



January 13-26, 2026

Pre-payment review

The Minnesota Department of Human Services has created a [frequently asked questions](#) webpage about the new pre-payment review process that [Governor Walz announced on Oct. 29, 2025](#). Please refer to the FAQ page for the most current information about pre-payment review.

Visit the new [Medicaid program integrity](#) webpage for more information about the department's broader program integrity efforts.

Recent pre-payment review messages

Governor Walz announces new claims pre-payment review process

In a coordinated effort to reduce fraud, waste and abuse in Minnesota's Medicaid program, Governor Tim Walz announced on Oct. 29 a new process for Minnesota Department of Human Services (DHS) to review claims for certain Medicaid benefits and services before they are paid. Read the news release on the governor's office [Press Releases](#) webpage.

This new "pre-payment review" process will be overseen by a third-party vendor, Optum. For 14 specific services that have been identified as high risk, Optum will verify that billed services were necessary, correctly documented and provided before DHS makes payments.

Minnesota Health Care Programs has 30 days to pay or deny clean claims (without attachments), and 90 days to pay or deny complex claims (replacement claims, Medicare crossovers, third-party liability claims, claims with information in the notes or comment fields, or claims with attachments). The DHS Commissioner has the legislative authority to suspend and perform a deeper analysis on any claims which may be potentially suspect with regard to fraud, waste or abuse. There may be payment processing delays as we roll out this new pre-payment review process. We are working with Optum on a regular interval to review any suspended claims for these 14 Medicaid services and will continue to adjudicate claims timely and efficiently without compromising needed review. **DHS is not holding all submitted claims for these 14 Medicaid services for 90 days. Some submitted claims could be suspended for up to 90 days and, of course, some of these claims may be denied.**

DHS recognizes that payment delays have impacts on providers, and we are committed to processing claims as quickly as possible and within the mandated timelines. We appreciate your patience as we initiate and refine our new pre-payment review process. Please continue to provide services to MHCP members and submit your claims as you normally would. We are implementing this new process for fee-for-service claims only.

Pre-payment review will be an ongoing and permanent new business process for DHS as fee-for-service claims come in and before provider payments go out. Importantly, this new safeguard will be tied to **services**, not **provider types**.

For reference, here are the 14 high-risk benefits and services with a link to their Provider Manual sections:

1. [Adult Companion Services](#)
2. [Adult Day Services](#)
3. [Adult Rehabilitative Mental Health Services](#)
4. [Assertive Community Treatment](#)
5. [Community First Services and Supports](#)
6. [Early Intensive Developmental and Behavioral Intervention](#)
7. [Housing Stabilization Services](#)
8. [Individualized Home Supports](#)
9. [Integrated Community Supports](#)
10. [Intensive Residential Treatment Services](#)
11. [Night Supervision Services](#)
12. [Nonemergency Medical Transportation Services](#)

13. [Recovery Peer Support](#)
14. [Recuperative Care](#)

Continue to submit claims for these services based on information outlined in our MHCP Provider Manual and Community-Based Services Manual. If you have questions, contact the [Provider Resource Center](#). (pub. 10/29/25, rev. 10/31/25)

Minnesota Department of Human Services to freeze provider enrollment for 13 Medicaid services

The Minnesota Department of Human Services will freeze new provider enrollments in [13 categories of Medicaid services](#) at high risk for fraud. The department is working with the U.S. Centers for Medicare & Medicaid Services (CMS) to implement the freeze, at which point the state will no longer accept new applications from businesses seeking to provide these services.

A start date for the freeze is not yet determined. The pause is initially slated to last six months.

CMS directed Minnesota to freeze new provider enrollments in 13 high-risk categories as a fraud-fighting measure. The Minnesota Department of Human Services had already announced two-year licensing freezes on home and community-based services and adult day programs, effectively limiting new provider enrollment in those services.

Currently enrolled providers can continue to serve clients in the service areas they are already approved to provide. This action does not freeze member enrollment.

To ensure Minnesotans can receive critical services everywhere they live, the department will issue exceptions to add new providers where capacity is needed. Exceptions will require written approval from CMS.

Additionally, we are working with CMS so we can develop the necessary operational processes and system updates, including determining how applications in queue will be handled. We will share more information as soon as it is available.

Read the [Minnesota Department of Human Services to freeze provider enrollment for 13 Medicaid services](#) news release for more information about this change. (pub. 1/8/26)

Some claims suspended for pre-payment review anticipated to be paid sooner than originally communicated

The Minnesota Department of Human Services anticipates releasing some payments related to claims we suspended for pre-payment review (in the Dec. 13 - Dec. 23 warrant cycle) earlier than originally communicated. We anticipate many of these payments will be made as part of the Jan. 13, 2026, warrant cycle. (pub. 1/7/26)

All claims for high-risk services will be held for pre-payment review

This message is to clarify the Dec. 24, 2025, Provider News message about the [pre-payment review process](#) mandated by Governor Walz to combat fraud and abuse.

We announced that all claims identified as high-risk services would appear as "suspended" on the Dec. 30, 2025, [remittance advice](#).

However, our system did not flag **all** impacted claims as "suspended." Some claims will appear in "to be paid" status even though they are being held for pre-payment review. This only affects claims from the Dec. 13 to Dec. 23, 2025, warrant cycle. These claims will not appear on the remittance advice until they are released for payment or denial. You can submit a **Request Claim Status** in MN-ITS or batch and this will show the **claim status category P1** and **claim status 3** under **claim information**.

We have updated our system to place all high-risk claims in "suspended" status going forward.

"Suspended" status means DHS will review claims in the weeks after a [warrant cycle](#) ends. We will release proper payments after payment integrity is verified.

Providers may experience a difference in how quickly they get reimbursed because of the pre-payment review process. For example, a provider may historically have received reimbursement about every 14 days, but the pre-payment review process may result in a longer timeframe. The review process may take up to the following mandated claim review timeframes before reimbursement is received.

- 30 days to pay or deny clean claims (without attachments)
- 90 days to pay or deny complex claims (replacement claims, Medicare crossovers, third-party liability claims, claims with information in the notes or comment fields, claims with attachments, and claims placed in a "suspended" status)

Additionally, the DHS Commissioner has the legislative authority to suspend and perform a deeper analysis on any claims which may be potentially suspect for fraud, waste or abuse.

Review the online [pre-payment review FAQs](#), check your MN-ITS mailbox and sign up for email alerts for the most up-to-date information. (pub. 12/31/25)

Update on pre-payment review

We have clarified this message with a new message. Please refer to the [All claims for high-risk services will be held for pre-payment review message we published on this webpage Dec. 31, 2025](#). The December 30, 2025, warrant cycle will show claims impacted by the [pre-payment review process](#). These claims will appear in "suspended" status on the [Provider Supplemental Data Remittance Advice](#) (RA02). DHS will review claims suspended for pre-payment review in the weeks after a [warrant cycle](#) ends, and release proper payments as quickly as possible without jeopardizing efforts to mitigate fraud, waste and abuse. (pub. 12/24/2025)

FAQ webpage available for pre-payment review process

The Minnesota Department of Human Services has created a [frequently asked questions](#) webpage about the new pre-payment review process that [Governor Walz announced on Oct. 29, 2025](#). Please refer to the FAQ page for the most current information about pre-payment review, and submit additional questions through the email link at the bottom of the page. (pub. 11/6/25)

Important reminders

Changes to professional dispensing fee automation at point of sale

Pharmacy reimbursement of prescription claims for Minnesota fee-for-service members requires payment based on the lowest ingredient cost; and a professional dispensing fee (Minnesota Statutes, 256B.0625, subdivision 13e). Dispensing fees are limited to one fee, per 30-day supply of a maintenance medication unless it is documented on the prescription that a significant chance for overdosage exists by dispensing such a quantity (Minnesota Rules, 9505.340). Effective Feb. 9, 2026, prevention of duplicate professional dispensing fees will be automated at point of sale for maintenance medications as assigned by First Databank (FDB).

The following details apply:

- Impacts: Claims billed for maintenance drugs with the same active ingredient and strength will pay one dispensing fee per member every 21 days, unless billed with submission clarification code = 47 (Shortened Days' Supply Fill).
 - When using submission clarification code = 47, it is expected that the rationale for its use is documented on the prescription.
- If a claim for a maintenance drug is submitted 21 days or less from the previous fill and without submission clarification code = 47, the claim will pay for only the ingredient cost.

The following exclusions apply:

- Drugs without an FDB maintenance indicator.
- Maintenance medications refilled 22 days or more from last fill will pay with another dispensing fee.

Contact the [Prime Therapeutics Provider Call Center](#) at 844-575-7887 for more information. (pub. 1/26/26)

Introducing MHCP Provider Connect, a new weekly provider e-newsletter

The department is launching a new e-newsletter for providers titled [MHCP Provider Connect](#): A weekly roundup of news, updates and reminders to keep Minnesota Health Care Programs providers informed of developments at the Minnesota Department of Human Services. Our goal is help keep you aware of changes that impact your work and the communities we serve together. Sign up for email alerts on the [Email Updates](#) webpage to have these emails sent directly to your inbox. (pub. 1/15/26)

Early Intensive Developmental and Behavioral Intervention (EIDBI) provisional license application checklist now available

The 2025 Minnesota Legislature created new provisional licensing requirements that affect all enrolled EIDBI agencies. All EIDBI agencies currently enrolled with Minnesota Health Care Programs must apply for a provisional license by May 31, 2026. Agencies that have not submitted an application by this date must not operate and will be disenrolled from providing EIDBI services according to [Minnesota Statutes 245A.142, subdivision 3](#).

The Minnesota Department of Human Services (DHS) published a [Pre-Licensing Application Checklist \(DHS-8818\) \(PDF\)](#) that explains the information required for the provisional license application. The checklist will help EIDBI agencies prepare for completing the online provisional license application, which is expected to be available in January.

Visit the [EIDBI Provisional Licensure FAQ](#) webpage or email the EIDBI licensing team at eidbi.licensing.dhs@state.mn.us if you have questions about a provisional license. (pub. 12/23/25)

Check your MN-ITS mailbox regularly

We recommend providers check their MN-ITS mailbox regularly for important correspondence from Minnesota Health Care Programs (MHCP). MHCP delivers the following provider information electronically to each provider's MN-ITS mailbox account.

- Provider news and updates
- Enrollment letters
- Medical, dental and service authorization letters
- Remittance advices

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

Update regarding Federal Medicaid \$2 billion funding withhold

The Minnesota Department of Human Services has formally appealed and requested a hearing on the decision by the Trump Administration to withhold over \$2 billion in annual Medicaid funding for Minnesota.

It is important for everyone to know that there have been no changes to funding at this time. Providers should continue to bill as usual. You will continue to be paid for eligible services you provide Medicaid enrollees under state law.

Refer to the [Federal Medicaid funding update](#) to learn more. (pub. 1/23/26)

Providers of high-risk services require enhanced enrollment screening

Effective immediately, all provider types and services in the following list are designated as **high risk** and are subject to enhanced screening requirements:

1. Adult Day Care
2. Adult Rehabilitative Mental Health Services
3. Assertive Community Treatment
4. Community First Services and Supports Agency and Personal Care Provider Organizations
5. Companion Care
6. Early Intensive Developmental and Behavioral Intervention Agencies
7. Individualized Home Supports
8. Integrated Community Supports
9. Intensive Residential Treatment
10. Night Supervision
11. Non-Emergency Medical Transportation
12. Peer Recovery
13. Recuperative Care

Providers enrolled in one of the provider types or services identified as high risk are required to complete an **off-cycle revalidation** as soon as possible. Beginning **Jan. 23 through Jan. 28, 2026**, Minnesota Health Care Programs (MHCP) will begin sending revalidation notices. Check your MN-ITS mailbox "PRVLTR" folder for a revalidation letter, which will include instructions for completing the process. Providers without an active MN-ITS mailbox will receive their notification by U.S. mail.

We highly recommend you use the Minnesota Provider Screening and Enrollment (MPSE) portal to complete your revalidation. This will allow you to track the progress of your revalidation. Refer to the [MPSE Portal Training](#) webpage for resources on using MPSE and to find a link to attend a technical assistance session.

If you have recently completed a revalidation request, you must also comply with this off-cycle revalidation to remain an MHCP provider. If you previously submitted your revalidation request and it is pending processing, MHCP will reach out to you via MN-ITS or U.S. mail.

An **application fee is required** for the off-cycle revalidation for institutional providers. Refer to the [Application Fees](#) section for more information.

As a result of your provider or service type being designated as high risk, you must complete the following additional screening requirements:

1. **Fingerprint-based criminal background studies** are required for all direct and indirect owners with an ownership interest of 5% or more. Each owner must have a completed background study on file. There is a required background study fee of \$44 to submit each background study. There is also a fingerprint fee, which will vary depending on where the fingerprinting is obtained. These fees are separate from the application fee.
 - o The following provider types must complete a fingerprint-based criminal background study through NETStudy 2.0 for every direct or indirect owner with an ownership interest of 5% or more prior to submitting a revalidation request. The fingerprint-based criminal background study must receive either an "eligible" or "set-aside" determination from MHCP to revalidate:
 - Adult Day Care
 - Community First Services and Supports Agency and Personal Care Provider Organizations
 - Companion Care
 - Early Intensive Developmental and Behavioral Intervention Agencies
 - Individualized Home Supports
 - Integrated Community Supports
 - Intensive Residential Treatment
 - Night Supervision
 - Non-Emergency Medical Transportation
 - Substance Used Disorder provider type delivering Peer Recovery

- The following provider types or services will not have access to NETStudy 2.0 (we will provide more information soon regarding how to complete required background studies for these provider types):
 - Adult Rehabilitative Mental Health Services
 - Assertive Community Treatment
 - Peer Recovery – Recovery Community Organizations
 - Recuperative Care

2. **Pass an unannounced site visit.** Once we have reviewed all your enrollment documents, we will refer your agency for an unannounced site visit.

Your revalidation is not considered complete until you receive a "Revalidation Complete" letter.

Respond promptly to the revalidation request. Failure to comply will result in termination of your MHCP provider enrollment.

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

Updates to EIDBI Billing Grid

The Minnesota Department of Human Services has clarified billing expectations and eligible provider types for several CPT codes in the Early Intensive Developmental and Behavioral Intervention (EIDBI) billing grid. These updates provide EIDBI providers with additional guidance and do not represent new billing requirements.

The following lists the updates to the [EIDBI billing grid](#):

- For **CPT 97151** and **T1024**, we updated the language to clarify eligible provider types.
- For **CPT 0373T**, we clarified that the code can only be billed by one provider. This applies even when multiple providers deliver the service. The service must be delivered under the supervision of a Level I or Qualified Supervising Professional (QSP).
- For **midpoint billing and daily limits**: we clarified that providers may only bill for a unit when the service provided was for at least half of the unit time. We also clarified that daily limits represent the maximum allowable billing for one day, and all services must be medically necessary.
- For **CPT 97155**, we clarified that the authorized amounts providers request in the individual treatment plan (ITP) must generally be about 20% of total intervention time (97153, 97154, 0373T), unless specified otherwise.
- For **provider specialty codes**, we clarified when providers can use EIDBI provider specialty codes, which are programmed in MMIS during enrollment to designate provider levels. These codes are not modifiers and providers must not enter these codes on claims. EIDBI agencies may use the specialty codes to verify individual provider level and service eligibility within their records.

Review the updated billing grid to ensure compliance with current EIDBI billing requirements. For questions, contact the [Minnesota Health Care Programs Provider Resource Center](#). (pub. 1/20/26)

EIDBI provisional license application coming soon

The Department of Human Services is scheduled to launch a provisional license application this month for Early Intensive Developmental and Behavioral Intervention (EIDBI) agencies. You can review the [provisional license message](#) emailed to EIDBI agencies for more information about the Provider Hub and how to complete the provisional license application.

All EIDBI agencies currently enrolled with Minnesota Health Care Programs must use the online Provider Hub to apply for a provisional license by May 31, 2026. (pub. 1/16/26)

Minnesota Health Care Programs (MHCP) now covers Casgevy for transfusion-dependent beta-thalassemia, in addition to sickle cell disease, outside the APR-DRG, for members with fee-for-service coverage

Effective Feb. 2, 2026, MHCP will reimburse providers for Casgevy for transfusion-dependent beta-thalassemia, 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 meets PA criteria for Casgevy.
- The provider has an approved prior authorization (PA) for Casgevy for transfusion-dependent beta-thalassemia.

Providers should submit prior authorization requests 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 1/15/26)

Commented [AD1]: There is a new PA criteria that will need to be posted and linked.

2026 dental benefit updates and CDT codes

Effective Jan. 1, 2026, Minnesota Health Care Programs (MHCP) dental benefits will include the following updates.

- Obsoleted Current Dental Terminology (CDT) codes effective Jan. 1, 2026:
 - D1352 - Preventive resin restoration in a moderate to high caries risk patient (permanent tooth)
 - D1705 - AstraZeneca COVID-19 vaccine administration (first dose)
 - D1706 - AstraZeneca COVID-19 vaccine administration (second dose)
 - D1707 - Janssen (Johnson & Johnson) COVID-19 vaccine administration
 - D1712 - Janssen (Johnson & Johnson) COVID-19 vaccine administration (booster dose)
 - D9248 - non-intravenous conscious sedation.

***D1720 Influenza Vaccine Administration was being considered for coverage in MHCP. There has been a policy change; D1720 **will not** be included in the MHCP Dental Benefit at this time.

- New CDT codes for MHCP coverage effective Jan. 1, 2026:
 - D6049 - Scaling and debridement of a single implant in the presence of peri-implantitis (without flap entry). Once per 180 days. Code conflicts with D6081, D1110, D4910, D4346
 - D6280 - Implant maintenance procedures when a full arch removable implant/abutment denture is removed and reinserted
 - one unit per 180 days
 - D9224 - Administration of general anesthesia with advanced airway; first 15-minute increment
 - D9225 - Administration of general anesthesia with advanced airway; each subsequent 15-minute increment
 - D9244 - In-office administration of minimal sedation; single drug, enteral
 - D9245 - Administration of moderate sedation; enteral
 - D9246 - Administration of moderate sedation; non-intravenous parenteral (e.g., Intra-muscular (IM) subcutaneous (SC), submucosal
 - D9247 - Administration of moderate sedation; non-intravenous parenteral, each subsequent 15-minute increment

Contact the [MHCP Provider Resource Center](#) at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 1/15/26)

Early Intensive Developmental and Behavioral Intervention (EIDBI) enrollment process for Agency ID and background studies

This notice is to remind EIDBI providers of the requirements related to background studies conducted through NETStudy 2.0.

Requirement for EIDBI agencies

Each EIDBI provider location must maintain its own unique NETStudy 2.0 Agency ID to ensure accurate tracking, compliance, and proper documentation of background studies (BGS) for that specific site and their employees. Agencies must also ensure that all currently enrolled Minnesota Health Care Programs (MHCP) individual EIDBI providers, as well as any new individual EIDBI providers, complete a NETStudy 2.0 background study.

EIDBI organizations currently enrolled with MHCP who do not have an Agency ID for each existing location must obtain an Agency ID by submitting a [Request for Early Intensive Developmental and Behavioral Intervention \(EIDBI NETStudy 2.0 Agency ID Number \(DHS-3891A\)\)](#) to Minnesota Department of Human Services (DHS) either via MPSE or fax. DHS will request the Agency ID from NETStudy 2.0 on the agency's behalf. NETStudy 2.0 will then email the agency at the email contact listed on the DHS-3891A with the agency ID and onboarding information. Agencies can then run BGS on all for each location as outlined in [Minnesota Statutes, 245C.03](#).

New EIDBI organizations should submit a DHS-3891A along with their enrollment request. DHS will request the Agency ID from NETStudy 2.0 on the agency's behalf after the enrollment documents or request is reviewed and complete. Next, NETStudy 2.0 will send new agencies an agency ID along with onboarding information to the email contact they list on the DHS-3891A. At that time, BGS can be run on all owners and authorized persons. Agencies can then run BGS on all as outlined in [Minnesota Statutes, 245C.03](#).

BGS numbers should be included for each disclosed individual on the Owners/Authorized Persons Background Studies page in the MPSE portal or added to the BGS number section on the [Disclosure of Ownership and Control Interest of an Entity \(DHS-5259\)](#).

Requirement for Individual EIDBI providers

Effective Aug. 5, 2025, individual EIDBI providers must have a complete DHS background study (BGS) through NETStudy 2.0 for each EIDBI location with an "eligible" or "set-aside" result before they provide services. An EIDBI individual provider must complete a new fingerprint BGS any time the individual provider becomes affiliated with an EIDBI agency. **A background study completed under one location does not automatically transfer to another.**

Newly enrolled individual EIDBI providers, as well as current providers affiliated with more than one EIDBI agency, cannot have an effective or affiliation date earlier than the background study completion date for that specific agency.

Existing enrolled individual EIDBI providers must have a complete BGS on file with NETStudy 2.0 or their record will be terminated.

Please review your agency's current setup and ensure that both Agency IDs and required background studies are in place for all locations and individuals.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 1/13/26)

Substance Use Disorder (SUD) rates updated effective Jan. 1, 2026, for three services

Minnesota Health Care Programs updated rates for treatment coordination and residential SUD treatment services effective Jan. 1, 2026. The new rates are identified on the [Substance Use Disorder Service Rate Grid with Dollar \(DHS-7612\) \(PDF\)](#) to include both the rates for services provided on or after Jan. 1, 2026 (pages 1 through 6) and rates for services provided Jan. 1, 2025, through Dec. 31, 2025 (pages 7-12). The new base rates are:

- Treatment coordination \$37.13 per 15-minute unit
- Residential treatment:
 - ASAM 3.5 High-Intensity Residential (daily skilled treatment services) \$294.67 per day (H2036 TG)

- ASAM 3.1 Low-Intensity Residential services (at least five skilled treatment service hours per week) \$216.90 per day (H2036 UD)
 - Regarding the rate change for ASAM 3.1, Minnesota Statutes, 254B.0505, subdivision 1 still requires a rate for medium intensity residential, also referred to as ASAM 3.1 low-intensity (at least 15 skilled treatment service hours per week). However, the rate for this level of care was not increased and will remain \$171.11 per day (H2036 TF).
 - ASAM 3.1 programs that provide at least 15 hours of services per week may choose to bill using the appropriate value 24 code/procedure codes associated with either a minimum of 5 hours per week or a minimum of 15 hours per week. Only claims submitted with codes for low intensity (at least five hours per week) will receive the new rate of \$216.90 per day.

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 if you have any questions about this message. Email questions about state plan amendments, SUD residential and outpatient rates to sud.direct.access.dhs@state.mn.us. (pub. 1/9/26)

2026 Medicare Economic Index (MEI) for certain mental health services

Minnesota Health Care Program (MHCP) reimbursement rates for mental health services will increase by 3.01% according to the Medicare Economic Index (MEI) to reflect inflation effective for calendar year 2026. This rate reflects the change in the MEI from the midpoint of the 2025 rate year to the midpoint of the 2026 rate year and is based on the MEI forecast published by the Centers for Medicare & Medicaid Services in the fourth quarter of calendar year 2025. MHCP uses the MEI to account for changes in the cost of providing services, including wages, benefits, and overhead. The 3.01% MEI increase will apply to eligible mental health services identified in Minnesota Statutes, 256B.761 (e) for claims with dates of service in calendar year 2026. (pub. 1/9/26)

CFSS direct support worker enrollment requirements

Community First Services and Supports (CFSS) agencies and financial management services (FMS) providers must enroll each CFSS direct support worker with Minnesota Health Care Programs (MHCP). This is required because direct support workers must be listed as the rendering provider on claims for covered personal care services.

Before enrolling a direct support worker, CFSS agencies and FMS providers must ensure the workers:

- Meet the [PCA/CFSS worker criteria, requirements and responsibilities](#).
- Successfully complete the [Individual PCA and CFSS training](#) requirements.
 - A certificate dated **after April 15, 2020**, meets training requirements for both personal care assistance (PCA) and CFSS.
 - PCA workers with certificates dated **before April 15, 2020**, must complete new training **before** providing CFSS services.
- Complete a [background study](#) through [NETStudy 2.0](#) using the facility ID assigned to the agency at the time of enrollment with MHCP.

CFSS agencies and FMS providers are responsible for keeping all enrollment information updated for direct support workers. The most effective way to report changes, end an affiliation or update information for an enrollment application is by [submitting an affiliation request through MPSE](#). Agencies also have the option to fax the [Individual DSW Change Request \(DHS-5716\) \(PDF\)](#).

Review the [Direct Support Worker Individual Enrollment Criteria and Forms](#) section of the MHCP Provider Manual for more information about enrolling a direct support worker.

Call the [MHCP Provider Resource Center](#) at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 1/9/26)

Direct care staffing shortage survey for members

The Minnesota Department of Human Services (DHS) is conducting a survey during the month of January 2026 to collect feedback on how the direct care staffing shortage impacts people who receive supports. The survey is open to members who were eligible to receive a government-funded direct care service in Minnesota between Jan. 1, 2025, and Dec. 31, 2025. The survey is optional and those who complete the survey will remain anonymous.

We request providers share this survey with members and their direct support workers to assist members (if needed) with taking the survey. Refer to the [Minnesota direct care staffing shortage impact annual survey](#) eList announcement to access the survey and for more information. (pub. 1/8/26)

Webinar for providers about Elderly Waiver hospital high-needs budget exception

The Department of Human Services (DHS) is hosting a webinar about the new [Elderly Waiver \(EW\) hospital high-needs budget exception](#). Providers will learn about when and how to request the exception using a new EW budget exception form.

After the webinar, providers will be able to:

- Define EW and the two types of EW budget exceptions
- Understand EW eligibility criteria, available services and budgets
- Know how to request a budget exception from the EW lead agency

The webinar will be held on **Feb. 5, 2026**, from **noon to 1 p.m.** Go to [Elderly Waiver Hospital High Needs Exception - Webinar for Providers](#) to register for the webinar.

Email dhs.aasd.hcbs@state.mn.us with any questions you have about this message. (pub. 1/5/26)

Chiropractic services no longer covered for members 21 years and older

Minnesota Health Care Program (MHCP) will no longer cover chiropractic services for members 21 years old and older beginning Jan. 1, 2026.

One evaluation and up to 24 visits per year (no more than six per month) are allowed for members under 21 years old. You must request authorization from the [medical review agent](#) to provide and be paid for services that exceed these service limits.

Refer to the [Chiropractic Services](#) section of the MHCP Provider Manual for more information or call the [MHCP Provider Resource Center](#) at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 12/31/25)

Important change to Medica's AccessAbility Solution® Enhanced SNBC health plan beginning Jan. 1, 2026

Medica AccessAbility Solution® Enhanced, the integrated Medicare/Medicaid product offered through Medica, will no longer be a health plan option for Special Needs BasicCare (SNBC) members in any county starting Jan. 1, 2026.

Medica's Non-Integrated AccessAbility Solution® remains unaffected by this change and will continue operating in 2026.

Approximately 1,800 Medica AccessAbility Solution® Enhanced SNBC members will transition to receiving their health care services through Medical Assistance fee for service beginning Jan. 1, 2026. Many of these members already have authorizations with Medica, and the Minnesota Department of Human Services (DHS) will honor most of those existing authorizations.

DHS asks providers to help members transitioning from Medica AccessAbility Solution® Enhanced by submitting Medicaid authorization requests to DHS's authorization agents so these members may continue receiving services.

What do providers need to do for members transitioning to fee-for-service?

Members who have approved authorizations with Medica AccessAbility Solution® Enhanced for services on or after Jan. 1, 2026, will need new authorizations from Minnesota Health Care Programs (MHCP).

MHCP-enrolled providers should submit authorization requests to DHS's designated agents.

Submit authorization requests for Medicaid medical, home health care, and dental services to Acentra Health via their [Atrezzo provider portal](#). Providers must include a copy of the approval notice for Medicaid paid services previously authorized under Medica AccessAbility Solution® Enhanced.

Providers with questions about non-Medicare Part D covered drugs should contact the Prime call center at 844-575-7887. (pub. 12/31/25)

Minnesota Health Care Programs (MHCP) providers required to provide electronic health record access to State Medical Review Team (SMRT)

The Minnesota Legislature passed a provision during the 2025 Minnesota Legislative Session that requires MHCP providers with electronic medical records to allow SMRT access to and use of those records to support more efficient disability determinations.

Key statute details

- [Minnesota Statutes, 256.01, subdivision 29](#) established the requirement effective May 24, 2025.
- MHCP providers are required to accept electronically signed authorizations submitted by SMRT to release medical records.

We mailed providers a letter via the U.S. Postal Service regarding this statutory requirement. The requirement builds on existing requirements found in the [Fee-for-Service \(FFS\) only or FFS and Managed Care Organization In-Network Provider Agreement \(DHS-4138\) \(PDF\)](#), requiring providers to:

“Comply with all federal and state statutes and rules relating to the delivery of services to individuals and to the submission of claims for such services.”

The existing language in the DHS-4138 provider agreement allows the SMRT to obtain access to electronic health records without requiring a separate contract with individual MHCP providers.

Attestation for use of records with valid authorization

SMRT seeks data according to the valid authorization where the member has specifically requested the disclosure of all health information to SMRT. A valid authorization does not require an attestation under Code of Federal Regulations, title 45, section 164.509. Refer to [Code of Federal Regulations, title 45, section 164.509](#). A valid authorization is sufficient on its own for providers to disclose health information to the State Medical Review Team.

Your next steps

Ensure your organization's electronic medical record system supports secure access for SMRT when requested.

Be prepared to accept electronically signed authorizations from SMRT for the release of medical records.

Review your processes to ensure compliance with this statutory requirement.

Who to contact

Call the State Medical Review Team at 651-431-2493 if you have questions or want more information about the statute or implementation process. (pub. 12/30/25)

Critical access mental health rate add-on elimination schedule

Minnesota Health Care Programs is reducing the critical access mental health rate add-on according to the following schedule passed by the legislature:

- For services provided on or after Jan. 1, 2026, the rate add-on is reduced to 5.92 percent.
- For services provided on or after Jan. 1, 2027, the rate add-on is zero percent.

Refer to [Minnesota Statutes, 256B.763, subdivision 2](#), to review the legislation.

Refer to information under the Critical Access Mental Health Rate Increase Elimination heading on the [Service rates information](#) webpage for more information about the critical access mental health rate. (pub. 12/30/25)

Telehealth options for Minnesota Health Care Programs (MHCP) members

MHCP supports telehealth as a safe and effective way for its members to get care. Members can get many health care services from home via telehealth using their phone or computer. Telehealth meets the same standards as in-person services when clinically appropriate and helps reduce barriers like travel, clinic access, and safety concerns. MHCP covers and reimburses eligible telehealth services for members in managed care and fee-for-service programs.

Providers delivering services by telehealth are held to the same standards of care and professional conduct as in-person services.

Refer to the [Telehealth Services](#) section of the MHCP Provider Manual or the [Fee-for-service coverage for Medical Assistance and MinnesotaCare](#) webpage for more information. (pub. 12/30/25)

New PCA and CFSS tiered minimum wages coming

New tiered minimum wages for Personal Care Assistance (PCA) Choice and Community First Services and Supports (CFSS) budget model workers are planned for 2026. These new tiered wages will start on January 1, 2026, or within 30 days after federal approval, whichever happens later.

Minnesota has not received federal approval yet. Because of this, PCA Choice agencies and financial management services (FMS) providers are not required to pay the new [tiered schedule 2 wages](#) until we receive federal approval. We will post a Provider News update when we receive federal approval. (pub. 12/30/25)

Enteral nutritional lists updated

Minnesota Health Care Programs (MHCP) updated the enteral nutrition lists for certain products that have multiple flavors. We added new products covered by MHCP, removed discontinued products or products no longer covered by MHCP, updated names of some covered products, and updated and removed 4-digit codes assigned by MHCP. Review product names on the lists to ensure you are accurately billing the correct product.

Use the updated 4-digit codes beginning March 1, 2026. Do not use discontinued 4-digit codes for claims with dates of service on or after March 1, 2026. Providers are not required to use these 4-digit codes, but the codes used for authorization requests and billing claims must match the codes on the lists.

Review the [Enteral Nutrition Price List B4149-B4155 \(PDF\)](#) and [Enteral Nutrition Price List B4157-B4162 \(PDF\)](#) documents for information on 4-digit assigned MHCP codes. Review the [Nutritional Products](#) section of the MHCP Provider Manual for policy information for enteral nutrition. Contact the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 12/30/25)

Clarification on observation and direction use in Early Intensive Developmental and Behavioral Intervention (EIDBI) services

Minnesota Department of Human Services (DHS) will require observation and direction (that is, CPT code 97155) authorization requests to include individual clinical justification that demonstrates medical necessity for EIDBI services requested on or after Jan. 1, 2026. We are working to clarify the expectations that observation and direction must be individualized and tied to the person's documented clinical need to ensure consistent application across the program. These clarifications align with new clinical supervision standards we announced in a [July 29, 2025, eList announcement](#) and that are outlined in [Minnesota Statutes, 256B.0949](#).

EIDBI provider actions

Observation and direction services may not receive authorization approval if requirements are not followed.

EIDBI providers must:

- Meet supervision requirements in [Minnesota Statutes 256B.0949](#), subdivision 15-16 and ensure the qualified supervising professional (QSP) provides the minimum required oversight.

- Ensure observation and direction services requested in the individual treatment plan (ITP) reflect the person's specific clinical need. Refer to the [How to complete ITP and Progress Monitoring, DHS-7109](#) webpage for more information and instructions.
- Request observation and direction services in proportion to direct treatment (that is, CPT code 97153 and 97154) and document medical necessity in the ITP.
- Align observation and direction use with national guidance (that is, [Council of Autism Service Providers \[CASP\], ABA Coding Coalition](#)), which recommends 20% of the person's direct treatment hours.
- Use the ITP to explain the need for observation and direction service authorization. If observation and direction services exceed 20% of direct treatment hours, the medical review agent may request unit reductions or additional documentation.
- Use observation and direction as a supervisory, supportive service that supplements direct treatment, as indicated in the [Observation and direction](#) EIDBI Benefit Policy Manual.

EIDBI providers must NOT:

- Provide observation and direction without prior authorization.
- Request observation and direction services equal to or greater than direct treatment hours.
- Assume the QSP must deliver all observation and direction services. Other qualified staff may provide observation and direction when clinically necessary.
- Use observation and direction as a substitute for direct treatment, to mirror treatment intensity, default authorization or routine agency practice without individual consideration.

Service authorization

DHS, its medical review agent and managed care organizations are actively working to consistently enforce the observation and direction requirements. This is part of a broader effort to establish consistent and equitable service limits. This approach aligns with Minnesota's EIDBI program with national best practices and ensure high-quality, person-centered care across services.

More information

Email ASD.DHS@state.mn.us if you have questions about this message. (pub. 12/23/25)

Revised: Early Intensive Developmental and Behavioral Intervention (EIDBI) Qualified Supervising Professional (QSP) provider employment status update

We have revised this message by removing the reference to QSPs attesting to being an agency employee by submitting DHS-7120C. All QSP EIDBI providers must be EIDBI agency employees effective Jan. 1, 2026. QSPs can no longer be independent contractors according to [Minnesota Statutes, 256B.0949](#), subdivision 2.

An employee is a person who is employed temporarily, part time or full time by the agency that submits claims or bills for the work, services, supervision or treatment performed by the person. This does not include:

- Independent contractors (for example, workers who file tax form 1099), billing agencies or consultants who do not provide EIDBI services.
- People who perform work, provide services, supervise or provide treatment for fewer than 80 hours in a 12-month period.

Next steps

Review your agency staffing model to ensure you comply with this requirement. Refer to the [QSP qualifications, roles and responsibilities](#) webpage for more information. (pub. 12/23/25, rev. 1/7/26)

Community First Services and Supports (CFSS) claims processing issue for fee-for-service agreements

Minnesota Department of Human Services (DHS) is aware that some CFSS service providers are experiencing a claims processing issue. Claim adjustment reason code CO 273 is appearing on some remittance advices. Claims with this adjustment code indicate the authorization has been exceeded, resulting in a denial or partial payment.

DHS has identified the issue impacting fee-for-service agreements in both the CFSS budget model and agency model. The issue occurs even when authorizations for these claims still show available funds or units on the service lines for the

procedure codes being billed. We are working to resolve this issue. We will update providers when we have more information to share.

Contact the [Minnesota Health Care Programs Provider Resource Center](#) at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 12/23/25)

Medica acquiring UCare clarifications

Minnesota Department of Human Services (DHS) received questions about Medica acquiring certain UCare contracts and assets, and what that means for both providers and members. The following clarifies the impacts of the acquisition.

- **Not Impacted:** UCare Minnesota's Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Senior Care Plus (MSC+) and Non-Integrated Special Needs BasicCare (SNBC) products **are not impacted** by this change. As of January 1, 2026, these products will continue under the UCare name and members will continue to have access to the same UCare network of providers. Medica commits to providing advance notice of any future changes. **Members who are currently enrolled in these UCare products do not need to do anything at this time.**
- **Impacted:** UCare's Minnesota Senior Health Options (MSHO) and Integrated Special Needs BasicCare (I-SNBC) products will end December 31, 2025. For the remainder of 2025, there are no changes to benefits, coverage, contracts or network status for these members. For coverage in 2026, there is a path forward for these members to continue to be covered and receive care. UCare sent notification to all members that were impacted by this change. These dual (Medicare and Medical Assistance) enrollees will have a special election period available to select a new Medicare health plan. CMS will assign a new Prescription Drug Plan for enrollees that do not make a new Medicare selection effective January 1, 2026. **Additionally, DHS will systematically move enrollees from UCare MSHO to UCare MSC+ and from UCare Integrated SNBC to UCare Non-Integrated-SNBC effective January 1, 2026.** Medica also issued a notice to its provider network on Dec. 8, 2025, of these changes and this process for ensuring continuity of care for impacted members.

For the remainder of 2025 and beginning January 1, 2026, UCare members can continue to see their same providers. Medica is working quickly to welcome these new members and ensure their networks remain in place. Medica has committed to providing advanced notice to providers of any changes. UCare providers with questions about their contract with UCare should contact the Provider Assistance Center. UCare will keep its current Customer Service and Provider Assistance centers open from 8 a.m. – 5 p.m., Monday - Friday. You may call the centers at the following numbers:

- Members: 612-676-3200 or toll free at 800-203-7225
- Providers: 612-676-3300 or toll free at 888-531-1493

Medica has also provided a toll-free number for providers or members to call with questions related to MSHO or coverage options: 888-925-0747. Providers are also encouraged to visit [Medica.com/Providers](#) for the latest information and updates related to its transaction with UCare.

DHS is working to establish a new Annual Health Plan Selection (AHPS) timeline and mailing schedule. We will share that information as soon as it is available. (pub 12/18/25)

Psychological testing service limit change

Minnesota Department of Human Services (DHS) will increase the service limit for psychological testing services from 8 hours (16 half-hour units) per member per calendar year to 10 hours (20 half-hour units) per member per calendar year effective Jan. 1, 2026.

You must request authorization from the [medical review agent](#) to provide and be paid for services delivered to a member for hours that exceed the 10-hour service limit.

We will publish an updated [Psychological Testing](#) section of the MHCP Provider Manual with the new service limit and authorization information on Jan. 1, 2026. (pub. 12/18/25)

Early Intensive Developmental and Behavioral Intervention (EIDBI) medical review agent authorization review times updated

[Acenra Health](#), the EIDBI medical review agent for Medicaid fee-for-service authorizations, will implement the following review timelines effective Jan. 1, 2026:

- Acenra Health will review Comprehensive Multi-Disciplinary Evaluations (CMDEs) and Individualized Treatment Plans (ITPs) within seven calendar days.
- Providers will have 10 calendar days to submit all requested documentation or additional information for pended authorization requests.

These changes align with Centers for Medicare and Medicaid Services interoperability requirements and apply to all EIDBI authorization reviews.

What this means for providers:

- The pend response timeframe is 10 calendar days.
- You should submit requested documentation within 10 calendar days to avoid administrative denial.
- You should closely monitor authorization status and respond promptly to pend notifications.

Your timely submission of complete and accurate documentation will help prevent authorization delays and support continuity of services. Email ASD.DHS@state.mn.us if you have questions about this message. (pub. 12/17/25)

Adult day care temporary licensing moratorium

Minnesota Department of Human Services (DHS) is implementing a temporary licensing moratorium for adult day care. This moratorium will go into effect Feb. 1, 2026, and is anticipated to last 24 months, ending Jan. 31, 2028.

Under this moratorium, DHS will:

- Stop accepting new applications for adult day care licenses,
- Cancel all submitted license applications currently in the DHS Licensing Division's queue.

Review the [Temporary Licensing Moratorium for Adult Day Care](#) bulletin for more information.

We want to clarify that this temporary moratorium is specifically regarding adult day care licenses and does not affect licensed providers who have already submitted enrollment applications to Minnesota Health Care Programs (MHCP) Provider Eligibility and Compliance. Adult Day Care providers may continue to [enroll with Minnesota Health Care Programs](#) and make changes to their current enrollments. Please understand we are currently experiencing a backlog of submissions.

Contact your adult day care licensor or call the DHS Licensing help desk at 651-431-6624 if you have any questions regarding this moratorium. (pub. 12/16/25)

Clarification regarding the 245D temporary licensing moratorium

Minnesota Department of Human Services (DHS) published a message on this webpage titled Temporary Home and Community-Based Services (HCBS) 245D licensing moratorium on Dec. 4, 2025. We want to clarify that this temporary moratorium is specifically about licensing for HCBS – 245D providers and does not affect licensed providers who have already submitted enrollment applications to Minnesota Health Care Programs (MHCP) Provider Eligibility and Compliance. Review the [Licensing for HCBS – 245D providers](#) webpage for more information. HCBS providers may continue to [enroll with Minnesota Health Care Programs](#) and make changes to their current enrollments. Please understand we are currently experiencing a backlog of submissions.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411, option 4, if you have questions about this message. (pub. 12/16/25)

Habitability inspection and other city and zoning requirements for recuperative care services providers

Effective July 1, 2025, the Minnesota Department of Human Services (DHS) requires providers submitting a pre-enrollment risk assessment (PERA) for recuperative care services to have a habitability inspection conducted ([Minnesota Statutes, 256B.0701](#), subdivisions 10, 12 and 13). Additionally, providers and recuperative care facilities must ensure city and county zoning requirements are fulfilled.

The habitability inspection and other city and county zoning requirements impact both new and currently enrolled providers.

- New providers seeking enrollment with Minnesota Health Care Programs (MHCP) as a recuperative care services provider must complete the [Recuperative Care Provider Pre-Enrollment Risk Assessment \(DHS-8747\) \(PDF\)](#) and have a habitability inspection conducted before enrollment. We emailed a provider memo on Dec. 10, 2025, to the email included in the submitted PERA form with more information about these inspections.
- Currently MHCP enrolled recuperative care services providers do not have to submit the PERA at this time. We encourage providers to start the habitability inspection process and contact your city about any other required inspections. We will be contacting currently enrolled providers starting in January 2026 with more information about the PERA process. Additionally, we sent a provider memo on Dec. 12, 2025, via your MN-ITS mailbox with more information about these inspections.

(pub. 12/12/25)

WS Audiology devices accepted effective Dec. 8, 2025

Effective Dec. 8, 2025, Minnesota Health Care Programs (MHCP) is accepting devices from WS Audiology (Signia and Rexton). Review the [2025 Hearing aid contract, vendors, models, prices, and codes \(PDF\)](#) for devices allowed through the contract.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 12/12/25)

New authorization requirement for pediatric custom orthoses

Minnesota Health Care Programs (MHCP) added a new authorization requirement for custom orthotic devices for members under the age of 21.

Authorization is now required for any new replacement custom orthotic device if the current device is less than one year old and the member is younger than 21 years old. We updated information under the [Orthoses](#) heading in the Orthotics and Prosthetics section of the MHCP Provider Manual.

As a reminder, authorization is also required for any new replacement custom orthotic device if the current device is less than three years old and the member is 21 years old or older.

Review the [Orthotics and Prosthetics](#) section of the MHCP Provider Manual and the [Medical Supply Coverage Guide](#) 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. 12/8/25)

Early Intensive Developmental and Behavioral Intervention (EIDBI) billing clarification related to provider breaks and midpoint billing requirements

Providers may bill EIDBI services only when medically necessary services are being actively delivered by a provider who is present and engaged with the member served and targeting goals outlined in the member's individualized treatment plan. You must pause billing whenever service delivery stops, including during provider breaks such as restroom use, meals or snacks, phone calls, administrative tasks, or stepping away from the session for any reason.

Midpoint billing for EIDBI services follows the Centers for Medicare and Medicaid Services rules and allows a unit to be billed when more than half of the unit's required service time (for example, 8 minutes or more for a 15-minute unit) has been provided during continuous service delivery. Midpoint billing applies only when services remain uninterrupted, and the provider is actively engaged in intervention activities during brief treatment-related pauses. Minnesota Department of Human Services or other auditors may recoup payments or take other program integrity actions if you bill any time you are not actively delivering services.

Refer to [Billing](#) information in the EIDBI Benefit section of the MHCP Provider Manual for more information or contact the [MHCP Provider Resource Center](#) if you have questions about this message. (pub. 12/5/25)

Temporary Home and Community-Based Services 245D licensing moratorium

The Minnesota Department of Human Services (DHS) is implementing a temporary 245D licensing moratorium for Home and Community-Based Services (HCBS). This moratorium will go into effect on January 1, 2026, with an anticipated duration of 24 months, ending December 31, 2027.

Under this moratorium, DHS will:

- Stop accepting new applications for 245D licenses
- Stop adding new service lines to currently licensed providers, and
- Cancel all submitted applications currently waiting to be approved.

Review the [licensing for HCBS – 245D providers](#) webpage for more information. We update this webpage regularly when new information becomes available.

If you have any questions regarding this moratorium, contact your 245D (HCBS) licensor or call the DHS Licensing help desk at 651-431-6624. (pub. 12/4/25)

2026 schedule for CFSS Steps for Success workshop

Minnesota Health Care Programs (MHCP) has opened registration for the 2026 dates for the [Community First Services and Supports \(CFSS\) Steps for Success workshops](#). The three-day workshop sessions will be held:

- March 25-27, 2026
- June 24-26, 2026
- September 23-25, 2026
- December 2-4, 2026

After a workshop session fills, MHCP will remove it as a selection from the online registration system. We will close unfilled workshop sessions at 8 a.m. seven business days before the workshop begins. The workshop will continue to be online-only and sessions will begin promptly at 8:30 a.m. and end at 4:30 p.m.

If you have any questions, call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411. (pub. 11/26/25)

Federal Reconciliation Bill (H.R.1) information and tools for partners

On July 4, 2025, President Trump signed the Federal Reconciliation Bill (H.R.1) into law. This new law brings changes to Medicaid, a federal health insurance program called Medical Assistance in Minnesota. All states must implement the changes in the law, which include additional requirements for eligibility.

Nothing has changed yet. The first changes won't take effect until fall 2026. This gives Minnesota Department of Human Services time to review the details, get more information from the federal government, and communicate the changes clearly to Minnesotans.

We recently published our [What the new federal budget law means for Medicaid](#) webpage with resources and information: a timeline, details about the coming changes and how they may affect the people you serve, and a partner toolkit to help communicate clearly and accurately to impacted Medical Assistance enrollees.

We will add more content as we get more guidance from the federal government, so check the webpage often. (pub. 10/21/25)

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. We have scheduled 2026 training sessions for the following:

- Child and Teen Checkups
- Community Health Worker
- Consultation Services
- Dental Services
- Doula
- Early Intensive Developmental and Behavioral Intervention
- Federally Qualified Health Center and Rural Health Clinic
- Financial Management Services
- Home Care Services
- Housing Support Supplemental Services
- Individualized Education Program
- Mental Health
- Nursing Facility
- Personal Care Assistance/Community First Services and Supports Agency
- Psychiatric Residential Treatment Facility
- Recuperative Care
- Substance Use Disorder
- Waiver and Alternative Care

(rev. 1/13/26)

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.