

October 7-20, 2025

Systems announcements

MN–ITS ATST unavailability times in October

MN–ITS ATST (the testing environment in MN–ITS) will be unavailable from noon to 4 p.m. on the following dates:

- Oct. 16
- Oct. 17
- Oct. 22
- Oct. 23
- Oct. 24

(pub. 10/16/25)

MN–ITS email and phone number validation

MN–ITS will be moving to LoginMN. You will receive a pop-up message in MN–ITS to enter and confirm your work email and phone number. You will only need to complete this once for each username you have for MN–ITS. The email address you use will be your username when we move to LoginMN. You must use an email address unique to a single user. Do not use a general business email address. For example: Use jane.biller@businessname.com, not info@businessname.com.

You should use your same work email and phone number if you currently have multiple MN–ITS account logins. For example: You are a biller for five different providers (NPIs 1234567890, 2345678901, 3456789012, 4567890123, 5678901234), you should use the same email address for all five. Use an email specific to you, such as jane.biller@businessname.com. (pub. 9/17/25, rev. 10/20/25)

Important reminders

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

MPSE portal weekly Q & A sessions to switch to daily sessions

The Minnesota Department of Human Services (DHS) offers weekly questions and answer sessions for using the Minnesota Provider Screening and Enrollment (MPSE) portal.

The MPSE portal Q & A sessions will switch to **daily** MPSE technical assistance sessions, held from 1-1:30 p.m. starting **November 3**. The daily sessions will focus on MPSE navigation and general technical questions. The last weekly session will be held October 29, 2025.

The MPSE portal is our web-based system providers use to submit and manage their enrollment records for Minnesota Health Care Programs.

Click the button on the [MPSE portal training](#) webpage to join the sessions. (pub. 10/20/25)

Home and Community-Based Services rate and budget increases effective Jan. 1, 2026

The Minnesota Legislature authorized several rates and monthly budget increases effective Jan. 1, 2026, for Alternative Care, Essential Community Supports, Elderly Waiver, disability waivers, home health services, personal care assistance, and Community First Services and Supports. Find information about the service rates and budget changes, including links to resources, rate methodologies, instructions and contacts on the [Long-term services and supports rates changes](#) webpage. (pub. 10/17/25)

Training available for electronic visit verification compliance

[HHAeXchange](#) is hosting two training sessions to help providers meet the new electronic visit verification (EVV) compliance thresholds effective Jan. 1, 2026. These sessions are open to all providers, regardless of the EVV system they use.

Session 1: Getting Caught Up with EVV

Reviews EVV basics and provides guidance for providers who have not started using EVV yet. The training will cover getting started with EVV, tracking the onboarding process, understanding provider identifiers and steps to integrate third-party vendors with HHAeXchange.

- Date: Oct. 23, 2025
- Time: 2:30 p.m. CST
- Registration: [Link to register](#)

Session 2: Boost Your EVV Compliance

Offers practical tips and strategies for providers to improve EVV compliance. This training will cover compliance reporting, preparing caregivers for compliance and the Self-Service Resource review for providers who have already begun using EVV.

- Date: Nov. 5, 2025
- Time: 2 p.m. CST
- Registration: [Link to register](#)

Use the [Client Support Portal](#) to contact HHAeXchange if you have questions about these trainings. Use the [DSD Contact Form](#) to submit questions you have about this message. (pub. 10/16/25)

Pre-enrollment risk assessment (PERA) required for recuperative care providers effective July 1, 2025

Effective July 1, 2025, the Minnesota Department of Human Services (DHS) must complete a pre-enrollment risk assessment of any facility or provider seeking to enroll as a recuperative care services provider ([Minnesota Session Laws – 2025, 1st Special Session, Chapter 9, Article 7, Section 19](#)).

Refer to [Recuperative Care Enrollment Criteria and Forms](#) in the Minnesota Health Care Programs (MHCP) Provider Manual for more information.

For providers that have submitted an enrollment application, refer to the following for next steps:

- **Received on or after July 1, 2025: All submitted enrollment applications**
Providers need to complete and comply with the new requirements including submitting the [Recuperative Care Provider Pre-Enrollment Risk Assessment \(DHS-8747\) \(PDF\)](#).

- **Received before July 1, 2025: Approved or completed enrollment applications (current recuperative care providers)**
Current providers will be notified when they need to submit the Recuperative Care Provider Pre-Enrollment Risk Assessment (DHS-8747). Do not submit the PERA before we notify you.
- **Received before July 1, 2025: Incomplete enrollment applications**
Providers need to complete and comply with the new requirements including submitting the [Recuperative Care Provider Pre-Enrollment Risk Assessment \(DHS-8747\) \(PDF\)](#).

About the PERA review process:

- Allow 30 days from date of completed submission for processing your PERA.
- We may deem the potential facility or organization ineligible and deny or rescind enrollment at any time during the PERA review process.
- We will email providers (at the email address that providers include on the PERA) a letter with the approval or denial decision. You can only start the recuperative care enrollment process after you receive the PERA approval letter.
- You can appeal in writing an ineligibility decision within 30 business days of being notified of the decision. You can find more information about this process in the emailed letter that informs you of your denied PERA.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 10/15/25)

Disenrollment of inactive Minnesota Health Care Programs (MHCP) providers begins Oct. 15, 2025

Governor Walz recently issued executive order [Empowering State Agencies to Continue Combatting Fraud \(PDF\)](#). It gives Minnesota Department of Human Services (DHS) authority to immediately disenroll MHCP providers who have not billed in the past 12 months. On Oct. 15, 2025, DHS will begin deactivating enrollment records with no claims activity in the past 12 months. We will notify providers of their disenrollment via U.S. mail starting Oct. 15. Providers who are disenrolled for this reason will need to reenroll if they begin providing services to a MHCP member.

Contact the [MHCP Provider Resource Center](#) at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 10/13/25)

Final Housing Stabilization Services (HSS) Resources and MN–ITS training scheduled Nov. 4, 2025

The HSS program will end Oct. 31, 2025, per Centers for Medicare and Medicaid Services. The Nov. 4, 2025, HSS Resources and MN–ITS training session is the last session offered during 2025. We do not have any HSS Resources and MN–ITS training sessions planned for 2026. Visit the [Housing Stabilization Services Resources and MN–ITS Training](#) webpage for more information and to register for the Nov. 4 training. (pub. 10/10/25)

DHS requests public comments on changes to the Brain Injury Waiver application

The Minnesota Department of Human Services (DHS) requests public comments on proposed policy changes for the [Brain Injury Waiver application \(PDF\)](#) before submitting the amendments to the Centers for Medicare & Medicaid Services for approval. Submit comments to DSD.PublicComments@state.mn.us by **4 p.m. Friday, Nov. 7, 2025**.

Review the [DHS requests public comments on BI Waiver application](#) Disability Services Division eList announcement for more information. (pub. 10/9/25)

DHS has sent CFSS Steps for Success certificates for Sept. 17-19 workshop

The Minnesota Department of Human Services (DHS) has sent providers who attended the entire Community First Services and Supports (CFSS) Steps for Success workshop on September 17-19, 2025, their certificates of completion.

DHS sent the certificates to the email address used to register for the September CFSS Steps for Success workshop. Providers who completed the entire training should have received their certificate by the end of the business day Oct. 9, 2025.

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 10/9/25)

Online Provider Training Registration webpage updates

We will be updating the [Online Provider Training Registration](#) webpage and the webpage will be unavailable on Monday, Oct. 13, 2025, from 7 to 8 a.m. Each person that is registered must be registered under their own email address. This change allows Minnesota Health Care Programs to send certificates for completed trainings directly to the email used to register for the class starting in 2026. (pub. 10/9/25)

Housing Stabilization Services to end Oct. 31, 2025

Minnesota Department of Human Services announced the Housing Stabilization Services (HSS) program will end Oct. 31, 2025. Refer to the [Housing Stabilization Services program to end Oct. 31](#) GovDelivery message we sent to the public Oct. 2, 2025, for more information.

DHS will notify members receiving HSS of this service end date via the U.S. Postal Service and text message. DHS will notify providers who only provide HSS that they are being terminated as enrolled Minnesota Health Care Programs providers via their MN-ITS mailbox or the U.S. Postal Service. (pub. 10/8/25)

Billing A modifiers for surgical dressings

Minnesota Health Care Programs (MHCP) implemented criteria for billing modifiers A1 to A5 for surgical dressings. Claims submitted with modifiers A1 to A5 will pay up to the “per wound” amount based on the modifier and limit listed on the [Medical Supply Coverage Guide](#).

Due to system limits of MMIS, providers must call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 for claims submitted with modifiers A6 to A9. These modifiers require a work order via the MHCP Provider Resource Center. MHCP Provider Resource Center representatives will send claims submitted with A6 to A9 for reprocessing.

Review the [Surgical Dressings](#) section of the MHCP Provider Manual for information on billing surgical dressings and these modifiers. Review the [Medical Supply Coverage Guide](#) for information on MHCP quantity limits. Contact the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (10/7/25)

DHS announces youth behavioral health webinar series for hospital support staff

The Minnesota Department of Human Services (DHS) is excited to announce the posting of our webinar-based trainings for support staff working in hospital settings, about effective care for youth experiencing a behavioral health crisis. DHS partnered with the Training Institute at People Incorporated to provide webinars that address youth behavioral health and managing challenging behaviors throughout 2024 and 2025. Recordings of those trainings are now available on the DHS YouTube channel using the following links.

- [Managing Challenging Behaviors](#)
- [Comprehensive Care Plannings](#)
- [Crisis De-escalation](#)
- [Culture and Equity Considerations](#)
- [General Pediatric Mental and Behavioral Health Conditions and Presentations](#)
- [Patient Engagement](#)

- [Building Resiliency and Self-Care](#)
- [Suicide Risk Assessment](#)
- [Supporting Coworkers and Team](#)
- [Trauma Informed Care](#)

(pub. 10/6/25)

DHS announces youth school-based behavioral health webinar series

The Minnesota Department of Human Services (DHS) is excited to announce the posting of our webinar-based trainings for professionals who provide mental health and substance use disorder services in school settings on topics related to effective care for youth experiencing a behavioral health crisis. DHS partnered with the Training Institute at People Incorporated to provide webinars that address youth behavioral health and managing challenging behaviors throughout 2024 and 2025. Recordings of those trainings are now available on the DHS YouTube channel using the following links.

- [Best Practices for Providing Mental Health and Addiction Services in Schools](#)
- [Professional Boundaries and Ethics](#)
- [Creating Diagnostic Formulations in IEP Assessments](#)
- [Crisis De-escalation](#)
- [Culture and Equity Considerations](#)
- [General Pediatric Mental and Behavioral Health Conditions and Presentations](#)
- [Professional Boundaries and Ethics](#)
- [Recommendations for Managing Complex Behaviors in School Settings](#)
- [Conducting Reimbursable Behavioral Health Services](#)
- [Building Resiliency and Self-Care](#)

(pub. 10/6/25)

ASAM certification process update for substance use disorder treatment and withdrawal management providers for all ASAM levels of care

Minnesota Health Care Programs (MHCP) providers who are licensed to provide substance use disorder (SUD) treatment and withdrawal management (WDM) services are required to attest to and certify each ASAM level of care they provide.

Certification is required for providers to remain eligible for payment under MHCP. It also ensures that clients have access to the full continuum of care, now including ASAM Level 2.5 (Partial Hospitalization).

What's changing and why

We've streamlined and expanded the process:

- Three forms have been combined into one: [Substance Use Disorder \(SUD\) Services and Level of Care Assurance Statement \(DHS-6381\) \(PDF\)](#).
- Providers now only need to complete one form for both service assurance and ASAM attestation, reducing paperwork and saving time.
- ASAM Level 2.5 (Partial Hospitalization) is now required to complete the same certification process as all other ASAM levels of care.

What you need to do

- If you are a current provider already certified in your ASAM levels of care, no action is required.
- If you are a new provider or a current provider adding an ASAM level of care (including Level 2.5 Partial Hospitalization):
 - Follow certification instructions on the [ASAM resources for Minnesota SUD treatment providers](#) webpage
 - Complete the enrollment steps outlined in the [SUD Services Enrollment Criteria and Forms](#) section of the MHCP Provider Manual after Minnesota Department of Human Services approves your ASAM certification.

Email asam.dhs@state.mn.us if you have questions about this message. Refer to the [Substance Use Disorder \(SUD\) Services Enrollment Criteria and Forms](#) section of the MHCP Provider Manual. (pub. 10/2/25)

Billing features available through HHAeXchange Electronic Visit Verification (EVV) system

Minnesota Department of Human Services (DHS) will allow billing through the HHAeXchange EVV system for unit-based, fee-for-service programs effective September 2025. With HHAeXchange billing, a provider's claim for in-scope EVV services will be automatically submitted to DHS on the provider's behalf when all criteria are met on the visit.

HHAeXchange billing is currently optional and providers are not required to set up billing through HHAeXchange now. Providers may continue billing through their existing processes if they choose not to use HHAeXchange's billing system.

Who can use billing through HHAeXchange?

- HHAeXchange Enterprise users - HHAeXchange billing is available beginning Sept. 30, 2025, for providers paying for enterprise enhancements beyond the state-sponsored EVV system.
- HHAeXchange State EVV System users - HHAeXchange billing will be available beginning December 2025 for providers using only the DHS-sponsored EVV system (without enhancements or third-party imports).

You will be required to complete billing system training from HHAeXchange before billing using the system. HHAeXchange will send registration details by email later this fall.

HHAeXchange will email providers information about the billing system in the coming weeks to the email address used to complete the HHAeXchange enrollment form.

Use the [Client Support Portal](#) to contact HHAeXchange if you have questions about billing. Use the [DSD Contact Form](#) to submit questions you have about this message. (pub. 10/2/25)

DirectCourse helps providers meet training needs

The Minnesota Department of Human Services (DHS) is offering free and low-cost online [DirectCourse](#) classes to help Home and Community-Based Services (HCBS) licensed providers, personal care assistance and Community First Services and Supports direct support workers meet training requirements and sharpen their skills to deliver high-quality, person-centered support.

The University of Minnesota Institute on Community Integration designed a [Minnesota DirectCourse Crosswalk](#) (a series of charts that connect training requirements to training courses) to support providers in Minnesota. If a provider needs to meet a certain rule or regulation, the crosswalk will identify courses that meet the requirements. To explore how DirectCourse aligns with these training needs, review the Minnesota DirectCourse Crosswalk.

DirectCourse classes cover competency-based training for licensed providers that include:

- Training that overlaps with Minnesota DHS competencies, Centers for Medicaid & Medicare Services core competencies for the direct support workforce and 15 core competencies approved by the National Alliance of Direct Support Professionals.
- Meeting certain [245D license training requirements](#).
- Education on the Positive Support Rule.
- Association of Community Rehabilitation Educators and Credentialed Employment Support Professional certification. Visit the [College of Employment Services](#) page for more information on certification requirements.

DirectCourse featured classes include:

- [College of Direct Support](#) trains direct support workers to prioritize life in the community for the people they support.
- [College of Frontline Supervision, Management and Leadership](#) trains supervisors, managers and leaders to apply best practices to support Minnesota Health Care Programs members across disability, aging, mental health and other long-term services.
- [College of Employment Services](#) trains employment professionals to support people with disabilities in achieving fulfilling, competitive and integrated employment.
- [Person-Centered Counseling](#) covers information and skills for HCBS service providers to implement person-centered planning principles and practices.

To sign up for DirectCourse classes, submit a [Request for learner account](#) form. After you submit the form, you will receive enrollment instructions via email in two to three business days.

The following organizations may set up their own account for free classes:

- Organizations that serve nine or fewer people with disabilities.
- State, county and Tribal nation employees.

Organizations that serve 10 or more people with disabilities may set up learner and administrator accounts for a fee based on the number of participants they have. For more information about prices, review the “Free and low-cost options” tab on [DirectCourse online classes](#).

For more information, email [Minnesota’s DirectCourse learning administrator](#). (pub. 9/30/25)

Orthotics authorization requirements and coverage criteria revised

Minnesota Health Care Programs (MHCP) revised authorization requirements and coverage criteria for custom orthotics and recreational devices.

Under the [Orthoses](#) heading of the Orthotics and Prosthetics section of the MHCP Provider Manual, we added descriptions for prefabricated, custom fitted, and custom fabricated orthoses. MHCP covers one unit of prefabricated orthotics for the spine and the hip and two units of prefabricated orthotics for lower and upper limb per each impacted extremity for purposes of everyday use and one unit for purposes of bathing per calendar year without authorization. MHCP pays for two prefabricated units per type of orthosis for extremities. For custom fitted and custom fabricated orthotics, MHCP covers one unit for the spine and hip and one unit for lower and upper limbs per each impacted extremity for purposes of everyday use and bathing without authorization. Authorization is required for recreational orthotics, excess quantities of prefabricated orthotics, and subsequent new custom orthotics if the member’s current device is less than three years old.

Under the [Repairs and Replacements](#) heading, MHCP defined the reasonable useful lifetime (RUL) for custom orthotics or prosthetics. The usual RUL of five years for durable medical equipment does not apply to these devices. Custom fitted and custom fabricated devices are considered custom orthotics. MHCP pays for custom orthotic and initial prosthetic devices for purposes of everyday use and bathing without authorization.

Repairs to a device now require authorization if the combined submitted charge is \$1,000 or more. This change is effective Oct. 1, 2025.

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. (9/30/25)

Use DHS standardized forms for service terminations and suspensions

The 2024 Legislature amended [Minnesota Statutes, 245D.10, subdivision 1](#) to include the requirement: A license holder must use forms provided by the commissioner to report service suspensions and service terminations under subdivisions 3 and 3a.

The Minnesota Department of Human Services (DHS) has developed standardized forms for reporting service terminations and temporary service suspensions to meet requirements in 2024 legislation. Effective immediately, Home and Community-Based Services licensed 245D providers must use the following forms to report service terminations and suspensions:

- [Notice of Temporary Service Suspension \(DHS-2828C\) \(PDF\)](#)
- [Notice of Service Termination \(DHS-2828D\) \(PDF\)](#)

Each form includes instructions for how and when providers are required to notify DHS.

Note: Providers must download and open the forms in Adobe Reader or Adobe Acrobat for full functionality. For more information, refer to [Frequently asked questions](#) for eDocs.

Contact the Disability Services Division at positivesupports@state.mn.us or the 245D Licensing Help Desk at 651-431-6624. (pub. 9/26/25)

Revised: Early Intensive Developmental and Behavioral Intervention (EIDBI) individual provider changes

We have revised this message to clarify an individual provider must complete a new background study in NETStudy 2.0 whenever the individual provider becomes affiliated with an EIDBI agency. The Minnesota Department of Human Services (DHS) is implementing new requirements for EIDBI individual providers.

Effective Aug. 5, 2025, EIDBI providers must have a complete DHS background study with an “eligible” or “set-aside” result before they provide services.

What providers must do

- An EIDBI individual provider must complete a new background study any time the individual provider becomes affiliated with an EIDBI agency. Any EIDBI agency enrolling, reenrolling or revalidating individual providers must include the individual’s Background Study ID or Application ID from the NETStudy 2.0 system. Submit using the Minnesota Provider Screening and Enrollment (MPSE) portal or by fax.
- If submitting in MPSE, include the Background Study ID or Application ID from the NETStudy 2.0 system in the Notes section of an Enrollment Record Request. Upload a [Fee-for Service \(FFS\) only or FFS and Managed Care Organization In-Network Provider Agreement \(DHS-4138\) \(PDF\)](#) and the following applicable forms:
 - [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Qualified Supervising Professionals \(QSP\) Assurance Statement \(DHS-7120C\) \(PDF\)](#)
 - [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Level I Provider Assurance Statement \(DHS-7120D\) \(PDF\)](#)
 - [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Level II Provider Assurance Statement \(DHS-7120E\) \(PDF\)](#)
 - [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Level III Provider Assurance Statement \(DHS-7120F\) \(PDF\)](#)
- If submitting by fax, you must enter the NETStudy 2.0 Background Study ID or Application ID in the Individual Provider Personal Profile section of the [Individual Provider Enrollment Application \(DHS-4016\) \(PDF\)](#), complete and submit the [Fee-for Service \(FFS\) only or FFS and Managed Care Organization In-Network Provider Agreement \(DHS-4138\) \(PDF\)](#) and the following applicable forms:
 - [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Qualified Supervising Professionals \(QSP\) Assurance Statement \(DHS-7120C\) \(PDF\)](#)
 - [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Level I Provider Assurance Statement \(DHS-7120D\) \(PDF\)](#)
 - [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Level II Provider Assurance Statement \(DHS-7120E\) \(PDF\)](#)
 - [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Level III Provider Assurance Statement \(DHS-7120F\) \(PDF\)](#)

Form changes

- The [MHCP Individual Provider Profile Change \(DHS-3535\) \(PDF\)](#) is no longer accepted to add EIDBI affiliations.
- Starting Aug. 5, 2025, the [MHCP Individual Provider Profile Change \(DHS-3535\) \(PDF\)](#) may only be used to:
 - End an affiliation
 - Submit a name change
 - Add a National Provider Identifier (if the provider previously had a Unique Minnesota Provider Identifier (UMPI))

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 8/7/25, rev. 9/4/25, 9/26/25)

Electronic visit verification compliance requirements update

In January 2026, the Minnesota Department of Human Services (DHS) will review provider electronic visit verification (EVV) data to ensure EVV complies with federal and state requirements. Providers required to use EVV by the [21st Century Cures Act \(PDF\)](#) must enroll with HHAeXchange regardless of their chosen EVV system or payer. Providers are required to submit all their EVV visit data through HHAeXchange, including visits that are not fully compliant.

EVV compliance timeline

- Providers must meet at least 50 percent EVV compliance for all visits billed after Jan. 1, 2026.
- Providers must meet at least 80 percent of EVV compliance for all visits billed after July 1, 2026.

Provider responsibilities

HHAeXchange emails providers a monthly compliance report via the email HHAeXchange has on file for providers around the 25th of each month with performance data for the previous month. Providers are responsible for monitoring their EVV compliance performance for all tax IDs, national provider identifiers (NPIs) and unique Minnesota provider identifiers (UMPIs) associated with their agencies that are required to submit EVV data.

DHS receives the same report and uses it to assess overall compliance. Providers must take action to comply with the requirements immediately. Providers who do not meet compliance thresholds will receive a notice about required corrective actions in the PRVLTR folder in their MN-ITS mailbox.

Corrective actions

A notice of corrective action may include the following:

- an increase in the rate of compliance by a specified deadline,
- the requirement for the provider to submit a written plan to DHS outlining how compliance will be improved, or
- the requirement for the provider to meet with DHS to review performance and discuss next steps.

If a provider does not respond to the notice of corrective action, or fails to make the required improvements, DHS may take additional enforcement action. This could include recovering payments that have already been issued or withholding future payments until the provider demonstrates compliance.

Providers required to use EVV can review the [AASD and DSD eList announcement - EVV compliance requirements](#) for more information on compliance, provider responsibilities and potential corrective actions.

Provider support

DHS is committed to helping providers prepare for and meet EVV compliance requirements. DHS will share additional resources when they are available, including the following:

- Update to the EVV Policy Manual
- Office hour sessions that allow providers to learn more about compliance and ask questions
- HHAeXchange training opportunities and events
- Resources to help providers monitor and improve compliance

Visit the [Electronic visit verification](#) webpage for more information about EVV. Refer to HHAeXchange's [Minnesota Provider Information Center](#) webpage for more information about HHAeXchange in Minnesota.

Call the MHCP Provider Resource Center with any questions about this message at 651-431-2700 or 800-366-5411. (pub. 9/25/25)

Background study information for Comprehensive Multi-Disciplinary Evaluation (CMDE) providers

CMDE providers who complete assessments to determine eligibility and medical necessity for Early Intensive Developmental and Behavioral Intervention (EIDBI) services must have a completed Minnesota Department of Human Service fingerprint-based background study through NETStudy 2.0, with an “eligible” or “set-aside” result, before providing services according to [Minnesota Statutes, 256B.0949](#), subdivision 16(7).

However, CMDE providers do not have the ability to set up an individual NetStudy 2.0 account because they are not required to be affiliated with an EIDBI agency. As a workaround, CMDE providers must complete and document proof of passing one of the following while we work towards a solution:

- A background study through the NETStudy 2.0 system of an EIDBI agency with which they are affiliated.

or

- A background check outside of NETStudy 2.0 kept in their own personnel records and attested to on the [EIDBI CMDE Provider Assurance Statement \(DHS-7120A\) \(PDF\)](#).

CMDE providers are only required to maintain one completed background study or background check, regardless of the number of agencies for which they conduct evaluations. (pub. 9/23/25)

Audits completed on all surcharge accounts for nursing facilities, hospitals and ICF/DD facilities

The Minnesota Department of Human Services (DHS) Provider Surcharge Unit has completed audits on all surcharge accounts for nursing facilities, hospitals and ICF/DD facilities.

We will send a letter on Oct. 1, 2025, to each provider's MN-ITS mailbox detailing the current balance owed. This letter will include a spreadsheet of transactions from the past six years, including invoices sent and payments that have been made by the provider. Email the Provider Surcharge Unit at dhs.providersurcharge@state.mn.us if you have questions about your audit letter.

Payments for the full outstanding amount are due to DHS on Oct. 31, 2025. We will resume applying penalties and interest to any outstanding balances on Jan. 1, 2026. These charges will accrue monthly on unpaid amounts not received by the 15th of the month following the invoice date. Providers will be responsible for penalties and interest that accumulate on the accounts after Jan. 1, 2026. (pub. 9/23/25)

Early Intensive Developmental and Behavioral Intervention (EIDBI) managed care organization provider network updates

Some EIDBI provider managed care organization (MCO) contracts may not be renewed by the MCOs as part of MCO efforts to align networks with higher quality standards. These decisions are made using criteria that are separate from, and do not impact, Minnesota Health Care Programs enrollment requirements. Factors include, but are not limited to:

- safe and appropriate clinical settings,
- evidence-based and person-centered practices,
- strong documentation,
- and effective clinical oversight.

MCO care coordination teams are reaching out directly to impacted members to support continuity of care and timely access to services. MCOs maintain adequate EIDBI provider networks by regularly reviewing capacity, monitoring availability, and working with providers to quickly reconnect members with care when changes occur. Networks are also designed to include providers with the cultural and linguistic competencies needed to serve diverse populations.

Refer to the [EIDBI MCO Contact Information Grid \(PDF\)](#) and contact the MCO if you have questions about your contract. (pub. 9/23/25)

New members needed for both the Early Intensive Developmental and Behavioral Intervention (EIDBI) Learning Collaborative and the EIDBI Advisory Group

The Minnesota Department of Human Services (DHS) Disability Services Division (DSD) is recruiting new members for both the EIDBI Learning Collaborative and the EIDBI Advisory Group.

EIDBI providers and stakeholders who are interested in shaping and improving EIDBI services are encouraged to apply. Refer to the following DSD eList announcements for application details and instructions:

- [DHS seeks new members for the EIDBI Learning Collaborative](#)
- [DHS seeks new members for the EIDBI advisory group](#)

(pub. 9/23/25)

Critical access dental claims for members with MinnesotaCare program XX reprocessed

The Minnesota Department of Human Services (DHS) has become aware of critical access dental providers not receiving the 20 percent add-on for MinnesotaCare members who have major program XX. This affected claims for dates of service

Feb. 1, 2025, through Sept. 2, 2025. We updated our system and will reprocess affected claims. Reprocessed claims will appear on your Sept. 23, 2025, Remittance Advice.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 9/17/25)

New CFSS questions and answers sessions scheduled for 2025

The Minnesota Department of Human Services (DHS) will hold monthly [questions and answers sessions](#) for Community First Services and Supports (CFSS) providers until the end of 2025.

The sessions will focus on questions about CFSS policies; enrollment and the transition from personal care assistance to CFSS. CFSS policy and enrollment staff will attend. Refer to the [CFSS Provider Agency Office Hours](#) webpage for dates and times and to register for a session. (pub. 9/16/25).

Reminder: Use U2 modifier for claims for PCA services provided by a spouse or parent of a minor

As of Oct. 1, 2024, personal care assistance (PCA) provider agencies can bill for PCA services provided by a member's spouse or parent if the member is a minor. The Minnesota Department of Human Services (DHS) published information about this in a [July 30, 2024, eList announcement](#) and in [Oct. 22, 2024, eList announcement](#).

Provider agencies must use the U2 modifier on claims for PCA services provided by a spouse or parent of a minor receiving PCA services. The U2 modifier is not on the service authorization but needs to be included on the claim.

Review [Paying a spouse or parent of a minor for PCA/CFSS services](#) for details about this procedure.

If you have already submitted claims for PCA services for dates of service from Oct. 1, 2024, to now **without** the U2 modifier and services were provided by a spouse or parent of a minor, replace your claim and include the modifier U2.

Review the general billing requirements in [billing policy overview](#) in the Provider Manual. MHCP providers who render or supervise services are responsible for claims they submit to Minnesota Health Care Programs.

Note: Do not include the U2 modifier on claims when spouses or parents of minors provide Community First Services and Supports.

If you have any additional questions, please call the [MHCP Provider Resource Center](#) at 651-431-2700 or 800-366-5411. (pub. 9/9/25)

Minnesota Department of Human Services to implement CPT codes for all IEP and IFSP health-related services

All school providers enrolled with Minnesota Health Care Programs (MHCP) will be required to use current procedural terminology (CPT) codes and healthcare common procedure coding system (HCPCS) codes when billing for Individualized Education Program or Individualized Family Service Plan health-related services.

Beginning with dates of service on or after Oct. 1, 2025, providers will no longer bill using the current T1018+ modifier codes; and services being delivered under the current T1018+ modifier codes will be billed using CPT or HCPCS codes.

Refer to the "DHS to implement CPT codes for all IEP and IFSP health-related services" PDF dropped to school and school district providers' MN-ITS mailboxes on Sept. 4, 2025, for more information. You will find the memo in the PRVLTR folder.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 with questions. (pub. 9/5/25)

Coverage changes for some drug manufacturers in the fee-for-service program effective Oct. 1, 2025

The Minnesota Department of Human Services (DHS) has been notified that Salix Pharmaceuticals, INC. will no longer participate in the federal Medicaid drug rebate program effective Oct. 1, 2025. As a result, Medical Assistance (MA) is unable to cover their drugs, including Xifaxan® and Relistor®, effective Oct. 1, 2025, in the fee-for-service program.

Participation in the federal Medicaid drug rebate program is optional for drug manufacturers. However, opting out of the program means MA is unable to cover their drugs because state and federal law requires that drugs covered through MA must be eligible for federal funding. A drug manufacturer must participate in the federal Medicaid drug rebate program for a drug to be eligible for federal funding.

Other drug manufacturers have chosen not to participate in the federal Medicaid drug rebate program effective Oct. 1, 2025. Refer to the [Drug Manufacturer Contacts](#) webpage on the U.S. Centers for Medicare & Medicaid website for a list of manufacturers that will no longer participate. (pub. 9/4/25)

2025 hearing aid volume purchase contract effective Sept. 1, 2025

The [2025 Hearing aid contract, vendors, models, prices, and codes \(PDF\)](#) became effective Sept. 1, 2025. The 2024 contract expired Aug. 31, 2025.

Providers have a 30-day grace period for dispensing instruments purchased, but not delivered, before the contract expired. You must dispense hearing aids obtained under the 2024 contract before the end of the grace period which is Sept. 30, 2025. This includes hearing aids with approved authorizations.

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 9/2/25)

Robotic assistive feeding devices coverage criteria

Minnesota Health Care Programs (MHCP) has updated the [Robotic Arms](#) section of the MHCP Provider Manual to reflect new coverage criteria for robotic assistive feeding devices. We have renamed this section of the provider manual Robotic Arms and Assistive Technology to reflect new coverage criteria for robotic assistive feeding devices.

Robotic assistive feeding devices are tabletop devices that aid members in eating independently.

- Authorization is always required.
- Use modifier UA with HCPCS code E1399 for these assistive devices.
- MHCP only covers one assistive device per eligible member.
- Refer to the revised manual section for complete coverage criteria, including documentation requirements.

Authorization for Robotic Arms

When submitting an authorization request for robotic arms, providers must now include documentation explaining why a robotic assistive feeding device, as a less-costly alternative, does not satisfy the members medical needs.

Contact the [MHCP Provider Resource Center](#) at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 9/2/25)

Revised: 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

We revised this message to clarify that providers should submit prior authorization requests for Casgevy to Prime Therapeutics.

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 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. 7/3/25) (rev. 8/29/25)

Important memo sent to family residential services providers

On Aug. 28, 2025, the Minnesota Department of Human Services (DHS) sent memos to family residential services providers with information about the new rate methodology effective Jan. 1, 2026.

We sent the memo to providers' **PRVLTR** folder in their MN-ITS mailbox. Refer to the memo for information on the new family residential services rate methodology.

In addition, Disability Services Division staff will host a webinar **Oct. 21, 2025, at 1 pm.** for family residential services providers to get more information. Review the memo for information about the webinar.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411, option 4, if you have questions about this message. (pub. 8/28/25)

FAQ webpage available for Housing Stabilization Services termination

On Friday, Aug. 1, the Minnesota Department of Human Services (DHS), on the guidance of its own DHS Office of Inspector General, [moved to terminate the Housing Stabilization Services program](#) due to large-scale fraud found by OIG's data analysis and investigatory work.

We know this news brings up many questions for HSS providers and clients, especially about the timeline for termination and whether providers can continue providing services for the time being. DHS has compiled an [Housing Stabilization Services program termination FAQ](#) webpage for HSS providers and clients that contains all of the information available at this time.

Terminating the entire HSS program is a complex action involving numerous parties, and it cannot be immediately enacted. Until then, eligible HSS providers can continue to deliver services to enrolled individuals and individuals may continue applying to the program at this time.

This is a developing situation and DHS will update the FAQs and communicate with providers as more information is received.

We are hearing that there is confusion between Housing Support and Housing Stabilization Services. It might be helpful to clarify whenever possible that these are two separate programs:

- **Housing Stabilization Services** helps a person find and keep housing.
- **Housing Support** (formerly known as Group Residential Housing or GRH) is a resource for adults with low incomes who have a disability or are 65 or older that helps eligible recipients pay for their housing costs. Counties and some tribes administer the Housing Support program for the state and are responsible for determining eligibility.

(pub. 8/12/25)

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.