Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-6000-ENG 10-20

Minnesota Health Care Programs (MHCP)

Designation of Billing Person for Personal Care Assistance (PCA)

PCA agency owners must delegate the person within the agency who will be responsible to follow Minnesota Health Care Programs (MHCP) billing policies and procedures. PCA agencies are responsible to ensure designated billing staff complete training about the personal care assistance program financial management.

AGENCY NAME	OWNER	NPI or UMPI

By signing this form, I, the provider, or PCA agency owner named on this form, assign the following individual as responsible and accountable for understanding MHCP billing processes and requirements related to reimbursement of MHCP claims for PCA services provided.

NAME OF RESPONSIBLE BILLING PERSON		TITLE
DATE OF EMPLOYMENT (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
☐ Check this box if employment has ended. (Use only to report when the designated billing person is no longer employed.)		END DATE

Initial to indicate that the person responsible for MHCP billing will attend the required PCA training.

_____ I assure that the individual named on this form is scheduled to attend the MHCP PCA Agency Resources and MN–ITS Training and will ensure their attendance at this training session.

Note: The designated billing person must register with the agency's National Provider Identifier (NPI) or Unique Minnesota Provider Identifier (UMPI) and attend the training within six months of the date of active enrollment with MHCP.

DATE OF TRAINING

Owner Signature

NAME (Please print)	SIGNATURE	DATE
EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER

Fax completed form to 651-431-7465 or designate a billing person through the online Minnesota Provider Screening and Enrollment (MPSE) Portal.