

WRIGHT COUNTY HUMAN SERVICES AGENCY
HEALTH CARE ACCESS SERVICES

The policies defined in this document are effective 12/1/2011.

Wright County Human Services (WCHS) has a Health Care Access Plan in place with the Minnesota Department of Human Services (DHS) to ensure recipients of Medical Assistance (MA) are able to obtain medically necessary health services. This document is a summary of the approved Access Plan. Wright County Human Services will make every reasonable effort to determine a MA Recipient's eligibility for service in a timely manner and provide a summary of transportation service options the recipient may qualify for. If you have questions or are seeking additional information about Health Care Access Service, you may contact the Wright County MA Transportation Liaison:

Ann Rassat
Wright County Human Services Agency
1004 Commercial Drive
Buffalo, MN 55313
Phone: 763-682-7482 FAX: 763-682-7701
Ann.Rassat@co.wright.mn.us

A. What are Health Care Access Services?

The Minnesota Health Care Programs (MHCP) has the responsibility to ensure you, the MA recipient, is provided with or reimbursed for transportation and travel costs necessary for you to access necessary medical treatment. This program can assist with transportation service in one of these ways:

- (1) Mileage reimbursement for you, the MA recipient, when your personally-owned vehicle is used for medically-related trips; or
- (2) Mileage reimbursement for a Wright County foster parent, caring for a MA recipient, when the driver uses their personally-owned vehicle for medically-related trips; or
- (3) Contracted Commercial Transportation service for you for medically-related trips.

B. Health Care Access Program Rules

The Health Care Access Program has specific rules that must be followed in order for either mileage reimbursement or Contracted Commercial Transportation service to be approved. This program is not designed to limit your choice of healthcare providers or your preferred method of transportation, but if you choose a healthcare facility or transportation method outside the scope of this program, the cost of this service will remain your personal payment responsibility and not be eligible for reimbursement under the Health Care Access Program.

C. Cost Effectiveness

Any reimbursement or contracted service approved under this program must demonstrate the least costly means by which you are able to obtain transportation to/from medical

WRIGHT COUNTY HUMAN SERVICES AGENCY
HEALTH CARE ACCESS SERVICES

appointments. The County Agency will review these options (in this order) to determine if the least costly means of transportation is being requested:

- (1) Can you or another individual (friend, family, neighbor, etc.) transport you using your personally-owned vehicle?
- (2) Is there a public transit company that can transport you at low cost to medical appointments or free transportation access available through a friend, family or neighbor?
- (3) If Commercial Transportation Service is approved, what level of transportation is necessary for you (i.e. wheelchair, door-to-door, curb-to-curb transportation)?
- (4) What is the most direct route to the nearest medical service provider available?

D. Closest Provider to Recipient's Residence

Any claims for reimbursement under the Health Care Access Plan must be for trips to medical appointments that encompass the shortest distance necessary to seek the closest care provider located to your home who can provide the level of care you need and who accepts Medical Assistance coverage. What does this mean to you as a MA recipient?

- (1) Upon prior authorization for transportation service from WCHS, if the provider you seek to travel to is located in the same zip code as your current town/city of residence, this scenario will mean you are selecting the closest provider available to serve you.
- (2) If you must seek medical treatment from a provider located outside your current town/city of residence zip code, you must complete a signed Letter of Medical Necessity. This form can be obtained from the Wright County website. Please follow the instructions carefully on this form, as both your healthcare provider and you are required to sign this form prior to your scheduled trip.
- (3) Please note that while the following reasons may be viable options for any patient seeking out their choice of provider, you will not be prior approved for reimbursement under this program due to the following reasons:
 - You have an existing provider-client relationship and/or it is your personal preference to seek services from a provider at a further location.
 - You wish to retain your medical records at one location and not transfer medical records to a closer location.
- (4) While the primary scope of this program is designed to provide reimbursement for transportation service that is of a non-emergency basis, if a recipient does find themselves in a situation whereby an urgent appointment is required that does not warrant ambulance transportation, and prior authorization is not possible, the recipient must contact the MA Transportation Liaison as soon as possible to explain the details surrounding their request for reimbursement. Such situations will be reviewed on a case by case situation by the Agency.

WRIGHT COUNTY HUMAN SERVICES AGENCY
HEALTH CARE ACCESS SERVICES

- (5) The requirement of seeking out the closest provider may result in your choosing to receive care at a closer location. If you are currently in a transitional period of relocating your healthcare provider to your residence zip code, complete the Relocation Letter (found on the Wright County website).

E. Vehicle Ownership

If you and/or your spouse has a vehicle titled in your name (or you are the parent/guardian of a minor under the age of 21 years, open to MA, with a vehicle titled in your name) and you pursue reimbursement for transportation to/from medical appointments, that personally-owned vehicle must be used to attend medical appointments, whenever it remains a safe option of transportation for the MA Recipient. You may submit a claim for \$.20/mile if a personally-owned vehicle is used for medically-related transportation. (Wright County Foster Parents may submit a claim for \$.51/mile for approved MA transportation provided with their own vehicle.)

Unless a concern is presented by the recipient and substantiated by the agency as to their overall safety of operating a motor vehicle, a person who has a vehicle titled in their name cannot seek MA reimbursed transportation service from a Contracted Commercial Transportation Provider. (Exceptions related to recipient safety may be reviewed by the agency on a case-by-case basis.)

What options do I have if I cannot use my personally-owned vehicle?

If the vehicle titled in you or your spouse's name is unable to be used for medical transportation purposes due to needed repairs, lack of insurance, gas money, driver's license, a suitable driver, or any other reason, some viable options for you may include:

- (1) Make the necessary auto repairs needed or seek other financial resources to attempt to make the vehicle drive-able for transportation to future medical appointments. If you cannot drive the vehicle yourself, seek out a friend, family, neighbor, etc., who can transport you using your own vehicle or their own vehicle. Mileage under either scenario is reimbursable at \$.20/mile to the owner of the vehicle. Unless a safety concern has been substantiated by the agency, Contracted Commercial Transportation reimbursement CANNOT be approved if the personally-owned vehicle is not used and title remains in the name of the MA recipient, spouse or legal guardian/parent.
- (2) If you are unable to safely drive or ride in a standard vehicle due to your current physical or mental health condition (such as a broken limb, etc.) submit a Letter of Medical Necessity to your primary healthcare provider, confirming this information. This form may be found on the Wright County Website and must specify the duration of time in which this condition prevents standard vehicle transportation access. The signed letter must be received by this agency and prior authorization confirmed in writing before you are authorized to seek reimbursement for Health Care Access Services.

WRIGHT COUNTY HUMAN SERVICES AGENCY
HEALTH CARE ACCESS SERVICES

- (3) If the vehicle cannot be repaired for use on the road, you may contact the Department of Motor Vehicles (DMV) to sell the vehicle, transfer the title to another person, and/or dispose of it as a “junked” vehicle. Provide written verification of such changes to the MA Transportation Liaison, and you may be considered for prior authorization of Health Care Access Service coverage. Commercial Transportation reimbursement can only be considered AFTER the vehicle is no longer titled in your name.
- (4) If for some reason the vehicle we have listed as owned by you or your spouse is not accurate based upon your knowledge, contact the DMV for written verification. Provide written verification to the MA Transportation Liaison to verify the vehicle is no longer titled in you or your spouse’s name, and you may be considered for prior authorization of Health Care Access Service coverage.

F. How do I seek Prior Authorization for Access Transportation Service?

Prior authorization must be obtained before to your scheduled medical trip(s). If you wish to seek reimbursement for transportation and/or travel costs necessary to access medical treatment, please follow these steps:

- (1) Begin by calling the WCHS MA Transportation Liaison, Ann Rassat, at 763-682-7482, and request prior authorization for Access Transportation Service.
- (2) You will be asked for basic identifying information. WCHS will also be verifying the following additional information:
 - Are you currently an active Medical Assistance recipient?
 - Are you currently open to a Managed Care Health Plan? If so, and you’re requesting Commercial Transportation Service, the Health Plan must handle the authorization of this service. Authorization for personal mileage will still be handled by WCHS.
 - Are there any vehicles titled in you or your spouse’s name?
 - Is the location of service you wish to go to located in the same zip code as your current town/city of residence?
- (3) If there are any questionable factors regarding your request for Access Health Care Services, not already addressed in the Access Plan, an internal committee of staff within WCHS will review these requests and make a decision as to your eligibility for prior authorization.
- (4) You will either be asked to provide additional verification, or you will be provided with a written statement confirming approval or denial of your service request, and specifically if you are approved for personal mileage reimbursement or Contracted Commercial Transportation Service.

WRIGHT COUNTY HUMAN SERVICES AGENCY
HEALTH CARE ACCESS SERVICES

Please note that written prior authorization received from WCHS is location-specific. If you change location of service, a new prior authorization form is required from WCHS before you may continue with ongoing reimbursed mileage or Contracted Commercial Transportation service.

G. Contracted Commercial Transportation Providers

If you are approved to seek MA reimbursed Contracted Commercial Transportation Service, you may contact one of the following providers for a ride to your medical appointment. You will need to provide a copy of the written verification you receive from Wright County to the provider you select before you may receive service from them.

You will also be asked to complete a signed Release of Information (found on the Wright County website) so the provider may speak with WCHS to obtain the necessary confirmation prior to your trip. This precaution simply provides the transportation company with assurance that payment for services has been authorized.

Wright County Contracted Commercial Transportation Providers

Provider Name	Phone Number	Alternate Phone Number
Care Transportation / Care Cab	1-800-450-4868	320-253-7729
Cities Edge Transportation	1-800-418-4211	612-418-3203
Guardian Transportation (formerly AC/Clinic Cab Transportation)	952-595-9030	952-595-9065 (FAX#)
Joy Transportation	952-607-1105	
Northstar Transit Corporation d/b/a Discover Ride, Inc.	651-288-0327	
Schumacher Transportation	1-866-968-9939	

H. Travel Reimbursement / Related Travel Expense Information:

Upon written approval by WCHS, the current rates for reimbursement are as follows:

Personal Mileage: If you use your personally-owned vehicle for transportation, you may seek a \$.20 per mile reimbursement. If another individual uses their own vehicle to transport you, that owner may seek a \$.20/mile reimbursement. The owner of the vehicle must be the person to seek the reimbursement. Obtain a Non-Emergency Medical Transportation Claim Form from the Wright County Website and submit the form as instructed.

Foster Parents Drivers: If you serve as a licensed foster parent, you may seek a \$.51/mile reimbursement for miles driven to take a MA Recipient to medically-necessary appointments. Obtain a Non-Emergency Medical Transportation Claim Form from the Wright County Website and submit the form as instructed.

WRIGHT COUNTY HUMAN SERVICES AGENCY
HEALTH CARE ACCESS SERVICES

Commercial Transportation Service: If a Contracted Commercial Transportation Provider drives you to/from an appointment, the provider will seek the necessary reimbursement from WCHS.

Under no circumstances may any mileage or Contracted Commercial Transportation service reimbursement be made for trips in which the MA Recipient is not in the vehicle (i.e. "No Load Miles").

Parking: When using a personally-owned vehicle, actual parking costs may be reimbursed with a proper receipt.

Lodging: Upon prior approval from WCHS, the cost of lodging when seeking medical treatment is reimbursable up to \$50.00 per night, with a valid receipt. Occasional exceptions may be made to this limit based upon lodging availability.

Meals: If you are approved for reimbursement for more than 35 miles from home for a medical appointment, you may seek reimbursement for meals under the following terms:

Breakfast - \$5.50

(Only if MA recipient is required to travel before 6:00 a.m. for a medical appointment.)

Lunch – \$6.50

(Only if MA recipient is scheduled for a morning appointment that extends beyond 1:00 p.m.)

Dinner/Supper – \$8.00

(Only if MA recipient returned home after 7:00 p.m., directly from medical appointment.)

Valid meal receipts must be included with each submission. If one or more individuals need to accompany you to the appointment, their meals, transportation and lodging may be eligible for reimbursement too. Necessary accompaniment must be noted within your physician's treatment plan or individual care plan in order for this additional reimbursement to be considered and the Health Care Provider must note this requirement on the signed Letter of Medical Necessity.

In addition, if a medical appointment requires fasting that would affect normal hours in which a meal would be consumed, and your overall health is dependent upon receiving a meal upon the conclusion of fasting-required tests, you may submit a claim for meal reimbursement, including a written statement explaining the unique situation involved with a fasting medical appointment.

I. Interpreter Services

If you are in need of interpreter services to seek out prior authorization for Health Care Access Service, please contact your Financial Worker.

WRIGHT COUNTY HUMAN SERVICES AGENCY
HEALTH CARE ACCESS SERVICES

Wright County Human Services will also provide the following assistance for the hearing impaired:

- A sign language interpreter, or oral interpreter, or a deaf/blind interpreter to assist you in:
 - Seeking and using assistance from WCHS.
 - Using medically necessary health services if the medical provider has less than 15 employees.

J. Appeal Rights

If a recipient is denied service under this program, all written denial notices will include specific instructions for how the recipient may proceed with appealing a denial of service. Recipients will be instructed to send a written, signed letter to the following address within 10 calendar days of the date of their notice of service denial:

Minnesota Department of Human Services (DHS)
Appeals Office
PO Box 64941
St. Paul, MN 55164-0941

If you attend an appeal hearing related to Medical Assistance or GAMC, you can be reimbursed for reasonable expenses:

- Transportation - \$.20/mile (if you use your own vehicle)
- Child Care – The lesser of actual costs or maximum county rate
- Meals and Lodging – If applicable.

You must notify the MA Transportation Liaison prior to or during the appeal if you will be submitting appeal-related expenses for reimbursement.