

NUMBER

#19-21-07

DATE

November 12, 2019

OF INTEREST TO

County Directors

Social Services Supervisors and Staff

Medical Assistance Supervisors

Financial Assistance Supervisors

MinnesotaCare Director

Managed Care Organizations

Tribal Chairs

Tribal Health and Human
Services Directors

ACTION/DUE DATE

Please review and submit
Biennial Health Care Access
Plans for calendar years 2020
and 2021 to DHS.

Submit plans by:

December 31, 2019

EXPIRATION DATE

December 31, 2021

DHS Requests Biennial Health Care Access Plans for Calendar Years 2020 thru 2021

TOPIC

Health Care Access Plans for January 1, 2020 through December 31, 2021.

PURPOSE

To request counties and interested tribes to submit biennial Health Care Access Plans to DHS and provide an overview of their program

CONTACT

Questions concerning this bulletin and submission of Health Care Access Plans should be directed to:

Bob Ries, Purchasing and Service Delivery
Minnesota Department of Human Services
540 Cedar St
St. Paul, Minnesota 55164-0984
(651) 431-2485
Bob.Ries@state.mn.us

SIGNED

Tom Moss

Interim Assistant Commissioner
Health Care Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background

Minnesota Rules, part 9505.0140, subparts 1 and 2, provide that every two years the local agency will submit to the Minnesota Department of Human Services (DHS) a plan that specifies how the local agency will make transportation and other access services available to help Minnesota Health Care Program (MHCP) recipients obtain medically necessary health services. The access plan in this bulletin will be effective for January 1, 2020 through December 31, 2021.

Tribal organizations have the option of providing Health Care Access Services to eligible Minnesota Health Care Program recipients who reside in their areas instead of the counties. Tribes who wish to assume this function must complete a Health Care Access Plan. Counties who may be affected by this decision will be notified.

II. Authority

- Minnesota Statutes, section 256B.0625, subdivisions 17, 18, and 18a
- Minnesota Statutes, sections 256B.04, subdivisions 12 and 256B.0625, subdivision 1
- Minnesota Statutes, section 256B.691
- Minnesota Statutes, sections 471.38, 471.392, 471.41, 609.455 and 609.465
- Minnesota Statutes, section 174.29 and 174.30
- Minnesota Rules, parts 9505.0065, 9505.0140, 9505.0215 and 9505.0315
- 42 Code of Federal Regulations (C.F.R.), sections 431.53, 440.170, 441.62, 431.51
- 49 Code of Federal Regulations (C.F.R.), section 40.25
- Health Care Financing Administration (CMS), Chicago Regional State Letter No. 04-96

III. Definitions

- **Access Services:** those services required by the Code of Federal Regulations and state statutes and rules that are available to eligible Minnesota Health Care Program recipients that enable them to access a covered medical service. Includes non-emergency medical transportation, ambulance transportation, related ancillary services, and interpreter services.
- **Ancillary Services:** services that are provided by the county or tribal local agencies that are in addition to and related to the access transportation services provided or reimbursed to the recipient. Includes lodging, meals, and parking/tolls.
- **Department of Human Services (DHS):** state agency responsible to administer non-emergency medical transportation and the related ancillary services directly or through the county or tribal local agency.
- **Destination location:** the location where the client is “dropped off” to end the transport trip. Also, the end of the mileage reimbursement distance calculated for travel from the “origination location” by the most direct route.

- **Local Agency:** the county or tribal agency responsible for developing, completing, and administrating the transportation and ancillary services that are part of the Biennial Health Care Access Plan.
- **Local Agency Administered Non-Emergency Medical Transportation (NEMT):** references those transportation services coordinated, provided, or reimbursed by the county and tribes. Includes Modes 1 – Personal mileage, Mode 2 – Volunteer driver mileage, Mode 3 – Unassisted and Mode 4 -Assisted transport service ride coordination, reimbursement to individuals/providers, and billing of MHCP for transport reimbursement.
- **Managed Care Organizations (MCOs):** organizations contracted with by the Minnesota Department of Human services (DHS) for the purpose of providing covered medical services to Minnesota Health Care Program (MHCP) recipients.
- **Minnesota Health Care Programs (MHCP):** general term for use when referencing all medical programs available to Minnesota residents administered by the Minnesota Department of Human Services (DHS), which includes Medical Assistance and MinnesotaCare.
- **Minnesota Local Trade Area:** Minnesota and the counties of the states surrounding Minnesota (Iowa, North Dakota, South Dakota and Wisconsin) that are contiguous with Minnesota.
- **No Load Miles:** mileage traveled without a client in the vehicle. These are not reimbursable miles.
- **Non-Emergency Medical Transportation (NEMT):** Motor vehicle transportation provided by a public or private person that serves Minnesota health care program beneficiaries. Includes Modes 1 – Personal mileage, Mode 2 – Volunteer driver mileage, Mode 3 – Unassisted, Mode 4 -Assisted, Mode 5 - Ramp/lift equipped, Mode 6 – Protected and Mode 7 – Stretcher transports. Does not include any ambulance (air, ground, and water) transportation services.
- **Origination location:** the location where the client is “picked up” for the start of the transport trip. Also, the point of the mileage reimbursement distance calculation for travel to the “destination location” by the most direct route.
- **Responsible Person:** an individual who is needed to accompany a child or adult in order for the recipient/patient to obtain a covered medical service. Includes but is not limited to a parent, foster parent, authorized representative, or legal guardian.
- **Rural Urban Commuting Area (RUCA):** payment adjustment that may apply to transport pick up service and mileage reimbursements based on the urban, rural, or super-rural classification of the client’s residence zip code.
- **State Administered Non-Emergency Medical Transportation (NEMT):** Transportation services where rider certification is determined by a review agent for MHCP/DHS and transport services are reimbursed directly to the MHCP enrolled providers by DHS. Includes: ‘Mode 5 - Ramp/lift equipped’, ‘Mode 6 – Protected’ and ‘Mode 7 – Stretcher’ transports.
- **Transportation Coordinator:** county/tribal local agency or entity contracted with the local agency for the purpose of coordinating, providing, and reimbursing for the local agency administered non-emergency medical transportation and related ancillary services.

IV. Eligibility for Health Care Access Services

- Recipients of medical assistance (MA) are eligible to receive transportation and related ancillary service benefits through the counties/tribes and MCOs to enable them to access medical services.
- MA recipients eligible with a spenddown obligation that has not yet been satisfied, are eligible for NEMT transport and related ancillary services. These are administrative services that will not be applied to the spenddown obligation during the claim adjudication process.
- Organ transplant donors are eligible for possible reimbursement of the appropriate level of transport and related ancillary services for the purpose of acquiring the donated organ. See the MHCP Provider Manual for guidance for these recipients.
- MinnesotaCare provides transportation and ancillary services for enrollees in the MinnesotaCare Child benefit set.

V. Managed Care Organizations (MCOs) (health plans)

Medical transportation for obtaining emergency or nonemergency medical care is covered for Medical Assistance and MinnesotaCare Child enrollees. The most appropriate and cost-effective forms of transportation are covered.

Medical transportation include:

- Ambulance services required for medical emergency care.
- Non-emergency transportation (NEMT) services which include the following modes of transportation:
 - Enrollee reimbursement, including mileage reimbursement provided to enrollees who have their own transportation or mileage reimbursement to family or an acquaintance who provides transportation. (Administered by the local county or tribal agency.)
 - Volunteer transport by volunteers using their own vehicle.
 - Unassisted transport when provided by a Nonemergency Medical Transportation provider or public transit.
 - Assisted transport for an ambulatory enrollee who requires assistance from the NEMT provider.
 - Lift-equipped/ramp transport for an enrollee who is dependent on a mobility device (wheelchair or scooter) and requires an NEMT provider with a vehicle containing a lift or ramp.
 - Protected transport for an enrollee who has received prescreening that determines other forms of transportation inappropriate and who requires a provider with a protected vehicle that is not an ambulance or police car and has safety locks, a video recorder, and a transparent thermoplastic partition between the passenger and the driver.
 - Stretcher transport for an enrollee who must be transported in a prone or supine position.

The local county or tribal agency is responsible for personal mileage reimbursement which includes reimbursing the enrollee or the enrollee's driver for mileage to non-emergency covered services, and meals and lodging as necessary. The MCO shall not be responsible for providing local agency administered NEMT transport services in any situation where the enrollee has access to private automobile transportation (not including volunteer drivers) to a non-emergency service covered under the MCO contract.

The MCO shall not be responsible for providing NEMT when an enrollee chooses a non-emergency primary care provider located more than thirty (30) miles from the enrollee's home or a specialty care provider located more than sixty (60) miles from the enrollee's home, unless the MCO approves the travel because the non-emergency primary or specialty care required is not available within the specified distance from the enrollee's residence. The local agency shall provide NEMT to out-of-network providers of medical services located outside of Minnesota that have been approved by the MCO. The out-of-state transports and related ancillary services are the responsibility of the local agency.

The local county or tribal agency should review with the MCOs their process for obtaining MCO covered medical services for proper administration of the county/tribal transportation and related ancillary services.

VI. Billing Procedures and Reimbursement for Health Care Access Services

Counties and tribes are reimbursed by MHCP/DHS for monies expended for transportation and ancillary services. Health care access costs for recipients of the Minnesota Health Care Programs must be billed to DHS electronically by the county or tribal local agency using the 837P professional claim form using the MN-ITS Interactive or MN-ITS Batch processes. Claims will be processed in the biweekly claim payment cycle.

Local county/tribal agency NEMT service claims are a county-specific billing category. This means only the county/tribe may bill and be reimbursed directly by MHCP/DHS for the costs of local agency administered NEMT transports and related ancillary services. Counties and tribes must submit recipient, service and date specific data for all NEMT and related ancillary service reimbursement claims.

VII. Elements of a Health Care Access Plan

Use of a "pre-print" format for the submission of County/Tribal Biennial Health Care Access Plans is an effort to establish more uniformity in Health Care Access Plan format and requirements. The "Pre-Print" format is found as Attachment A. Please fill in all blanks and return the preprint to the contact person. Key points to remember:

- Counties/tribes must not deny a recipient's claim for transportation and related ancillary services payment if the recipient obtained a MHCP covered service and the recipient has complied with the provisions of the local agency's health care access plan. The local agencies may hold reimbursements until a sufficient amount of costs have been incurred by the recipient based on the local agency's "minimum check issuance policy" being met. Ultimately, all appropriate transports and related ancillary services are to be reimbursed.
- Counties/tribes may not restrict or deny reimbursement because the medical service is "routine."
- The local county or tribal agencies are not responsible for transport or ancillary services of the MCO enrollee who travels beyond the 30 mile primary care or 60 mile specialty care limits without approval by the MCO to exceed those distances based on medical necessity.
- Up to 100 percent of the IRS mileage rate allowed for business expenses is the mileage reimbursement rate paid

to **county/tribal recognized volunteer drivers and licensed foster parents**. This rate may change with each and during the tax year. Counties/tribes will be notified if there are changes in the rate during the term of this access plan.

- It is the responsibility of the local agency to verify volunteer drivers have a valid driver's license and
- The volunteer drivers are not individuals whose background does not support their use as a volunteer driver for the MHCP client/rider.
- The access plan must include a description of when and how the county/tribal agency informs all MA and eligible MinnesotaCare applicants/recipients of NEMT and related ancillary services available to them. The plan should clearly describe the requirements and steps a recipient needs to take to utilize these services.
- **Copies of the handouts the county/ tribe provide to recipients** explaining access services, including transportation and related ancillary services, must be attached to the plan when submitted. A **sample** recipient notice format is provided in Attachment B. Counties/tribes are encouraged to use the sample as a basis for their recipient notice and to create a document describing the county/tribal processes.
- Standard vouchers with standard language according to Minnesota Statutes, section 471.38, should be used by agencies for recipient claims. Agencies must require that recipients, volunteers and contractors provide receipts attached to expense reports/vouchers for common/commercial carriers, meals, parking (except parking meters), and lodging.
- Receipts must indicate the date the expense was incurred and the individual incurring the expense.
- If a county/tribe suspects a recipient is making false claims, the county/tribe should require the medical provider's statement and signature on all expense reimbursement forms/vouchers to verify an appointment was made and kept by the recipient.
 - Counties/tribes may choose to add a similar section to their expense form/voucher and require provider verification of medical appointments to be obtained by all recipients making claims for NEMT or ancillary service reimbursement.
- Use of an outside NEMT coordinator by the county/tribe to provide NEMT and related ancillary services is allowed.
 - Information and rates **MUST** be reviewed by DHS. Includes documentation of costs and calculation methods used to determine the "per trip" administration fee/rate.
 - Administration fee rates **MUST** be approved by DHS.
 - Administration fee rates **MUST** be reasonable.
 - The administration fee rate **MUST** be paid on a "per trip" basis.
 - The coordinator per trip payment rate **MUST** be based on the total costs to provide the coordination activities.
 - Coordination cost allocations **MUST** include the costs of coordination for all recipients transported by the coordinator and not just the MHCP recipients. Reimbursement of administrative costs will only be made for the MHCP recipients.
- **County/tribal NEMT providers**
All nonemergency medical transportation providers must comply with the operating standards for special transportation service as defined in Minnesota Statute, sections 174.29 and 174.30 and Minnesota Rules,

chapter 8840. **Publicly operated transit systems, volunteers, and not-for-hire vehicles are exempt from the requirements outlined in this paragraph.**

Counties/tribal local agencies must confirm the NEMT provider has met all applicable MnDOT and DHS, or local governmental requirements for providing transport services to the MHCP recipients. The local county/tribal agency administered non-emergency medical transportation provider's bill the local county human services or tribal agency.

- **“County/Tribal Administered Non-Emergency Medical Transportation (NEMT)” services** The county and tribal local agencies will administer four levels of transport services including:
 - **Mode 1 = Client reimbursement:** includes client mileage reimbursement provided to clients who use their own vehicle or to family members, relatives, or acquaintances who provide transportation to the client using their own vehicle.
 - **Mode 2 = Volunteer transport:** includes transportation by volunteers using their own vehicle.
 - **Mode 3 = Unassisted transport:** includes transportation provided to a client by a nonemergency medical transportation provider or public transit. If a NEMT provider or public transit is not available, the client may receive transportation from a higher level of non-emergency medical transportation provider. Includes “curb-to-curb” transport only.
 - **Mode 4 = Assisted transport:** includes transport provided to ambulatory clients who require assistance by a nonemergency medical transportation provider. Includes “door-to-door” and “door-thru-door” transports as required by the client.
 - The MHCP/DHS Medical Review Agent completes the certification process of the recipient.
 - Counties and tribes are responsible for the coordination and delivery of these transport services, reimbursement of the transport to the transportation provider, and then will bill MHCP/DHS for reimbursement of these costs.
 - The client must contact the county or tribal local agency for the local agency's criteria in scheduling Mode 4 – Assisted transports.

“State Administered Non-Emergency Medical Transportation (NEMT)” This will include three (3) levels of NEMT services for which the MHCP/DHS medical review agent will determine the client's medical need and certification level for these transports. **These are not** local agency coordinated transports but the local agencies will review the transports for the 30/60 transport distance limits when requested by the recipient or responsible person.

- **Mode 5 = Lift-equipped/ramp transport:** includes transport provided to a client who is dependent on a mobility device (wheelchair or scooter) and requires a nonemergency medical transportation provider with a vehicle containing a lift or ramp.
 - The recipient/rider must remain seated in the mobility device during transport.
- **Mode 6 = Protected transport:** (new transport type) includes transport provided to a client who has received a level-of-service (LOS) assessment that has deemed other forms of transportation inappropriate and who requires a provider:
 - with a protected vehicle that is not an ambulance or police car.
 - has safety locks, a video recorder, and a transparent thermoplastic partition between the passenger and vehicle driver.
 - is certified as a protected transport provider by MnDOT.

- ALL client certifications for Protected Transport will be established by a local entity who has received training to determine appropriate certification for this level of transport.
- **Mode 7 = Stretcher transport:** includes transport for a client in a prone or supine position and requires a nonemergency medical transportation provider with a vehicle that can transport a client in a prone or supine position.

VIII. Reporting Requirements

The local county and tribal agencies will provide data monthly to the DHS on appeals, recipient and provider complaints, recipient and provider no-shows, canceled trips, and the number of trips by mode. DHS will provide a report template to the local county and tribal agencies to complete this process.

IX. HIPAA and Minnesota Data Privacy Act

The Health Insurance Portability and Accountability Act (HIPAA) and the Minnesota Data Practices Act do not prohibit DHS or a county human services or tribal agency from entering into an agreement with a public transit system or a private transportation provider to transport human services recipients, provided that "reasonable precautions" are taken to protect individuals' privacy. HIPAA allows for limited "incidental uses and disclosures" of protected health information in circumstances where it would be impractical and inadvisable to completely eliminate such communication. HIPAA also requires "reasonable precautions" be undertaken to reduce or eliminate the possibility the information may be overheard or otherwise accessed. More information about incidental uses and disclosures and related "administrative requirements" can be found about HIPAA at 45 C.F.R. § 164.530(c).

Federal regulations require providers to have their employees tested for drugs before allowing them to perform safety-sensitive duties (49 C.F.R. § 40.25). County/tribal agencies should take steps to ensure that providers complete driver requirements, including Internet computerized criminal history file background checks, drug testing, and driver history checks.

X. Excluded Costs Related to Transportation

Minnesota Rules, part 9505.0315, subpart 5, establishes the following related costs are **not** eligible for payment through the health care access plans:

- Transportation of a recipient to a hospital or other site of health services for detention ordered by a court or law enforcement agency unless ambulance service is a medical necessity.
- Transportation of a recipient to an alcohol detoxification facility when detoxification is not a medical necessity.
- No load transportation except for emergency ambulance transport services in specific situations.
- Additional charges for luggage, a stair carry of the recipient, and other airport, bus, or railroad terminal services.
- An airport surcharge.
- Federal or state excise or sales taxes on air ambulance service.
- The cost of NEMT services for a recipient who participates in a training and habilitation program. This applies when payment for transportation expenses are included in the per diem payment to the intermediate care

facility for the developmentally disabled (ICF/DD) or if the transportation rate has been established under Minnesota Rules, parts 9525.1200 to 9525.1330 (Training and Habilitation Reimbursement Procedures for ICF/DDs).

XI. Policy Questions

Questions concerning the Health Care Access Plan and documents may be submitted to: Bob.Ries@state.mn.us

Bob Ries

Access Services Policy

Purchasing and Service Delivery

Minnesota Department of Human Services

540 Cedar St

St. Paul, Minnesota 55164-0984

(651) 431-2485

XII. Americans with Disabilities Act (ADA) Advisory

This information is available in alternative formats to individuals with disabilities by calling (651) 431-2478 (voice) or toll free at (800) 657-3756. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.



Local County and Tribal Agency Biennial Health Care Access Services Plan

Effective: January 1, 2020, through December 31, 2021

Local Agency or Tribe:

Person Responsible for Development of the Health Care Access Services Biennial Plan:

Telephone Number:

Name of Person Responsible for Coordination of Health Care Non-Emergency Medical Transportation and related Ancillary Services:

Telephone Number:

General Purpose Statement

To ensure that applicants/recipients of Medical Assistance (MA), and MinnesotaCare pregnant women and children under 21 years of age are provided with or reimbursed for the appropriate level of needed transportation and other travel related expenses to enable them to access necessary medical treatment. County and tribal local agency non-emergency medical transportation (NEMT) services are available to transport the recipient to and from medically necessary services received from participating providers of services covered under the MA and MinnesotaCare programs.

Transportation to non-participating health care providers shall also be paid under this plan if:

- the medically necessary service is covered under the MA state plan; and
- the non-participating medical/dental provider could be a participating provider if application was made; and
- the transport results in the proper, efficient, and cost effective administration of Minnesota Health Care Programs services.

Cost Effectiveness

Per Federal Regulations, transportation for each trip made by a recipient must be by the most cost effective means available that meets the needs of the recipient.

1. The local county/tribal agency must document or describe the method or process of establishing the “least costly” appropriate method of transportation.
2. The local county/tribal agency must document or describe the process used in establishing the appropriate level of transport and related ancillary services approved, authorized, or denied to the recipient.
3. The county and tribal local agencies shall direct recipients to utilize all available sources of free transportation services (such as relatives, friends, other public options if available) if it meets the needs of the recipient.
4. The next most cost effective means of transportation under this plan is transport by the recipient's vehicle. Includes vehicles provided by other individuals with a “vested interest” in the recipient.
5. Reimbursement will not be made to a recipient or other person if the mode of transportation used or related travel expenses are furnished at no cost to the recipient.
6. Transport for a covered medical service that is obtained from a primary care provider is limited to 30 miles from the recipient's home/residence for local county/tribal agency and state administered NEMT.
7. Transport for a covered medical service obtained from a specialty care provider is limited to 60 miles from the recipient's home/residence for local county/tribal agency and state administered NEMT.
8. Prior authorization to exceed the 30 or 60 mile transport limits for all NEMT must:
 - Be requested by the MHCP recipient for review by the local agency;
 - Be authorized or denied by the county or tribal local agency;
 - Be based on medical necessity with no other provider capable of providing the level of care needed closer than the requested destination provider location, and
 - Must be documented and documentation maintained as part of the transportation record by the local county or tribal agency.
9. Reimbursement will not be made for trips/mileage traveled without a recipient in the vehicle (no load miles).

Part I. Transportation and Related Travel Costs

Recipients/applicants must use the most cost effective method of transportation available to them. Whenever appropriate, the recipient's own vehicle must be used.

A. Services available for recipients receiving medical care from a MA enrolled or other appropriate non-enrolled medical/dental provider:

1. Mileage reimbursement:
 - 22 cents per loaded (recipient in the vehicle) mile when transported in a vehicle provided by an individual including but not limited to a family member, self, neighbor, etc. or other individual with vested interest. Billing code “A0090”.
 - Reimbursement for personal mileage includes a possible Rural Urban Commuting Area (RUCA) add-on adjustment based on the client's residence zip code as rural or

super rural and the transport distance from origination (pick-up) to destination (drop off) locations (one way distances of 1 to 17 miles + 25%, 18 to 50 miles +12.5%, and 51 miles or more no RUCA adjustment is applied.

- The local agency must calculate all personal mileage RUCA add-on adjustments using the same criteria and process for all individuals.
- Up to 100 percent of the IRS Business Mileage deduction rate effective for the date-of-service (DOS) for non-emergency transportation using a vehicle provided by a **volunteer driver** (individual or organization) with no vested interest (billing code “A0080”) and for **licensed foster parents** (billing code/modifier “A0090 UC”).
 - Reimbursement for personal mileage of the licensed foster parent and volunteer driver includes a possible RUCA add-on adjustment based on the client’s residence zip code as rural or super rural and the distance from origination (pick-up) to destination (drop off) locations. For one way transport distances of 1 to 17 miles + 25%, 18 to 50 miles + 12.5% and for distances in excess of 50 miles no RUCA adjustment is applied.
 - The local agency must calculate all licensed foster parent personal mileage and volunteer driver mileage RUCA add-on adjustments using the same criteria and process for all individuals.
2. Parking fees and tolls are reimbursed at actual cost (billing code “A0170”). Receipts are required when available to the recipient.
 3. Reimburse volunteer drivers at the MHCP/DHS maximum reimbursement rate, up to 100% of the IRS business deduction rate in place on the DOS.
 4. Unassisted Transport including bus/light rail (billing code “A0110” or monthly pass “A0110 U7”) and other commercial carrier fares such as air travel (billing code “A0140”) are reimbursed the standard rider fare of the transportation provider. Reimbursement is considered “at cost” with reduction for excluded costs related to transportation.
 - Reimbursement for the “standard fare” transports DO NOT include a possible RUCA add-on adjustment
 5. Unassisted Transport (billing code A0100) is reimbursed the standard rider fare or the MHCP allowable, whichever is less.
 - Reimbursement for unassisted transport (A0100) **curb-to-curb transports** includes a possible RUCA add-on adjustment for the base (pick-up) service code based on the client’s residence zip code classification as super rural.
 - The RUCA add-on adjustment for transport base service charges is 11.3%.
 - Reimbursement for unassisted transports includes a possible RUCA add-on adjustment for mileage (S0215) based on the client’s residence zip code as rural or super rural and the distance from origination (pick-up) to destination (drop-off) locations. For one way transport distances of 1 to 17 miles + 25%, 18 to 50 miles + 12.5% and for distances in excess of 50 miles no RUCA adjustment is applied.
 6. Assisted Transport includes **door-to-door and door-thru-door ambulatory transports** where the client has been certified by the MHCP/DHS medical review agent as requiring

this level of transport.

- Reimbursement for assisted transports includes a RUCA adjustment for the base (pick-up) service code (T2003) based on the client's residence zip code as super rural.
 - The RUCA add-on adjustment for transport base service charges is 11.3%.
 - Reimbursement for assisted transports includes a RUCA adjustment for mileage (S0215) based on the client's residence zip code as rural or super rural and the distance from origination to destination locations. For one way transport distances of 1 to 17 miles + 25%, 18 to 50 miles + 12.5%, and distances in excess of 50 miles no RUCA adjustment is applied.
7. Meals: The maximum reimbursement for meals (Billing code "A0190") is:
 - Breakfast - \$5.50; Must be in transit or at the medical appointment prior to 6:00 AM
 - Lunch - \$6.50; Must be in transit or at the medical appointment 11:00 AM to 1:00 PM
 - Dinner - \$8.00 Must be in transit or at the medical appointment after 7:00 PM
 - Time taken to "eat the meal" is not part of "travel time" consideration.
 8. Lodging: *Authorization prior to incurring this cost is required.* Limited to \$50.00 per night unless a higher rate is prior authorized by the local county/tribal agency (billing code "A0180").
 9. When another individual is necessary to accompany the recipient or to be present at the site of a health service in order to make health care decisions, the accompanying individual will be reimbursed for the cost of meals, transportation, and lodging at the same standard as the recipient. Reimbursement may be made for more than one person if required by the health care provider's written treatment plan.
 10. Transportation and other related travel expenses of family members of recipients in covered treatment programs, such as mental health, if the family member's involvement is part of the recipient's written treatment plan.
 11. If the recipient had travel and ancillary service expenses and is later found to be MHCP eligible (could include up to three retroactive MA months), they may be eligible for reimbursement of allowed transportation and ancillary services at the reimbursement rates appropriate for the DOS as indicated in this plan.
 12. Transportation and related travel expenses to out-of-state medically necessary services requires prior authorization by the county/tribe local agency for the fee-for-service (FFS) (straight MA) recipients.
 - Transport and related ancillary services are only provided or reimbursed when the fee-for-service out-of-state medical service has been authorized by the DHS contracted medical review agent. Out-of-state services are medically necessary services obtained at a provider/facility location that is outside of Minnesota or its local trade area. NEMT transports and related ancillary services are provided to the recipient and when necessary one responsible person and/or attendant.
 - Transportation and other related travel expenses to out-of-state medically necessary services require prior authorization/referral of the medical service(s) by the Health Plan for recipients enrolled in a health plan. Transport and related ancillary services are only provided or reimbursed when the out-of-state medical service has been authorized by the health plan.

- Counties/tribal local agencies are responsible for all out-of-state NEMT transports and related ancillary services for transport Modes 1 thru 4.

B. Procedures to Obtain Services

1. Authorization to incur NEMT and related ancillary service costs may be arranged in writing, by telephone or online depending upon the specific county/tribal agency process established. Documentation of authorization of NEMT and related ancillary services must be maintained. Prior authorization to incur transport and ancillary service costs from the county/tribe is required for or when:
 - Lodging and meal expenses for an MA recipient and/or responsible person accompanying the MA recipient
 - The local county/tribal agency has determined transportation and ancillary services have been misused. Example: An able-bodied individual living at a location with access to a public bus route uses a taxicab rather than the bus to access medical services available by bus transport.
 - Transportation and related costs are necessary for the recipient to receive DHS fee-for-service contracted reviewer or health plan authorized out-of-state medically necessary services.
2. NEMT transport services to the primary care provider within 30 miles of the client's residence and 60 miles from the client's residence for specialty care **DOES** require prior authorization by *(Enter agency name here)* to incur the transportation service cost(s).

C. Emergency Needs Procedure

Authorization to incur NEMT and related ancillary service costs is not required in emergency situations. In an emergency situation, recipients/applicants must secure transportation and related ancillary services using the most cost effective and medically appropriate transportation and ancillary services. Recipients/applicants are required to notify *(Enter agency name here)* immediately after the emergency for consideration of reimbursement of the expenses. Transportation and related ancillary service costs that would otherwise require receipts for reimbursements do apply in the emergency situations.

D. Billing and Payment Procedures

1. Providers of transportation and other travel-related services must submit bills for services to *(Enter agency name here)* for payment. The bill should include date of service, origination (pick-up) and destination (drop-off) points, and mileage by the most direct route. Transport must be to a covered service in order for the bill to be paid under this plan.
2. Recipients and other persons eligible for reimbursement for costs of transportation and other related services shall submit to *(Enter agency name here)* actual receipts, when available, or signed, dated, and itemized statements of mileage and/or other allowed expenses.
3. All bills will be paid by *(Enter agency name here)* within _____ calendar/business (select one) days of receipt. Financial workers may choose to provide a recipient with a voucher for transportation or other travel-related service.

E. Service Restrictions

1. Payment shall be made for the most cost-effective available means of transportation which is suitable to the recipient's medical needs. As mentioned in Section I.B., prior authorization to incur costs of transportation and other related travel expenses may be required *except when* there is an emergency or in cases of retroactive eligibility.
2. When the recipient's attending physician makes a referral or the recipient requests to be transported to a medical provider location that is not within the 30/60 mile transport limits, prior authorization by the county/tribal agency is required.
3. When the recipient's attending physician makes a referral or the recipient requests transport to a medical provider location not within the 30/60 mile transport limits or is not the closest provider capable of providing the level of care beyond the mileage limits, prior authorization by the county/tribal agency for transport and ancillary services should not be made.
4. The county/tribe **will not reimburse** the recipient for transportation provided at no cost to the recipient.

Part II. ADA & Meaningful Access to Services

A. Services Available

(Enter agency name here)(Enter agency name here) will provide interpreter services to Deaf, blind, hard of hearing and Deaf/blind persons, and individuals with Limited English Proficiency (LEP) who are seeking or receiving assistance from the county/tribal agency.

(Enter agency name here) will provide other assistance or services such as training, videos, information pamphlets or other services to individuals seeking or receiving assistance from *(Enter agency name here)*

Medical Assistance (MA) or other service providers, regardless of size, shall provide interpreter services to Deaf, blind, hard of hearing and Deaf/blind persons, and individuals with LEP who are seeking or receiving assistance as soon as the Deaf, hard of hearing, Deaf/blind person or individual with LEP makes the request or the when the need is determined. If subsequent appointments are necessary, interpreter services also need to be arranged prior to appointment.

Providers must offer this service at no cost and in a timely manner to the recipient in accordance with State and Federal laws. This service only applies when interpretation is provided in conjunction with another covered service, is provided during the completion of the cash, food support, medical, or MnChoices eligibility or re-certification meetings with the applicant. Interpreter services are not available for scheduling or arranging medical service appointments.

PART III. Procedures to Obtain Services

A. Authorization of Services

Authorization to incur a non-emergency medical transportation and related ancillary service cost may be arranged in writing, by telephone or online depending upon the specific county/tribal process

established. Documentation of authorization of transportation and related ancillary services must be maintained.

Prior authorization to incur transportation and related ancillary services costs from the county/tribe is required for:

1. Lodging and meal expenses for an MA recipient and/or responsible person accompanying the MA recipient
2. When the agency has determined transportation and ancillary services have been misused. Example: An able-bodied individual living at a location with access to a public bus route uses a taxicab rather than the bus to access medical services available by bus transport.
3. Transportation and related costs to receive DHS contracted reviewer or health plan authorized out-of-state medically necessary services.

County and tribal local agency administered and State administered non-emergency medical transportation (NEMT) and related ancillary services for the MA fee-for service recipient is limited to a Primary Care Provider within 30 miles of the recipient's home and Specialty Care Provider within 60 miles of the recipient's home. All fee-for-service NEMT transports and related ancillary services beyond the respective 30/60 mile distances REQUIRE prior authorization by (*Enter agency name here*). Authorization is based on medical necessity and having no provider capable of providing the level of care needed within the mileage limits or a provider closer than the provider location requested.

For the MA fee-for-service recipient, authorization for state administered non-emergency medical transportation and related ancillary service beyond the respective 30 or 60 mile distances must be obtained by the recipient from the local county/tribal agency. Authorization is based on medical necessity and having no provider capable of providing the level of care needed within the mileage limits or a provider closer than the provider location requested.

Health Plan recipients must access primary care services from a provider within 30 miles of their residence and specialty care services within 60 miles of their residence. Authorization for transport and related ancillary services provided and reimbursed by the county or tribal local agency to a provider location exceeding the respective distances, must be obtained by the recipient from the local county/tribal agency. Prior authorization is based on referral by the health plan for the recipient to access covered medical services from the provider at the specific location requested.

B. Emergency Needs Procedure

Prior authorization to incur NEMT and related ancillary services costs is not required for emergency situations. In emergency situations, recipients/applicants must secure transportation and related expenses, using the most cost effective and medically appropriate transportation method and related ancillary services. Recipients/applicants are required to notify the local county or tribal agency immediately after the emergency to secure consideration of reimbursement for the expenses. Appropriate receipts are required.

C. Billing and Payment Procedures

(Enter agency name here) will negotiate fees with the referral agency or interpreter. *(Enter agency name here)* will pay the interpreter for the service and charge the expense to the MA administrative account for reimbursement purposes. All bills will be paid by *(Enter agency name here)* within 30 days of receipt.

D. Service Restrictions (Provide summary of)

Part IV. Access to Appeal Hearing Services

A. Services Available

1. Reimbursement for reasonable and necessary expenses of applicants/recipients attendance at an appeal hearing, such as meals, lodging, parking, transportation, and child care costs.
2. Assistance from *(Enter agency name here)* staff in locating transportation.

B. Procedures to Obtain Services

Applicants/recipients shall contact their worker at *(Enter agency name here)* if assistance in locating transportation or reimbursement for transportation and/or child care expenses will be needed to ensure the applicants/recipient's attendance at an appeal hearing.

C. Billing and Payment Procedures

Transportation expenses will be reimbursed according to the same criteria established in Part I. Providers of transportation services must submit dated, itemized bills for service to *(Enter agency name here)* for payment. Applicants/recipients and other persons eligible for cost of transportation services shall submit to *(Enter agency name here)* actual receipts, when available, or signed, dated, and itemized statements of mileage. All bills will be paid by *(Enter agency name here)* within 30 days of receipt. County/tribal staff may choose to provide a recipient with a voucher for transportation.

Child care costs are reimbursable to the applicant/recipient for the time duration of the hearing, including travel to and from the child care provider. Child care will be reimbursed at the current "Child Care Program" hourly rate. *(Enter agency name here)* will reimburse applicants/recipients directly for their transportation and/or child care costs and then charge the expense to the MA Program administrative account for reimbursement.

D. Service Restrictions

(Enter agency name here) will not pay for child care if services are provided at no charge to the applicant/recipient.

Part V. County Vouchers

What is the county's/tribe's plan for recipients who cannot afford to pay up-front for a bus pass or taxi?

Do you provide bus passes or taxi vouchers to recipients?

Part VI. Administration of Common Carrier

Do you contract for common carrier services? YES _____ NO _____ (select one)

If yes, please submit a copy of your 2020 through 2021 contract with your Access Plan documents to:

Bob Ries
Minnesota Department of Human Services
Purchasing and Service Delivery Division
540 Cedar St
St. Paul, Minnesota 55164-0984
Email: Bob.Ries@state.mn.us

Part VII. Notification to MA Recipients of Health Care Access Services

1. The local agency or tribe shall inform recipient of the Health Care Access transportation plan. Applicants must be informed of available services at the time of application and

recertification. They must also be made aware of changes to the non-emergency medical transportation (NEMT) or related ancillary services benefits, reimbursements, coverage, policies and procedures made by the local agency, due to federal action, adjustments to state statute/rule or administrative decisions by the Minnesota Department of Human Services (DHS).

What is the process or procedures of the local agency for informing the recipients or responsible person of changes to the access plan, local agency processes, procedures, rates, documentation, etc. at times other than application and recertification?

What is the process of informing the recipient or responsible person of the access plan benefits and policies or procedures when eligibility is established through the MNSure process?

2. **Include with your Biennial Access Plan submission** a copy of all documents given to applicants and/or recipients informing them of NEMT and related ancillary service availability. Include the local agency version of “Attachments B – Notice to Recipients”, “Attachment C – Trip/Expense Log/Report”. Include other documents provided to the recipients/responsible person for access plan administration.

Part VIII. Other County/Tribe Specific Policies, Procedures and Conditions

What are the identified gaps, issues, and/or barriers for transportation services in your area?

What coordination efforts is the county/tribal agency involved in to provide transportation services to its members such as Regional Transportation Planning initiatives?

In the space below, please communicate any policies and procedures not covered in the Biennial Access Plan Bulletin and attachment documents that reflect county/tribal agency administration of Access Services.

Part IX. Outside Provider Contracting

Counties/tribes entering into a contract with an outside organization/provider for providing transportation service(s) or coordination activities for county/tribal administered NEMT provided to/for the MHCP recipient **MUST** submit to DHS:

1. A copy of the ALL contract(s) with outside entities related to county/tribal administered NEMT
2. A statement of the per trip rate(s) or administration fee paid to the provider/coordinator
3. Documentation to show how the rates for transport or administrative fees were established

Counties/tribes utilizing an outside provider/coordinator to provide access transportation or administration should not enter into such contracts and provide reimbursement until they have submitted their contract(s) to DHS for review of program policy and procedure consistency. Issues will be addressed.

County/tribal local agencies should send contracts to:

Bob Ries
Minnesota Department of Human Services
Purchasing and Service Delivery Division
540 Cedar St
St. Paul, Minnesota 55164-0984
Email: Bob.Ries@state.mn.us
Fax: (651) 431-7420.

Part X Upon 60 Day Notice, DHS May Terminate This Plan.

NOTICE OF ACCESS SERVICE AVAILABILITY TO ELIGIBLE MINNESOTA HEALTH CARE PROGRAM RECIPIENTS

COUNTY/TRIBE NAME, ADDRESS, TELEPHONE #

You may be able to get paid for expenses to help you get medical care or to attend an appeal hearing. You may also receive reimbursement when your eligibility is made retroactive.

Please read this information sheet carefully.

The (*Enter agency name here*) MHCP Biennial Health Care Access Plan will pay for the most cost effective form of transportation to get you to a primary care provider within 30 miles of your home and a specialty care provider within 60 miles of your home. Transport beyond those respective distances will require referral based on medical necessity or health plan referral and approval from the county/tribe. If you have your own vehicle and can drive, you must use it whenever possible.

- If you drive your car or have a friend, someone in your household or a relative that may drive your car for you, you will be paid at a rate of 22 cents a mile.
- If a volunteer driver provides transportation, the volunteer driver will be paid up to the IRS business deduction rate effective on the date the access transportation service was provided.
- Bus, light rail, or other similar commercial carrier standard rider fares will be reimbursed at the rate charged. You must have authorization from your worker in order to receive reimbursement for these transportation and ancillary service costs.
- If your doctor says that you must have medical care which you cannot get within 30 miles of your residence for primary care or 60 miles from your residence for specialty care, you may be eligible for transportation, meals, lodging, and parking reimbursements to help you get care. Services must not be available from a closer provider capable of providing the level of care needed. This would include there not being another provider within the 30/60 mile limits from your residence capable of providing the level of care needed.
- If someone must go with you to get necessary medical care, they may also be reimbursed meals and lodging costs when also approved for you at the same rate
- You may also be eligible for reimbursement of transportation and related expenses during the months you were found to be eligible before the date you applied.
- If you appeal a decision on your MA or MinnesotaCare case, you are eligible for reimbursement of transportation, related ancillary service expenses and, if necessary, child care costs incurred while you are attending the appeal hearing.

TO GET PAID

(PUT ANY REQUIREMENTS FOR AUTHORIZATION TO INCUR AND RECEIVE REIMBURSEMENT FOR TRANSPORTATION AND RELATED ANCILLARY SERVICE COSTS HERE or NOTICE REQUIREMENTS TO OBTAIN TRANSPORTATION THROUGH THE COUNTY/TRIBE.) EXAMPLE: Contact the above number Monday thru Friday from 7:30 AM to 5:00 PM to get a voucher/expense report, prior approval for transport and or ancillary services before you go for your medical appointment. Advance contact or notice of “Local Agency - enter time frame here – hours?? Days??” is required for all transports and ancillary services requests.

Bring or send your appointment slip and a letter from your doctor that says you need to exceed the 30/60 mile limits for medically necessary care because there are “no providers within the 30/60 miles or closer than the “referred to” provider capable of providing the medically necessary level of care needed” by the recipient. The appointment slip and letter must be provided to your local agency worker prior to reimbursement approval. Attach the appointment slip to the signed voucher.

YOU MUST PROVIDE receipts for meals, lodging, and parking, except for parking meters, with the signed voucher. Provide mileage and state whether your car or another person's was used.

- Meals are paid up to the following amounts: Breakfast - \$5.50, Lunch - \$6.50, Dinner - \$8.00.
- Lodging must be prior authorized and is limited to \$50.00 per night unless authorized by the local agency or tribe for a greater amount.
- Parking fees will be paid at actual cost. The least costly parking option must be utilized. For example: single entry/exit rate vs weekly permit rate vs monthly permit rate, etc. as necessary for the health care appointment or services.

IF YOU CHOOSE to get medical care from a provider that is not within 30 miles for primary or 60 miles for specialty care from your home, you may have to pay for your own transportation and ancillary service costs. This includes emergencies when you can get the services needed at a closer location.

IF YOU HAVE A MEDICAL EMERGENCY contact your worker immediately after the emergency to make arrangements for reimbursement of allowed expenses.

IMPORTANT REMINDER: If you want to be paid, you must get authorization to incur costs before you get certain non-emergency medical transportation or related ancillary services. Prior authorization to incur a transportation or ancillary service cost is not required for emergencies, retroactive eligibility, and appeal hearings. Reporting, billing, and receipt documentation is still required.

Non-Emergency Medical Transportation (NEMT) Trip Log

Transportation Provider:

Driver Name (Last, First, MI):

Vehicle License #:

Driver's License #:

Passenger/Rider Full Name (Last, First, MI)	Pick-Up Address	Pick-Up Time (AM/PM)	Number of Riders	Passenger or Provider Signature: (I certify that I received the reported transportation services)	RTS <input type="checkbox"/>	UTS <input type="checkbox"/>
Passenger/Rider ID Number	Drop-Off Address	Drop-Off Time (AM/PM)	Provided LOS (Ambulatory/WC/Stretcher)	Extra Attendant Name (if applicable) (Last, First, MI)		
Disclosure of Unscheduled Stops (provide description, time of stop(s) and additional miles)		Destination Health Care Provider or Passenger/Rider Signature			RTS <input type="checkbox"/>	

Passenger/Rider Full Name (Last, First, MI)	Pick-Up Address	Pick-Up Time (AM/PM)	Number of Riders	Recipient/Responsible Party Signature: (I certify that I received the reported transportation services)	RTS <input type="checkbox"/>	UTS <input type="checkbox"/>
Passenger/Rider ID Number	Drop-Off Address	Drop-Off Time (AM/PM):	Provided LOS (Ambulatory/WC/Stretcher)	Extra Attendant Name (if applicable) (Last, First, MI)		
Disclosure of Unscheduled Stops (provide description, time of stop(s) and additional miles)		Destination Health Care Provider or Passenger/Rider Signature			RTS <input type="checkbox"/>	

Passenger/Rider Full Name (Last, First, MI)	Pick-Up Address	Pick-Up Time (AM/PM)	Number of Riders	Recipient/Responsible Party Signature: (I certify that I received the reported transportation services)	RTS <input type="checkbox"/>	UTS <input type="checkbox"/>
Passenger/Rider ID Number	Drop-Off Address	Drop-Off Time (AM/PM)	Provided LOS (Ambulatory/WC/Stretcher)	Extra Attendant Name (if applicable) (Last, First, MI)		
Disclosure of Unscheduled Stops (provide description, time of stop(s) and additional miles)		Destination Health Care Provider or Passenger/Rider Signature			RTS <input type="checkbox"/>	

Note: Each leg of the transport must be documented on separate lines. A signature is required for each leg of the transport. Document if the recipient or provider refuses to sign ("RTS") or is unable to sign ("UTS"). Requires a medical provider or responsible person signature.

I certify that I have accurately reported in this trip log the miles, dates and time I actually drove the recipient. I understand that misreporting miles driven and hours worked is fraud for which I could face criminal prosecution or civil proceedings.

Driver's Signature: _____ Date: _____