

A bill for an act

relating to human services; modifying medical transportation requirements; modifying reimbursement; amending Minnesota Statutes 2008, sections 256.045, by adding a subdivision; 256B.04, subdivision 14a; 256B.0625, by adding subdivisions; repealing Minnesota Statutes 2008, section 256B.0625, subdivision 17.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2008, section 256.045, is amended by adding a subdivision to read:

Subd. 3d. **Special requirements regarding medical assistance nonemergency transportation services.** Notwithstanding the provisions of Minnesota Rules, parts 9505.0125, subpart 1, and 9505.0130, subpart 2, a recipient of nonemergency medical transportation services under section 256B.0625, subdivisions 17a to 17f, shall be given a written notice of a denial, reduction, termination, or suspension of those services no later than 30 days before the effective date of the action, and a local agency shall not reduce, suspend, or terminate eligibility for those services when a recipient appeals within 30 days of the agency's mailing of the notice, unless the recipient requests in writing not to receive continued nonemergency medical transportation services while the appeal is pending.

Sec. 2. Minnesota Statutes 2008, section 256B.04, subdivision 14a, is amended to read:

Subd. 14a. **Level of need determination.** (a) Nonemergency medical transportation level of need determinations must be performed by a physician, a registered nurse working under direct supervision of a physician, a physician's assistant, a nurse practitioner, a licensed practical nurse, a county social worker, or a discharge planner, on a form

prescribed by the commissioner of human services that is designed to determine the recipient's appropriate level of need for nonemergency medical transportation services.

(b) The prescribed form, when completed by any of the individuals specified in paragraph (a), shall be submitted to commissioner. The completed form shall serve as sufficient evidence of the recipient's level of need for nonemergency medical transportation services, and the recipient shall be eligible to receive transportation services at the level of need determined appropriate by the form. Upon receipt of this form, the commissioner may not reimburse any other person or entity for performing a level of need determination for that recipient at any time sooner than described in this subdivision.

(c) Nonemergency medical transportation level of need determinations must not be performed more than semiannually on any individual, unless the individual's circumstances have sufficiently changed so as to require a new level of need determination. Nonemergency medical transportation level of need determinations must not be performed more frequently than every seven years on an individual, if a physician certifies that the individual's medical condition that requires the use of nonemergency medical transportation is permanent and is not likely to improve, and this certification by the physician is confirmed by a level of need determination. Individuals residing in licensed nursing facilities are exempt from a level of need determination and are eligible for special transportation services until the individual no longer resides in a licensed nursing facility. If a person authorized by this subdivision to perform a level of need determination determines that an individual requires stretcher transportation, the individual is presumed to maintain that level of need until otherwise determined by a person authorized to perform a level of need determination, or for six months, whichever is sooner.

(d) The form used to determine recipients' level of need under this subdivision shall be developed by the department in consultation with metro special transportation service providers, nonmetro special transportation service providers, and other interested parties. This form must be developed by October 1, 2009.

EFFECTIVE DATE. This section is effective October 1, 2009.

Sec. 3. Minnesota Statutes 2008, section 256B.0625, is amended by adding a subdivision to read:

Subd. 17b. **Medical transportation.** (a) For purposes of this subdivision and subdivisions 17a to 17f, the following definitions apply:

(1) "access transportation service" means curb-to-curb or door-through-door nonemergency medical transportation to or from a covered service that is provided to a recipient without a physical or mental impairment, but who requires transportation

services to be able to access a covered service, and who is unable to do so by bus or private automobile;

(2) "curb-to-curb" means access transportation service for recipients who do not require driver-assisted services;

(3) "door-through-door" means access transportation service for recipients who require driver-assisted services to be able to safely move from inside of the main portion of the building at the recipients' pickup, and into the main portion of the building at the recipients' destination; the driver shall assist with opening the first door of the building or, if the building has a vestibule, shall also open the door of the vestibule;

(4) "driver-assisted services" means any assistance that a recipient may need beyond the recipient's initial point of exit from the vehicle;

(5) "medical transportation" means the transport of a recipient to obtain a covered service or the transport of a recipient after the covered service is provided;

(6) "rural urban commuting area" or "RUCA" means an area determined to be urban, rural, or super rural by the Centers for Medicare and Medicaid Services for purposes of Medicare reimbursement of ambulance services;

(7) "special transportation" means station-to-station nonemergency medical transportation to or from a covered service for a recipient who has a physical or mental impairment that prohibits the recipient from independently and safely accessing and using a bus, taxi, other commercial transportation, or private automobile; and

(8) "station-to-station" means transportation for recipients who require driver-assisted services to and within the building at which the recipients are being picked up from or transported to, beyond the first door or vestibule, which may include assistance to or from a nursing station or medical practitioner's reception station, or assistance with admittance to the medical facility.

Sec. 4. Minnesota Statutes 2008, section 256B.0625, is amended by adding a subdivision to read:

Subd. 17c. **Transportation costs.** (a) Medical assistance covers medical transportation costs incurred solely for obtaining emergency medical care or transportation costs incurred by eligible persons in obtaining emergency or nonemergency medical care when paid directly to an ambulance company, common carrier, or other recognized providers of transportation services. Medical transportation must be provided by:

(1) ambulance, as defined in section 144E.001, subdivision 2;

(2) special transportation;

(3) access transportation service; or

(4) other common carrier, including, but not limited to, bus, taxicab, other commercial carrier, or private automobile.

(b) The commissioner shall certify that the recipient requires special transportation services by use of a level of need determination, as described in section 256B.04, subdivision 14a. Drivers providing nonemergency medical transportation in a vehicle equipped to transport a recipient in a wheelchair or stretcher shall be responsible for assistance in passenger securement and in securing of wheelchairs or stretchers in the vehicle. Special transportation providers must obtain written documentation from the health care service provider who is serving the recipient being transported, identifying the time that the recipient arrived. Special transportation and access transportation providers may not bill for separate base rates for the continuation of a trip beyond the original destination. Special transportation and access transportation providers must take recipients to the nearest appropriate health care provider, using the quickest route available as determined by a commercially available software program approved by the commissioner and designated by the provider as the program to be used to determine the route and mileage for all trips.

Sec. 5. Minnesota Statutes 2008, section 256B.0625, is amended by adding a subdivision to read:

Subd. 17d. Payment for nonemergency medical transportation. The minimum medical assistance reimbursement rates for nonemergency medical transportation services are:

(1) for areas defined under Rural-Urban Commuting Area codes (RUCA) as urban:

(i) \$17 for the base rate and \$1.50 per mile for services to eligible persons who need a wheelchair-accessible van for special transportation services;

(ii) \$11 for the base rate and \$1.45 per mile for services to eligible persons who do not need a wheelchair-accessible van for special transportation services;

(iii) \$8 for the base rate and \$1.45 per mile for services to eligible persons who need a wheelchair-accessible van for curb-to-curb access transportation service;

(iv) \$11 for the base rate and \$1.45 per mile for services to eligible persons who need a wheelchair-accessible van for door-through-door access transportation service;

(v) \$5 for the base rate and \$1.45 per mile for services to eligible persons who do not need a wheelchair-accessible van for curb-to-curb access transportation service;

(vi) \$7 for the base rate and \$1.45 per mile for services to eligible persons who do not need a wheelchair-accessible van for door-through-door access transportation service; and

(vii) \$60 for the base rate and \$2.40 per mile, and an attendant rate of \$9 per trip, for services to eligible persons who need a stretcher-accessible vehicle;

(2) for areas defined under RUCA as rural: the same base rate as for areas defined under RUCA as urban and 110 percent of the urban mileage rate;

(3) for areas defined under RUCA as super rural: the same base rate as for areas defined under RUCA as urban and 115 percent of the urban mileage rate;

(4) for all special transportation and access transportation services, for a trip equal to or exceeding 51 miles, the provider shall receive mileage reimbursement for each mile equal to or exceeding 51 miles at 125 percent of the urban mileage rate; this rate shall supersede that specified in clauses (2) and (3) for areas defined as rural and super rural; and

(5) For purposes of reimbursement rates for special transportation and access transportation services, the recipient's place of residence shall determine whether the RUCA urban, rural, or super rural reimbursement rate applies.

Sec. 6. Minnesota Statutes 2008, section 256B.0625, is amended by adding a subdivision to read:

Subd. 17e. **Access transportation services in metropolitan area.** Access transportation services in the 11-county metropolitan area shall be coordinated by the "Minnesota Non-Emergency Transportation" (MNET) program. MNET shall ensure that the most appropriate and cost-effective form of transportation is utilized for any eligible person in obtaining nonemergency medical care. The contractor or broker administering this program shall be paid as follows:

(1) for the actual cost of service that is reimbursed to access transportation service providers or actual cost incurred for each bus pass or mileage reimbursement provided to recipients, plus a "trip administration fee" in the amount of \$5 for each completed trip;

(2) for "standing orders," defined as a trip by a recipient with the same origin and destination for which the recipient is transported two or more times per week, the trip administration fee for that trip shall be \$7.50 per calendar week, regardless of the number of times the recipient travels from that same origin to that same destination during that week;

(3) the trip administration fee shall only be paid for trips for which the recipient received transportation, and shall not be paid for any "no-shows" or "cancellations"; and

(4) level of need determinations shall be paid at a rate of \$25 each for recipients who are ambulatory, who use wheelchairs, or who require nonemergency stretcher transportation; there shall not be any payment for level of need determinations in excess of the number that is authorized for a recipient in section 256B.04, subdivision 14a.

H.F. No. 374, 1st Engrossment - 86th Legislative Session (2009-2010) [H0374-1]

6.1 Sec. 7. Minnesota Statutes 2008, section 256B.0625, is amended by adding a
6.2 subdivision to read:

6.3 Subd. 17f. **Applicability.** Subdivisions 17b to 17e shall not apply to transit or
6.4 paratransit services provided or assisted by the Metropolitan Council under Minnesota
6.5 Statutes, sections 473.371 to 473.449.

6.6 Sec. 8. **REPEALER.**

6.7 Minnesota Statutes 2008, section 256B.0625, subdivision 17, is repealed.

256B.0625 COVERED SERVICES.

Subd. 17. **Transportation costs.** (a) Medical assistance covers transportation costs incurred solely for obtaining emergency medical care or transportation costs incurred by eligible persons in obtaining emergency or nonemergency medical care when paid directly to an ambulance company, common carrier, or other recognized providers of transportation services.

(b) Medical assistance covers special transportation, as defined in Minnesota Rules, part 9505.0315, subpart 1, item F, if the recipient has a physical or mental impairment that would prohibit the recipient from safely accessing and using a bus, taxi, other commercial transportation, or private automobile.

The commissioner may use an order by the recipient's attending physician to certify that the recipient requires special transportation services. Special transportation includes driver-assisted service to eligible individuals. Driver-assisted service includes passenger pickup at and return to the individual's residence or place of business, assistance with admittance of the individual to the medical facility, and assistance in passenger securement or in securing of wheelchairs or stretchers in the vehicle. Special transportation providers must obtain written documentation from the health care service provider who is serving the recipient being transported, identifying the time that the recipient arrived. Special transportation providers may not bill for separate base rates for the continuation of a trip beyond the original destination. Special transportation providers must take recipients to the nearest appropriate health care provider, using the most direct route available. The maximum medical assistance reimbursement rates for special transportation services are:

(1) \$17 for the base rate and \$1.35 per mile for services to eligible persons who need a wheelchair-accessible van;

(2) \$11.50 for the base rate and \$1.30 per mile for services to eligible persons who do not need a wheelchair-accessible van; and

(3) \$60 for the base rate and \$2.40 per mile, and an attendant rate of \$9 per trip, for services to eligible persons who need a stretcher-accessible vehicle.