

Enrollment with Minnesota Health Care Programs (MHCP)

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Enrollment Process

Minnesota Health Care Programs (MHCP) offers quarterly webinars on enrolling with MCHP for the first time using the Minnesota Provider Screening and Enrollment (MPSE) portal. Providers can learn more and register for this course on the [MPSE training website](#).

Follow these steps to apply to be an enrolled MHCP provider:

1. Check federal and state excluded providers lists

The federal Health and Human Services [Office of Inspector General \(OIG\)](#) has the authority to exclude individuals and entities from participation in Medicare, Medicaid, and other federal health care programs. MHCP also excludes individuals and entities from participation in MHCP if they are on either the federal or state excluded provider list.

MHCP cannot enroll and pay providers if they or their employees or contractors are excluded from participation in Medicare, Medicaid, or other federal health care programs. The OIG may impose civil monetary penalties against providers who employ or enter into contracts with excluded individuals or entities to provide services or items to members.

The OIG makes a [List of Excluded Individuals and Entities \(LEIE\)](#) available to the public. Enrolling or enrolled MHCP providers must make sure they, their company, owners, managers, employees and contractors are not on the list. Search LEIE by the individual's or entity's name:

- Before enrolling;
- Before hiring new employees or entering into a contract with a contractor;
- Monthly, to see changes since the last search.

Report any new exclusions found during the search to MHCP Provider Eligibility and Compliance at fax 651-431-7462.

Also see the [Excluded Provider Lists](#) page of the MHCP Provider Manual.

2. Meet all rules and requirements

Providers who are eligible to enroll with MHCP must meet all requirements and certifications for the type of service they want to provide **before** submitting enrollment information to MHCP. To determine what those requirements are:

- Refer to the appropriate service section listed under **Eligible Providers** on this page for licensure or certification requirements for your provider type.
- Review the [Provider Screening Requirements](#) page of the MHCP Provider Manual.

3. Obtain a provider identification number

A [National Provider Identifier \(NPI\)](#) is a unique identifying number providers use when submitting and processing health care claims and other transactions. Providers that are eligible for an NPI must obtain their NPI number(s) from the [National Plan and Provider Enumeration System \(NPPES\)](#) before enrolling with MHCP.

Unique Minnesota Provider Identifier (UMPI)

The following providers are not required to obtain an NPI but may have the option of using an NPI that is registered to them. If the provider types listed in the following bullets do not have an NPI, they can enroll without a provider identification number and MHCP will assign them an UMPI when Provider Eligibility and Compliance processes the application.

- Home and community-based services providers
- Personal care provider organizations providers
- Day training and habilitation providers
- Early intensive developmental and behavioral intervention (EIDBI) Level II and III individuals
- Non-emergency medical transportation (NEMT) organizations

Providers who do not meet the federal definition of a health care provider under [HIPAA](#) may not be eligible to receive an NPI. If providers are not eligible for an NPI, they can apply for enrollment. MHCP will send them a Welcome letter to confirm their enrollment and assign them a 10-digit UMPI.

The following list of providers are not eligible to obtain an NPI before submitting their enrollment forms:

- Approved day treatment centers
- Children's residential services providers
- Clearinghouses and billing intermediaries – (Not eligible to enroll as an managed care organization [MCO]-only provider)
- Health care case coordinators
- Individual personal care assistants (PCAs)
- Community health workers
- Women, Infants and Children (WIC) programs
- Head Start programs
- Electronic Data Interchange (EDI) trading partners – (Not eligible to enroll as an MCO-only provider)
- Clearing houses – (Not eligible to enroll as an MCO-only provider)
- Billing intermediaries – (Not eligible to enroll as an MCO-only provider)
- Non-emergency medical transportation (NEMT) drivers

The NPI or UMPI is required on all fee-for-service claims submitted to MHCP. This number allows MHCP to pay the billing provider for MHCP-covered services provided to eligible MHCP members.

4. Submitting enrollment documents to MHCP

Providers who wish to enroll with MHCP can do so in one of the following two ways.

- [Register](#) to access the Minnesota Provider Screening and Enrollment (MPSE) portal and complete their enrollment online using the [MPSE portal](#). This is the most efficient method of enrolling as it provides access to built-in guidance for the application process, ability to review common errors, and tracks the application status and progress.

OR

- Complete the required documents and fax them to MHCP's Provider Eligibility and Compliance division.

Click on the link to the manual section specific to the services you wish to provide (listed in the [Eligible Providers](#) section of this page) to see the MHCP requirements and the forms you must submit to enroll.

Note: MHCP does not accept enrollment documents through email. All enrollment documents must be submitted using one of the two methods listed in this section.

Application Fees

Some MHCP provider types must pay a nonrefundable application fee. If a provider is newly enrolling, reenrolling, or revalidating their enrollment, and are required to pay a fee, the provider must pay the fee **before** submitting an enrollment application. See the [Application Fees](#) section in the Provider Screening Requirements page of the MHCP Provider Manual for application fee requirements.

Electronic funds transfer (EFT) or direct deposit (not applicable to MCO in-network only providers)

MHCP recommends all fee-for-service providers sign up to be paid through EFT or direct deposit. Providers can sign up for EFT during the application process and do not need to wait until their enrollment is approved. EFT payments are a convenient alternative to receiving paper checks and offer many advantages.

EFT payments are:

- Faster – Providers can access their funds quicker. They don't have to wait for a check to arrive and don't have to make a trip to the bank to make a deposit.
- Safer – Providers won't deal with lost, stolen or misdirected checks.
- Easier – Providers can manage cash flow with less paperwork.

Providers who want to be paid through EFT from MHCP must have an active 10-digit supplier ID and a 3-digit supplier location code assigned from Minnesota Management and Budget (MMB).

Follow these steps to establish a supplier ID for MHCP payments:

1. Go to the [Minnesota Supplier Portal](#) website and select "Register for an Account" and register as a "New Supplier," if you do not already have a supplier ID.
2. To add or update banking information to an existing supplier ID via the Supplier Portal, refer to [Update Supplier Profile](#) or you can submit the [MMB EFT Bank Change Request \(PDF\)](#). If you have questions whether your supplier ID is active for direct deposit, call MMB at 651-201-8106.
3. It will take 10 business days after adding your banking information before your supplier ID becomes active. After that, enter your EFT supplier ID and supplier location code using our online MPSE portal (instructions for adding EFT supplier ID and location code can be found on the MPSE user manual page for [Enrollment Record Information](#)), or fax a completed [EFT Supplier ID Notification \(DHS-3725\) \(PDF\)](#) to Provider Eligibility and Compliance at 651-431-7462.

Enrollment for Managed Care Organization Providers

Federal law (the 21st Century Cures Act) requires the state agency (DHS) to enroll all Medicaid providers, both those in Medicaid fee-for-service and those in managed care organization (MCO) networks. The enrollment process for MCO in-network only providers started July 17, 2023. Follow the steps outlined in the [Enrollment Process](#) section to enroll.

Refer to [Enrollment process for MCO network providers](#) for additional information and the [Eligible Providers](#) section for a list of providers DHS enrolls and the enrollment requirements for each provider type.

Note: Currently active fee-for-service providers who also contract with an MCO will not need to go through the screening and enrollment process again.

Providers who choose to participate in an MHCP managed care organization's network must also [contact the appropriate health plan](#) for participation and contract information. Refer to the [MCOs](#) page in the MHCP Provider Manual for additional information.

Providers enrolling as an MCO in-network provider will follow the instructions in the [MCO In-Network Provider Enrollment](#) page of the MPSE User Manual.

Enrollment Approvals

Providers Located in Minnesota

Minnesota providers may be approved retroactively. If the provider meets the enrollment requirements for the enrollment type, the enrollment application will be approved with an effective date using one of the following methods:

- The effective date the provider requests in MPSE or on the enrollment application.
- On the first day of the month in which we receive an enrollment request or application.
- For up to 90 days to the effective date of Medicare Certification of the provider.
- The retroactive date the member is confirmed to be eligible for MHCP.
- The date the provider is confirmed to meet all MHCP provider requirements.

DHS will approve Minnesota providers who require additional screening methods such as site visits and background checks at the time the additional screenings are completed. Provider types requiring these additional screening methods are listed in the moderate-risk or high-risk level categories on the [Risk Levels](#) section of the Provider Screening Requirements page in the MHCP Provider Manual.

Providers Located Outside of Minnesota

Out-of-state providers may apply for MHCP enrollment for the date(s) of service to an MHCP member. To be eligible for payment under MHCP, an out-of-state provider must:

- Comply with the licensing and certification requirements of the state where the provider is located, except for home and community-based waiver services providers who must meet the licensing and certification requirements of Minnesota's federally approved waiver plan.
- Submit a request to MHCP using the [MPSE portal](#) with a copy of the Provider Agreement and any required assurance statements and credentials, or fax the required documents to Provider Eligibility and Compliance at the fax number listed on the MHCP forms.

Refer to [Billing Policy Overview](#) and [Out-of-State Providers](#) in the MHCP Provider Manual for additional requirements.

Consolidated Providers

A consolidated provider is defined as a provider with multiple enrollment records assigned to one National Provider Identifier (NPI).

A provider can offer multiple types of services, but not all services can be billed under one enrollment record. So, multiple enrollment records may need to be created depending on the type of service. Provider Eligibility and Compliance will review enrollment record provider types for providers who hold multiple, active credentials for different enrollment records and determine whether records need to be consolidated.

MHCP Use of Taxonomy Code(s) - (not applicable to MCO in-network only providers)

A taxonomy code is a code that describes the provider or organization type, classification, and the area of specialization. Provider taxonomy codes and their description can be found on the [X12 External Codes List](#) web page.

When a provider chooses one NPI to bill for multiple records because they have more than one location or more than one type of service, MHCP will consolidate all the records under a provider type (PT) 33 record. The records will remain active, and link to the PT33 record.

- If an NPI represents multiple records that share a physical address or zip code, the provider is required to submit taxonomy codes for each record following enrollment and MN-ITS registration. If any records are limited to and share the same available taxonomy code, the provider can enter a custom taxonomy code. The taxonomy codes are used for identification purposes only.
- Providers must submit taxonomy or custom taxonomy codes to MHCP through MN-ITS. For a tutorial, you can watch our [Adding Taxonomy Codes](#) video for consolidated providers.
- If one NPI represents multiple records that each have a unique physical address, the provider is required to submit the service facility location where the service was provided on claims.

Fee-for-Service Providers Must Register for MN-ITS

[MN-ITS](#) is a free, web-based, HIPAA-compliant system. Once Provider Eligibility and Compliance approves the application, they will send the provider a Welcome letter to confirm the enrollment. This Welcome letter includes a MN-ITS initial User ID, and Password. If the provider enrolled by fax, they will need to register for MN-ITS using the [registration instructions](#). If the provider enrolled using MPSE, the provider can log in to MN-ITS using the login and password listed on the Welcome letter.

[Minnesota law](#) requires all health care providers and suppliers eligible for MHCP reimbursement to submit all claims electronically. All providers and their affiliated clinics or billing services must register for MN-ITS. **MHCP does not process paper claims.**

As a registered MN-ITS user, providers can:

- [Verify program eligibility](#) for MHCP members.
- [Submit authorization requests](#) for medical or dental services or medical supplies.
- Submit service agreement (SA) requests for home care services.
- Retrieve [authorization and service agreement letters](#) in the MN-ITS mailbox.
- [Submit claims](#) (including claims with third party insurance or Medicare).
- Copy previously submitted MN-ITS claims or [replace](#) incorrectly submitted paid claims.
- Check a claim's [paid or denied status](#).
- Use the [MN-ITS Mailbox](#) to access information, including Remittance Advices (RAs).
- Access [MPSE](#) to view and manage their enrollment records.

MCO In-Network Only Providers Must Register for MN-ITS

[MN-ITS](#) is a free, web-based, HIPAA-compliant system. Once MHCP approves an MCO in-network only provider application, we will send the provider a Welcome letter to confirm enrollment. This

Welcome letter includes a MN-ITS initial user ID, password and [registration instructions](#). MCO in-network providers will use MN-ITS to access the [MPSE portal](#) where they can manage their MHCP enrollment information.

Changes to Enrollment

It is the responsibility of the provider to keep all enrollment information updated. The most effective way to report changes and updated information to an enrollment application is by [submitting a request through MPSE](#). MHCP offers quarterly webinars on making changes to MHCP enrollment information using the MPSE portal. Providers can learn more and register for this course on the [MPSE Training Site](#).

Providers also have the option to fax the following form appropriate to their practice to the fax number listed on the applicable form:

- [Individual Practitioner MHCP Provider Profile Change Form \(DHS-3535\) \(PDF\)](#) to report changes to individual's enrollment information, or to add and remove affiliations.
- [Organization MHCP Provider Profile Change Form \(DHS-3535A\) \(PDF\)](#) to report changes to an organization's contact or enrollment information.
- [Disclosure of Ownership and Control Interest of an Entity \(DHS-5259\) \(PDF\)](#) to report changes in management or board composition, or ownership (note changes in ownership require new copies of all enrollment documents, along with DHS-5550).
- [Provider Entity Sale or Transfer Addendum \(DHS-5550\) \(PDF\)](#) to report changes in ownership due to a sale or transfer of a provider entity (ownership changes must be reported at least 30 days before the change occurs).
- [Electronic Remittance Advice \(RA\) Request Form \(DHS-4087\) \(PDF\)](#) (not applicable to MCO in-network only providers) to add electronic RA on a provider's MN-ITS account, or to add or remove an RA affiliation with a billing organization. More information can be found on the [remittance advice](#) page of the provider manual.
- [EFT bank change form \(PDF\)](#) to report changes to your direct deposit information, note that this form goes to a different agency: Minnesota Management and Budget (MMB).
- [EFT Supplier ID Notification \(DHS-3725\) \(PDF\)](#) (not applicable to MCO in-network only providers) to report changes to your MMB-issued EFT Vendor Number or Location Code.

Provider Eligibility and Compliance will process the change information and notify the provider if they need any additional documentation. Provider Eligibility and Compliance sends enrollment status letters to providers, including when changes in provider participation occur (such as when providers expand or reduce the services they provide).

Processing Timelines and Actions

Whether materials are submitted using MPSE or by fax, Provider Eligibility and Compliance processes complete requests within 30 days of receiving the request. Each request, including newly submitted, corrected, and resubmitted requests are subject to the same processing timelines (30 days) as an initial request.

Complete Requests

Complete requests mean that all required fields are completed, and MHCP has received all required documents. If the request is submitted via MPSE, review the [Request Submitted and Next Steps](#) section of the MPSE user manual for details on statuses and outcomes displayed in MPSE.

If a new enrollment request is incomplete, Provider Eligibility and Compliance will send the provider a request for more information (RFMI) letter via the provider's MN-ITS mailbox, or by U.S. mail, to notify them of the information still needed to process the request. The provider has 60 days to

respond and return the missing information. When replying to an RFMI, use the same method used to originally apply (MPSE or fax). Providers should not use the two methods interchangeably. If Provider Eligibility and Compliance receives part of the information, but the information is still incomplete, we will send an additional RFMI to the provider requesting the missing information. Providers will have an additional 30 days to return the information to Provider Eligibility and Compliance. If information is still incomplete after that time, Provider Eligibility and Compliance will deny the request.

If providers submit enrollment documents that are not complete or correct and Provider Eligibility and Compliance must request additional information or corrections, the provider must allow up to 30 days from the most recent date the materials were submitted for processing.

Inactive enrollment records

If an enrollment record becomes inactive, the provider will be required to re-enroll with MHCP. The provider can re-enroll with MHCP using the MPSE portal or by faxing a new application to Provider Eligibility and Compliance.

Billing Organizations (not applicable to MCO in-network only providers)

MHCP-enrolled providers can assign [clearinghouses or billing intermediaries](#) as their billing agents to submit claims and other transactions electronically to MHCP.

Clearinghouses and billing intermediaries sending MHCP claims and other transactions on behalf of enrolled providers must enroll as a [billing organization](#).

Eligible Providers

Providers who choose to participate in MHCP must meet professional certification and licensure requirements according to applicable state and federal laws and regulations specific to the services they wish to provide. After an individual provider or organization meets professional certification and licensure requirements, they can apply to be an enrolled MHCP provider using the [Minnesota Provider Screening and Enrollment \(MPSE\) portal](#) or by submitting the application materials required for enrollment by fax.

The provider should also contact any managed care organizations (MCOs) they have a contract with for their enrollment requirements.

Fee-for-service providers marked with the number 1 in the following list do not receive direct payment for the services they provide and must bill through an organization.

The following list marked with the number 2 are not eligible to enroll as an MCO only provider.

The following list displays the provider type number after each provider type.

The following health care provider types may be eligible for MHCP enrollment:

Organization Providers	Individual Providers
Adult Day Treatment - 46	Allied Dental Professional - 31
Ambulatory Surgical Center - 22	Acupuncture - AP
Birth Center-B1(Enrollment webpage to come. Contact the MHCP Provider Resource Center for enrollment information.)	Alcohol and Drug Counselor - DC
Child and Teen Checkups Clinic - 16	Audiologist - 43
Children's Residential Treatment - 06	Certified Mental Health Rehabilitation Professional - 26
	Certified Nurse Midwife - 66

<p>Community Health Clinic - 58</p> <p>Community Mental Health Center - 10</p> <p>County Case Manager² - 23</p> <p>County Human Services Agency² - 45</p> <p>Day Training and Habilitation for ICF/DD</p> <p>Durable Medical Equipment - 76</p> <p>Dental Hygienist Group - 31 O</p> <p>Early Intensive Developmental and Behavioral Intervention² - EI</p> <p>Electronic Data Interchange (EDI) Trading Partner² - 28, 95, 98</p> <p>Family Planning Agency - 54</p> <p>Federally Qualified Health Center - 52</p> <p>Home and Community-Based Services - 18</p> <p>Housing Stabilization Services - 18-HSS</p> <p>Housing Support Supplemental Services - 18</p> <p>Moving Home Minnesota - 18</p> <p>Home Care Nursing Agency (HCN) Group - 64</p> <p>Home Health-60 (Enrollment webpage to come. Contact the MHCP Provider Resource Center for enrollment information.)</p> <p>Hospice - 02</p> <p>Hospital - 01</p> <p>Independent Diagnostic Testing Facility - 32</p> <p>Independent Laboratory - 80</p> <p>Independent X-ray - 81</p> <p>Indian Health Services - 51</p> <p>Individualized Education Program - 09</p> <p>Institution for Mental Disease¹ - 03</p> <p>Intensive Residential Treatment Services - 50</p> <p>Intermediate Care Facilities - 05</p> <p>Billing Entity for Physician Group - 49</p> <p>Medical Transportation - 82</p> <p>Mental Health Group - 34</p> <p>Nursing Facility - 00</p> <p>PCA Provider Agency² - 38</p> <p>Psychiatric Residential Treatment Facility - PR</p> <p>Public Health Clinic - 57</p> <p>Public Health Nursing Clinic - 61</p> <p>Recovery Community Organization - RC</p> <p>Regional Treatment Center - 17</p> <p>Rehabilitation Agency - 11</p> <p>Rehabilitation Billing Entity - 48</p> <p>Renal Dialysis Facility - 04</p> <p>Rural Health Clinic - 53</p> <p>Substance Use Disorder - 62</p> <p>Targeted Case Management - 44</p>	<p>Certified Nurse Specialist - 68</p> <p>Certified Professional Midwife-C1 (Enrollment webpage to come. Contact the MHCP Provider Resource Center for enrollment information.)</p> <p>Chiropractor - 37</p> <p>Certified Registered Nurse Anesthetist - 68</p> <p>Community Health Worker¹ - 55</p> <p>Dentist and Dental Group - 30</p> <p>Direct Support Worker, Individual^{1,2} - 38</p> <p>Health Care Case Coordinator - 27</p> <p>Hearing Aid Services - 77</p> <p>Home Care Nurse - 64</p> <p>Licensed Independent Clinical Social Worker - 14</p> <p>Licensed Marriage and Family Therapist - 25</p> <p>Licensed Professional Clinical Counselor - 63</p> <p>Licensed Psychologist - 42</p> <p>Nurse Practitioner - 65</p> <p>Occupational Therapist - 29</p> <p>Optometrist - 35</p> <p>Pharmacy and Pharmacist¹ - 70</p> <p>Physician and Physician Clinic - 20</p> <p>Physician Assistant - 69</p> <p>Podiatrist - 36</p> <p>Dietician or Nutritionist - 15</p> <p>Speech-Language Pathologist - 40</p> <p>Transportation Driver¹ - DR</p>
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