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State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH
SESSION

HOUSE FILE No. 200

January 22, 2009
 Authored by Abeler, Fritz, Gunther, Otremba, Sterner and others
 The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight
April 6, 2009
 Committee Recommendation and Adoption of Report:
 To Pass as Amended and re-referred to the Committee on Finance
 Pursuant to Joint Rule 2.03, re-referred to the Committee on Rules and Legislative Administration

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A bill for an act
relating to health care; prohibiting the use of a broker for medical transportation
services; allowing county social workers to make level of need determinations;
renaming special transportation services; modifying medical transportation
requirements; amending Minnesota Statutes 2008, sections 256B.04, subdivision
14a; 256B.0625, subdivision 17, by adding a subdivision.

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

Section 1. Minnesota Statutes 2008, section 256B.04, subdivision 14a, is amended to
read:

Subd. 14a. **Level of need determination.** 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, or a discharge planner. 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 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

2.1 person authorized to perform a level of need determination, or for six months, whichever
2.2 is sooner.

2.3 Sec. 2. Minnesota Statutes 2008, section 256B.0625, subdivision 17, is amended to
2.4 read:

2.5 Subd. 17. **Transportation costs.** (a) For purposes of this subdivision, the following
2.6 terms have the meanings given unless otherwise provided for in this subdivision:

2.7 (1) "special transportation" means nonemergency medical transportation to or from a
2.8 covered service that is provided to a recipient who has a physical or mental impairment
2.9 that prohibits the recipient from independently and safely accessing and using a bus, taxi,
2.10 other commercial transportation, or private automobile;

2.11 (2) "access transportation service" means curb-to-curb nonemergency medical
2.12 transportation to or from a covered service that is provided to a recipient without a
2.13 physical or mental impairment, but who requires transportation services to be able to
2.14 access a covered service, and who is unable to do so by bus or private automobile; and

2.15 (3) "medical transportation" means the transport of a recipient to obtain a covered
2.16 service or the transport of a recipient after the covered service is provided.

2.17 (b) Medical assistance covers medical transportation costs incurred solely for
2.18 obtaining emergency medical care or transportation costs incurred by eligible persons in
2.19 obtaining emergency or nonemergency medical care when paid directly to an ambulance
2.20 company, common carrier, or other recognized providers of transportation services.

2.21 Medical transportation must be provided by:

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

2.23 (2) special transportation;

2.24 (3) access transportation; or

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

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

2.31 (c) "Rural urban commuting area" or "RUCA" means an area determined to be
2.32 urban, rural, or super rural by the Centers for Medicare and Medicaid Services for
2.33 purposes of Medicare reimbursement of ambulance services.

2.34 The commissioner may use an order by the recipient's attending physician to certify that
2.35 the recipient requires special transportation services. Special transportation ~~includes~~

3.1 providers shall perform driver-assisted service to services for eligible individuals.

3.2 Driver-assisted service includes passenger pickup at and return to the individual's
3.3 residence or place of business, assistance with admittance of the individual to the medical
3.4 facility, and assistance in passenger securement or in securing of wheelchairs or stretchers
3.5 in the vehicle. Special transportation providers must obtain written documentation from
3.6 the health care service provider who is serving the recipient being transported, identifying
3.7 the time that the recipient arrived. Special transportation and access transportation
3.8 providers may not bill for separate base rates for the continuation of a trip beyond the
3.9 original destination. Special transportation and access transportation providers must take
3.10 recipients to the nearest appropriate health care provider, using the most direct route
3.11 available as determined by a commercially available software program approved by the
3.12 commissioner and designated by the provider as the program to be used to determine the
3.13 route and mileage for all trips. The ~~maximum~~ minimum medical assistance reimbursement
3.14 rates for ~~special~~ nonemergency medical transportation services are:

3.15 (1) for areas defined under RUCA as urban:

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

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

3.20 (iii) \$10 for the base rate and \$1.35 per mile for access transportation services to
3.21 eligible persons who need a wheelchair-accessible van;

3.22 (iv) \$10 for the base rate and \$1.30 per mile for access transportation services to
3.23 eligible persons who do not need a wheelchair-accessible van;

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

3.26 (vi) for all special transportation and access transportation services for a trip equal to
3.27 or exceeding 51 miles, the provider shall receive mileage reimbursement for each mile
3.28 equal to or exceeding 51 miles at 125 percent of the respective mileage rates in this clause;

3.29 (2) the base rates for special transportation services and access transportation in
3.30 areas defined under RUCA as rural, shall be equal to the reimbursement rate established in
3.31 clause (1) plus one percent;

3.32 (3) the base rate for special transportation and access transportation services in areas
3.33 defined under RUCA as super rural shall be equal to the reimbursement rate established in
3.34 clause (1) plus 22.6 percent; and

3.35 (4) for special transportation and access transportation services defined under RUCA
3.36 as rural and super rural areas:

4.1 (i) for a trip equal to 17 miles or less, mileage reimbursement shall be equal to 150
4.2 percent of the respective mileage rate in clause (1);

4.3 (ii) for a trip between 18 and 50 miles, mileage reimbursement shall be equal to 100
4.4 percent of the respective mileage rate in clause (1); and

4.5 (iii) for a trip equal to or exceeding 51 miles, mileage reimbursement shall be equal
4.6 to 125 percent of the respective mileage rate in clause (1), items (i) to (v).

4.7 (d) For purposes of reimbursement rates for special transportation and access
4.8 transportation services under paragraph (c), the recipient's place of residence shall
4.9 determine whether the urban, rural, or super rural reimbursement rate applies.

4.10 (e) For all special transportation and access transportation services, the transportation
4.11 provider must obtain delivery confirmation of the recipient by the medical provider to
4.12 whom the recipient is delivered.

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

4.15 Subd. 17b. **Broker dispatching prohibition.** The commissioner shall not use
4.16 a broker or coordinator to manage or dispatch nonemergency medical transportation
4.17 services.

4.18 Sec. 4. **REIMBURSEMENT REFORM ACT.**

4.19 This act shall be referred to as the "Nonemergency Medical Transportation Reform
4.20 Act of 2009."