




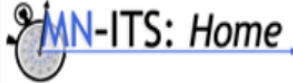

Minnesota Provider Screening & Enrollment (MPSE) Portal Training for Customized Living Service Providers with Assisted Living License

DHS Medicaid Payments and Provider Services Division

Steps to upload a copy of an assisted living facility license

MN-ITS Login page

Enter your username and password, check the terms and conditions agreement box and click Login.



Log in Here

You must be [MHCP-enrolled](#), [MN-ITS registered](#), and agree to these [terms and conditions](#).

Username:

Password:

☐ I agree to the [Terms and Conditions](#).

Terms and Conditions

MN-ITS is the property of the state of Minnesota. Use of this system without authority from the state of Minnesota, or in excess of authority, may result in state and federal civil and criminal sanctions or penalties, disciplinary action, or other appropriate action. You are representing yourself as an authorized user by continuing to use this system. The state of Minnesota or other authorized officials may monitor or access any activity on this system at any time. This includes any data created, stored, or accessed using this system. All such data is subject to the Minnesota Government Data Practices Act. Any identified evidence of possible criminal activity will be provided to appropriate law enforcement agencies. You agree to comply with the terms and conditions of the EDI Trading Partner Addendum your organization agreed to during the MN-ITS registration process by entering MN-ITS.

MHCP wants your feedback

- MHCP wants feedback from enrolled providers and invites you to take the [MHCP Provider Survey](#). We want to hear from you about what works well, what needs improvement, and what else we should be considering when we work with you to accomplish our shared goals.

Important Notices

Refer to the [Provider news and updates](#) for current messages about MN-ITS maintenance and availability.

- Secure FTP client users only:** All FTP directories and sub-directories will retain data from the last 15 days only. These directories will be purged daily of data older than 15 days. Providers may also delete files from any FTP directory, including submitted files. If you think you may need data older than 15 days, you will need to save it to your own server. This affects

NOTE: X12 files are accepted, but not processed on Mondays between 5:00 AM and 4:30 PM

Scheduled Downtimes

Every Sunday:
6:00 a.m. - 12:00 p.m.
8:00 p.m. - 1:00 a.m.

Every Monday and Wednesday:
10:00 a.m. - 10:15 a.m.

Thursdays of Payment Week:
10:00 a.m. - 10:15 a.m.

Saturdays following Cut-off
6:00 p.m. - 7:30p.m.

- On the left-hand side, click **Minnesota Provider Screening and Enrollment (MPSE) Portal**.
- If you do not see the link for the MPSE Portal, contact your MN-ITS Primary Administrator.

TEST REGION

Mailbox

User Administration
User Guides
Last Check
**Minnesota Provider Screening
and Enrollment (MPSE) Portal**

The look of some screens will change during the next few months, but functionality will remain the same.

MN-ITS

Your access to MN-ITS functions and [applications](#) (on the left menu) has been tailored based on the services you provide. Your MN-ITS Administrator may further restrict your views/access. Learn which functions and applications apply to your [provider type](#), and contact your MN-ITS Administrator with questions. These functions listed below represent an exhaustive list and may not appear for each user.

Eligibility Request (270)

Look up subscriber eligibility and coverage and receive an Eligibility Response (271).

Authorization Request (278)

Create and submit authorization requests.

Service Agreement Request (278)

Create and submit service agreement requests.

Submit Transactions

Submit and view history for X12 production batch, X12 test batch and miscellaneous (i.e., affiliation data, supplemental payments, etc.) transactions.

Submit DDE Claims (837)

Submit claims directly to MHCP.

Request Claim Status (276)

Check the status of a submitted claim

Batch Submitters

Refer to [5010/D0](#)

Related Pages

- [Troubleshooting Guide](#)
- [MHCP Payment & Claim Cut-off Calendars](#)
- [MHCP Fee Schedule](#)
- [X12/NCPDP Submitters](#)
- [Provider Updates](#)
- [Provider Website](#)
- [Sign Up for Email Lists](#)

Related Links

- [X12 External Code List](#)
- [NDC Search](#)

Questions or Comments?

- [Contact Provider Relations](#)

Manage Portfolio

Click the **Create a New Request** button located at the bottom center of the page.

ATSTGPE1300 | [Logout](#)

[Help](#)

Manage Portfolio

Use this page to view and manage your portfolio. You can also create a new request or complete a request that was submitted by paper and entered by Provider Enrollment.

Master Profile

Legal Name:

MHCP Provider ER 18-NR

FEIN:

-***

SSN:

Ownership Type:

Corporation, LLC

Last Profile Update:

05/12/2021

Profile Actions

[View Profile](#) | [Summary Report](#)

Return Requests

Return Requests Actions

[Returned Requests](#)

Requests

Submit Date	Status/Outcome	Request Information	Request Details	Request Actions
No Requests exist				

Create a New Request

Progress

Select a screen name to view that screen.

Section or screen is in progress.

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Questions or Comments?

[Contact Us](#)

Select Request Type

- Select **Enrollment record request**.
- Enter the request effective date.
- Leave “no” selected for the revalidation question.
- Click **Continue**.

Select Request Type

Use this page to select the request type you wish to make to initiate a change to your enrollment records

Provider Portfolio

Legal Name

MHCP Provider ER 18-NR

***=Required Field**

Request Type Selection

Request Type *

☒ **Global request:** Manage profile information (ownership, business entity, personal information, FEIN, Social Security Number)

☐ **Enrollment record request:** Manage information that is specific to an enrollment record (practice addresses, services, credentials)

☐ **Service provider to trading partner affiliation request:** Manage a request to create or modify an affiliation to a trading partner (EDI trading partner, Clearinghouse, Billing Intermediary)

Request Effective Date *

MM/DD/YYYY

Manage Revalidation Request Indicator

Is this a Revalidation Request? *

☐ Yes ☒ No

Cancel

Continue

Progress

Select a screen name to view that screen.

Section or screen is in progress.

[Request Information](#)

Related Links

[Partners and Providers Home Page](#)

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Questions or Comments?

[Contact Us](#)

Manage Enrollment Records

Under **Active Enrollment Records List**, look for your customized living enrollment record, click **Edit** under the **Actions** column.

Manage Enrollment Records

Use this page to manage your enrollment records.

Portfolio/Profile Information

Source Portfolio Legal Name MHCP Provider LLC

Request Type Enrollment record request

Enrollment Records - Modify Requests

Enrollment Record Id	NPI/UMPI	Practice/Provider Name	Unique Display Name	Enrollment Record Type	Encounter Indicator	Address	Status	Actions
There are no items in the list to display.								

Show 10 entries

Search:

Active Enrollment Records List

Enrollment Record Id	NPI/UMPI	Practice/Provider Name	Unique Display Name	Enrollment Record Type	Encounter Indicator	Address	Status	Actions
633814	9999962027	MHCP Provider ER 18-NR	MHCP Provider ER 18-NR	18-NR - HCBS Support Services	Fee For Service and In-Network Managed Care	540 Cedar St Saint Paul MN 55109	Active	Edit Summary Report
668439	A838975100	CLS	CLS	18-CLS - HCBS Customized Living	Fee For Service and In-Network Managed Care	540 Cedar St St Paul MN 55109	Active	Edit Summary Report
687030	A253680100	MHCP CLS	MHCP CLS	18 - Home and Community-Based Services	Fee For Service and In-Network Managed Care	444 Laffayette St Saint Paul MN 55109	Active	Edit Summary Report

Showing 1 to 3 of 3 entries

Previous 1 Next

Select a screen name to view that screen.

Section or screen is in progress.

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Questions or Comments?

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Enrollment Record Information

You will land on the Enrollment Record Information page.

On this page, you will need to look at the right-hand navigation, click on **Credentials**.

Enrollment Record Information

Use this page to manage your Enrollment Record Information.

Portfolio/Profile Information

Source Portfolio Legal Name	MHCP Provider LLC
Request Type	Enrollment record request

Enrollment Record Information

NPI/UMPI	A838975100	Practice / Provider Name	CLS
Enrollment Record Type	18-CLS - HCBS Cus	Unique Display Name	CLS

*=Required Field

Enrollment Record Information

Provider's Practicing Name *	CLS
Unique Display Name	CLS
Enrollment Record Type *	HCBS Customized Living - 18-CLS
Medicaid Agreement Indicator *	<div><input type="radio"/> Chemical Dependency Addendum</div> <div><input type="radio"/> No Agreement</div> <div><input type="radio"/> Standard Agreement</div> <div><input type="radio"/> Stipulated Agreement</div> <div><input type="radio"/> Waiver Services Addendum</div>

Select a screen name to view that screen.

Section or screen is in progress.

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- [Provider Identifiers](#)
- [Facility Type](#)
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- [Additional Enrollment Questions](#)
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Manage Credentials

On the Manage Credentials page, click on **Add a Credential**.

Enrollment Record Information

NPI/UMPI

A838975100

Practice / Provider Name

CLS

Enrollment Record Type

18-CLS - HCBS Cus

Unique Display Name

CLS

Credentials

Credential Name	License Type	License Number	Start Date	End Date	Credential Status	User Actions
Housing with Services - new customized living setting is limited to serving people age 55 and older	Assisted Living Facility New CLS Setting Age 55 Years and Older	315789	12/08/2020	12/31/2020	Active	View/Edit
Home and Community-Based Settings Provider Assurance Statement (DHS-7618)	DHS Approved	DHS-7618	12/08/2020		Active	View/Edit
General or Commercial or Professional Liability Insurance			12/08/2020	12/31/2020		View/Edit
Customized Living Provider Assurance Statement (DHS-6189X)	DHS Approved	DHS-6189X	12/08/2020		Active	View/Edit
Comprehensive Homecare License	Comprehensive Home Care	123456	12/08/2020	12/31/2020	Active	View/Edit

Rows to display:

2050100

Displaying rows 1 to 5 of 5

<<<1>>>



Add a Credential

Continue

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Questions or Comments?

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Credentials

Select the **credential** applicable to your agency.

Note: If your customized living setting is exempt from assisted living facility license, you must select the appropriate credentials and also complete and upload a copy of the assurance statement form: [DHS-8116](#) to the **Notes** page.

*=Required Field

Select Credential

Search

Credential *

- ☐ Assisted Living Facility License
- ☐ Assisted Living with Dementia Care Facility License
- ☐ Assisted living facility license - new customized living setting age 55 years and older
- ☐ Assisted living with Dementia Care facility license - new customized living setting age 55 years and older
- ☐ Comprehensive Home Care License who meet assisted living licensure exemption of Minn. Stat. 144G.08 subd. 7
- ☐ Comprehensive Homecare License
- ☐ Comprehensive home care license who meet assisted living licensure exemption of Minn. Stat. 144G.08 subd. 7. - New customized living setting age 55 years and older
- ☐ Customized Living Provider Assurance Statement (DHS-6189X)
- ☐ General or Commercial or Professional Liability Insurance
- ☐ Home and Community-Based Settings Provider Assurance Statement (DHS-7618)
- ☐ Housing with Services
- ☐ Housing with Services - 5 or more people
- ☐ Housing with Services - new customized living setting is limited to serving people age 55 and older
- ☐ Housing with Services – Under 65 customized living (BI and CADI only)
- ☐ Registered Housing with Services establishment that is a setting of one to five unrelated people living together in a residential unit not licensed as Adult Foster Care and must comply with Minnesota Rules, parts 9555.6205, subparts 1 to 3; parts 9555.6215, subparts 1 and 3; and parts 9555.6225, subparts 1, 2, 6 and 10, and in which the residence is not the primary residence of the license holder.

Cancel

Continue

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Questions or Comments?

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Manage Credentials Cont.



- Enter credential start date.
- Enter credential end date.
- Enter credential's license or certificate ID.
- Upload a copy of the credential.
- Click **Continue**.


Credential Name Assisted Living Facility Licer


***=Required Field**


Manage Credential


Start Date *  

End Date *  


License/Cert ID * 



Issued by 


Credential Status 

License Type 

License Verified ☐ Yes ☒ No

Credential Documentation 

Upload Credential Documentation *  



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Notes

This step is only if your customized living setting is exempt from assisted living facility license.

On the right-hand navigation, click on **Notes**.

Credentials

Credential Name	License Type	License Number	Start Date	End Date	Credential Status	User Actions
Housing with Services - new customized living setting is limited to serving people age 55 and older	Assisted Living Facility New CLS Setting Age 55 Years and Older	315789	12/08/2020	12/31/2020	Active	View/Edit
Home and Community-Based Settings Provider Assurance Statement (DHS-7618)	DHS Approved	DHS-7618	12/08/2020		Active	View/Edit
General or Commercial or Professional Liability Insurance			12/08/2020	12/31/2020		View/Edit
Customized Living Provider Assurance Statement (DHS-6189X)	DHS Approved	DHS-6189X	12/08/2020		Active	View/Edit
Comprehensive Homecare License	Comprehensive Home Care	123456	12/08/2020	12/31/2020	Active	View/Edit

Rows to display:

20

50

100

Displaying rows 1 to 5 of 5

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Add a Credential

Continue

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Questions or Comments?

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Manage Note

This step is only if your customized living setting is exempt from assisted living facility license.

Click on **Add a Note**.

Manage Notes

Use this page to manage notes within a profile. Notes are visible and assigned based on your role types. Users can create, update or view notes of a request.

Portfolio/Profile Information

Source Portfolio Legal Name

MHCP Provider LLC

Request Type

Enrollment record request

Enrollment Record Information

NPI/UMPI

A838975100

Practice / Provider Name

CLS

Enrollment Record Type

18-CLS - HCBS Cus

Unique Display Name

CLS

Manage Notes

Note text	↕	User Name	↕	Update Date	↕	Note Documentation	User Actions
There are no items in the list to display.							
Rows to display:				Displaying rows 0 to 0 of 0			
20	50	100		<<	<	>	>>

Add a Note

Continue

Progress

Select a screen name to view that screen.

Section or screen is in progress.

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Manage Note Cont.

This step is only if your customized living setting is exempt from assisted living facility license.

- Add a Note Text:
“See attached DHS-8116”
- Upload the completed [DHS-8116](#) in the **Upload Note documentation.**
- Click **Continue.**

*=Required Field

Manage Note

Note Text *

Supporting Note Documentation

No document exists

Upload Note documentation

User Name

Update Date

MM/DD/YYYY

Cancel

Continue

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Submit Request

On the right-hand navigation, click on **Submit Request**.

Manage Notes

Note text	↑↓	User Name	↑↓	Update Date	↑↓	Note Documentation	User Actions
There are no items in the list to display.							
Rows to display:						Displaying rows 0 to 0 of 0	
<div>2050100</div>						<div><<<>>></div>	

Add a Note

Continue

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Questions or Comments?

Contact Us

Submit Request Cont.

- Complete the attestation statements.
- Click **Submit For Approval**

Submit Request

Use this page to submit a request to Provider Enrollment.

Request Errors

There are no business rule errors for this request.

Attestation

On behalf of this organization, I certify that the information provided is true and complete. I will notify MHCP Provider Eligibility and Compliance of any changes to this information. I understand that anything that is not true or is misleading in the information this organization submits to MHCP, including false claims, statements, documents or concealing a fact, may be cause for denial or termination as a Medicaid provider. *

☐

Ownership Change Attestations

I attest on behalf of the organization that I have completed or reviewed the information required in the Owners/Authorized Persons section in MPSE and verified the information is accurate and no changes will need to be made. *

☐

I attest on behalf of the organization that I have reviewed the information required in the Owners/Authorized Persons section in MPSE and verify that I need to make corrections or updates. I will submit a separate global request to make corrections or add ownership and authorized person information. (In order to create a global request you must have a Global Provider Enroller role. If you do not have this role or know who has this role within your organization, see your administrator.) *

☐

Progress

Select a screen name to view that screen.

Section or screen is in progress.

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Related Links

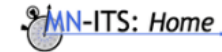
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Questions or Comments?

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Submission Approval

Click **Continue**.



ATSTGPE1300 | [Logout](#)

[Help](#)

Submission Approval

Request was submitted successfully. Use this page to download a copy of the profile request.

Minnesota Provider Screening and Enrollment (MPSE) Portal Provider Survey

Complete the MPSE Provider Survey to provide DHS with valued feedback on this MPSE Portal. [MPSE Provider Survey](#)

Submission Approval

Request was submitted successfully.

Please contact the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have any questions.

Thank you for your participation in Minnesota Health Care Programs.

[Download All Documents](#)

[Continue](#)

Progress

Select a screen name to view that screen.

Section or screen is in progress.

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Questions or Comments?

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Manage Portfolio Requests

After you click continue on the Submission Approval page, you will return to the **Manage Portfolio** page, where you can see the request you created under “**Requests.**”

Manage Portfolio

Use this page to view and manage your portfolio. You can also create a new request or complete a request that was submitted by paper and entered by Provider Enrollment.

Master Profile

Legal Name: MHCP Provider LLC

FEIN: ***_***** SSN:

Ownership Type: Corporation, LLC Last Profile Update: 05/12/2021

Profile Actions [View Profile](#) | [Summary Report](#)

Return Requests

Return Requests Actions [Returned Requests](#)

Show 10 entries

Search:

Requests

Submit Date	Status/Outcome	Request Information	Request Details	Request Actions
05/13/2021	Pending Review	Type Enrollment record request Indicators Requestor ATSTGPE1300 Request Id 168696	Enrollment Record • CLS - A838975100 (18 - HCBS Customized Living) Contains Notes • Yes Owners / Authorized Person Changes • 0	View Request Summary Report View Differences Report Delete

Select a screen name to view that screen.

Section or screen is in progress.

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- [Minnesota Provider Screening and Enrollment \(MPSE\) Portal](#) webpage
- [MPSE Portal User Guide: Managing Credentials](#)
- [MPSE Portal User Guide: Managed Notes](#)
- [License requirement changes for customized living services providers](#) webpage

If you still have additional questions regarding your enrollment with MHCP for customized living services, call the Provider Resource Center at 651-431-2700 or 800-366-5411.