

Bulletin

December 26, 2006

Minnesota Department of Human Services ■ P.O. Box 64941 ■ St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- Medical Assistance Supervisors
- MinnesotaCare Director
- Tribal Chairs
- Tribal Health and Human Service Directors

ACTION/DUE DATE

Please review and submit biennial Health Care Access Plans pre-print for 2007 – 2008 to DHS.

Submit plans by February 28, 2007.

EXPIRATION DATE

December 31, 2008

DHS REQUESTS BIENNIAL HEALTH CARE ACCESS PLANS FOR 2007-2008

TOPIC

Health Care Access Plans for 2007-2008.

PURPOSE

To request counties, interested tribes, and MinnesotaCare to submit biennial Health Care Access Plans to DHS and to give an overview of the program. The new plans will be for the 2007-2008 biennium.

CONTACT

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

John Kowalczyk
Purchasing and Service Delivery
Department of Human Services
540 Cedar St.
St. Paul, Minnesota 55164-0984
651/431-2485

SIGNED

BRIAN J. OSBERG
Assistant Commissioner
Health Care

Background

Minnesota Rules, part 9505.0140, subparts 1 and 2, provide that every two years the local agency will submit to the department a plan that specifies how the local agency will make transportation and other enabling services available to help Medical Assistance (MA) recipients obtain medically necessary health services.

Authority

- Minnesota Statutes, section 256B.0625, subdivisions 17, 18, and 18a.
- Minnesota Statutes, sections 256B.04, subdivisions 2 and 12, and 256B.02, subd. 8a.
- Minnesota Statutes, sections 256B.691 and 256.9367
- 42 Code of Federal Regulations (CFR), sections 431.53, 440.170, 441.62, 431.51.
- Minnesota Statutes, sections 471.38, 471.392, 471.41, 609.455 and 609.465.
- Minnesota Rules, parts 9505.0065, 9505.0140 and 9505.0315.
- Health Care Financing Administration, Chicago Regional State Letter No. 04-96

Definitions

- *Common Carrier Transportation*: the transport of a recipient by a bus, taxicab, or other commercial carrier or by private automobile. *Reimbursement for these services is paid to the recipient by the county or tribe through its Health Care Access Plan.*
- *Medical Transportation*: the transport of a recipient for the purpose of obtaining a covered service or transporting the recipient after the service is provided. The types of medical transportation are common carrier, life support, and special transportation.
- *No Load Transportation*: medical transportation that does not involve transporting a recipient.
- *Special Transportation*: the transport of a recipient who, because of a physical or mental impairment, is unable to use a common carrier and does not require ambulance service.

NOTE: physical or mental impairment means a physiological disorder, physical condition, or mental disorder that prevents access to or safe use of common carrier transportation. *Special transportation providers are enrolled vendors who bill the state system directly for services.* MA recipients using special transportation shall request counties or tribes to reimburse only necessary transportation related services such as meals and lodging through the Health Care Access Plan.

Eligibility for Health Care Access Services

- Recipients of *medical assistance* (MA) and *general assistance medical care* (GAMC) are eligible to receive benefits under the plans to enable them to access medical services.
- *Title IV-E eligible children and foster care children* who are recipients of MA are eligible for and entitled to all Health Care Access benefits. Difficulty of Care (DOC) rates do not include expenses for accessing medical services.
- *MinnesotaCare* provides access services for pregnant women and children up to age 21. If the local agency has opted to be a MinnesotaCare enrollment site and the enrollee has chosen the local agency for enrollment, then the county or tribe must service these eligible MinnesotaCare enrollees in their Access Services plan. Access services must be provided during the period of time that the county agency provides MinnesotaCare services. Major program specific PMI numbers have been developed for eligible MinnesotaCare clients. These are found in the MMIS-II Accounting Reference Tables, page 11.14.2. In cases where the local agency has not opted to be an enrollment site and/or the client has chosen the State for enrollment, counties or tribes should direct MinnesotaCare enrollees seeking information to call the MinnesotaCare Call Center, unless the client resides in the 11 county metro area. These must be referred to the Minnesota Non-Emergency Transportation program (See below). The Twin Cities metro area number for MinnesotaCare is (651) 297-3862. A toll-free number is available for MinnesotaCare enrollees outside of the metro area: 1-800-657-3672. For TTY service, enrollees should call 1-800-627-3529.
- *Managed Care Counties*. MA and GAMC recipients who are enrolled in managed care through the *Prepaid Medical Assistance Program* (PMAP) or the *Prepaid General Assistance Medical Care Program* (PGAMC) may receive some medical access services through the health plans, and others through the county or tribe or with the Minnesota Non-Emergency Transportation program (See below). In general, health plans are responsible for providing their PMAP and PGAMC members with:
 - sign language and oral language interpreters if needed to receive medical services;
 - reimbursement of expenses **related to an appeal the recipient has filed with the state** which includes transportation, personal mileage, parking fees, and child care if the appeal relates to the health plan's denial, reduction, or termination of a medical service.
 - common carrier transportation to medical services with the exceptions noted below:

EXCEPTIONS: Health plans are **not** required to provide reimbursement of personal mileage (i.e. payment for use of the enrollee's vehicle) or parking with the exception of those associated with an appeal hearing. Moreover, plans are **not** required to provide reimbursement of meals, lodging, or out-of-state airfare related to obtaining medical services. **These costs still remain a part of the Health Care Access Plan or Minnesota Non-Emergency Transportation program in the 11 county metro area.**

You must check with the health plan that operates in that specific county in order to know the exact way access services are implemented by any given health plan.

Effective 01/01/2007, DHS will give tribal organizations 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 should fill out this Health Care Access Plan. Counties who may be affected by this decision will be notified.

***NOTE:** Since 07/15/04, the 7-county (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington) metro Minnesota Non-Emergency Transportation (MNET) program began for Medical Assistance (MA), General Assistance Medical Care (GAMC), and MinnesotaCare (pregnant women and children only) recipients. The MNET program handles all of the access transportation services previously handled by these counties. The MNET is only responsible for clients whose county of residence is in the metro area.*

Effective 01/01/05, the MNET began handling the requests for special transportation certifications statewide that the department handled before. All calls requesting this form of transportation should be referred to the MNET. More information about this can be found at a provider update at

[<<http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs_id_048262.hcsp>>](http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs_id_048262.hcsp)

and a DHS bulletin at

[<<http://www.dhs.state.mn.us/main/groups/publications/documents/pub/DHS_id_027028.pdf>>](http://www.dhs.state.mn.us/main/groups/publications/documents/pub/DHS_id_027028.pdf).

Effective 02/01/05, the MNET program widened its coverage area to include the 11-county metro area, adding Chisago, Isanti, Sherburne, and Wright counties. MNET will coordinate and provide all Access Transportation Services (ATS) previously handled by the 11 metro counties. ATS may include transportation by a volunteer driver, common carrier (bus, light rail, taxi), contract for services, or direct mileage reimbursement to the recipient or the recipient's driver, and parking fees, meals, lodging and commercial airline fares.

Recipients who live in the 11-county metro area and belong to a health plan will use MNET for transportation only to obtain their mileage reimbursement. MHCP PMAP recipients will continue to receive all other transportation services from their health plan, as they do now.

Reimbursement to Counties and Tribes for Health Care Access Monies Expended

Counties and tribes are reimbursed for all monies expended for this program. Health care access costs for MA and GAMC recipients should be reported to DHS on a HCFA 1500 claim form or electronically and processed in the claims processing biweekly payment cycle.

Access Service claims are a county-specific billing category. This means that client-specific data is **not** a requirement of this HCFA-1500 billing. Each county or tribe will have program-

specific PMI numbers unique to their county or tribe for billing for the access services. The program-specific county or tribe PMI numbers have been assigned by DHS and are listed in the MMIS Accounting Manual, page 11.15.

All expenses should be claimed by using the date of payment by the county or tribe to the vendor, entering this information in the “begin” and “end” dates of service. Counties or tribes should be using a “cash” basis and be paying for all services as they are rendered.

Claims submission for services must be on a monthly basis. The month of service should equal the month or quarter end date of payment by the county or tribe. Each submitted claim form can only cover reimbursement claimed for one given month.

Elements of a Basic Health Care Access Plan

As in the last biennial cycle, the department has decided to use a “pre-print” format for the submission of County Access Plans in an effort to establish more uniformity in Health Care Access Plan format and requirements. The “Pre-Print” format is found at Attachment A. Please fill in all blanks and return the preprint to the contact person. Key points to remember:

- Counties or tribes must not deny a recipient’s claim for payment if the recipient of a covered service from an enrolled provider has complied with the provisions of the agency’s health care access plan. Counties or tribes may not restrict or deny reimbursement because the medical service is “routine.”
- The IRS mileage rate allowed for business expenses may change during different tax years. The most recent mileage rate (48.5 cents per mile) will be effective 1/1/07. *This affects mileage reimbursement to volunteers and foster parents to transport the recipient.* Counties and tribes will be notified if there are changes in the IRS rate during the term of this biennial plan.
- The plan should include a description of when and how the county or tribe informs all MA/GAMC and eligible MnCare applicants/recipients of these services. The plan should clearly describe the requirements and steps a recipient needs to take to use these services. *Copies of handouts the county or tribe gives to clients explaining access services should be attached to the plan submitted by the county or tribe.* A sample client notice format is presented at Attachment B.
- 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/contractors provide receipts attached to vouchers for commercial carriers, meals, parking (except parking meters), and lodging. If a county or tribe suspects that a recipient is making false claims, the county or tribe should require the medical provider’s statement and signature on all claims to verify that an appointment was made and kept by the recipient. Counties or tribes may choose to add a similar section to their vouchers and require provider verification of medical appointments to be obtained by all recipients making claims for reimbursement.

Neither the Health Insurance Portability and Accountability Act (commonly referred to as HIPAA) nor the Data Practices Act prohibit DHS or a county human services agency or tribe from entering into an agreement with a public transit system or a private transportation provider to transport human services clients, provided that "reasonable precautions" be 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 that "reasonable precautions" be undertaken to reduce or eliminate the possibility that the conversation might be overheard. More information about incidental uses and disclosures **and related "administrative requirements" can be found in HIPAA at 45 CFR § 164.530(c).**

Excluded Costs Related to Transportation

According to *Minnesota Rules*, part 9505.0315, subpart 5, 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.
- 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 special transportation for a recipient who participates in a training and habilitation program is not eligible for reimbursement on a separate claim for payment if transportation expenses are included in the per diem payment to the intermediate care facility for the mentally retarded (ICF/MR) or if the transportation rate has been established under *Minnesota Rules*, parts 9525.1200 to 9525.1330 (Training and Habilitation Reimbursement Procedures for ICFs/MR).

Provider Contracts

Before contracting with another organization, either to arrange or to provide recipient transportation for medical care, the county or tribe must obtain the department's advance approval of the contract. Counties or tribes should not enter into such contracts until they have been submitted to and approved by the department. Model contract formats are available from the department. Counties or tribes should send contracts to:

John Kowalczyk
Purchasing and Service Delivery
Department of Human Services
540 Cedar Street
St. Paul, Minnesota 55164-0984
Phone: (651) 431-2485
E-Mail: john.kowalczyk@state.mn.us
Fax: (651) 431-7421

Policy Questions

Routine questions concerning the application of the Health Care Access Plan should be submitted in writing to:

Access Services Policy
Purchasing and Service Delivery
Department of Human Services
540 Cedar Street
St. Paul, Minnesota 55164-0984

Special Needs

This information is available in other forms to persons with disabilities by calling 651-431-2502, or contact us through the Minnesota Relay Service at 1 (800) 627-3529 (TTY) or 1 (877) 627-3848 (speech-to-speech relay service).



Minnesota Department of **Human Services**

Health Care Access Services Biennial Plan

Effective January 1, 2007, through December 31, 2008

Local Agency or Tribe:

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

Telephone Number:

Name of Person Directly Responsible for Coordination of Health Care Access Services.

Telephone Number:

General Purpose Statement: To ensure that applicants/recipients of Medical Assistance (MA) and General Assistance Medical Care (GAMC) are provided with needed transportation and other travel related expenses to enable them to access necessary medical treatment. Access services are available for trips to participating providers for services covered under the state MA plan. Transportation to non-participating providers shall also be paid under this plan if : 1) the service is covered under the MA state plan; 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: 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 or Tribes shall direct recipients to utilize all available sources of free transportation services (such as relatives, friends, other public options if available) and 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 unless stated otherwise within this document.

Part I. Transportation and Related Travel Costs

NOTE: Eleven County Metro Counties need not fill out this section

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

A. Services available for recipients receiving medical care from an MA/GAMC certified provider:

1. Mileage reimbursement:
 - 20 cents per mile for non-emergency transportation – vehicle provided by individual (family member, self, neighbor) with vested interest
 - 48.5 cents per mile (or current IRS rate) for non-emergency transportation – vehicle provided by volunteer (individual or organization), with no vested interest –includes foster parents.
2. Parking fees reimbursed at actual cost.
3. _____County/Tribe volunteer drivers at 48.5 cents per mile (or current IRS rate).
4. Taxicab, bus and other commercial carrier fare is reimbursed at actual cost.
5. _____County/Tribe (_____DOES/_____DOES NOT) pay for no-load mileage to county or tribe registered volunteers.
6. Meals: The maximum reimbursement for meals is:
Breakfast - \$5.50; Lunch - \$6.50; Dinner - \$8.00
7. Lodging: Limited to \$50.00 per night unless prior-approved by the local agency.
8. When another individual is needed 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.
9. Transportation and other related travel expenses of family members of recipients in covered treatment programs, such as chemical dependency, if the family member's involvement is part of the recipient's written treatment plan.
10. If persons had travel expenses during the three retroactive MA months and are later found eligible, they may be eligible for reimbursement at the rates stated in this plan.

B. Procedures to Obtain Services:

1. Prior authorization may be arranged in writing, or by telephone to the provider of the service. Prior authorization from the recipient's financial worker will always be required for the following situations:
 - a. Lodging and meal expenses for an MA recipient and/or accompanying individual;
 - b. Transportation and related expenses outside of the local trade area. The local trade area is defined as _____;
 - c. When the agency has determined that the transportation reimbursement has been misused (for instance, if an able-bodied individual living on a public bus route uses a taxicab rather than a bus).
2. Access services within the local trade area (_____DO/_____DO NOT) need to be prior authorized.
3. Emergency Needs Procedure:

Prior authorization is not required. In emergency situations, recipients/applicants must secure transportation and related expenses, using the most cost effective and medically necessary transportation. Recipients/applicants are required to notify this agency as soon as possible after the emergency to secure reimbursement of expenses.

C. Billing and Payment Procedures:

1. Providers of transportation and other travel-related services must submit bills for services to _____ County Human Services/Tribal Agency 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.
2. Recipients and other persons eligible for reimbursement for costs of transportation and other related services shall submit to _____ County Human Services/Tribal Agency actual receipts, when available, or signed, dated, and itemized statements of mileage and/or other allowed expenses.
3. All bills will be paid by _____ County Human Services/Tribal Agency within 30 days of receipt. Financial workers may choose to provide a recipient with a voucher for transportation or other travel-related service.

D. 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 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 to a medical facility outside of the local trade area, access services must be prior authorized.
3. _____ County/Tribe will not reimburse the recipient for transportation provided at no cost to the recipient.

Part II. Interpreter Services

A. Services Available:

_____ County Human Services/Tribal Agency will provide interpreter services to Deaf, hard of hearing and Deafblind persons who are seeking or receiving assistance from _____ County Human Services/Tribal Agency or using medically necessary health services, if the medical provider has fewer than 15 employees. The medical provider with fewer than 15 employees must call _____ County Human Services/Tribal Agency as soon as the Deaf, hard of hearing, Deafblind person makes the request or the when the need is determined. _____ County Human Services/Tribal Agency will then make the arrangements for the interpreter. If subsequent appointments are necessary they also need to be arranged prior to appointment.

Providers with 15 or more employees must offer this service at no cost to the recipient as pertaining to State and Federal laws.

B. Procedures to Obtain Services:

_____ County Human Services/Tribal Agency staff are responsible for providing an interpreter if it is deemed necessary to serve a Deaf, hard of hearing or Deafblind client or if the Deaf, hard of hearing or Deafblind client requests an interpreter. If staff do not know how to locate a sign language interpreter they may go to www.interpreterreferral.org to view information about how to contact an interpreter referral agency or how to contact a freelance interpreter directly. _____ County Human Services/Tribal Agency will make the request as early as possible for the referral agency to locate a qualified interpreter.

C. Billing and Payment Procedures:

_____ County Human Services/Tribal Agency will negotiate fees with the referral agency or independent interpreter. _____ County Human Services/Tribal Agency will pay the interpreter for the service and charge the expense to the MA/GAMC administrative account for reimbursement purposes. All bills will be paid by _____ County Human Services/Tribal 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 _____ County Human Services/Tribal Agency' staff in locating transportation.

B. Procedures to Obtain Services:

Applicants/recipients shall contact their worker at _____ County Human Services/Tribal 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 _____ County Human Services/Tribal Agency for payment. Applicants/recipients and other persons eligible for cost of transportation services shall submit to _____ County Human Services/Tribal Agency actual receipts, when available, or signed, dated, and itemized statements of mileage. All bills will be paid by _____ County Human Services/Tribal Agency within 30 days of receipt. Financial workers 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. _____ County Human Services/Tribal Agency will reimburse applicants/recipients directly for their transportation and/or child care costs and then charge the expense to the MA/GAMC Program administrative account for reimbursement.

D. Service Restrictions:

_____ County Human Services/Tribal 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/tribe's plan for clients who cannot afford to pay up-front for a bus pass or taxi?

Do you provide bus passes or taxi vouchers to clients?

Part V. Administration of Common Carrier

Do you contract for common carrier services _____
Yes No

If yes, please submit a copy of your 2007/8 contract.

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

- A.** The local agency or tribe shall inform a recipient of the Health Care Access transportation plan. Applicants must be informed of available services at time of application and recertification.
- 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. *For clients residing in the eleven county metro area, distribute the notice found online at www.dhs.state.mn.us. Find form number DHS-4200 in eDocs.*
- C.** For recipients residing in the eleven county metro area, the MNET program has revised the policy regarding mileage reimbursement. The notice sent out to recipients informing them of this new process is found at Attachment C. The Trip Log that clients may use to claim mileage reimbursement is 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 Service availability along with the completed pre-print.

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

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 (such as Regional Transportation Planning initiatives)?

In the section below, please communicate any policies and procedures not covered in the document that reflect local agency or tribe administration of Access Services.

Part VIII. 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.

If you live in the 11 county metro area (Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright), contact the Minnesota Non-Emergency Transportation program at 1-866-467-1724.

The (COUNTY/TRIBE) Health Care Access Plan will pay for the most cost effective form of transportation to get you to your medical provider. 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 48.5 cents a mile or the current IRS rate.
- Bus, cab, or other commercial carrier fares will be reimbursed at the rate charged. You (**NEED/DO NOT NEED**) prior authorization from your worker.
- If your doctor says that you must have medical care which you cannot get in (**COUNTY/TRIBE OR DEFINED LOCAL TRADE AREA**), you may get paid for gas, meals, lodging, and parking to help you get this care elsewhere.
- Someone who must go with you to get necessary medical care (per physician or treatment plan documentation) 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 GAMC 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 PRIOR AUTHORIZATION HERE or NOTICE REQUIREMENTS TO GET TRANSPORTATION THROUGH THE COUNTY/TRIBE.) 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. (You must attach to signed voucher.) The appointment slip and letter must be provided to your financial worker for payment approval.

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 will be limited to \$50.00 per night unless prior-approved by the local agency or tribe.
- C. Parking fees, bus, cab and other commercial carrier fares will be paid at actual cost.

IF YOU CHOOSE to get medical care outside (**COUNTY/TRIBE OR LOCAL TRADE AREA**) without a referral from your doctor, you may have to pay for your own costs. This includes emergencies when you can get the services in (**COUNTY/TRIBE OR LOCAL TRADE AREA**).

IF YOU HAVE AN EMERGENCY contact your worker as soon as possible after the emergency to make arrangements for reimbursement of expenses.

IMPORTANT REMINDER. If you want to be paid, you must get approval before you get medical transportation services. Prior authorization is not required for emergencies, retroactive eligibility, and appeal hearings.

December 14, 2006

Dear Medical Assistance (MA) Enrollee:

We see that in the past you have received money 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. This letter has information about a new way to do it.

Beginning June 1, 2005 and after, you no longer need to call Minnesota Non-Emergency Transportation (MNET) before your appointment. Instead, you can send us the information after your appointment. You will put the information on a new form called a "Trip Log". A copy of a Trip Log is sent with this letter. Here is how you use it:

1. Fill out one line on the Trip Log 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, we will send the form back to you.
5. Send it to MNET no later than 30 days after the appointment.
6. Mail it or Fax it to the address on the trip log.

Sometimes we will call the health provider to check and see 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 Trip Log and we will pay for the miles.

You can make extra copies of the Trip Log. We will send you one blank Trip Log 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.

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 651-645-9254 or toll free at 1-866-240-1972. Ask for the Care Management Department.

Sincerely,

Steven Mead
Program Manager

ATTACHMENT D

Trip Log



MA #: _____ Name & Address _____ _____ _____ Make my check to: _____ Phone # _____	MNET Transportation P.O. Box 4037 St. Paul, MN 55104 Phone – 1-866-467-1724 Fax to Care Management at 651-203-1262
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Appoint ment Date	Appoi ntment 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 can not pay you for that trip. We will send a check for the lines that are finished. If there are empty boxes, we will send the form back to you. Questions? Call 651-645-9254. Ask for the Care Management Department.