DEPARTMENT OF HUMAN SERVICES

February 24-March 9, 2026

News and resources for providers enrolled to serve Minnesota Health Care Programs (MHCP) members. Get provider news and other MHCP updates through our free provider email lists.

Visit the following webpages for information and answers to common questions about our program integrity efforts.
- Frequently asked questions for the **pre-payment review** process announced by Governor Walz on Oct. 29, 2025.
- Minnesota Revalidate 2026 for the new **off-cycle provider revalidation** effort.
- Medicaid program integrity for the department's broader **program integrity** efforts.

Systems announcements

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

Revised: MN–ITS and SFTP systems availability March 28 and 29
We have revised this message to change the maintenance dates to March 28 and 29. The MN–ITS and SFTP systems will be unavailable beginning 6 a.m. March 28 through 8 p.m. March 29 due to system maintenance.

Users will not be able to log in to MN–ITS and SFTP during the maintenance. All applications will be unavailable including MN–ITS, MPSE, Core II, Claims, Eligibility, IVR, SFTP. (pub. 2/24/26, rev. 3/5/26)

Revised: SFTP data migration retention schedule
We have revised this message to change the dates to March 28 and 29. We will change the retention schedule of MN–ITS files stored on DHS SFTP beginning 6 a.m. March 28, 2026, to accommodate a data migration effort. This is a one-time change for the migration. We will resume the 30-day retention schedule after the data migration is completed at 8 p.m. March 29. You should download all files needed before the migration. Files will only be accessible to download from MN–ITS after the deletion of the files on SFTP. This data migration and retention is only for files stored on SFTP and not those stored in the MN–ITS mailbox.

Users accessing the service via **FTP or SSH clients** (for example, FileZilla, WinSCP, etc.) will still have between 3-7 days of each file type after the migration. (pub. 2/24/26, rev. 3/5/26).

Recent messages related to fighting fraud, waste and abuse

(Feb. 24, 2026) Minnesota Department of Human Services will call providers included in off-cycle revalidation

Starting the first week in March 2026, the Minnesota Department of Human Services will call providers who are included in off-cycle revalidation. This message is to alert providers that these are legitimate, planned calls that will come from the phone number 651-431-2700.

These upcoming calls will:

1. notify providers that they are subject to the revalidation process, and
2. direct providers to submit the required materials.

The department will call during regular business hours and will not ask for protected health information. Refer to the Minnesota Revalidate 2026 webpage for answers to frequently asked questions. (pub. 2/24/26)

(Feb. 17, 2026) Temporary licensing moratorium for adult day care center

The Minnesota Department of Human Services will temporarily stop issuing licenses for adult day care centers effective Feb. 1, 2026. We expect this moratorium to be in effect until Jan. 31, 2028.

Under this licensing pause, the department will:
- Stop accepting new applications for adult day care licenses.
- Cancel all submitted applications currently pending.

Starting Feb. 1, 2026, there will be a process for lead agencies (counties and managed care organizations) or Tribal Nations to request an exception to the license moratorium if they meet specific criteria.

For more information, refer to the [Licensing help for adult day providers](#) webpage. (pub. 2/17/26)

(Feb. 13, 2026) Check your MN–ITS mailbox often for pre-payment review documentation requests

We have begun placing letters in providers' MN–ITS mailboxes requesting documentation for claims in the pre-payment review process. You should check your MN–ITS mailbox often to see if you've received any requests. You will find the letters in the PREPAYDOCREQUEST folder of your MN–ITS mailbox if you have received a request. The PREPAYDOCREQUEST folder will only appear in your MN–ITS mailbox if you have received a request. We may suspend future payments if you don't reply to our request. (pub. 2/13/26)

(Feb. 10, 2026) Off-cycle revalidation background studies update

This message is a follow-up to the "Providers of high-risk services require enhanced enrollment screening" message posted on this webpage Jan. 22, 2026. It includes background study information for providers or services without or with access to NETStudy 2.0.

Providers without access to NETStudy 2.0
All direct and indirect owners (with an ownership interest of 5% or more) providing the services in the following bulleted list must have a completed fingerprint background study with either an "eligible" or "set-aside" determination before submitting a revalidation request. Providers of the following services can refer to the [Off-Cycle Revalidation Background Studies for High-Risk Providers](#) webpage for directions about completing a background study without NETStudy 2.0 access. The information includes what to do if you are an owner providing more than one high-risk service:
- Adult Rehabilitative Mental Health Services
- Assertive Community Treatment
- Peer Recovery – Recovery Community Organizations
- Recuperative Care

Providers with access to NETStudy 2.0
All direct and indirect owners (with an ownership interest of 5% or more) providing the services in the following bulleted list must also have a valid fingerprint-based background study, but **conducted through NETStudy 2.0**, before submitting a revalidation request. Owners who already have a valid fingerprint-based background study in NETStudy 2.0 with either an "eligible" or "set-aside" determination **do not need a new study for that specific service.** If you are an owner providing more than one high-risk service, refer to the "What if I own more than one high-risk program?" section on the [Off-Cycle Revalidation Background Studies for High-Risk Providers](#) webpage.
- Adult Day Care
- Community First Services and Supports agencies and Personal Care Provider Organizations
- Companion Care
- Early Intensive Developmental and Behavioral Intervention agencies
- Individualized Home Supports
- Integrated Community Supports
- Intensive Residential Treatment Services
- Night Supervision
- Nonemergency Medical Transportation
- Substance Use Disorder providers delivering Peer Recovery services

(Feb. 10, 2026) Minnesota Revalidate 2026 provider revalidation effort underway

The federal Centers for Medicare and Medicaid Services is requiring Minnesota to revalidate providers who deliver high-risk services or is threatening to withhold up to $2 billion from Minnesota's Medicaid program. Minnesota Revalidate 2026 is an urgent statewide Medicaid provider revalidation effort that launched Jan. 26, 2026, intended to prevent the withhold. Providers who deliver services that were designated as high risk in Governor Walz's Oct. 29, 2025, announcement ordering a third-party audit of Medicaid billing must successfully complete a revalidation by May 31, 2026. Refer to the Minnesota Revalidate 2026 webpage to review frequently asked questions about provider revalidation and this effort. (pub. 2/10/26)

(Jan. 30, 2026) Minnesota Department of Human Services freezes provider enrollment for 13 Medicaid services

Effective Jan. 27, 2026, and in coordination with the U.S. Centers for Medicare & Medicaid Services (CMS), Minnesota has implemented a freeze on new provider enrollments for 13 Medicaid service categories identified as high risk for fraud. (Note: A freeze on enrollment of EIDBI providers previously went into effect on Nov. 1, 2025.) Importantly, this action does not affect member enrollment.

Refer to the Minnesota Department of Human Services freezes provider enrollment for 13 Medicaid services email we sent Jan. 30, 2026, to learn more about the enrollment freeze. (pub. 1/30/26)

(Jan. 22, 2026) Providers of high-risk services require enhanced enrollment screening

Effective immediately, all provider types and services in the following list are designated as **high risk** and are subject to enhanced screening requirements:
1. Adult Day Care
2. Adult Rehabilitative Mental Health Services
3. Assertive Community Treatment
4. Community First Services and Supports Agency and Personal Care Provider Organizations
5. Companion Care
6. Early Intensive Developmental and Behavioral Intervention Agencies
7. Individualized Home Supports
8. Integrated Community Supports
9. Intensive Residential Treatment
10. Night Supervision
11. Non-Emergency Medical Transportation
12. Peer Recovery
13. Recuperative Care

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

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

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

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

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

1. **Fingerprint-based criminal background studies** are required for all direct and indirect owners with an ownership interest of 5% or more. Each owner must have a completed background study on file. There is a required background study fee of $44 to submit each background study. There is also a fingerprint fee, which will vary depending on where the fingerprinting is obtained. These fees are separate from the application fee.

   o The following provider types must complete a fingerprint-based criminal background study through NETStudy 2.0 for every direct or indirect owner with an ownership interest of 5% or more prior to submitting a revalidation request. The fingerprint-based criminal background study must receive either an "eligible" or "set-aside" determination from MHCP to revalidate:

      ▪ Adult Day Care
      ▪ Community First Services and Supports Agency and Personal Care Provider Organizations
      ▪ Companion Care
      ▪ Early Intensive Developmental and Behavioral Intervention Agencies
      ▪ Individualized Home Supports
      ▪ Integrated Community Supports
      ▪ Intensive Residential Treatment
      ▪ Night Supervision
      ▪ Non-Emergency Medical Transportation
      ▪ Substance Used Disorder provider type delivering Peer Recovery

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

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

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

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

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

(Jan. 8, 2026) Minnesota Department of Human Services to freeze provider enrollment for 13 Medicaid services

Refer to the Jan. 30 message titled Minnesota Department of Human Services freezes provider enrollment for 13 Medicaid services for updated information. The Minnesota Department of Human Services will freeze new provider enrollments in [13 categories of Medicaid services](#) at high risk for fraud. The department is working with the U.S. Centers for Medicare & Medicaid Services (CMS) to implement the freeze, at which point the state will no longer accept new applications from businesses seeking to provide these services.

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

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

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

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

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

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

(Jan. 7, 2026) Some claims suspended for pre-payment review anticipated to be paid sooner than originally communicated

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

(Dec. 31, 2025) All claims for high-risk services will be held for pre-payment review

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

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

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

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

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

Providers may experience a difference in how quickly they get reimbursed because of the pre-payment review process. For example, a provider may historically have received reimbursement about every 14 days, but the pre-payment review process may result in a longer timeframe. The review process may take up to the following mandated claim review timeframes before reimbursement is received.
- 30 days to pay or deny clean claims (without attachments)
- 90 days to pay or deny complex claims (replacement claims, Medicare crossovers, third-party liability claims, claims with information in the notes or comment fields, claims with attachments, and claims placed in a "suspended" status)

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

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

(Dec. 24, 2025) Update on pre-payment review

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

(Dec. 16, 2025) 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)

(Dec. 16, 2025) 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)

(Dec. 4, 2025) 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)

(Nov. 6, 2025) FAQ webpage available for pre-payment review process

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

(Oct. 29, 2026) 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)

Important reminders

(Feb. 6, 2026) ACTION REQUIRED: MN–ITS email and phone number validation

MN–ITS will be moving to LoginMN soon. Log in to MN–ITS and validate your email and phone number. If you do not log in to MN–ITS to validate your email and phone number, your login information will not transfer to LoginMN and you will not be able to access MN–ITS.

Before the move, you will receive a pop-up message in MN–ITS to enter and confirm your work email and phone number. You will only need to complete this once for each username you have for MN–ITS. The email address you use will be your username when we move to LoginMN.

You must use an email address unique to a single user. Do not use a general business email address. For example: Use jane.biller@businessname.com, not info@businessname.com. You should use your same work email and phone number if you currently have multiple MN–ITS account logins. For example: You are a biller for five different providers (NPIs 1234567890, 2345678901, 3456789012, 4567890123, 5678901234), you should use the same email address for all five. Use an email address specific to you, such as jane.biller@businessname.com. (pub. 2/6/26)

(Jan. 15, 2026) Introducing MHCP Provider Connect, a new weekly provider e-newsletter

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

(Dec. 23, 2025) Early Intensive Developmental and Behavioral Intervention (EIDBI) provisional license application checklist now available

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

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

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

Check your MN–ITS mailbox regularly

We recommend providers check their MN–ITS mailbox regularly for important correspondence from Minnesota Health Care Programs (MHCP). MHCP delivers the following provider information electronically to each provider's MN–ITS mailbox account.
- Provider news and updates
- Enrollment letters
- Medical, dental and service authorization letters

- Remittance advices

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

Current news and updates

(March 5, 2026) Child and Teen Checkups (C&TC) new age-related screening standards take effect Oct. 1, 2026

Minnesota Health Care Programs (MHCP) is adding and revising C&TC new age-related screening standards that take effect Oct. 1, 2026.

MHCP will add the following recommended risk assessment to the Minnesota C&TC Schedule of Age-Related Screening Standards (DHS-3379) (PDF) effective Oct. 1, 2026:
- Sudden cardiac arrest/sudden cardiac death (SCA/SCD) risk assessment at least once for youth age 11 years old until their 21st birthday.

MHCP will revise the following required components of the Minnesota C&TC Schedule of Age-Related Screening Standards (DHS-3379) (PDF) effective Oct. 1, 2026:
- The age range to provide at least one HIV screening for all youth will be extended until the youth's 21st birthday.

- The language on the front of the Minnesota C&TC Schedule of Age-Related Screening Standards (DHS-3379) (PDF) physical exam row will change from "Physical Exam: head to toe, including oral exam and sexual development" to "Physical Exam". We will add an accompanying footnote on the back of the schedule to state, "*Medicaid screening services include a comprehensive unclothed physical exam".

These changes are supported by practice recommendations from one or more of the following organizations:
- American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care Bright Futures Periodicity Schedule
- U.S. Preventive Services Task Force
- Centers for Disease Control and Prevention
- Minnesota Department of Health (MDH)

MDH will post a new SCA/SCD fact sheet and revised Physical Examination and HIV Screening fact sheets on the MDH Child and Teen Checkups Fact Sheets webpage July 1, 2026, to allow time for clinics to become familiar with procedures and update protocols before Oct. 1, 2026. (pub. 3/5/26)

(Feb. 24, 2026) Early Intensive Developmental and Behavioral Intervention (EIDBI) claim denials for services billed with CPT code H0046 UB

Minnesota Health Care Programs (MHCP) is aware of a system issue that is denying some EIDBI claims for services billed with CPT code H0046 UB.

We are working on solving the issue. Providers should not resubmit denied claims. We will publish a message on this webpage after we have fixed the issue and will explain next steps.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 2/24/26)

(Feb. 19, 2026) Waiver and Alternative Care Resources and MN–ITS Training Sessions

The Minnesota Department of Human Services increased registration capacity for sessions in March and April for the Waiver and AC Resources and MN–ITS Training due to high demand. The March and April session dates are:
- March 3 – 4, 2026, 9 a.m. to 1 p.m. (two-day session)
- March 18 – 19, 2026, 9a.m to 1 p.m. (two- day session)
- April 7 – 8, 2026, 9 a.m. to 1 p.m. (two-day session)
- April 21 – 22, 2026, 9 a.m. to 1 p.m. (two-day session)

Register only for the session that you plan to attend. Providers may register online for the training session. If you signed up for a session and wish to cancel, email dhs.provider-workshops@state.mn.us and include your registration information for cancellation.

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411, option 4, if you have questions about this message. (pub. 2/19/26)

(Feb. 19, 2026) MN–ITS update in progress for physical therapy (PT) and occupational therapy (OT) visits

We are updating MN–ITS to show the number of physical therapy and occupational therapy visits a member has used per calendar year. Providers can continue to submit authorization requests for PT and OT services even if they do not know how many visits a member has used. Providers may also submit authorization requests retroactively after we update MN–ITS. We will publish a message on this webpage after we update MN–ITS.

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 2/19/26)

(Feb. 11, 2026) Information about federal use of Minnesota Department of Human Services data and member privacy

The Minnesota Department of Human Services is committed to protecting the privacy and supporting the well-being of all Medicaid (called Medical Assistance in Minnesota) members. Recent legal developments have changed how Medicaid information may be used at the federal level, including whether certain information could be shared across federal agencies, including with the U.S. Department of Homeland Security.

Federal court rules CMS may share some information with Homeland Security
On December 29, 2025, the court ruled that the federal agency, Centers for Medicare & Medicaid Services (CMS), may share limited information with the U.S. Department of Homeland Security and Immigration and Customs Enforcement (ICE) for immigration enforcement purposes for individuals who are determined by ICE to be "not lawfully residing" in the United States. The federal government has not yet provided Minnesota with additional details about how it intends to implement the court's order or use such information.

CMS is prohibited from sharing information about lawful residents
Under the court order, CMS may share certain identifying information about members who are "not lawfully residing" in the U.S., including citizenship or immigration status, address, phone number, date of birth, and Medicaid identification number. CMS is prohibited from sharing information about individuals who are lawfully residing in the United States. Additionally, if information related to individuals who are not lawfully residing cannot be separated from protected information (including data about lawful permanent residents, U.S. citizens, or health records), CMS may not share that information with ICE. These limitations remain in effect while the multistate lawsuit is ongoing.

Minnesota Department of Human Services only shares Medicaid information required by federal law
Medicaid information is routinely exchanged between states and the federal government for program administration and to verify eligibility for federal funding. Federal law requires Minnesota to submit monthly reports to CMS through the Transformed Medicaid Statistical Information System (T-MSIS). These reports include basic demographic and eligibility information for MA members, such as name, address, date of birth, Social Security number or Medicaid identification

number, and immigration status. While the court order permits CMS to share limited information under specific circumstances, Minnesota Department of Human Services remains committed to the protection of member privacy and is closely monitoring federal actions.

Directive to share state Medicaid information is a change from previous federal policies
At Minnesota Department of Human Services, we believe accessing health care should not be a source of fear. The use of Medicaid information for immigration enforcement marks a significant change from prior federal policies and may raise concerns among MA members and health care providers, particularly given earlier federal guidance that eligibility information would not be used for enforcement purposes.

Seek legal counsel with concerns about federal use of personal information
We recognize that members may have questions or concerns about how their personal information could be used for immigration enforcement. While DHS cannot provide individual legal advice, we recommend that concerned individuals consult a qualified attorney or legal aid organization to better understand how your personal information could be used by ICE. Please note that discontinuing MA coverage does not eliminate information that CMS may already have received.

Minnesota is committed to transparency, privacy, and ensuring all Minnesotans, regardless of immigration status, can access needed health care services safely and without fear. We will continue to share updates as information becomes available and take all actions within our authority to protect the health and privacy of MA members.

Legal Aid
The following qualified legal organizations may be able to provide immigrant-related services:
- Immigrant Law Center of Minnesota
- International Institute of Minnesota
- The Advocates for Human Rights
- Volunteer Lawyers Network
- Immigration Advocates Network: Minnesota Organizations

More information is available through the Minnesota Office of Ombudsperson for Families. You may also consider contacting your local embassy or consulate for legal assistance or guidance. (pub. 2/11/26)

(Feb. 10, 2026) Unauthorized text messages to providers about revalidation

The Minnesota Department of Human Services has learned that some providers have received text messages from vendors about provider revalidation.

To clarify, the department has not authorized any vendors to assist with the Revalidate Minnesota 2026 initiative, and does not use text messaging to communicate with providers.

The department communicates with providers through Provider news and updates, MN–ITS mailbox, email or U.S. Postal Service. If you are uncertain about the legitimacy of a provider revalidation request, call the Provider Resource Center at 651-431-2700 or 800-366-5411. (pub. 2/10/26)

(Feb. 10, 2026) Early Intensive Developmental and Behavioral Intervention claims denials for Comprehensive Multidisciplinary Evaluation (CMDE) services (CPT 97151, H0046, T1024)

Minnesota Health Care Programs (MHCP) is aware of a system issue that is denying some CMDE claims for services billed with CPT codes 97151 UB, H0046 UB and T1024 UB when the CMDE treating provider is billed using a pay-to provider type 01 or 34.

We are working on solving the issue. **Providers should** not resubmit denied claims at this time. We will publish a message on this webpage after we have fixed the issue and will explain next steps.

Providers may call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 2/10/26)

(Feb. 10, 2026) Individual Treatment Plan update and Observation and Direction authorization and documentation exceptions

Minnesota Department of Human Services has updated:
- the expectations for documenting EIDBI observation and direction (CPT code 97155) and exception requests; and
- the [Early Intensive Developmental and Behavioral Intervention (EIDBI) Individual Treatment Plan and Progress Monitoring (DHS-7109) (PDF)](#).

Documenting EIDBI observation and direction and exception requests update
- Qualified supervising professionals must document observation and direction hours that are person-centered, tied to treatment goals, and proportionate to total direct intervention (i.e., ≤20% of the person's total of direct intervention services).
- Exceptions greater than 20% of the person's total of direct intervention services require a clear, person-specific justification based on medical necessity. General agency practices are not sufficient justification for an exception.
- All exception requests are reviewed and approved by the medical review agent or managed care organization.

Individual Treatment Plan update
We updated Section C of the [EIDBI Individual Treatment Plan and Progress Monitoring (DHS-7109) (PDF)](#) to reflect the observation and direction and exception requests updates. We also made enhancements to Section D to assist providers in requesting the proportionate number of units.
- **Effective March 1, 2026:** Use the updated DHS-7109 for all **new or initial ITPs** to avoid rejections or delayed authorizations.
- **Effective Sept. 1, 2026:** Use the updated DHS-7109 for **all ITPs**. Old forms will no longer be accepted.

Other references
Refer to the Clarification on observation and direction use in EIDBI services message published Dec. 23, 2025, on this webpage for more information. Refer to the [EIDBI - How to complete ITP and Progress Monitoring, DHS-7109](#) webpage for guidance on completing DHS-7109. Refer to the [EIDBI – Observation and Direction](#) webpage for information about observation and direction. Email ASD.DHS@state.mn.us if you have questions about this message. (pub. 2/10/26)

(Feb. 9, 2026) Revised: Reminders for Minnesota Health Care Programs (MHCP) covered services delivered in the home

We have removed the sentence that explained "Providers do not need to document or provide information on the patient's home address when billing for home visits." because that is not true for all services delivered at home. MHCP covers a variety of services delivered at home. Refer to the following:
- If you are an MHCP-enrolled provider of services eligible to be provided at home, you can bill for visits provided at place of service 12 even if you have not done so previously.
- MHCP-enrolled providers use place of service 12 when billing for a home visit. Place of service 12 is inclusive of any location, other than a hospital or other facility, where the patient receives care in a private residence.
- All the required components of the billing code or service must be provided to bill. Not all visits are appropriate in place of service 12.

Special note about Evaluation and Management (E&M) services
E&M services can be provided for members at home for any reason. Home visit E&M codes are covered for new and existing patients. (pub. 1/27/26, rev. 2/9/26)

(Feb. 6, 2026) Revalidation questions answered at MPSE technical assistance sessions

Beginning Feb. 9, 2026, the focus of the daily Minnesota Provider Screening and Enrollment (MPSE) portal technical assistance sessions will change slightly.

Each daily session will be held from **1 to 1:30 p.m.** on the Microsoft Teams platform. The focus during the daily sessions will be as follows:

- **Mondays, Wednesdays and Fridays: Questions related to completing off-cycle revalidation navigation for high-risk providers using MPSE**
- **Tuesdays and Thursdays: General navigation questions about using MPSE**

There is no fee or registration required for each session and the link to join is the same for each session. Find the link to join the daily technical assistance session on the [MPSE portal training](#) webpage. (pub. 2/6/26)

(Feb. 5, 2026) HCBS and AC provider organization designated billers must complete training to revalidate

Home and Community-Based Services (HCBS) waiver and Alternative Care (AC) programs provider organizations who have enrolled with Minnesota Health Care Programs (MHCP) on or after January 1, 2014, are required to have an owner or managing employee who is assigned as the designated biller to complete the [Waiver and AC Resources and MN–ITS Training](#). The designated biller must complete the training within six months of new enrollment. If there is not a certificate of training on file, the designated biller will need to complete this training and submit the training certificate to MHCP before revalidation can be completed.

To find a list of services exempt from the training, refer to the [HCBS Waiver and AC Training Requirements](#) in the MHCP Provider Manual.

We added additional training sessions in March and April. Review the [Waiver and AC Resources and MN–ITS Training](#) webpage for the list of dates and times.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411, option 4, if you have questions about this message. (pub. 2/5/26)

(Jan. 30, 2026) Revised: MPSE updates for EIDBI agencies: Licensing, Site Visit Requirements and Revalidation Note

We have revised this message to include entering a 04/30/2026 end date for the temporary workaround. Minnesota Health Care Programs (MHCP) made the following two updates in the Minnesota Provider Screening and Enrollment (MPSE) portal that impact Early Intensive Developmental and Behavioral Intervention (EIDBI) agencies.

1. EIDBI Agency Licensing Requirement
We updated MPSE to comply with Minnesota statute that requires EIDBI organizations to provide a license number. Users must now enter licensing information on the **Credentials** page in MPSE.

EIDBI organizations must apply for a provisional license by **May 31, 2026**.

Temporary workaround:
Users should do the following to edit the **Credentials** page until you have an approved provisional license:
- Select **Add a Credential.**
- Choose **EIDBI Agency License.**
- Enter "**99999**" for the license number as a placeholder license number when prompted.
- Enter 01/01/2026 for the start date
- Enter 04/30/2026 for end date

Agencies will need to repeat these steps until they have an approved license.

Users are required to update the **Credentials** page with their assigned license number after the provisional license is approved.

2. Site Visit Contact Information Requirement
An MHCP investigator must be able to contact someone from the EIDBI agency when the EIDBI agency is required to complete a site visit.

Users must now add site visit contact information on the **Enrollment Record Information** page. The contact information must include:
- Contact individual's full name
- Phone number

This information is required to support site visit communication.

Refer to the [EIDBI licensing](#) webpage for information about EIDBI licensing requirements and required forms and documentation.

Revalidation Note
EIDBI agencies with requests in a "Pending Review" status waiting for processing in MPSE must change their original submission back to "Draft," resubmit as a revalidation and include all changes to be processed together. Do the following to change the revalidation indicator on a request:
- While in the request (must be the assigned user and in EDIT mode), use the right-side navigation and click **Request Information.**
- Then change the revalidation indicator to YES.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 and request an MPSE walkthrough if you need assistance. (pub. 1/30/26, rev. 2/4/26)

(Jan. 30, 2026) Chiropractic claims denial issue

Some chiropractic claims with dates of service before Jan. 1, 2026, are being incorrectly denied for age limit. The age limit for chiropractic services went into effect Jan. 1, 2026. We are working on correcting the issue and will publish a message on this webpage after we fix the issue and begin reprocessing claims. You can continue to submit claims even though it will be denied in error. No further action is required by providers.

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 1/30/26)

(Jan. 28, 2026) Minnesota Department of Human Services has sent CFSS Steps for Success certificates for Dec. 17-19 workshop

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

DHS sent the certificates to the email address used to register for the December CFSS Steps for Success workshop. Providers who completed the entire training should receive their certificate by the end of the business day Jan. 28, 2026.

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 1/28/26)

(Jan. 27, 2026) Early Intensive Developmental and Behavioral Intervention (EIDBI) provisional license application now available in Provider Hub

The EIDBI provisional licensing application is now live in the Provider Hub. Review the [Provider Hub](#) message emailed to EIDBI agencies to learn about the Provider Hub and application, including help and resources to guide you through the application process.

EIDBI provisional license applications are due in the Provider Hub by May 31, 2026. EIDBI agencies that have not submitted a provisional license application by May 31, 2026, will be disenrolled from Minnesota Health Care Programs for providing EIDBI services. (pub. 1/27/26)

(Jan. 27, 2026) Transportation claims incorrectly denying

The Minnesota Department of Human Services has identified transportation claims are incorrectly denying for the following procedure codes:

- A0170: Parking fees and tolls
- A0180: Lodging
- A0190: Meals

We are updating our system to correct this error. Providers do not need to take any action at this time. We will provide an update on this webpage about reprocessing claims when available.

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. 1/27/26)

(Jan. 27, 2026) Systems issues resulting in CPT code claims denials for IEP and SBCS providers

The Minnesota Department of Human Services is aware of internal systems issues causing certain CPT and HCPCS code claims to deny in error for Minnesota Health Care Programs (MHCP) enrolled Individualized Education Program (IEP) and school-based community services (SBCS) providers. We are working to resolve these issues.

We will automatically reprocess any claims previously denied due to these issues once the resolution is complete. You do not need to resubmit those claims.

You may continue to submit new claims as usual. While some claims may deny initially, we will also automatically reprocess those claims after the resolution is complete.

Contact the MHCP Provider Resource Center at the following phone numbers with questions about claims or billing:
- Phone number for local callers: (651) 431-2700, option 3
- Phone number for toll-free callers: (800) 366-5411, option 3
- Hours of operation: 8 a.m.– 4:15 p.m., Monday–Friday (closed from noon–12:45 p.m.)

(pub. 1/27/26)

(Jan. 23, 2026) Update regarding Federal Medicaid $2 billion funding withhold

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

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

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

(Jan. 20, 2026) Updates to EIDBI Billing Grid

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

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

- For **CPT 97151** and **T1024**, we updated the language to clarify eligible provider types.

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

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

(Jan. 15, 2026) Minnesota Health Care Programs (MHCP) now covers Casgevy for transfusion-dependent beta-thalassemia, in addition to sickle cell disease, outside the APR-DRG, for members with fee-for-service coverage

Effective Feb. 2, 2026, MHCP will reimburse providers for Casgevy for transfusion-dependent beta-thalassemia, outside the APR-DRG, if the following criteria apply:

- Casgevy is provided at an authorized treatment center.
- Casgevy is submitted on a professional claim.
- The individual receiving Casgevy is an MHCP member enrolled in fee-for-service.
- The MHCP member meets PA criteria for Casgevy.
- The provider has an approved prior authorization (PA) for Casgevy for transfusion-dependent beta-thalassemia.

Providers should submit prior authorization requests for Casgevy to [Prime Therapeutics](). Refer to [Casgevy clinical PA criteria]() for additional details.

Call the Provider Call Center (staffed by Prime Therapeutics) at 844-575-7887 with questions. (pub 1/15/26)

(Jan. 15, 2026) 2026 dental benefit updates and CDT codes

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

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

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

- New CDT codes for MHCP coverage effective Jan. 1, 2026:
  - D6049 - Scaling and debridement of a single implant in the presence of peri-implantitis (without flap entry). Once per 180 days. Code conflicts with D6081, D1110, D4910, D4346
  - D6280 - Implant maintenance procedures when a full arch removable implant/abutment denture is removed and reinserted
  - one unit per 180 days
  - D9224 - Administration of general anesthesia with advanced airway; first 15-minute increment

- o D9225 - Administration of general anesthesia with advanced airway; each subsequent 15-minute increment
- o D9244 - In-office administration of minimal sedation; single drug, enteral
- o D9245 - Administration of moderate sedation; enteral
- o D9246 - Administration of moderate sedation; non-intravenous parenteral (e.g., Intra-muscular (IM) subcutaneous (SC), submucosal
- o D9247 - Administration of moderate sedation; non-intravenous parenteral, each subsequent 15-minute increment

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

(Jan. 13, 2026) Early Intensive Developmental and Behavioral Intervention (EIDBI) enrollment process for Agency ID and background studies

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

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

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

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

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

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

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

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

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

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

(Dec. 30, 2025) Telehealth options for Minnesota Health Care Programs (MHCP) members

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

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

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

(Dec. 23, 2026) Community First Services and Supports (CFSS) claims processing issue for fee-for-service agreements

Minnesota Department of Human Services 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.

We 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)

(Nov. 26, 2025) 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)

(Oct. 21, 2025) 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)

(Jan. 29, 2024) 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

(March 18, 2024) 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)

(Nov. 22, 2022) 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)

(Jan. 13, 2026) Free online Resources and MN–ITS training available

Minnesota Health Care Programs (MHCP) offers free online training for MHCP-enrolled providers. Go to the MHCP provider training webpage to review the list of available training. We have scheduled 2026 training sessions for the following:
- Child and Teen Checkups
- Community Health Worker
- Consultation Services
- Dental Services
- Doula
- Early Intensive Developmental and Behavioral Intervention
- Federally Qualified Health Center and Rural Health Clinic
- Financial Management Services
- Home Care Services
- Housing Support Supplemental Services
- Individualized Education Program
- Mental Health
- Nursing Facility
- Personal Care Assistance/Community First Services and Supports Agency
- Psychiatric Residential Treatment Facility
- Recuperative Care
- Substance Use Disorder
- Waiver and Alternative Care

(rev. 1/13/26)

(Feb. 11, 2026) 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)

(June 3, 2025) 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](#): We retain provider news messages on the Minnesota Department of Human Services website for one year.
- [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.