

April 21-May 4, 2026

[{Fighting fraud, waste and abuse}](#) [{Reminders}](#) [{News and updates}](#) [{Training and more}](#)

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](#).

Systems announcements

We will update this section with information about [MN-ITS](#) availability, technical information and other systems announcements when necessary.

Fighting fraud, waste and abuse

The following online resources are updated on a regular basis:

- [Frequently asked questions](#) for the **pre-payment review** process announced by [Governor Walz on Oct. 29, 2025](#).
- [Provider frequently asked questions](#) and [Minnesota Revalidate 2026](#) for the current **off-cycle revalidation** effort.
- [Medicaid program integrity](#) for the department's broader **program integrity** efforts.

(April 29, 2026) Temporary moratorium on enrollment of new Early Intensive Developmental and Behavioral Intervention (EIDBI) provider agencies extended

Minnesota Department of Human Services (DHS) received approval from the federal Centers for Medicare & Medicaid Services (CMS) to extend the temporary moratorium on enrolling new EIDBI provider agencies.

The moratorium, effective beginning Nov. 1, 2025, is now extended through Oct. 31, 2026. DHS will not enroll any new EIDBI provider agencies during this time. All new enrollment submissions received during the moratorium will be denied.

EIDBI agencies enrolled before Nov. 1, 2025, may continue to enroll new locations. Individual EIDBI providers may still enroll if they meet all applicable requirements.

The moratorium may be extended in additional six-month increments, if necessary, with CMS approval. Refer to article 6 of the [Minnesota Session Laws – Chapter 9](#) webpage for more information.

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. 4/29/26)

(April 13, 2026) FAQs for providers available for Minnesota Revalidate 2026

The Minnesota Department of Human Services has created a [Frequently asked questions \(FAQs\) for providers](#) webpage about [Minnesota Revalidate 2026](#). Refer to these FAQs for the most current information about the revalidation process, unannounced site visits, documentation, background studies, [Minnesota Provider Screening and Enrollment portal](#) and [NETStudy 2.0](#). (pub. 4/13/26)

(April 8, 2026) Requirement for NETStudy 2.0 background studies for Early Intensive Developmental and Behavioral Intervention (EIDBI) providers

Effective June 1, 2026, all required individuals (refer to [Minnesota Statutes, 245C.03](#), subdivision 15) must have a NETStudy 2.0 background study associated with each affiliated EIDBI practice location.

Individuals can only provide direct services after their study is complete and has resulted in an “eligible” or “set-aside” determination.

Any affiliation or new enrollment request received without a corresponding background study number for the affiliated practice location will be returned or denied.

Rendering providers who do not have this documentation on file could be subject to monetary recovery of claims billed. Refer to the [EIDBI Background Studies](#) webpage for more information. (pub. 4/8/26)

(Feb. 24) 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) 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) 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) 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

(pub. 2/10/26)

(Feb. 10) 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) 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) 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.
 - 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
 - **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) 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) 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) 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) 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) 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) 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) 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) 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) 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)

Reminders

(Feb. 6) 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) 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)

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.

News and updates

(May 1, 2026) Action Required: EIDBI agencies must submit a provisional license application by May 31, 2026, to avoid enrollment termination

All Early Intensive Developmental and Behavioral Intervention (EIDBI) provider agencies that have not yet submitted a provisional license application must submit an application immediately to remain enrolled and eligible to provide EIDBI services through Minnesota Health Care Programs (MHCP).

Deadline: May 31, 2026

Your agency must submit a complete provisional license application on or before May 31, 2026. Failure to meet this deadline will result in termination from being an enrolled MHCP EIDBI provider agency effective June 1, 2026.

If your agency is terminated:

- You must immediately cease providing all EIDBI services through MHCP of June 1, 2026
- You must not bill MHCP for any EIDBI services provided on or after June 1, 2026
- Claims submitted for dates of service on or after June 1, 2026, will be denied and subject to recoupment

No exceptions or extensions will be granted.

Required Action

- Verify whether your agency has submitted a provisional license application
- If you have not submitted an application, create a [Provider Hub](#) account and submit your application immediately to ensure it is received by the deadline

Agencies that fail to submit a provisional license application by May 31, 2026, **will not be authorized to operate or receive reimbursement through MHCP for EIDBI services beginning June 1, 2026.** Additionally, failure to comply with this requirement will result in enforcement action, including termination of enrollment and recovery of funds for noncompliant billing.

Submit your provisional license application now to avoid disruption to your agency's operations and services.

Contact the [MHCP Provider Resource Center](#) at 651-431-2700 or 800-366-5411 if you have questions about this message. Contact DHS EIDBI Licensing at 651-431-6500 or eidbi.licensing.dhs@state.mn.us if you have questions about submitting an application for a provisional license. (pub. 5/1/26)

(April 29, 2026) Waiver and AC Resources and MN-ITS Training certificates for April session sent

The Minnesota Department of Human Services has sent providers who completed the April 21-22, 2026, Waiver and Alternative Care (AC) Resources and MN-ITS Training session their certificates of completion.

We sent the certificates to providers' MN-ITS mailbox for the national provider identifier (NPI) providers used to register for the training. Providers who completed the entire training should receive their certificate in their [MN-ITS mailbox](#) under "Miscellaneous Received" in the **PRVLTR** folder by the end of the business day April 28, 2026.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411, option 4, if you have questions about this message. (pub. 4/29/26)

(April 24, 2026) DHS has sent CFSS Steps for Success certificates for March 25 workshop

The Minnesota Department of Human Services (DHS) has sent providers who attended the entire Community First Services and Supports (CFSS) Steps for Success workshop on March 25-27, 2026, their certificates of completion.

We sent the certificates to the email address the attendee used at the time of registration for the March CFSS Steps for Success workshop. Providers who completed the entire training should have received their certificate by the end of the business day April 23, 2026.

Call the Minnesota Health Care Programs [Provider Resource Center](#) at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 4/23/26)

(April 22, 2026) 90-day prescription drug list update

The Minnesota Department of Human Services has approved an update to the list of cost-effective generic medications that may be dispensed in a quantity sufficient for a 90-day supply to fee-for-service Medical Assistance members as of April 24, 2026. Dispense of a 90-day supply is not mandatory. All medications not found on this list continue to be limited to a maximum of a 34-day supply per Minnesota Statutes 256B.0625, subdivision 13(b). Refer to the **90 Day Supply Prescription Drug List** under [Forms and Documents](#) on the [Minnesota Medical Assistance Portal](#) for the updated list. (pub. 4/22/26)

(April 22, 2026) Upcoming drug acquisition cost surveys

The Minnesota Department of Human Services has contracted with Myers and Stauffer, LC, a national certified public accounting firm, to conduct pharmacy surveys to establish and maintain the Minnesota Actual Acquisition Cost (MNAAC) program.

Beginning Jan. 1, 2027, Minnesota fee-for-service Medical Assistance is required to incorporate MNAAC into drug ingredient cost reimbursement algorithms (Minnesota Statutes, 256B.0625, subdivision 13e). All Minnesota Health Care Programs enrolled pharmacies will be included in the initial survey beginning in July 2026, and will be selected to complete ongoing quarterly surveys at least once per calendar year thereafter. Participation is mandatory, and sanctions may be applied to non-respondent pharmacies (Minnesota Statutes, 256B.0625, subdivision 13e(i)). Information sessions will begin in June 2026.

Contact Myers and Stauffer via e-mail at pharmacy@mslc.com for more information. (pub. 4/22/26)

(April 22, 2026) Revised: Applications for the Transforming Maternal Health Model in Hennepin County are open

We revised this message with an updated application deadline of July 1, 2026, and that providers should refer to the "TMaH Model Changes_April 2026" document sent to the TMaH list serv for important updates.

The Minnesota Department of Human Services invites you to apply for the Transforming Maternal Health Model (TMaH). TMaH is a new value-based payment model from the Centers for Medicare & Medicaid Services (CMS) designed to address gaps in maternal health access, quality, and whole-person care through Medicaid. CMS awarded 15 states in 2025, including Minnesota through the Office of the Medicaid Medical Director. The model will pilot in Hennepin County.

We will accept applications online ([Apply to participate in TMaH](#)) now through July 1, 2026. Providers should also refer to the "TMaH Model Changes_April 2026" document sent to the TMaH listserv for important updates.

TMaH providers receive the following:

- Technical assistance and training
- Provider Infrastructure Payments to prepare for value-based payment transformation

With options for contract renewal for:

- Provider Infrastructure Payments
- Upside-only performance incentives
- Value-based payment (VBP) transformation

This value-based payment model will change the way organizations are paid for certain perinatal MA patients.

In a landscape where [maternal health gaps are widening](#) for some Minnesotans and we are facing [unprecedented policy and funding changes](#), we must be strategic with our collaboration, initiatives, and practice. Through TMAH, we aim to bring people together to transform access, quality, and delivery of whole-person maternal care in Hennepin County.

Note, CMS guidance on the proposed VBP strategy is still being finalized, and changes may occur from initial proposals. We have shared Minnesota's feedback on the proposed strategy through our cooperative agreement with CMS. Further CMS guidance will likely address this feedback and the pending unbundling of the global maternity rate (to occur Jan. 1, 2027).

Visit the [Minnesota Transforming Maternal Health Model](#) webpage to learn more about applying, eligibility requirements, and the model. (pub. 4/1/26, rev. 4/22/26)

Update for Intermediate Care Facilities for people with Developmental Disabilities (ICF/DD)

ICF/DD providers should check their MN-ITS mailboxes for a memo titled "April 21, 2026, payment" dated April 17, 2026. (pub. 4/21/26)

(April 21, 2026) Coverage criteria for insulin infusion pumps updated

Minnesota Health Care Programs (MHCP) updated coverage criteria for insulin infusion pumps under the [Diabetic Equipment and Supplies](#) section of the MHCP Provider Manual.

Insulin infusion pumps are covered for members with insulin-dependent diabetes and who demonstrate poor glycemic control despite monitoring of blood glucose levels. MHCP removed requirements for c-peptide or beta cell testing, self-testing of four times per day, and self-injections of three times per day. Refer to the [Covered Services](#) for complete coverage criteria.

These changes in coverage criteria impact the coverage criteria of external insulin infusion pumps. External insulin infusion systems are covered for members who meet criteria for insulin infusion pumps and whose medical needs cannot be met without an external system. Documentation must articulate why insulin infusion pumps do not suffice for medical necessity and why the tubeless option is required.

Refer to the [Diabetic Equipment and Supplies](#) section of the MHCP Provider Manual for coverage information. Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (4/21/26)

(April 16, 2026) There is a delay in processing provider enrollment requests

The Minnesota Department of Human Services is experiencing a backlog in processing provider enrollment requests, which includes new enrollments, re-enrollments and updates to enrollment information. The department is responding to a federal directive to complete a critical, statewide provider revalidation effort of 13 identified high-risk services and provider types.

Due to this critical [Minnesota Revalidate 2026](#) initiative, we are processing enrollment requests outside of the standard 30-day processing timeframe. Once we have completed the revalidation initiative by May 31, 2026, we will work to resolve the enrollment backlog.

We appreciate providers' patience as we prioritize this work. We will post additional updates as they become available.

Contact the [Minnesota Health Care Programs Provider Resource Center](#) at **651-431-2700** for any questions you have. (pub. 4/16/26)

(April 15, 2026) Revised: Intermediate Care Facilities for people with Developmental Disabilities (ICF/DD) takeback errors

We revised this message to include that providers should check their MN–ITS mailbox for the “Update on takeback error” provider memo sent on April 14, 2026, for an important update.

The Minnesota Department of Human Services learned on April 6, 2026, that several ICF/DD providers received remittance advices indicating takeback amounts.

After researching the issue, we determined that an error occurred during entry of the 2026 minimum daily operating rates. This error incorrectly identified overpayments, which triggered takebacks.

Providers should check their MN–ITS mailbox for the “Update on takeback error” provider memo sent on April 14, 2026, for an important update. (pub. 4/8/26, rev. 4/15/26)

(April 15, 2026) Waiver and AC Resources and MN–ITS Training certificates for April session sent

The Minnesota Department of Human Services has sent providers who completed the April 7-8, 2026, Waiver and Alternative Care (AC) Resources and MN–ITS Training session their certificates of completion.

We sent the certificates to providers’ MN–ITS mailbox under the national provider identifier (NPI) providers used to register for the training. Providers who completed the entire training should receive their certificate in their [MN–ITS mailbox](#) under “Miscellaneous Received” in the **PRVLTR** folder by the end of the business day April 15, 2026.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411, option 4, if you have questions about this message. (pub. 4/15/26)

(April 15, 2026) DHS has reprocessed chiropractic claims that the system denied incorrectly

The Minnesota Department of Human Services discovered that the claims system incorrectly denied some chiropractic claims, due to age limitations for members receiving the benefit.

We have reprocessed these claims and the adjustments will appear on affected providers’ April 21, 2026, remittance advice.

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. 4/15/26)

(April 10, 2026) Physical therapy and occupational therapy visit count issue

Minnesota Health Care Programs has identified an issue with the way MN–ITS is counting physical therapy (PT) and occupational therapy (OT) member visits. Some claims are incorrectly denying for exceeding the maximum number of visits billed, however the system is not counting visits correctly. Providers do not need to do anything further at this time, we will reprocess claims billed after Jan. 1, 2026, after the system is fixed.

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. 4/10/26)

(April 9, 2026) Early Intensive Developmental and Behavioral Intervention (EIDBI) provisional license reminder and information sessions

EIDBI provisional license applications are due in the Provider Hub by May 31, 2026. EIDBI agencies that have not submitted an application by this date must not provide and bill for services to Minnesota Health Care Programs (MHCP) members and will be terminated as an MHCP-enrolled provider effective June 1, 2026.

How do I complete the provisional license application?

The individual who will serve as the authorized agent for the EIDBI agency should create a Provider Hub account. The authorized agent will use their account to access the provisional license application in the Provider Hub.

What is an authorized agent?

The authorized agent is the person the EIDBI agency designates as one of its controlling individual (as defined in [Minnesota Statutes, 245A.02](#), subdivision 3b). The authorized agent is responsible for communicating with Minnesota Department of Human Services Licensing Division.

You can find more information about the authorized agent's role on Page 2 of the [Pre-Licensing Application Checklist \(DHS-8818\) \(PDF\)](#).

How do I create a Provider Hub account?

- Visit the [Provider Hub](#) login screen.
- Review the [Create a New Provider Hub Account](#) article if you need help creating an account.

Upcoming provisional license information sessions

The Minnesota Department of Human Services is holding online information sessions about provisional licensure to answer questions about the application process, general licensing requirements, relevant timelines, and how the Department will be working with providers. Both sessions will cover the same content. You must register for a session using the following links if you would like to attend.

- [April 21 from noon - 1 p.m.](#)
- [April 22 from 6 to 7 p.m.](#)

More information

Refer to the following resources for more information about the EIDBI provisional license.

- [EIDBI licensing](#) webpage
- [EIDBI licensure frequently asked questions \(FAQs\)](#) webpage
- [EIDBI Provisional License Application Now Available](#) email to enrolled EIDBI agencies Jan. 22, 2026
- [Provider Hub EIDBI Licensing Learning Library](#) webpage

(pub. 4/9/26)

(April 8, 2026) Register to virtually attend the 2026 Medicaid in Education spring forum

Registration to virtually attend the 2026 Medicaid in Education spring forum on April 28, 2026, hosted by the Minnesota Department of Education and Minnesota Department of Human Services, is now open.

Refer to the following for event and registration details.

- **Date and time:** Tuesday, April 28, from 9 a.m. to 12:15 p.m.
- **Event format:** This is a hybrid event; however, in-person registration has reached capacity. We encourage you to join us virtually.
- **Virtual attendance registration:** Participants must [register to attend this event](#). In-person registration is now full; however, virtual registration remains open. Submit the online form [2026 Medicaid in Education Spring Forum Registration](#) to virtually attend. A meeting link will be sent to all virtual participants as the event date approaches.
- **Location:** The main presentation will be held at the Best Western Kelly Inn in St. Cloud

After registering, we will email more details on the agenda and additional announcements. Email Sandra Mikulsky at sandra.mikulsky@state.mn.us with any questions. (pub. 4/8/26)

(April 7, 2026) Nonemergency medical transportation (NEMT) and ambulance transports to and from nursing facilities update

Minnesota Health Care Programs (MHCP) has updated our system to ensure certain state-administered NEMT and ambulance transports to and from nursing facilities are processed correctly when the member's Living Arrangement (LA) code was not updated by the county within 30 days of the transport. This update, which was successfully tested and verified to ensure it functions as intended, removes previous billing barriers for transport occurring between the following:

- Hospitals to nursing facilities
- Nursing facilities to hospitals
- Nursing home to nursing home transfers

MHCP will automatically reprocess claims dating back to Jan. 1, 2025, that were denied due to LA code discrepancies. We reprocessed denied claims; and reprocessed claims will appear on the April 7, 2026, remittance advice. Additionally, we will update the MHCP Provider Manual to reflect these changes.

We remind providers that all transports must meet the documentation requirements listed in [State-Administered NEMT](#) under NEMT Services in the MHCP Provider Manual; and documentation must be made available to the Minnesota Department of Human Services when requested.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you identify any qualifying claims that were not reprocessed or have questions about this message. (pub/ 4/7/26)

(April 6, 2026) Disability waiver amendments approval and rate remediation plans

The Minnesota Department of Human Services received the Centers for Medicare & Medicaid Services (CMS) approval for disability waiver amendments on March 25, 2026. Review the Disability Services Division (DSD) eList, [Disability waiver amendments approved by CMS](#), for information about implementation of changes, summary of changes and clarifications.

We also received CMS approval to use the 2026 component values included in both the Feb. 6, 2026, and March 6, 2026, MnCHOICES releases. Review the [2026 MMIS rate remediation plans](#) for information about remediation plans to correct service rates for lead agencies and providers. Providers will have up to a year from the service date to complete claim voids for rates they want to rebill at the correct rate. DHS will not require forced claim voids for under-billed rates.

Send rates-related questions to dsd.rates@state.mn.us and use the [DSD Contact Form](#) for other questions regarding this message. (pub. 4/6/26)

(April 2, 2026) Revised: DHS may request medical records for flagged provider claims

We revised this message to explain this review process occurs post-payment and is separate from the pre-payment program integrity review process. The Minnesota Department of Human Services (DHS), in partnership with the Centers for Medicare & Medicaid Services (CMS) may be reaching out to certain providers to request additional documentation to support specific claims that providers submitted to DHS or a health plan for payment.

If your organization receives this notice, that means that a claim submitted by or on behalf of you or your organization has been identified for review. The notice will reference the claim under review. DHS will complete the review and we will transmit all responsive documents to CMS.

This review process will occur post-payment and is part of the Department's response to the \$259 million CMS Medicaid funding deferral. It is separate from the [pre-payment program integrity review](#) that Governor Walz ordered.

What to do if you receive this request?

Identify the claim immediately and prepare the requested documentation. Your organization will have 15 days from the date of the DHS notice to submit documents.

What is DHS requesting?

All relevant documents that support the payment of the claim in question, including doctor authorizations, assessment notes, units billing, billing records, time schedules and so forth. All providers that participate in Minnesota Health Care Programs are required to maintain records that fully disclose the extent of services provided for a period of five years, and to make that documentation available to DHS upon request.

We will provide further instructions about which documents are needed and how to submit the documentation. If you have any reason to believe you will not have the documents by the deadline, immediately contact the source listed in the notice.

Am I allowed to release this documentation to DHS?

Patient authorization is NOT required for the release of the requested documentation. CMS and DHS will remain in compliance with the Privacy Act and regulations. No reimbursement can be made for the cost of record reproduction or mailing. Providing medical records for Medicaid and CHIP beneficiaries does not violate the Health Insurance Portability and Accountability Act (HIPAA).

What will happen if I don't submit the requested documents by the due date?

If you fail to deliver the requested documentation or contact us by the due date, you may lose future payment while we recoup any overpayment cited for this claim. Failure to maintain these records or make these records available to DHS upon request may result in further action, including but not limited to, recovery of an overpayment, imposition of a temporary payment withhold or enrollment termination. (Reference Minnesota Statutes, 256B.064) (pub. 3/31/26, rev. 4/2/26)

(April 1, 2026) People receiving PCA on AC must transition to CFSS before April 1, 2026

Minnesota Health Care Programs members on the Alternative Care (AC) program are no longer eligible to receive Personal Care Assistance (PCA) services effective 11:59 p.m., **March 31, 2026**. These members must have transitioned to [Community First Services and Supports \(CFSS\)](#) or an alternative service. Providers may review the [March 10, 2026, DSD eList](#) for the lead agency's guidance to end all PCA services on March 31, 2026.

Providers who still have members on the AC program with approved PCA service authorizations on their service agreements **extending past March 31, 2026**, must contact the member's case manager to transition their PCA services. Providers must work with case managers to transition members to CFSS, another AC service or informal supports to meet the member's personal care needs.

Call the [MHCP Provider Resource Center](#) with any questions about this message at 651-431-2700 or 800-366-5411. (pub. 4/1/26)

(March 26, 2026) Disposable underpads claims reprocessing

Minnesota Health Care Programs (MHCP) discovered an Equipment and Supplies claim error. Claims billed with codes T4541 and T4542 (small and large sizes of disposable underpads) were paid in error by exceeding 100 units without authorization. Effective March 1, 2025, the quantity limits for T4541 and T4541 are up to 100 units per month before authorization is required.

We have reprocessed claims that were paid in error with dates of service from March 1, 2025, through March 5, 2026. The reprocessed claims will appear on the March 24, 2026, remittance advice.

Refer to the [Incontinence Products](#) section of the MHCP Provider Manual for coverage information. Contact the [MHCP Provider Resource Center](#) at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 3/26/26)

(March 25, 2026) Waiver and AC Resources and MN-ITS Training certificates for March session sent

The Minnesota Department of Human Services has sent providers who completed the March 18-19, 2026, Waiver and Alternative Care (AC) Resources and MN-ITS Training session their certificates of completion.

We sent the certificates to providers' MN-ITS mailbox under the national provider identifier (NPI) providers used to register for the training. Providers who completed the entire training should receive their certificate in their [MN-ITS mailbox](#) under "Miscellaneous Received" in the **PRVLTR** folder by the end of the business day March 24, 2026. Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411, option 4, if you have questions about this message. (pub. 3/25/26)

(March 24, 2026) Psychosocial support available to Minnesota's frontline health care professionals

Minnesota Department of Human Services in partnership with Greenleaf Interactive is offering psychosocial support to Minnesota's frontline health care professionals via webinars and office hours. The webinars and office hours extend the principles of the Growing in Responsive Care training series. Refer to the [Growing in Responsive Care](#) webpage to learn more about the training series.

About the webinars

The Psychosocial Support Essentials for Minnesota's Helping Professions webinars provide evidence-informed psychoeducation that builds shared understanding of stress, trauma, wellbeing, and effective support under high-demand conditions. Professionals will only need to attend one webinar as the information will be the same at both webinars. The free webinars will be held on the following dates and times and registration is required.

- April 6, 2026, 11 a.m. - noon – Go to the [April 6 Psychosocial Support Essentials for Minnesota's Helping Professions](#) registration webpage to register.
- April 27, 2026, 2 – 3 p.m. – Go to the [April 27 Psychosocial Support Essentials for Minnesota's Helping Professions](#) registration webpage to register.

About the office hours

Frontline support office hours are individual or small-group sessions focused on real-world scenarios affecting staff wellbeing, decision making, team dynamics and service delivery. Office hours are available on the following days and times:

- Monday, Tuesday, Thursday and Friday from 7 a.m. – 5 p.m.
- Saturday and Sunday from 9 a.m. – 3 p.m.

Office hours are not available on Wednesday. Review the [Frontline Support Office Hours: Applied Guidance for Leaders and Teams](#) calendar to sign up for office hours.

Refer to the [Psychosocial Support for Healthcare Workers \(PDF\)](#) flier to learn more about office hours and the webinar.

Growing in Responsive Care Training (GIRC) is now live!

What is the GIRC Training?

The Minnesota Department of Human Services Growing in Responsive Care training series aims to equip health care providers with tools to address the impact of trauma and power imbalances in health care settings. The training has been developed to equip providers enrolled in Minnesota Health Care Programs with culturally relevant and trauma-informed knowledge and practices. A series of eight modules lay out effective approaches for providers to engage more and more with the changing patient population. Providers learn how to integrate trauma and cultural considerations to move from being trauma-informed to trauma-responsive, particularly when working with Minnesota's three largest ethnic minority people groups: Latino, Hmong, and Somali.

How do I access the free training?

You can access the training by visiting the [Growing in Responsive Care](#) webpage. (pub. 3/24/26)

(March 23, 2026) Delayed launch of Minnesota's new disability waiver program

The Minnesota Department of Human Services faces challenges that will prevent us from launching Minnesota's new disability waiver program by the original implementation date of Jan. 1, 2027, set by the Legislature.

For more information, refer to [Waiver Reimagine update: Delayed launch of Minnesota's new disability waiver program](#).

This webpage covers:

- Factors that contributed to the delay
- Current progress, plans and next steps

- Ways to stay connected and receive future updates (pub. 3/23/26)

(March 18, 2026) Applications for Transforming Maternal Health Model contracts available April 1

The Centers for Medicare & Medicaid Services (CMS) has awarded Minnesota a 10-year Transforming Maternal Health (TMaH) payment model to be administered by the Minnesota Department of Human Services. The model is piloting in Hennepin County.

The model aims to improve maternal health outcomes for Medical Assistance members in Hennepin County through contracts awarded to eligible maternal health care locations.

The TMaH model contract will give eligible locations payment and resources to improve their maternal care services.

Applications will be open for providers April 1, 2026, and must be submitted by June 1, 2026.

The Department will be conducting the following online webinars on the TMaH provider application process:

- March 25, 2026, from 2-3 p.m. Register for [TMaH provider application webinar 1](#)
- March 26, 2026, from noon to 1 p.m. Register for [TMaH provider application webinar 2](#)

To learn more about the TMaH model, eligibility requirements and to apply, visit the [TMaH website](#). (pub. 3/18/26)

(March 18, 2026) Reprocessing of claims with edits 249 and 400 for Individualized Education Program (IEP) and school-based community services (SBCS) providers

The Minnesota Department of Human Services is aware that a system issue caused some CPT and HCPCS code claims to incorrectly deny including claims with edits 249 and 400. We will automatically reprocess impacted claims. Look for the reprocessed claims on the March 10, 2026, warrant date.

Refer to the PDF titled "Reprocessing of claims update due to different edits impacted" dropped to MN-ITS mailboxes on March 11, 2026, for more information.

Contact the Minnesota Health Care Programs Provider Resource Center at 651-431 2700, option 3 or 800-366 5411, option 3 if you have questions about this message or your claims (pub. 3/18/26)

(March 18, 2026) Fee-for-service inpatient hospital Rebase 6 rate implementation complete

The Minnesota Department of Human Services (DHS) has completed the implementation of Rebase 6 rates for all fee-for-service inpatient hospital claims with discharge dates on or after July 1, 2025 through June 30, 2027. The following is a timeline of the system updates:

- Jan. 9, 2026: Critical Access Hospital (CAH) and Prospective Payment System (PPS) Hospital Rebase 6 rates
- Jan. 21, 2026: Long-Term Care Hospitals (LTH) Rebase 6 rates
- Feb. 4, 2026: The newborn add-on amount increased from \$105 to \$112.35
- Feb. 17, 2026: The mental health (MH) policy adjusters for severity of illness (SOI) 1 & 2 increased as follows:
 - MH SOI 1 increased from 2.09 to 2.54
 - MH SOI 2 increased from 2.24 to 2.62

Note: The initial calculations of the MH policy adjusters did not include the federal match amount. Adding the federal match resulted in approximately \$8.8 million added to the federal share of the \$5.8 million that was authorized by the state legislature.
- March 10, 2026: We reprocessed all fee-for-service inpatient hospital claims with discharge dates on or after July 1, 2025 through Feb. 18, 2026, that were paid at the interim Rebase 5 fee-for-service inpatient rates to pay at the

Rebase 6 rates. Look for the reprocessed claims on your March 10, 2026, remittance advice with the following batch numbers:

- CAH and LTHs: Batch number begins with 4 26057 00 908
- PPS Hospitals: Batch number begins with 4 26057 00 907

Refer to the [Minnesota Medicaid DRG Pricing Calculator – Rated Effective 7/1/2025 & 7/2/2026](#) for more information on the calculations and the [Payment methodology for inpatient hospitals](#) for more information on payment method.

Call the Minnesota Health Care Programs Provider Resource Center at 651-431-2700 or 800-366-5411 with questions about this message. (pub. 3/18/26)

(March 18, 2026) System issue affecting certain Early Intensive Developmental and Behavioral Intervention (EIDBI) claims

Minnesota Health Care Programs (MHCP) is aware of a system issue affecting certain EIDBI claims. Claims billed with the following EIDBI CPT codes may incorrectly deny with an invalid Place of Service 11 edit:

- 0373T with modifier UB
- 97151 with modifier UB
- 97153 with modifier UB
- 97154 with modifier UB
- 97155 with modifier UB
- 97156 with modifier UB
- 97157 with modifier UB
- H0032 with modifier UB
- T1024 with modifier UB

We are working to resolve this system issue. Providers should not resubmit denied claims at this time. We will publish a message on this webpage explaining next steps after we have fixed the issue.

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 3/18/26)

(March 16, 2026) Waiver and AC Resources and MN–ITS Training certificates for March session sent

The Minnesota Department of Human Services has sent providers who completed the March 3-4, 2026, Waiver and Alternative Care (AC) Resources and MN–ITS Training session their certificates of completion.

We sent the certificates to providers' MN–ITS mailbox under the NPI used to register for the training. Providers who completed the entire training should receive their certificate in the [MN–ITS mailbox](#) under "Miscellaneous Received" in the **PRVLTR** folder by the end of the business day March 16, 2026.

Call the Minnesota Health Care Programs (MHCP) Provider Resource Center at 651-431-2700 or 800-366-5411, option 4, if you have questions about this message. (pub. 3/16/26)

(March 16, 2026) System updated to pay new tiered PCA and CFSS agency rates effective Jan. 1, 2026

The Minnesota Department of Human Services has updated its payment system to implement the new tiered rates for personal care assistance (PCA) and Community First Services and Supports (CFSS) agency model services that went into effect Jan. 1, 2026. The payment system update was completed on Feb. 13, 2026, and is processing PCA and CFSS claims submitted on or after Feb. 13, 2026, at the correct tiered rates. Claims that include a worker not eligible for a tier were not affected.

Claims for dates of service Jan. 1, 2026 - Feb. 12, 2026

The payment system began and will continue to reprocess PCA and CFSS claims for dates of service Jan. 1, 2026, through Feb. 12, 2026, and include a worker in tiers L1 through L4. Providers will start to find these reprocessed claims on their remittance advice beginning March 24, 2026, and they may continue through April 2026.

Through this retroactive reprocessing, PCA and CFSS agency providers will receive the appropriate reimbursement rate for 2026 dates of service based on the worker's assigned tier.

New tiered rates required by law

The updated tiered rate increases are authorized under [Minnesota Statutes, 256B.851](#) as a "worker retention component" and became effective Jan. 1, 2026. The law intends for the increase to improve worker wages and benefits.

PCA traditional and CFSS agency model providers are required to document that at least 72.5% of revenue received from PCA and CFSS reimbursement rates are used to pay [worker wages and benefits](#).

PCA Choice providers must pay [tiered minimum wages](#) to workers serving members in the PCA Choice program. PCA Choice providers are not required to pay the new 2026 Tier 2 wage schedule until federal approval is obtained. We will post a separate message to notify providers once we receive federal approval.

Call the Minnesota Health Care Programs Provider Resource Center with any questions about this message at 651-431-2700 or 800-366-5411. (pub. 3/16/26)

(March 13, 2026) Join the Professional Insight Panel to shape the future of disability waiver programs

The Disabilities Services Division (DSD) of the Minnesota Department of Human Services invites disability waiver professionals to join the Professional Insight Panel to help shape key disability waiver initiatives. By joining, you become part of a pool of professionals DSD can quickly reach out to for feedback on key initiatives for the following programs:

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

The Professional Insight Panel helps DSD gather fast, meaningful input from a broader range of voices, to ensure decisions reflect real experiences from the field.

This panel is the professional counterpart to the [Disability Hub Virtual Insight Panel](#), which gathers input from people with disabilities and their families.

Who Should Join?

We welcome professionals from:

- Counties
- Tribal Nations
- Managed care organizations
- Provider organizations
- Advocacy organizations
- Others working with disability waiver programs

Why join the Professional Insight Panel?

By joining the Professional Insight Panel, you can:

- **Shape real decisions.** Your insight directly informs strategies, programs, communications and training across disability waiver initiatives.
- **Have a quick and easy way to provide feedback.** Most requests take just 10–20 minutes. They are short surveys or polls you can complete without leaving your desk.
- **Have opportunities for deeper involvement.** You can take part in focus groups, usability sessions or share your direct experience.
- **Select topics relevant to you.** Engage only on topics that match your expertise and experience.

See your impact. DSD will share updates so you can see how your feedback influenced outcomes and guided next steps.

How it Works

- Panel members will receive occasional requests for feedback throughout the year.
- You do not need to respond to every request.
- To stay active, we ask that you respond to at least two requests per year.

Initial Focus: Waiver Reimagine

Our first area of focus will be Waiver Reimagine, Minnesota's disability waiver program. Your insights will help shape implementation, messaging and program improvements that affect people receiving services, families and providers. We will expand the panel in the future to gather feedback on other disability waiver initiatives.

Sign up today and make your expertise count!

To sign up, fill out this [Qualtrics survey form](#).
(pub. 3/13/26)

(March 11) Electronic visit verification compliance and enforcement now in effect

The Minnesota Department of Human Services began enforcing electronic visit verification (EVV) compliance thresholds on Jan. 1, 2026.

Providers are expected to meet the compliance thresholds of at least:

- 50% beginning Jan. 1, 2026, and
- 80% beginning July 1, 2026

The Department of Human Services and providers receive a compliance report from HHAeXchange around the 25th of each month. This report shows providers' performance from the previous month. The Department uses this data to review compliance. Providers are expected to review the report and make corrections before corrective actions are required. Providers who do not meet compliance thresholds will receive corrective action notices in their PRVLTR folder in their [MN-ITS mailbox](#).

Providers are responsible for monitoring their own compliance performance for each tax ID and all national provider identifiers and unique Minnesota provider identifiers associated with their agencies that are required to submit EVV data.

Providers may review the [EVV compliance policy](#) and the [March 3, 2026 elist announcement](#) for an update on compliance monitoring and enforcement.

For more information about EVV, refer to the [Electronic visit verification](#) webpage. Use the [DSD Contact Form \(DHS-8168-ENG\)](#) to submit questions about this message. (pub. 3/11/26)

(March 11) Revised: Early Intensive Developmental and Behavioral Intervention (EIDBI) enrollment process for Agency ID and background studies

We have revised this message to clarify requirements for EIDBI agencies and individual providers. 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 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 either via MPSE or fax. Provider Eligibility and Compliance will request the Agency ID from the Background Studies Division (BGS) on the agency's behalf. BGS will then email the agency at the email contact listed on the DHS-3891A with the agency ID and onboarding

information. After the agency is onboarded, the agency can then submit background studies on all owners and required individuals for each location as outlined in [Minnesota Statutes, 245C.03](#).

New EIDBI organizations should submit a DHS-3891A along with their enrollment request. Provider Eligibility and Compliance will request the Agency ID from BGS on the agency's behalf after the enrollment documents or request is reviewed and complete. Next, BGS will send new agencies an agency ID along with onboarding information to the email contact they list on the DHS-3891A. After the agency is onboarded, background studies can be run on all owners and required individuals as outlined in [Minnesota Statutes, 245C.03](#).

Background study numbers should be included for each disclosed individual on the Owners/Authorized Persons Background Studies page in the MPSE portal or added to the background study number field 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 through NETStudy 2.0 for each EIDBI location with an "eligible" or "set-aside" result before they provide services. If an EIDBI individual provider is providing services for multiple unrelated EIDBI agencies, they must have a new background study application submitted by each agency. In some cases, the new application may connect to an existing eligible background study and will not require the person to be fingerprinted again. If the individual provider is providing services at more than one location within the EIDBI agency and the locations share the same Background Study Sensitive Information Person, the agency must add affiliation records for each location where the individual is providing services. The date of the affiliation record can only be the date the affiliation record is added, or a future date. These cannot be backdated.

Existing enrolled individual EIDBI providers must have a completed background study on file in 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, rev. 3/11/26)

(Feb. 10) 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. 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) 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. 23) 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)

(Dec. 23) 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)

(Non. 26) 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) 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 and more

- [Minnesota Provider Screening and Enrollment \(MPSE\) portal Questions and Answers sessions](#)
- [MHCP on-demand video, online MN-ITS training including Provider Basics and more](#)
- [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](#)

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)

Call the MHCP Provider Resource Center at 651-431-2700 or 800-366-5411 if you have questions about this information.