

#### February 27 - March 11, 2024

#### Systems announcements

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

#### Revised: Pharmacy services and 837 batch claims impacted by nationwide issues

We have revised this message to include information about changing your billing organization. Minnesota Health Care Programs' (MHCP) systems have not been impacted by the cyberattack and our claims processing and pharmacy point-of-sale systems are working properly. You may upload batch transactions or enter claims individually through Direct Data Entry in MN–ITS.

We are accepting pharmacy point of sale claims from the following value added networks:

- Relay Health/McKesson
- Red Sail Technologies

If you want to add or change your billing organization, refer to information under the Changing Your Billing Organization heading in the Billing Organizations/Responsibilities section of the MHCP Provider Manual.

First time submitting 837 batch claims in MN-ITS?

You must first submit batch claims through the MN–ITS test region if you have never submitted claims using MN–ITS. Refer to the MN–ITS test region and Syntax testing – common errors sections of the <u>5010/D.0 compliance</u> webpage for more information. (pub. 3/4/24, rev. 3/6/24)

#### System work scheduled beginning March 9, 2024

We will be updating parts of our systems beginning at 7 p.m. Saturday, March 9. Providers and their automated systems will not be able to log in to MN–ITS (production region) or Secure File Transfer Protocol through Minnesota Enterprise Identity & Access Management (MNEIAM) system during the update. This update is expected to last until about 4 a.m. Sunday, March 10.

Pharmacy point of sale will be available during this time. (pub. 3/6/24)

# Some Substance Use Disorder (SUD) nonresidential (outpatient) group and individual treatment claims are denying for dates of service before March 4, 2024

Minnesota Health Care Programs is aware of SUD nonresidential (outpatient) group and individual treatment (H2035 HQ, H2035) claims denying when service exceeds six hours a day or 30 hours per week. We will post a message on this webpage with updated information when available. (pub. 3/8/24)

### **Provider Directory down**

The Provider Directory is down. We are aware of the situation and are working to resolve it.

### Doula services providers do not need an NPI to enroll with MHCP

Individual and organizational doula services providers wanting to enroll with Minnesota Health Care Programs (MHCP) do not need a National Provider Identifier (NPI) but may have the option of using an NPI that is registered to them.

If you are an individual doula services provider, we will assign a Unique Minnesota Provider Identifier (UMPI) if you do not include an NPI in your enrollment submission or the NPI is already being used for a different provider type.

Organizational doula providers may enroll with their registered NPI or request a UMPI.

Doula services providers may request an UMPI in the following ways:

- Using the Minnesota Provider Screening Enrollment to enroll: In the <u>New Profile Request</u>, on the **Manage Provider Identifier** page, select **Yes** to use UMPI, add your requested effective date, and click continue.
- Faxing enrollment documents for individual doula providers: On the <u>Individual Provider Enrollment Application</u> (<u>DHS-4016</u>) (<u>PDF</u>), under the <u>Individual Provider Personal Profile</u> section, leave the <u>NPI or UMPI</u> field blank and select the box that states I am not eligible for an NPI. Check here to have MHCP assign an UMPI.
- Faxing enrollment documents for organizational doula providers: On the <u>Organization Provider Enrollment Application (DHS 4016A) (PDF)</u>, under the **Organization Information** section, leave the **NPI or UMPI** field blank and select the box that states **I am not eligible for an NPI. Check here to have MHCP assign an UMPI**.

We will send you a welcome letter with your NPI or UMPI and instructions on how to register with MN–ITS when your request is approved. (pub. 3/5/24)

#### Reminder: direct support worker compensation must be on time

As provider agencies implement electronic visit verification for PCA and CDCS, some agencies are choosing to use new processes to collect hours direct support workers have worked for payroll purposes. As agencies and workers adapt to these new processes, agencies must continue to ensure that workers receive their compensation timely. For information about requirements for employers, PCA agencies can review the information provided on the <a href="Minnesota Department of Labor and Industry">Minnesota Department of Labor and Industry</a> website. (pub. 3/4/24)

#### New MPSE portal Questions and Answers sessions offered

The Minnesota Provider Screening and Enrollment (MPSE) portal is the online application that providers can use to enroll with Minnesota Health Care Programs (MHCP), or enrolled providers can use to update enrollment information. MHCP is offering weekly Questions and Answers sessions on Wednesdays from 1 to 2 p.m. starting Wednesday, Feb. 7, 2024. Sessions are conducted using the Microsoft Teams platform but attendees do not need to have Microsoft Teams installed to attend.

The instructor will answer questions in a group setting in the order questions are received using a live demonstration in the MPSE portal whenever possible. General questions not requiring a live demonstration are also welcome. Instructors will not answer questions that include provider identifying information.

Find the link to join the Q&A sessions on the MPSE Training webpage. Refer to the MPSE FAQ for additional information. (pub. 3/1/24)

## HPE and MFPP providers should use Health Care Consumer Support Document (HCCS) Portal to submit documents; fax submission ends June 1

Effective June 1, 2024, HCCS will no longer accept the following materials submitted by fax from Hospital Presumptive Eligibility (HPE) and Minnesota Family Planning Program (MFPP) providers:

- HPE forms, applications and supporting documents
- MFPP presumptive eligibility forms, applications, renewals and supporting documents

HPE and MFPP providers should now use the <u>HCCS Document Portal for Partners and Providers</u> to submit the previously listed materials. Using the portal helps eliminate errors caused by faxing and ensures accurate submission of documents. This results in more efficient processing for partners, providers and HCCS.

You do not need to register or create a user ID or password to use the <u>HCCS Document Portal for Partners and Providers</u>. Refer to the following resources for user instructions and other information:

- Demonstration on how to use the HCCS Document Portal (video)
- HCCS Document Portal for Partners and Providers User Guide (DHS-8510) (PDF)
- Hospital Presumptive Eligibility program and MFPP forms, documents and resources webpages

(pub. 3/1/24)

### CMS approves PCA transition to Community First Services and Supports (CFSS)

On Feb. 27, 2024, the federal Centers for Medicare & Medicaid Services (CMS) approved CFSS, a program that will replace personal care assistance (PCA) and the consumer support grant (CSG) in Minnesota.

The Department of Human Services (DHS) will announce the CFSS launch date at least 90 days in advance. We will continue to send status updates as more information becomes available.

Review the Aging and Adult Services Division and Disability Services Division eList announcement <u>CFSS receives federal approval</u> for more information. (pub. 2/28/24)

## RelayHealth (also known as McKesson and CoverMyMeds) now connects to DHS as VAN provider

RelayHealth is now submitting pharmacy claims directly to the Minnesota Department of Human Services (DHS) effective Feb. 27, 2024.

We notified pharmacy services providers on Dec. 1, 2023, that RelayHealth would no longer connect to DHS as a value added network (VAN) provider, also known as a switch vendor, beginning on Jan. 1, 2024. Since then, RelayHealth has updated the IP address that's used to direct claims to DHS systems. (pub. 2/28/24)

### Pharmacy services and batch claims may be impacted by nationwide issues

Pharmacy services and batch claims may be impacted by nationwide issues related to switch vendors and a cyberattack on Change Healthcare's (also known as Optum) system.

Providers should know that Minnesota Health Care Programs (MHCP) claims processing and pharmacy point-of-sale systems are functioning and that we are not involved in restoring switch products. Additionally, MHCP's system has not been impacted by the cyberattack.

We are not involved in overriding claim denials or rejections received by pharmacies; and are processing point-of-sale claims as soon as we receive them.

We will post a future message on this webpage when the nationwide issues are resolved. (pub. 2/27/24)

## Authorization requirement update for outpatient nonresidential Substance Use Disorder (SUD) providers

Language passed during the 2021 special legislative session requires authorization for licensed nonresidential SUD facilities providing more than six hours a day or 30 hours a week of treatment services. All nonresidential (outpatient) group or individual treatment, or a combination of these two services, for fee-for-service members exceeding six hours a day or 30 hours a week will require the licensed nonresidential SUD facility to obtain authorization from the medical review agent for the additional hours. The Behavioral Health Division (BHD) is implementing an authorization process with the medical review agent. Refer to the February and March trainings for 245G programs: More than six or 30 hours of outpatient treatment authorization process Behavioral Health e-Memo for information about authorization training by the medical review agent. Email BHD at SUD.Direct.Access.DHS@state.mn.us if you have questions about this message. (pub. 2/23/24)

### Claim Adjustment Group Code for SUD nonresidential (outpatient) group and individual treatment

Effective March 4, 2024, when Substance Use Disorder (SUD) nonresidential (outpatient) group and individual treatment (H2035 HQ, H2035) services provided to a member exceed six hours a day or 30 hours a week, the 835 transaction (remittance advice) will show Group Code CO, Claim Adjustment Reason Code A1, and Remittance Advice Remark Code

N362. You must submit an authorization request to the medical review agent to provide and bill SUD nonresidential (outpatient) group and individual treatment (H2035 HQ, H2035) services exceeding six hours a day or 30 hours a week.

Refer to the <u>Authorization</u> section of the Minnesota Health Care Programs Provider Manual for information about submitting a prior authorization request to the medical review agent for a member who requires nonresidential (outpatient) group and individual treatment services exceeding more than six hours per day or 30 hours per week. (pub. 2/23/24)

#### Upcoming webinars to help hospital staff address youth behavioral health

Hospital staff will learn about effective care for youth experiencing a behavioral health crisis in new, free webinar-based trainings. Trainings will teach you how to address youth behavioral health and manage challenging behaviors.

The Minnesota Department of Human Services partnered with the Training Institute at People Incorporated to provide live trainings throughout 2024 and 2025 and offer recorded versions for later viewing. Upcoming trainings include the following:

- Trauma-Informed Care March 7, 2:30 4 p.m.
   Adapt practices, communication, physical spaces, and more to make hospitals less anxiety-inducing and consequently less likely to re-traumatize the children and adolescents receiving care. Go to the <u>Trauma-Informed Care</u> webpage to review the course description and register.
- General Pediatric Mental and Behavioral Health Conditions and Presentations March 8, 10 11:30 a.m.
   Explore prevalent diagnoses in children and how disordered patterns of thinking, feeling, and behaving can cause distress. Go to the <u>General Pediatric Mental and Behavioral Health Conditions and Presentations</u> webpage to review the course description and register.
- Crisis De-escalation March 22, 9:30 11 a.m.
   Learn this model of intervention to help guide a child experiencing dysregulation. Go to the <u>Crisis De-escalation</u> webpage to review the course description and register.
   (pub. 2/22/24)

### Upcoming webinars to help school-based providers address youth behavioral health

School-based mental health and substance use disorder professionals will explore topics related to effective care for youth experiencing a behavioral health crisis in this new, webinar-based training series. DHS will be partnering with the Training Institute at People Incorporated to provide trainings that address youth behavioral health and managing challenging behaviors.

Trainings will run throughout 2024 and 2025 and will be offered live, as well as recorded for later viewing. Upcoming trainings include the following:

- Best Practices for Providing Mental Health and Addiction Care Services in School Settings March 5, 3:30 5 p.m.
   Learn best practices and ethical guidelines for effective mental health service provision within an educational setting.
   Go to the Best Practices for Providing Mental Health and Addiction Care Services in School Settings webpage to review the course description and register.
- General Pediatric Mental and Behavioral Health Conditions and Presentations March 18, 3:30 5 p.m.
   Explore prevalent diagnoses in children and how disordered patterns of thinking, feeling, and behaving can cause distress. Go to the General Pediatric Mental and Behavioral Health Conditions and Presentations webpage to review the course description and register.
- Creating Diagnostic Formulations in IEP Assessments March 26, 4 5:30 p.m.
   Improve mental health interventions by aligning with the Individual Education Plan. Go to the <u>Creating Diagnostic Formulations in IEP Assessments</u> webpage to review the course description and register.

   (pub. 2/22/24)

### PCA now covers driving provided by PCA workers

The Minnesota Department of Human Services (DHS) updated personal care assistance (PCA) policy to reflect a recent change in state statute. Minnesota Health Care Programs (MHCP) now covers PCA driving time when the need for driving is documented in the member's care plan. This means a PCA provider agency may now be reimbursed for time a PCA worker spends driving an adult member into the community, including to medical appointments. Review the <a href="PCA Manual Covered Services">PCA Manual Covered Services</a> section to ensure the PCA worker meets the requirements.

This policy change is effective the date of the Aging and Adult Services Division and Disability Services Division eList announcement PCA now covers driving provided by PCA workers. (pub. 2/21/24)

### Recuperative care claims experiencing reimbursement delay

Minnesota Health Care Programs is working on a system update which will delay the reimbursement of recuperative care services claims. Providers should not submit claims for recuperative care services at this time.

We will post a future Provider News message on this webpage when you can submit claims for recuperative care services. (pub. 2/20/24)

### Complete individual PCA and CFSS training to comply with CFSS transition

The Minnesota Department of Human Services (DHS) anticipates the Centers for Medicare & Medicaid Services (CMS) approval of the transition of the personal care assistance (PCA) program to Community First Services and Supports (CFSS). Once this transition is approved, all CFSS workers will be required to complete the Individual PCA and CFSS training.

To prepare for this transition and ensure there are no delays in receiving reimbursement for CFSS services, complete the <u>Individual PCA and CFSS training</u> by **June 1, 2024**.

Current individual PCA workers who took the test after April 15, 2020, and have a certificate titled "PCA and CFSS Support Worker Training" **do not** need to retake the training.

Current individual PCA workers who took the test **before** April 15, 2020, and have a certificate titled "Personal Care Assistant Training" **will** need to complete the training.

Agencies are encouraged to review their entire roster of individual PCA staff for accuracy. Update individual PCA records using the Minnesota Provider Screening and Enrollment (MPSE) portal or by faxing the Individual DSW Information Change Request (DHS-5716) (PDF).

For new enrolling PCA and CFSS workers, indicate completion of the training on your enrollment application either using MPSE or by fax. (pub. 2/20/24)

### Housing Stabilization Services Moving Expenses MN-ITS Training webinars cancelled; Overview webinars still scheduled

Housing Stabilization Services Moving Expenses MN–ITS Training webinars scheduled for Feb. 29 and March 21 have been cancelled. Sign up for a <u>Housing Stabilization Services MHCP Provider Manual and MN–ITS Training</u> webinar to learn more about submitting claims for Moving Expenses after the April 1, 2024, launch date.

Moving Expenses Overview webinars are still scheduled. Refer to the "Moving Expenses webinars scheduled for Housing Stabilization Services providers" message posted on this webpage Jan. 19, 2024, for information about the webinars. (pub. 2/16/24)

### Doula provider types added to provider agreement forms

The Minnesota Department of Human Services updated the following provider agreement forms with the provider types of DA Doula Individual and DA Doula Organization.

- <u>Fee-for-Service (FFS) only or FFS and Managed Care Organization In-Network Provider Agreement (DHS-4138)</u>
- MCO In-Network Provider Agreement (DHS-8355) (PDF)

Refer to the <u>Doula Enrollment Criteria and Forms</u> section under Provider Basics in the Minnesota Health Care Programs Provider Manual for more information about enrollment. (pub. 2/15/24)

### Community health workers may now bill for community health integration services

Community health workers (CHW) enrolled with Minnesota Health Care Programs (MHCP) may now bill for the following community health integration services when provided to Medical Assistance, MinnesotaCare and Medicare members.

- **G0019:** Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner. These services may be billed for 60 minutes per calendar month for certain services to address social determinants of health needs that are significantly limiting the ability to diagnose or treat needs addressed in an initiating visit.
- **G0022**: Community health integration services, each additional 30 minutes per calendar month. List separately in addition to G0019.

Refer to the <u>Community Health Worker</u> section in the MHCP Provider Manual for information about billing. Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 2/15/24)

## DHS offers different dental crown benefits in the MHCP Dental Benefit set and Program HH

The Minnesota Department of Human Services (DHS) offers different dental crown benefits through the Minnesota Health Care Programs (MHCP) Dental Benefit set and Program HH (HIV/AIDS) Services.

#### **MHCP Dental Crown Benefits (Restorative)**

The types of crowns covered by MHCP are outlined in Minnesota Rules, 9505.0270, subpart 2(G) which includes the language "Except as medically necessary in conjunction with a fixed bridge covered by this part or an implant covered by this part, an individual crown must be made of prefabricated stainless steel, prefabricated resin, or laboratory resin in order to be covered."

The following information is in the Dental Benefits section under Dental Services in the MHCP Provider Manual.

CDT Code	Description	Service Limits
D2710 – D2722 D2930 – D2934	Crowns-single restorations Prefabricated stainless steel and/or resin crowns	Authorization is required for D2720 - D2722 Laboratory resin crowns that meet the specifications of utilization review
D2940	Protective restoration	Allowed only for relief of pain Cannot be performed on same date as D9110
D2976	Band Stabilization per tooth	Limited to once per 90 days for the same tooth

#### **Program HH Dental Crown Benefits (Restorative)**

Program HH dental crown benefits include the following and are available only to members enrolled in Program HH. Refer to section Program HH under Provider Basics in the MHCP Provider Manual for more information on benefits.

CDT Code	Description	Service Limits
D2740	Crown-Porcelain/Ceramic	Once every seven years per tooth number. Authorization Required
D2750	Crown-Porcelain fused to high noble metal	Once every seven years per tooth number. Authorization Required
D2751	Crown-Porcelain fused to predominantly base metal	Once every seven years per tooth number. Authorization Required
D2752	Crown-Porcelain fused to noble metal	Once every seven years per tooth number. Authorization Required

D2753	Crown-Porcelain fused to titanium allo	ys Once every seven years per tooth number. Authorization Required
D2780	Crown-3/4 cast high noble metal	Once every seven years per tooth number. Authorization Required
D2781	Crown-3/4 cast predominantly base metal	Once every seven years per tooth number. Authorization Required
D2782	Crown-3/4 cast noble metal	Once every seven years per tooth number. Authorization Required
D2783	Crown-3/4 porcelain/ceramic	Once every seven years per tooth number. Authorization Required
D2790	Crown-full cast high noble metal	Once every seven years per tooth number. Authorization Required
D2791	Crown-full cast predominantly base metal	Once every seven years per tooth number. Authorization Required
D2792	Crown-full cast noble metal	Once every seven years per tooth number. Authorization Required
D2794	Crown-titanium and titanium alloys	Once every seven years per tooth number. Authorization Required

(pub. 2/12/24)

## Update on 2024 Early Intensive Developmental and Behavioral Intervention (EIDBI) rate increases

We have corrected the issue that was preventing some claims for EIDBI services from paying at the increased 2024 rates and a mass adjustment will occur to reimburse providers for the difference. You can expect the adjustments to begin appearing on Feb. 13 warrants. The issue was impacting service agreements previously approved for the 97153, 97154, 97155, 97156, 97157, H0046 and 0373T EIDBI service codes. The H0032, T1024 and 97151 service codes that did not require authorization paid correctly at the increased 2024 rates and continue to do so.

You must input the new 2024 rates on all EIDBI service claims for dates of service beginning Jan. 1, 2024. Refer to the EIDBI billing grid and Minnesota Health Care Programs (MHCP) Fee Schedule for the most current rate information. Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 2/9/24)

## Substance Use Disorder (SUD) outpatient facilities and hospital-based residential providers must enroll in the 1115 SUD Demonstration

The following SUD providers are required by Minnesota Statutes, 256B.0759, subdivision 2, to enroll in the Substance Use Disorder 1115 Demonstration by Jan. 1, 2025:

- Minnesota nonresidential (outpatient) treatment providers licensed by Minnesota Department of Human Services (DHS) and enrolled in Minnesota Health Care Programs (MHCP)
- Hospital-based residential treatment providers licensed by DHS and enrolled in MHCP

Tribally licensed providers may elect to participate in the demonstration. Email <a href="mailto:115demonstration.dhs@state.mn.us">1115demonstration.dhs@state.mn.us</a> if you have questions or would like help completing your enrollment application. (pub. 2/6/24)

### Dental services copays effective Jan. 1, 2024

Minnesota Health Care Programs (MHCP) implemented the following copays for dental services effective Jan. 1 through Dec. 31, 2024.

- Preventive and non-preventive dental services: No copay for Medical Assistance and MinnesotaCare members
- Emergency department visits for a toothache or other non-traumatic dental condition: Emergency department copay will apply to MinnesotaCare members.

State and federal laws require MHCP members to share in the costs of their health care. Cost-sharing includes copays and deductibles. We allow providers to bill members under certain circumstances. Refer to the <u>Billing the Member</u> (<u>Recipient</u>) section under Provider Basics in the MHCP Provider Manual for more information on copays and family deductibles. (pub. 2/6/24)

## PCA qualified professional can now conduct supervision remotely for certain populations

The Minnesota Department of Human Services (DHS) updated personal care assistance (PCA) policy to reflect a recent change in statute about remote qualified professional (QP) supervision, effective immediately.

The QP may conduct the required supervision remotely for a member with chronic health conditions or a severely compromised immune system after obtaining documentation from their primary health care provider. The QP must still conduct the initial supervision in person or complete the PCA care plan in person.

Review the Aging and Adult Services Division and Disability Services Division eList announcement <u>Update to PCA remote</u> <u>QP supervision policy for certain populations</u> for more information. (pub. 2/6/24)

### Bill MHCP for waiver services specialized equipment and supplies without Medicare coordination of benefits information

The Minnesota Department of Human Services has determined the waiver services specialized equipment and supplies procedure code T2029 is not covered by Medicare. When billing Minnesota Health Care Programs (MHCP) for waiver services, providers must submit waiver services claims without Medicare coordination of benefits (COB) information.

Review the <u>Specialized Equipment & Supplies Authorization & Billing Responsibilities</u> for more information. Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411, option 4, if you have questions about this message. (pub. 1/29/24)

### Revised: Centers for Medicare & Medicaid Services (CMS) approved waiver amendments

We have revised this message to list the correct date of CMS approval. On Jan. 17, 2024, CMS approved amendments for the following waiver programs:

- Brain Injury (BI)
- Community Alternative Care (CAC)
- Community Access for Disability Inclusion (CADI)
- Developmental Disabilities (DD)

Review the <u>Waiver amendments approved by CMS</u> Disability Services Division (DSD) eList announcement for information about implementation of changes and clarifications.

Use the <u>Disability Services Division Contact Form</u> if you have any questions about this message. (pub. 1/29/24, rev. 2/23/24)

### 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)

## New COVID-19 vaccine and administration codes available; claims to be reprocessed

Minnesota Health Care Programs (MHCP) is updating our system with the following new current procedural terminology (CPT) codes for reporting monovalent (single strain) COVID-19 vaccines and new single administration code. We will reprocess claims back to Sept. 11, 2023, when the update is completed.

The following new COVID-19 vaccines CPT codes are effective for dates of service on, or after, Sept. 11, 2023.

- 91304 (SARS-COV-2 VAC 5MCG/0.5ml IM Novavax COVID-19 Vaccine)
- 91318 (SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE Pfizer-BioNTech)
- 91319 (SARSCOV2 VACC 10MCG/0.3ML TRIS-SUCROSE Pfizer-BioNTech COVID-19 Vaccine)
- 91320 (SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE Pfizer-BioNTech COVID-19 Vaccine)
- 91321 (SARSCOV2 VACCINE 25 MCG/0.25 ML Moderna COVID-19 Vaccine)
- 91322 (SARSCOV2 VACCINE 50 MCG/0.5 ML Moderna COVID-19 Vaccine)

The following new COVID-19 vaccine administration code is effective for dates of service on, or after, Sept. 11, 2023.

- 90480 immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV2) (coronavirus disease [covid-19]) vaccine, single dose
- Report the administration code for the administration of vaccine CPT code 91304, 91318, 91319, 91320, 91321 and 91322

We will post a Provider News message on this webpage when claims are reprocessed. Note, we do not guarantee payment after reprocessing if the claim is not submitted following MHCP guidelines.

For eligible MHCP members ages 0-18, MHCP will only reimburse for the administration of the COVID-19 vaccines available through Minnesota Vaccines for Children (MnVFC). Refer to Billing for Child Vaccines for billing instructions.

For eligible MHCP members ages 19 and older, MHCP reimburses for COVID-19 vaccines and vaccine administration. Refer to <u>Billing for Adult and Non MnVFC Vaccines</u> for billing instructions. (pub. 1/25/24)

## Professional Statement of Need form available for Moving Home Minnesota eligibility and new options in the MHM Communication Form

#### Professional Statement of Need (PSN) form now available

Qualified professionals and people seeking Moving Home Minnesota (MHM) transition services can now use <a href="Professional Statement of Need (DHS-7122">Professional Statement of Need (DHS-7122)</a> (PDF) to meet the screening requirements for MHM eligibility and enrollment. Refer to the <a href="PSN form now available for MHM eligibility and enrollment process">PSN form now available for MHM eligibility and enrollment process</a> eList announcement for qualifications and requirements.

#### New options in the MHM Communication Form

Effective immediately, providers billing for MHM services will now have the option to use the MHM Communication Form (DHS-6759H) to request Minnesota Health Care Programs to review denied or suspended claims due to the following reasons:

- The claim is beyond 180 days of Transition Coordination,
- Relocation service coordination (RSC) and MHM in the same month
- Transition Planning Tool

When filling out the MHM Communication Form, select "Denied Claims" as the reason for the communication. Complete the additional information and submit the form for review.

Providers billing for MHM services also have the option to use the MHM Communication Form (DHS-6759H) to submit supporting documentation. These can include the Assessment, Community Support Plan, Community Supports Services Plan, PSN, Release of Information, Transition Planning Tool, and other pertinent documents. In this case, select

"Supporting Documents" as the reason for communication, complete the additional information, and submit the forms for review.

Attend one of the following sessions to learn more about the PSN and the new options in the MHM Communications.

- Office hours for providers: January 31, 2024; 9 to 10:30 a.m. (virtual) Click join providers office hours.
- Office hours for lead agencies: January 31, 2024; 11 a.m. to noon (virtual) join lead agencies office hours.
- Community of practice for all: February 28, 2024; 10 a.m. to noon (both virtual and in-person at the Minnesota Department of Human Services' Andersen Building, 540 Cedar St., St. Paul, in room 2360) join community of practice. (Intended for provider or lead agency staff)

(pub. 1/22/24)

## Moving Expenses webinars scheduled for Housing Stabilization Services providers

We have scheduled three webinars for Housing Stabilization Services providers to learn about Moving Expenses, which are set to become a covered service beginning April 1, 2024.

Providers will learn what is covered as Moving Expenses, who is eligible to receive them, how to submit claims for Moving Expense services and more. Each webinar will have the same content. Webinars will be held on the following dates and times:

- Feb. 5, 2024, from 9:30 a.m. noon. Go to the <u>Housing Stabilization Services Moving Expenses Overview, Feb. 5, 2024</u>, webpage to register.
- Feb. 22, 2024, from 9:30 a.m. noon. Go to the <u>Housing Stabilization Services Moving Expenses Overview</u>, <u>Feb. 22, 2024</u>, webpage to register.
- March 13, 2024, from 1 3:30 p.m. Go to the <u>Housing Stabilization Services Moving Expenses Overview, March 13, 2024</u>, webpage to register.

Email dhshousingstabilization@state.mn.us if you have questions about this message. (pub. 1/19/24)

### Hospital services providers may independently bill for long-acting reversible contraceptives (LARCs) effective Jan. 1, 2024

Minnesota Health Care Programs (MHCP)-enrolled hospital services providers may now bill all LARCs outside of a labor and delivery inpatient hospital bundle effective Jan. 1, 2024. LARCs include any birth control device that provides long-term pregnancy protection. Refer to <a href="Family Planning">Family Planning</a> under Reproductive Health/OB-GYN in the MHCP Provider Manual for information about billing.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 1/19/24)

### Incontinence product lists updated

We updated testing for Essity products on the 2020-2024 Incontinence Products Lists by <u>Manufacturer</u> and <u>HCPCS</u>. We updated testing for 21 products. The updates are effective Jan. 17, 2024.

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 1/19/24)

### Providers asked to encourage people to sign up for the Virtual Insight Panel

Minnesota Department of Human Services (DHS) and partners will conduct a study this spring and summer to gather public feedback about people's experiences with the following services:

- Positive support services
- · Crisis services

- Specialist services
- Respite services

DHS requests those service providers encourage people with disabilities receiving those services or their representatives to sign up for the <u>Virtual Insight Panel (VIP)</u> before the study begins. Members of the VIP, as well as many other audience groups including providers, will be asked to provide feedback on those services and related regulations later this year. (pub. 1/19/24)

### Processing delay for dental claims

The Minnesota Health Care Programs (MHCP) <u>dental benefits</u> for 2024 have been implemented and reflect there are no longer age or pregnancy status as qualifiers effective Jan. 1, 2024, because of legislation passed during the 2023 Session (<u>Minnesota Statutes</u>, 256B.0625, subdivision 9).

We are currently experiencing a processing delay which may cause claims to pay incompletely. We will automatically reprocess all dental claims that were paid incompletely when the system update is completed. No action is needed at this time from providers.

We will post a message on this webpage with updated claim and billing information when available. (pub.1/4/24)

## Reminder: Waiver allowing PCA agencies to bill for services provided by certain family members ended Nov. 11

We explained on Sept. 27 on this webpage that the temporary waiver allowing personal care assistance (PCA) agencies to hire certain family members to be paid to provide PCA services ended Nov. 11, 2023. This is a reminder this temporary waiver ended Nov. 11, 2023.

The family members that the waiver allowed to be paid for providing PCA services were:

- Parents of minors
- Stepparents of minors
- · Legal guardians of minors
- Spouses

The Minnesota Department of Human Services (DHS) previously announced an extension of the end date for this waiver in a May 12, 2023, eList.

Effective **Nov. 12, 2023**, Minnesota Health Care Programs (MHCP) or a person's managed care organization (MCO) cannot pay PCA agencies for claims with dates of service provided after Nov. 11, 2023, by these family members.

People and families should work together with their PCA agency to develop an alternative plan for providing PCA services. They can contact their lead agency (county, tribal government, or managed care organization) for additional support if they continue to struggle with staffing.

Review the Sept. 26, 2023, eList announcement for more information.

Contact the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 or use the <u>Disability Services Division</u> Contact Form to submit an inquiry with questions. (pub. 9/27/23 and 10/24/23, rev. 12/5/23)

## Updated webpage and new tools help Minnesotans keep their health insurance as renewals resume in public health care programs

Minnesota Department of Human Services refreshed the Renew My Coverage webpage and will launch new tools in the coming weeks to make it easier for Minnesotans to keep their health insurance now that annual member eligibility renewals have resumed in public health care programs. Please share this information with the members you serve.

Members should look for:

- A new envelope design to help renewal paperwork stand out better in mailboxes. Envelopes are now marked with a blue circle with the text "Important information enclosed."
- A new <u>document upload tool</u> that allows members to skip the postage and upload their annual eligibility renewal documents online. Enrollees can also submit renewal paperwork by postal mail, dropping it off at their county or tribal office, fax or by giving their information verbally over the phone.

Members will soon be able to:

- Use a new renewal date lookup tool to find out when to watch their mail for renewal information.
- Receive text messages from the number "28343" when it's time to fill out and submit their renewal paperwork.

We are committed to ensuring that eligible Minnesotans retain their public coverage when renewal processes resume as required by Congressional legislation that <u>states to return to standard Medicaid eligibility procedures</u>. On the <u>Renew my coverage</u> webpage, we have created a one-stop shop for Medical Assistance and MinnesotaCare members with all the information they need about how to keep their insurance.

The most important thing enrollees can do now to prepare for their renewal is to <u>Update their contact information</u>. Members who have moved in the last three years should update their address, phone number and email, so they can be reached.

Renewal information will be mailed to members in monthly waves or "cohorts" each month for the next 12 months. The first group of Minnesotans due for their renewal paperwork will get their renewal information mailed within the next few weeks. (pub. 4/27/23)

#### **COVID-19 vaccines and administration codes update**

Minnesota Health Care Programs (MHCP) posted a Provider News message on October 25, 2022, about the category of service edit occurring for the following COVID-19 vaccines and administration codes:

- Vaccine 91304 administration codes 0041A and 0042A
- Vaccine 91308 administration codes 0081A, 0082A and 0083A
- Vaccine 91311 administration codes 0111A, 0112A and 0113A
- Vaccine 91307 administration codes 0071A, 0072A, 0073A, and 0074A

The category of service edit is now fixed. We reprocessed claims back to the effective dates for the covered codes included in this message.

Find the effective dates for the covered codes on the MHCP fee schedule webpage or under <u>Vaccines</u> in the <u>Billing</u> section under Coronavirus (COVID-19) in the MHCP Provider Manual. (pub. 1/31/23)

### **Training**

## Doula services provider enrollment trainings with a live demonstration of the MPSE portal scheduled monthly for 2024

Minnesota Health Care Programs (MHCP) will host free online trainings for doula organizations and individual providers wanting to enroll with MHCP. You will learn about the MHCP provider enrollment manual and view a live demonstration of the enrollment process in the Minnesota Provider Screening and Enrollment (MPSE) portal.

Participants need the following to attend the webinar.

- Ability to connect to the webinar from their own computers. You do not need special hardware or software. We recommend not using a phone or tablet.
- Ability to communicate with presenters using the chat feature available as part of the webinar session.

- Internet access.
- Speakers or a headset.

Register for the doula provider enrollment MPSE live demonstration on the MPSE portal training webpage. (pub. 3/7/24)

### Minnesota Provider Screening and Enrollment (MPSE) portal live demonstrations

The Minnesota Department of Human Services (DHS) will be offering monthly live demonstrations of various functions in the MPSE Portal. Live demonstrations take place on the first Wednesday of each month from 1 to 3 p.m. starting on **Sept 7, 2022**. There will be three categories of live demonstrations provided on a rotating basis. These live demonstrations are free of charge.

#### Categories of live demonstrations include:

- New Provider Enrollment
  - How to enroll in MPSE as a first-time provider
  - Shows the steps for enrollment from registration to submission
- Managing Enrollment Records
  - How to enroll new locations
  - How to update services, credentials, addresses, and other enrollment information
- Managing Affiliations
  - How to affiliate an individual provider to an organization
  - How to affiliate an organization to an individual provider
  - How to affiliate an organization to a direct support worker
  - How to affiliate a trading partner

#### Who should attend?

- Owners of MHCP-enrolled organizations or individual providers
- Employees of MHCP-enrolled organizations who maintain provider enrollment records
- Employees of MHCP-enrolled organizations who process affiliations
- Employees of MHCP-enrolled organizations responsible for MHCP compliance
- Anyone interested in learning more about the MPSE portal

Register for these demonstrations on the MPSE portal training webpage where you can also find on-demand videos and links to more information about the MPSE portal. (pub. 8/18/22)

## Minnesota Health Care Programs (MHCP) on-demand video and online training updates

MHCP offers training for providers who provide services for members enrolled in MHCP. We have updated on-demand and online training opportunities on the MHCP provider training webpage.

#### On-demand videos

On-demand videos are arranged by category, including Minnesota Provider Screening and Enrollment Portal (MPSE), MN–ITS and Billing. Each video can be viewed in 10 minutes or less and provides instructions on a concept or technique.

#### Online training

Online training is arranged by content for all providers or specific providers. Training is led by an instructor who will help attendees navigate the Minnesota Department of Human Services website and locate and use MHCP provider information and other related webpages or internet-based applications such as MN–ITS. 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 2024 training sessions for the following:

- Child and Teen Checkups
- Chiropractic services
- Dental services
- Early Intensive Developmental Behavioral Intervention (EIDBI)
- Equipment and supplies
- Federally qualified health centers (FQHC) and rural health clinics (RHC)
- Home care services
- Housing stabilization services
- Housing Support Supplemental services
- Individualized education program (IEP) services
- Mental health
- Minnesota Provider Screening and Enrollment Portal
- Nursing facilities
- PCA provider agencies
- Substance use disorder services
- Waiver services and Alternative Care program

(pub. 11/22/22, rev. 1/31/23, rev. 2/28/23, rev. 4/5/23, rev. 4/25/23, rev. 12/5/23)

### 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 <u>Provider Basics</u> webpage to register for this training.

Claim training is not provided in this training. See our MHCP provider training webpage to register for provider-specific claim training. (pub. 2/11/21)

### New on-demand training video added

Minnesota Health Care Programs (MHCP) offers free on-demand training videos arranged by category on the MHCP provider training webpage. Each video can be viewed in about 10 minutes and provides instructions on a concept or technique.

#### New video:

<u>Verifying MHCP Eligibility in MN–ITS</u> - This video shows a consolidated provider how to determine eligibility for a subscriber (member) receiving care. This video explains how to fill out the 270 screen for one or multiple subscribers (members) and read the results on the 271 screen. (pub. 2/13/24)

### Free online Minnesota Provider Screening and Enrollment (MPSE) training available

Minnesota Health Care Programs is providing free online training for our MPSE online portal.

Visit the MPSE portal training webpage for registration, brief online tutorials to help prepare you for class and more information. (pub. 2/1/20, rev. 2/19/20, 7/27/22)

#### 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