature has extended the deadline for the potential implementation of a single DBA for Minnesota Health Care Programs (MHCP) to Jan. 1, 2028.

In 2021, the Minnesota Legislature established a utilization benchmark of 55 percent for managed care organizations (MCOs) and county-based purchasing plans that contract with the Minnesota Department of Human Services (DHS) to administer the dental benefit in Medical Assistance (MA) ([Minnesota Statutes, 256B.0371](#)). This benchmark was set for calendar year 2024. The original legislation stated that if this benchmark was not met, DHS would be required to contract with a single DBA for MHCP by Jan. 1, 2026; however, the deadline for implementation is now Jan. 1, 2028.

DHS began planning for the potential 2026 deadline, including issuing a request for proposal and selecting Delta Dental of Minnesota as the DBA. We will continue to work with Delta Dental of Minnesota in accordance with the new deadline.

Note, if the 55 percent utilization benchmark is met, the single DBA will not be implemented. If the benchmark is not met, the single DBA will go into effect on Jan. 1, 2028. This would apply to all MHCP members, including those with coverage from MA, MHCP fee-for-service, managed care, Program HH or MinnesotaCare.

Providers do not need to take any action at this time.

We will provide updates and instructions throughout the coming months. (pub. 6/17/25, rev. 6/24/25)

DHS sends notice of SEIU Healthcare MN and IA contract terms for 2025-2027 with July 1 effective date for some terms

The Minnesota Department of Human Services sent the following providers a memo in their MN-ITS **PRVLTR** folder on June 16, 2025:

- Personal Care Assistance (PCA) Choice and
- Community First Services and Supports (CFSS) budget model agencies
- Financial Management Service (FMS) providers

The subject of the memo was “Service Employees International Union (SEIU) Healthcare Minnesota and Iowa Contract Requirements for 2025-2027.”

PCA Choice, CFSS **budget** model agencies and FMS providers are responsible for knowing the information contained in the memo and for implementing the contract terms on their effective dates. (pub. 6/18/25)

MinnesotaCare coverage changes for undocumented adults in Minnesota effective June 15

The Minnesota Legislature has acted to end MinnesotaCare eligibility for adults who are undocumented in the state. The mandated changes are effective June 15, 2025. Minnesota Department of Human Services continues work to implement these changes and the following is what we know right now about MinnesotaCare coverage for undocumented adults and children effective June 15. We will share more information as it becomes available.

Kids under the age of 18 who are undocumented and from low-income families will keep their coverage and can continue to apply and gain new eligibility.

After coverage begins for eligible undocumented kids, it can last up until the month after a child's 18th birthday.

Adults who are undocumented and currently covered remain eligible for the program through the end of 2025.

Those who had coverage on June 15, 2025, will keep it through the end of the year as long as they continue to pay their premium, if they have one, and meet the income and other eligibility factors. Coverage for these adults will end at the close of the day Dec. 31, 2025.

Any new applications for coverage will be denied for Minnesotans age 18 or older who are undocumented.

We will update the MinnesotaCare eligibility system in the next couple of weeks and applications submitted by undocumented adults might be approved in the online system. However, those adults will receive a denial letter in the mail soon after applying in compliance with the change made by the Legislature. This may create confusion for people, and DHS is educating partners about the issue to minimize problems.

MinnesotaCare eligibility remains available for low-income Minnesotans who are:

- U.S. citizens or U.S. nationals
- Deferred Action for Childhood Arrivals grantees, also known as DACA or Dreamers.
- Residents who are lawfully present, as defined in the [Minnesota Health Care Programs Eligibility Policy Manual](#).
- Undocumented children under age 18.

Some options remain for Minnesotans who need care and have no insurance.

- Emergency Medical Assistance remains available for people who are undocumented. This program pays for emergency care. Learn more on the [Emergency Medical Assistance](#) webpage.

- Medical Assistance is available to any pregnant person regardless of immigration status and for 12-months postpartum or after giving birth. Learn more on the [Health care coverage for pregnant people](#) webpage. Medical Assistance is also available for people receiving services at the Center for Victims of Torture.
- Minnesotans can receive health care from Minnesota Health Centers regardless of their ability to pay. Find a health center near you on the Minnesota Health Centers' [Find a Health Center](#) webpage.
- Minnesotans may be eligible for low-cost insulin through the Minnesota Insulin Safety Net Program. Learn more on the [Minnesota Insulin Safety Net Program](#) webpage.

(pub. 6/17/25)

Mobility devices authorization requirements update

Minnesota Health Care Programs (MHCP) revised authorization and billing requirements for mobility devices and accessories effective June 1, 2025.

MHCP is changing authorization from always to sometimes required for most manual wheelchairs, regardless of the device being requested for purchase or rental. The following devices only require authorization for excess quantities or as backup devices for power wheelchair users:

- Standard wheelchairs (HCPCS code K0001)
- Standard hemi wheelchairs (K0002)
- Lightweight wheelchairs (K0003)
- High-strength, lightweight wheelchairs (K0004)
- Heavy-duty wheelchairs (K0006)
- Extra-heavy-duty wheelchairs (K0007)
- Rollabout chairs (E1031)
- Transport chairs (E1037 to E1039)

MHCP requires authorization for all purchases and rentals of the following mobility devices:

- Ultralightweight manual wheelchairs (HCPCS code K0005)
- Tilt-in-space manual wheelchairs (E1161)
- Pediatric-size wheelchairs (E1229, E1231 to E1239)
- Custom or other manual wheelchairs (K0008, K0009)
- Power-operated vehicles (K0800 to K0802, K0806 to K0808)
- Power wheelchairs (K0813 to K0891)

Previously, the [Mobility Devices](#) section of the MHCP Provider Manual instructed providers to list all HCPCS codes on authorization requests for purchase, even if an individual HCPCS code does not require authorization. We have updated language for listing accessories. Providers should continue to document medical necessity for all items to be dispensed in the medical record, but only request authorization if the individual HCPCS code requires authorization.

We revised information under the Authorization heading of the [Mobility Devices](#) section of the MHCP Provider Manual to instruct providers to list all options and accessories, the specific medical justification for the mobility device, and each option or accessory in the medical record. Only include devices and accessories on authorization requests that always require authorization or for excess quantities. The following items always require authorization:

- One-arm drive attachments (HCPCS code E0958)
- Push-rim activated power assist systems (E0986)
- Power tilt seating systems (E1002)
- Power recline seating systems (E1003 to E1005)
- Power tilt and recline seating systems (E1006 to E1008)
- Mechanical leg elevation systems (E1009)
- Power leg elevation systems (E1010, E1012)
- Gimbale ventilator trays (E1030)
- Multi-positional transfer systems (E1035, E1036)
- Gear reduction drive wheelchairs (E2227)
- Wheel braking systems (E2228)
- Manual standing systems (E2230)
- Power seat elevation systems (E2298)
- Power standing systems (E2301)
- Electronic components for motors controlled by interfaces (E2310, E2311)
- Alternative interface devices (E2313, E2321 to E2331, E2373, E2399)

- Custom fabricated seating systems (E2609, E2617)
- Powered seat cushions (E2610)
- Mobile arm supports and additions (E2626 to E2623)

Previously, custom fabricated seating systems required authorization if the submitted charge was over \$1,200. Authorization is now required always for HCPCS codes E2609 and E2617, regardless of the total amount. Powered seat cushions, which did not require authorization, also now always require authorization.

Authorization is required for HCPCS code K0108 when the submitted charge is \$400 or more. Authorization is no longer required for any individual part that costs \$400 or more. Authorization is only required if the individual HCPCS code always requires authorization or for excess quantities.

Under the Billing heading of the [Mobility Devices](#) section of the MHCP Provider Manual, we instruct providers to document which accessories and options are included with a mobility device. Do not bill MHCP for standard items included at the time of the initial issue of a wheelchair. Bill two claims, one for HCPCS codes that do not require authorization, and one for HCPCS codes that do require authorization.

Review the [Mobility Devices](#) section of the MHCP Provider Manual and the [Medical Supply Coverage Guide \(PDF\)](#) for information on MHCP authorization requirements and quantity limits by HCPCS code. Contact the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 6/17/25)

IEP resources and MN–ITS training session scheduled for July 16

Minnesota Health Care Programs will host an additional training session on Wednesday, July 16, 2025, because of the unexpected technical issues experienced during the June 11, 2025, session.

Visit the [IEP Resources and MN–ITS Training](#) webpage for more information and to register for the training. (pub. 6/17/25)

Certain Certified Community Behavioral Health Clinic (CCBHC) claims reprocessed

Minnesota Health Care Programs (MHCP) recently made system updates to enhance the processing of certain Certified Community Behavioral Health Clinic (CCBHC) claims.

Mental health claims submitted by CCBHC Federal Demonstration providers incorrectly processed with a 3% mental health rate add on.

We have completed a claim adjustment to correct the impacted claims with dates of services Jan. 1, 2024, through June 6, 2025. The reprocessing was finalized on June 6, 2025, and the corrected claims are expected to appear on your June 17, 2025, remittance advice.

You do not need to take any further action. (pub. 6/16/25)

Revised: Mental health services claims reprocessing to incorporate Medicare Economic Index (MEI) update

We have revised this message to explain reprocessed claims may appear on the June 17 or July 1 remittance advice. Minnesota Health Care Programs has begun reprocessing certain mental health service claims to incorporate a 3.27% inflationary adjustment to 2025 reimbursement rates.

The adjustment is based on the MEI and reflects the change in MEI from the midpoint of the previous rate year (2024) to the midpoint of the current rate year (2025). We used the MEI forecast published in the fourth quarter of calendar year 2024 by the Centers for Medicare & Medicaid Services. Minnesota uses MEI to account for changes in the cost of providing services, such as wages, benefits, and overhead.

Impacted claims will be adjusted according to the Rate adjustments for certain mental health services message posted March 10, 2025, on the [Provider news and updates \(PDF\)](#).

We will reprocess claims submitted with dates of services Jan. 1, 2025, through June 3, 2025. You do not need to take further action while we reprocess claims. The reprocessed claims will appear on your June 17, 2025, or July 1, 2025, remittance advice. (pub. 6/12/25, rev. 6/16/25)

Resubmit claims for individual direct support worker (DSW) records marked as inactive

Providers who submitted Personal Care Assistance and Community First Services and Supports claims and received MN–ITS claim status code 132 and remittance advice (RA) remark code N290 on their June 3 or June 17 RA need to resubmit their denied or replace partially paid claims. We changed inactive DSW enrollment records to active on June 4, 2025.

If you have resubmitted claims on or after June 4, 2025, and are still experiencing denied claims with these claim status and remark codes, call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411. (pub. 6/6/25)

PCA and CFSS cost reporting demonstration and Q&A webinars offered

The Minnesota Department of Human Services' (DHS) Community First Services and Supports (CFSS) Cost Reporting Team will host demonstration and question and answer (Q&A) webinars about cost reporting for personal care assistance (PCA) and CFSS agency providers. The team will explain what cost reporting is, demonstrate how to use the system and answer attendees' questions.

Webinars will be held from 10 - 11:30 a.m. on the following dates:

- Aug. 6, 2025

Review the Disability Services Division's [Webinar announcement](#) for more information. Register to attend the webinars at [PCA and CFSS Cost Reporting Demonstration and Q&A](#).

The Minnesota Legislature directed DHS to develop a provider cost reporting process for agencies that provide agency model PCA or CFSS services ([Minnesota Statutes, 256B.851](#), subdivision 8).

All agencies that provide agency model PCA or CFSS services must submit a completed cost report by the deadline established by DHS. DHS may stop paying you for services you provide if you fail to complete the cost report. Refer to the [CFSS cost reporting](#) webpage for more information and timelines about when your agency will be selected to complete cost reporting.

Email questions about CFSS cost reporting to dhs.costreport@state.mn.us. (pub. 6/5/25)

Minnesota Health Care Programs (MHCP) experiencing high call volume

Due to new legislative updates and revalidations, the MHCP Provider Resource Center is experiencing high call volume. You may experience a longer wait time or you will have to call back at a different time.

You may also refer to the following webpages:

- [MHCP billing resources](#) webpage for billing resources
- [MHCP provider training](#) webpage for free training sessions for specific provider types and services

We will offer free question and answer sessions for the MPSE Portal beginning Feb. 7, 2024. Refer to the [Minnesota Provider Screening and Enrollment \(MPSE\) portal training](#) webpage for more information about the sessions. (pub. 1/29/24)

Training

Minnesota Provider Screening and Enrollment (MPSE) portal Questions and Answers sessions

The Minnesota Department of Human Services will be offering weekly questions and answers sessions for the [MPSE Portal](#). Questions and answers sessions take place every Wednesday from 1 to 2 p.m. These sessions are free and no registration is required.

MPSE questions and answers sessions will be held virtually using the Microsoft Teams platform, but attendees do not need to have Microsoft Teams installed. Participants can use the browser version. Find the link to join the questions and answers session on the [MPSE portal training](#) webpage.

Who should attend?

- Owners of MHCP-enrolled organizations.
- Individual providers who maintain their own MHCP enrollment records.
- Employees of MHCP-enrolled organizations who maintain provider enrollment records.
- Employees of MHCP-enrolled organizations who process affiliations or do credentialing.
- Employees of MHCP-enrolled organizations responsible for MHCP compliance.
- Individuals or organizations interested in becoming an MHCP provider for the first time.
- Anyone interested in learning more about the MPSE portal.

(pub. 3/18/24)

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. All instructor-led training is online only. (pub. 11/22/22)

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 review the list of available training. (rev. 3/3/25)

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. Refer to the [MHCP provider training](#) webpage to register for provider-specific claim training. (pub. 2/11/21)

On-demand training videos

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 about 10 minutes and provides instructions on a concept or technique. (pub. 6/3/25)

Additional information

- [Provider news and updates archive](#)
- [MHCP provider policies and procedures](#)
- [Latest Manual Revisions](#)
- [Grants and requests for proposals](#)

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this information.