



Local County and Tribal Agency Biennial Health Care Access Services Plan

Effective: January 1, 2024, through December 31, 2025

Local County or Tribal Agency:	
Person Responsible for Development of the Health Care Access Services Biennial Plan: Shelly Staebler (sastaebler@co.traverse.mn.us)	Telephone Number: 320-422-7777
Person Responsible for Coordination of Health Care Non-Emergency Medical Transportation and Related Ancillary Services: Tami Hamann Tami.hamann@co.traverse.mn.us	Telephone Number: 320-422-7777

General Purpose Statement

To ensure that applicants/recipients of Medical Assistance (MA), and MinnesotaCare pregnant women and children under 19 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. Local county and tribal 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 an 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 local county and tribal 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 county or tribal agency;
 - Be authorized or denied by the local county or tribal 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 another 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 county or tribal 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 county or tribal 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%.
 6. 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.
 7. 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.
 8. 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.
9. 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”).
 10. 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.
 11. 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.
 12. 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.
 13. Transportation and related travel expenses to out-of-state medically necessary services requires prior authorization by the county/tribal local agencies 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.
 14. 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. 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.
 15. 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.
5. Transportation by a transport provider must follow all regulations, including being an enrolled driver in MHCP.

Part II. ADA & Meaningful Access to Services

A. Services Available

(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

Our managed care organization does reimburse for no load miles.

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 and Tribal Vouchers

<p>What is the county's/tribe's plan for recipients who cannot afford to pay up-front for a bus pass or taxi?</p> <p>N/A we do not have a bus service or taxi service that in our county.</p>
<p>Do you provide bus passes or taxi vouchers to recipients?</p> <p>No, again we don't have one in our county.</p>

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 2023 through 2024 contract with your Access Plan documents **electronically** to:

transportation.DHS@state.mn.us

Brian Ombongi, Health Improvement and Benefit Design Division

Minnesota Department of Human Services

(651) 431-4828

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

1. The local county or tribal agency 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?

Agency includes stuffers with every envelope which includes a request for medical reimbursement which includes any new changes, as well as a copy of the client notice and another voucher for the next request.

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?

Same as above.

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 County/Tribal Agency Insert version of “*Attachments B – Notice to Recipients*”, include other documents provided to the recipients/responsible person for access plan administration.
3. **Local County and Tribal agency must ensure the correct information is on Trip Logs. Trip logs must meet all the requirements found in law.**

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?

We do not have a volunteer driver program and the service that we use out of Alexandria (Rainbow Rider) has no volunteer drivers in our county. We do not have a taxi service or any other means of public transportation within our county.

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

We did have a group that met quarterly to try to find solutions for this problem, but I believe the funding ran out and no one meets anymore.

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.

Our Health Care Access Plan will be posted on our county website as well as a reimbursement voucher at www.co.traverse.mn.us using Chrome or Firefox browser.

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.

Local County or Tribal Agencies are required to send contracts electronically to:
transportation.DHS@state.mn.us **No paper copies will be accepted.**

Brian Ombongi, Health Improvement and Benefit Design Division
Minnesota Department of Human Services
(651) 431-4828

transportation.DHS@state.mn.us

Part X. Plan Termination

Upon a 60 Day Notice, DHS may terminate this plan at any given time with the local county or tribal agency.