

ATTACHMENT A



Minnesota Department of **Human Services**

Health Care Access Services Biennial Plan

Effective January 1, 2013, through December 31, 2014

Local Agency or Tribe: Metro County Consortium (MCC) - Hennepin County as fiscal agent for MCC which includes: Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Sherburne, and Washington counties. The MCC contracts with Medical Transportation Management (MTM) for administrative services for the non-emergency medical transportation (NEMT).

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

Telephone Number: 612-348-6711

Name of Person Responsible for Coordination of Health Care Access Transportation Services: Cindy Towe

Telephone Number: 612-348-6711

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. Access transportation services are available to transport the client to and from medically necessary services received from participating providers of services covered under the state MA plan.

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

- 1) the medically necessary service is covered under the MA state plan; and
- 2) the non-participating provider could be a participating provider if application was made; and
- 3) it results in proper and efficient administration of Minnesota Health Care Programs due to cost effectiveness.

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

- Local agencies or Tribes 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.
- The next most cost effective means of transportation under this plan is transport by the recipient's private vehicle.
- 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, such as transportation provided by health care plans.

- Reimbursement will not be made for trips/mileage traveled without a recipient in the vehicle (no load miles).
- The local agency must document/describe the method/process of establishing the “least costly” method of transportation.
- The local agency must document/describe the method/process of establishing the transport was to the “closest provider” capable of providing the level of care needed.

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 certified provider:

1. Mileage reimbursement:
 - 20 cents per mile for non-emergency transportation - vehicle provided by individual (family member, self, neighbor, etc.) with vested interest
 - IRS business mileage deduction rate effective for the date-of-service (DOS) non-emergency transportation using: a vehicle provided by volunteer (individual or organization), with no vested interest and licensed foster parents.
2. Parking fees reimbursed at actual cost. Receipts required when available to recipient.
3. The MCC counties reimburse volunteer drivers at the IRS business deduction rate in place on the DOS.
4. Taxicab, bus and other commercial carrier fares are reimbursed at the established rate.
5. Meals: The maximum reimbursement for meals is:
Breakfast - \$5.50; Lunch - \$6.50; Dinner - \$8.00
6. Lodging: Authorization prior to incurring this cost is required. Limited to \$50.00 per night unless a higher rate is authorized by the local agency.
7. When another individual is necessary to accompany the recipient or to be present at the site of a health service, 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 physician's treatment plan.
8. 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.
9. If the client had travel expenses and is later found MHCP eligible (could include the three retroactive MA months), they may be eligible for reimbursement of allowed access transportation services at the reimbursement rates appropriate for the DOS as stated in this plan.
10. Transportation and other related travel expenses to out-of-state medically necessary services require prior authorization by the county for the fee-for-service (FFS) (straight MA) clients. *Transport and related ancillary access services are only provided or reimbursed when the 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. Access transportation and related ancillary services are provided to the recipient and when necessary, one responsible person or attendant.*
11. Transportation and other related travel expenses to out-of-state medically necessary services require prior authorization/referral of the medical service(s) by the Managed Care Organization (MCO) (health plan). *Transport and related ancillary access services are only provided or reimbursed when the out-of-state medical service has been authorized by the health plan. Out-of-*

- state services are medically necessary services obtained at a provider/facility location that is outside of Minnesota or its local trade area. Access transportation and related ancillary services are provided to the recipient and when necessary, one responsible person or attendant.
- Counties are responsible for all out-of-state transports and ancillary services of the FFS and MCO clients.

B. Procedures to Obtain Services:

- Authorization to incur an ATS cost may be arranged in writing, by telephone or online depending upon the specific county process established. Documentation of authorization of ATS services must be maintained. Authorization to incur an ATS service cost from the county is required for:
 - Lodging and meal expenses for an MA recipient and/or responsible person accompanying the MA recipient
 - When the agency has determined access 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 to receive DHS contracted reviewer or health plan authorized out-of-state medically necessary services.
- Access services to the closest provider capable of providing the level of care needed **DO NOT** require authorization by the MCC counties to incur the ATS service cost(s).
- Emergency Needs Procedure:**
Authorization to incur the ATS cost(s) is not required. In emergency situations, recipients/applicants must secure transportation and related expenses, using the most cost effective and medically appropriate transportation. Recipients/applicants are required to notify this agency immediately after the emergency to secure consideration of reimbursement for the expenses.

C. Billing and Payment Procedures:

- Providers of transportation and other travel-related services must submit bills for services to Medical Transportation Management (MTM) for payment. The bill should include date of service, origin and destination of the transportation mileage from point A to point B, and the cost of service. Origin/destination must be to a covered or coverable service in order for this bill to be paid under this plan.
- Recipients and other persons eligible for reimbursement for costs of transportation and other related services shall submit to MTM actual receipts, when available, or signed, dated, and itemized statements of mileage and/or other allowed expenses.
- All bills will be paid by MTM within 35 days of receipt. Financial workers may choose to provide a recipient with a voucher for transportation or other travel-related service.

D. Service Restrictions:

- 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., 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.
- When the recipient's attending physician makes a referral or the recipient requests to be transported to a medical provider that is not the closest provider capable of providing the level of care the client requires, access services require authorization by the local agency prior to the recipient incurring the costs of the ATS services.
- MTM will not reimburse the recipient for transportation provided at no cost to the recipient.

Part II. ADA & Meaningful Access to Services

A. Services Available:

MCC participating County Human Services Agency 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 MCC participating County Human Services Agency.

Individual MCC participating County Human Services Agency will provide other assistance or services such as training, videos, information pamphlets or other services to individuals seeking or receiving assistance from their County Human Services/Tribal Agency 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, individual with LEP makes the request or the when the need is determined. If subsequent appointments are necessary they also need to be arranged prior to appointment.

Providers must offer this service at no cost and in a timely manner to the recipient as pertaining to State and Federal laws. This service only applies when the interpretation is provided in conjunction with another covered service, and does not apply to scheduling or arranging medical services.

B. Procedures to Obtain Services:

County Human Services staff are responsible for providing an interpreter if it is deemed necessary to serve a Deaf, hard of hearing, Deaf/blind client or individual with LEP, or if the Deaf, hard of hearing, Deaf/blind client or individual with LEP requests an interpreter.

To locate a sign language interpreter, go to <http://www.interpreterreferral.org>. For a spoken language interpreter, staff may go to the spoken language interpreter roster maintained by the Department of Health at: <http://www.health.state.mn.us/interpreters>. For further information, staff should follow the county's LEP plan about how to contact either a sign language interpreter or a foreign spoken language interpreter. Individual MCC participating County Human Services Agency will make the request as early as possible for the referral agency to locate a qualified interpreter.

C. Billing and Payment Procedures:

Individual MCC participating County Human Services Agency will negotiate fees with the referral agency or interpreter. Individual MCC participating County Human Services Agency 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 individual MCC participating County Human Services Agency within 30 days of receipt.

D. Service Restrictions: None

Part III. 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 MCC County Human Services Agency' staff in locating transportation.

B. Procedures to Obtain Services:

Applicants/recipients shall contact their worker at individual MCC participating County Human Services Agency 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 individual MCC participating County Human Services Agency for payment. Applicants/recipients and other persons eligible for cost of transportation services shall submit to individual MCC participating County Human Services Agency the actual receipts, when available, or signed, dated, and itemized statements of mileage. All bills will be paid by to individual MCC participating County Human Services Agency within 30 days of receipt. County 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. Individual MCC participating County Human Services Agency 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:

Individual MCC participating County Human Services Agency will not pay for child care if services are provided at no charge to the applicant/recipient.

Part IV. County Vouchers

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

Bus passes may be mailed to clients by MTM.

Do you provide bus passes or taxi vouchers to clients?

Bus passes – yes – taxi vouchers - no.

Part V. Administration of Common Carrier

Do you contract for common carrier services? No

If yes, please submit a copy of your 2013 through 2014 contract.

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

- A. The local agency shall inform a recipient of the Health Care Access transportation plan. Applicants must be informed of available services at time of application, recertification and if the county adjusts their access transportation service plan.
- B. Applicants/Recipients may be given a copy of the sample "Notice of Access Service Availability to Eligible Minnesota Health Care Program Recipients" found in Attachment B.

- C. For recipients residing in the eight county metro area of Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Sherburne and Washington counties, the MNET program coordinates and provides all access transportation and related ancillary services. The Trip Log that clients may use to claim mileage reimbursement is found in Attachment D. Distribute these documents and inform clients of the new process as necessary.
- D. Please supply a copy of all handouts given to applicants/recipients informing them of access transportation and related ancillary service availability along with the completed pre-print.

Part VII. Other County/Tribe Specific Policies/Procedures/Conditions

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

What coordination efforts is the county/tribe 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 document that reflect local agency or tribe administration of Access Services.

Metro County Consortium (MCC) - Hennepin County as fiscal agent for MCC which includes: Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Sherburne, and Washington counties. The MCC contracts with Medical Transportation Management (MTM) for administrative services for the non-emergency medical transportation (NEMT).

In situations where a county placement for an individual has occurred in a county not serviced by MTM and the county of placement is not maintaining the file, either the placing county or the placement county can bill DHS directly for non-emergency medical transportation services occurring in the placement county.

The counties of Anoka, Dakota, Hennepin, Ramsey, and Washington will require authorization on trips greater than 30 miles. Chisago, Isanti, and Sherburne will require authorization on trips greater than 40 miles.

As per Federal Regulations, transportation for each trip made by a recipient must be by the most cost effective means available that suits the medical needs of the recipient.

- 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.
- The next most cost effective means of transportation under this plan is transport by the recipient's private vehicle.
- 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, such as transportation provided by health care plans.
- Reimbursement will not be made for trips/mileage traveled without a recipient in the vehicle (no load miles).
- The local agency must document/describe the method/process of establishing the "least costly" method of transportation.

Part VIII. Outside Provider Contracting

Counties entering into a contract with an outside organization/provider for providing transportation service(s) or coordination activities for ATS provided to/for the MHCP recipient **MUST** submit to

DHS:

1. A copy of the ALL contract(s) with outside entities related to ATS
2. A statement of the per completed 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 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. Counties should send contracts to:

Bob Ries
Health Service and Medical Management
Minnesota Department of Human Services
540 Cedar St
St. Paul, Minnesota 55164-0984
Email: Bob.Ries@state.mn.us.
Fax: (651) 431-742.

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

ATTACHMENT B

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

COUNTY 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 (**COUNTY**) Health Care Access Plan will pay for the most cost effective form of transportation to get you to the closest provider capable of providing the level of care needed. 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 20 cents a mile.
- If a volunteer driver provides transportation, the volunteer driver will be paid the IRS business deduction rate effective on the date the access transportation service was provided.
- Bus, cab, or other commercial carrier fares will be reimbursed at the rate charged. You (**NEED/DO NOT NEED**) authorization from your worker these access transportation and ancillary service costs.
- If your doctor says that you must have medical care which you cannot get locally, you may be paid for gas, meals, lodging, and parking to help you get this care at the closest provider capable of providing the level of care needed.
- Someone who must go with you to get necessary medical care may also be paid meals and lodging costs 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 transportation, related expenses and, if necessary, child care costs while you are attending the appeal hearing.

TO GET PAID

(PUT ANY REQUIREMENTS FOR AUTHORIZATION TO INCUR ATS COSTS HERE or NOTICE EQUIREMENTS TO GET TRANSPORTATION THROUGH THE COUNTY.)

EXAMPLE: Contact the above number to get a voucher, before you go for your medical appointment. Twenty-four (24) hours advance contact is needed. Bring or send your appointment slip and a letter from your doctor that says you need to go out of area for medical care. The appointment slip and letter must be provided to your financial worker for payment 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.

- A. Meals are paid up to the following amounts: Breakfast - \$5.50, Lunch - \$6.50, Dinner - \$8.00.
- B. Lodging must be prior authorized and is limited to \$50.00 per night unless authorized by the local agency for a greater amount.
- C. Parking fees, bus, cab and other commercial carrier fares will be paid at actual cost.

IF YOU CHOOSE to get medical care from a provider that is not the closest provider capable of

providing the care you need, you may have to pay for your own costs. This includes emergencies when you can get the services needed at a closer location.

IF YOU HAVE AN 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 services. Authorization to incur an access transportation cost is not required for emergencies, retroactive eligibility, and appeal hearings.

ATTACHMENT C

June 1, 2009

Dear Minnesota Health Care Programs Enrollee:

We see that in the past you have received reimbursement for gas mileage to medical appointments. We want to make it easier for you to get paid for gas mileage when you drive your own car to medical appointments. This letter has information about how to do this. You will put the information on a "Trip/Expense Log/Voucher" form to request reimbursement of appropriate costs. A copy of a Log/Voucher is included this letter. Here is how you use it:

1. Fill out one line on the Trip/Expense Log/Voucher for each separate appointment.
2. Have the health care provider you saw sign that line.
3. You can have more than one appointment on the same Trip Log.
4. If there are empty boxes on the log/voucher, we will send the form back to you.
5. Send it to County/Tribe no later than 60 days after the appointment.
6. Mail it or Fax it to the address on the log/voucher.

Sometimes we will call the health provider to verify that you showed up for your appointment.

You do not have to add up the number of miles for each appointment. We will figure that out.

If you do not drive but have a friend or family member who can drive you, that is fine. You still use the same log/voucher and we will pay for the miles.

You can make extra copies of the log/voucher. We will send you one blank log/voucher with each check we mail to you.

If you want to get paid for parking at your Health Care Provider appointment, send the original or a copy of the receipt with the trip log. A receipt must include a date printed on it.

If you would rather continue to call us before each trip, instead of using this form, that is OK. But you must do it one way or the other way.

If you have any questions about the Trip Log, call us at *COUNTY PHONE #* or toll free at 1- *COUNTY PHONE #*. Ask for *your case worker*.

Sincerely,

COUNTY WORKER'S NAME

COUNTY WORKER'S POSITION

ATTACHMENT D

<i>County/tribe name</i>		MA#:		<i>County/tribe mailing information</i>	
		Name & Address			
		Make my check to:			
		Phone #			
Appointment Date	Appointment Time	Address where you were picked up (if this is your home address write HOME)	Name, Address and Phone Number of Health Care Provider you saw	Roundtrip? Yes or No	Signature and Title of the Health Care Provider you saw

I completed this form and I verify that the information on this Trip Log is true:
 (Signature by recipient, or recipient's parent, guardian or representative): _____

If you do not **fill** in every box on a line, we cannot pay you for that trip. We will determine reimbursement and reimburse for the lines that are fully completed.

Questions? Call *County contact information*