

December 16-29, 2025

Pre-payment review

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

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

Important reminders

Governor Walz announces new claims pre-payment review process

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

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

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

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

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

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

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

11. [Night Supervision Services](#)
12. [Nonemergency Medical Transportation Services](#)
13. [Recovery Peer Support](#)
14. [Recuperative Care](#)

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

Check your MN-ITS mailbox regularly

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

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

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

Current news and updates

Update on pre-payment review

The December 30, 2025, warrant cycle will show claims impacted by the [pre-payment review process](#). These claims will appear in "suspended" status on the [Provider Supplemental Data Remittance Advice](#) (RA02). DHS will review claims suspended for pre-payment review in the weeks after a [warrant cycle](#) ends, and release proper payments as quickly as possible without jeopardizing efforts to mitigate fraud, waste and abuse. (pub. 12/24/2025)

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

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

EIDBI provider actions

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

EIDBI providers must:

- Meet supervision requirements in [Minnesota Statutes 256B.0949](#), subdivision 15-16 and ensure the qualified supervising professional (QSP) provides the minimum required oversight.
- Ensure observation and direction services requested in the individual treatment plan (ITP) reflect the person's specific clinical need. Refer to the [How to complete ITP and Progress Monitoring, DHS-7109](#) webpage for more information and instructions.
- Request observation and direction services in proportion to direct treatment (that is, CPT code 97153 and 97154) and document medical necessity in the ITP.
- Align observation and direction use with national guidance (that is, [Council of Autism Service Providers \[CASP\], ABA Coding Coalition](#)), which recommends 20% of the person's direct treatment hours.

- Use the ITP to explain the need for observation and direction service authorization. If observation and direction services exceed 20% of direct treatment hours, the medical review agent may request unit reductions or additional documentation.
- Use observation and direction as a supervisory, supportive service that supplements direct treatment, as indicated in the [Observation and direction](#) EIDBI Benefit Policy Manual.

EIDBI providers must NOT:

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

Service authorization

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

More information

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

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

All QSP EIDBI providers must be EIDBI agency employees effective Jan. 1, 2026. QSPs can no longer be independent contractors according to [Minnesota Statutes, 256B.0949](#), subdivision 2.

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

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

QSPs attest to being an EIDBI agency employee by submitting the [EIDBI QSP Assurance Statement \(DHS-7120C\) \(PDF\)](#).

Next steps

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

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

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

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

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

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

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

DHS has identified the issue impacting fee-for-service agreements in both the CFSS budget model and agency model. The issue occurs even when authorizations for these claims still show available funds or units on the service lines for the procedure codes being billed. We are working to resolve this issue. We will update providers when we have more information to share.

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

Medica acquiring UCare clarifications

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

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

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

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

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

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

Psychological testing service limit change

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

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

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

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

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

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

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

What this means for providers:

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

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

Adult day care temporary licensing moratorium

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

Under this moratorium, DHS will:

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

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

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

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

Clarification regarding the 245D temporary licensing moratorium

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

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

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

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

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

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

(pub. 12/12/25)

WS Audiology devices accepted effective Dec. 8, 2025

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

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

New authorization requirement for pediatric custom orthoses

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

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

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

Review the [Orthotics and Prosthetics](#) section of the MHCP Provider Manual and the [Medical Supply Coverage Guide](#) for information on MHCP authorization requirements and quantity limits by HCPCS code. Contact the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 12/8/25)

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

Providers may bill EIDBI services only when medically necessary services are being actively delivered by a provider who is present and engaged with the member served and targeting goals outlined in the member's individualized treatment

plan. You must pause billing whenever service delivery stops, including during provider breaks such as restroom use, meals or snacks, phone calls, administrative tasks, or stepping away from the session for any reason.

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

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

Temporary Home and Community-Based Services 245D licensing moratorium

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

Under this moratorium, DHS will:

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

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

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

2026 schedule for CFSS Steps for Success workshop

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

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

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

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

Early Intensive Developmental and Behavioral Intervention (EIDBI) service coordination with homeschooled and online students update

Effective **Jan. 1, 2026**, EIDBI providers **must not deliver or bill** for the following direct intervention services during homeschool or online (virtual) school instruction:

- 1:1 services (billing code 97153)
- Group services (billing code 97154)
- High-intensity intervention with the person (billing code 0373T).

This change ensures EIDBI services do not replace or interfere with the student's educational program and maintains clear boundaries between EIDBI and educational services.

Covered services include clinically necessary family or caregiver training (billing code 97156) during homeschool or online (virtual) instruction if the parent or caregiver is present and participates.

Refer to the [Updates to EIDBI service coordination with homeschooled students, including online school](#) DSD eList announcement for more information. (pub. 11/20/25)

FAQ webpage available for pre-payment review process

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

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

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

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

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

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

Minnesota Health Care Programs (MHCP) experiencing high call volume

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

You may also refer to the following webpages:

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

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

Training

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

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

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

Who should attend?

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

(pub. 3/18/24)

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

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

On-demand videos

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

Online training

Online training is arranged by content for all providers or specific providers. Training is led by an instructor who will help attendees navigate the Minnesota Department of Human Services website and locate and use MHCP provider information and other related webpages or internet-based applications such as MN-ITS. All instructor-led training is online only. (pub. 11/22/22)

Free online Resources and MN-ITS training available

Minnesota Health Care Programs (MHCP) offers free online training for MHCP-enrolled providers. Go to the [MHCP provider training](#) webpage to review the list of available training. We have scheduled 2026 training sessions for the following:

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

(rev. 12/16/25)

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.