

1.1 moves to amend H.F. No. 1553 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2016, section 256B.0625, subdivision 17, is amended to
1.4 read:

1.5 Subd. 17. **Transportation costs.** (a) "Nonemergency medical transportation service"
1.6 means motor vehicle transportation provided by a public or private person that serves
1.7 Minnesota health care program beneficiaries who do not require emergency ambulance
1.8 service, as defined in section 144E.001, subdivision 3, to obtain covered medical services.

1.9 (b) Medical assistance covers medical transportation costs incurred solely for obtaining
1.10 emergency medical care or transportation costs incurred by eligible persons in obtaining
1.11 emergency or nonemergency medical care when paid directly to an ambulance company,
1.12 ~~common carrier~~ nonemergency medical transportation company, or other recognized
1.13 providers of transportation services. Medical transportation must be provided by:

1.14 (1) nonemergency medical transportation providers who meet the requirements of this
1.15 subdivision;

1.16 (2) ambulances, as defined in section 144E.001, subdivision 2;

1.17 (3) taxicabs that meet the requirements of this subdivision;

1.18 (4) public transit, as defined in section 174.22, subdivision 7; or

1.19 (5) not-for-hire vehicles, including volunteer drivers.

1.20 (c) Medical assistance covers nonemergency medical transportation provided by
1.21 nonemergency medical transportation providers enrolled in the Minnesota health care
1.22 programs. All nonemergency medical transportation providers must comply with the
1.23 operating standards for special transportation service as defined in sections 174.29 to 174.30
1.24 and Minnesota Rules, chapter 8840, and in consultation with the Minnesota Department of

2.1 Transportation. All nonemergency medical transportation providers shall bill for
2.2 nonemergency medical transportation services in accordance with Minnesota health care
2.3 programs criteria. Publicly operated transit systems, volunteers, and not-for-hire vehicles
2.4 are exempt from the requirements outlined in this paragraph.

2.5 (d) An organization may be terminated, denied, or suspended from enrollment if:

2.6 (1) the provider has not initiated background studies on the individuals specified in
2.7 section 174.30, subdivision 10, paragraph (a), clauses (1) to (3); or

2.8 (2) the provider has initiated background studies on the individuals specified in section
2.9 174.30, subdivision 10, paragraph (a), clauses (1) to (3), and:

2.10 (i) the commissioner has sent the provider a notice that the individual has been
2.11 disqualified under section 245C.14; and

2.12 (ii) the individual has not received a disqualification set-aside specific to the special
2.13 transportation services provider under sections 245C.22 and 245C.23.

2.14 (e) The administrative agency of nonemergency medical transportation must:

2.15 (1) adhere to the policies defined by the commissioner in consultation with the
2.16 Nonemergency Medical Transportation Advisory Committee;

2.17 (2) pay nonemergency medical transportation providers for services provided to
2.18 Minnesota health care programs beneficiaries to obtain covered medical services;

2.19 (3) provide data monthly to the commissioner on appeals, complaints, no-shows, canceled
2.20 trips, and number of trips by mode; and

2.21 (4) by July 1, 2016, in accordance with subdivision 18e, utilize a Web-based single
2.22 administrative structure assessment tool that meets the technical requirements established
2.23 by the commissioner, reconciles trip information with claims being submitted by providers,
2.24 and ensures prompt payment for nonemergency medical transportation services.

2.25 (f) Until the commissioner implements the single administrative structure and delivery
2.26 system under subdivision 18e, clients shall obtain their level-of-service certificate from the
2.27 commissioner or an entity approved by the commissioner that does not dispatch rides for
2.28 clients using modes of transportation under paragraph (i), clauses (4), (5), (6), and (7).

2.29 (g) The commissioner may use an order by the recipient's attending physician or a medical
2.30 or mental health professional to certify that the recipient requires nonemergency medical
2.31 transportation services. Nonemergency medical transportation providers shall perform
2.32 driver-assisted services for eligible individuals, when appropriate. Driver-assisted service

3.1 includes passenger pickup at and return to the individual's residence or place of business,
3.2 assistance with admittance of the individual to the medical facility, and assistance in
3.3 passenger securement or in securing of wheelchairs, child seats, or stretchers in the vehicle.

3.4 Nonemergency medical transportation providers must take clients to the health care
3.5 provider using the most direct route, and must not exceed 30 miles for a trip to a primary
3.6 care provider or 60 miles for a trip to a specialty care provider, unless the client receives
3.7 authorization from the local agency.

3.8 Nonemergency medical transportation providers may not bill for separate base rates for
3.9 the continuation of a trip beyond the original destination. Nonemergency medical
3.10 transportation providers must maintain trip logs, which include pickup and drop-off times,
3.11 signed by the medical provider or client, whichever is deemed most appropriate, attesting
3.12 to mileage traveled to obtain covered medical services. Clients requesting client mileage
3.13 reimbursement must sign the trip log attesting mileage traveled to obtain covered medical
3.14 services.

3.15 (h) The administrative agency shall use the level of service process established by the
3.16 commissioner in consultation with the Nonemergency Medical Transportation Advisory
3.17 Committee to determine the client's most appropriate mode of transportation. If public transit
3.18 or a certified transportation provider is not available to provide the appropriate service mode
3.19 for the client, the client may receive a onetime service upgrade.

3.20 (i) The covered modes of transportation, ~~which may not be implemented without a new~~
3.21 ~~rate structure~~, are:

3.22 (1) client reimbursement, which includes client mileage reimbursement provided to
3.23 clients who have their own transportation, or to family or an acquaintance who provides
3.24 transportation to the client;

3.25 (2) volunteer transport, which includes transportation by volunteers using their own
3.26 vehicle;

3.27 (3) unassisted transport, which includes transportation provided to a client by a taxicab
3.28 or public transit. If a taxicab or public transit is not available, the client can receive
3.29 transportation from another nonemergency medical transportation provider;

3.30 (4) assisted transport, which includes transport provided to clients who require assistance
3.31 by a nonemergency medical transportation provider;

4.1 (5) lift-equipped/ramp transport, which includes transport provided to a client who is
4.2 dependent on a device and requires a nonemergency medical transportation provider with
4.3 a vehicle containing a lift or ramp;

4.4 (6) protected transport, which includes transport provided to a client who has received
4.5 a prescreening that has deemed other forms of transportation inappropriate and who requires
4.6 a provider: (i) with a protected vehicle that is not an ambulance or police car and has safety
4.7 locks, a video recorder, and a transparent thermoplastic partition between the passenger and
4.8 the vehicle driver; and (ii) who is certified as a protected transport provider; and

4.9 (7) stretcher transport, which includes transport for a client in a prone or supine position
4.10 and requires a nonemergency medical transportation provider with a vehicle that can transport
4.11 a client in a prone or supine position.

4.12 (j) The local agency shall be the single administrative agency and shall administer and
4.13 reimburse for modes defined in paragraph (i) according to paragraphs (m) and (n) when the
4.14 commissioner has developed, made available, and funded the Web-based single
4.15 administrative structure, assessment tool, and level of need assessment under subdivision
4.16 18e. The local agency's financial obligation is limited to funds provided by the state or
4.17 federal government.

4.18 (k) The commissioner shall:

4.19 (1) in consultation with the Nonemergency Medical Transportation Advisory Committee,
4.20 verify that the mode and use of nonemergency medical transportation is appropriate;

4.21 (2) verify that the client is going to an approved medical appointment; and

4.22 (3) investigate all complaints and appeals.

4.23 (l) The administrative agency shall pay for the services provided in this subdivision and
4.24 seek reimbursement from the commissioner, if appropriate. As vendors of medical care,
4.25 local agencies are subject to the provisions in section 256B.041, the sanctions and monetary
4.26 recovery actions in section 256B.064, and Minnesota Rules, parts 9505.2160 to 9505.2245.

4.27 (m) Payments for nonemergency medical transportation must be paid based on the client's
4.28 assessed mode under paragraph (h), not the type of vehicle used to provide the service. The
4.29 medical assistance reimbursement rates for nonemergency medical transportation services
4.30 that are payable by or on behalf of the commissioner for nonemergency medical
4.31 transportation services are:

4.32 (1) \$0.22 per mile for client reimbursement;

5.1 (2) up to 100 percent of the Internal Revenue Service business deduction rate for volunteer
5.2 transport;

5.3 (3) equivalent to the standard fare for unassisted transport when provided by public
5.4 transit, and \$11 for the base rate and \$1.30 per mile when provided by a nonemergency
5.5 medical transportation provider;

5.6 (4) \$13 for the base rate and \$1.30 per mile for assisted transport;

5.7 (5) \$18 for the base rate and \$1.55 per mile for lift-equipped/ramp transport;

5.8 (6) \$75 for the base rate and \$2.40 per mile for protected transport; and

5.9 (7) \$60 for the base rate and \$2.40 per mile for stretcher transport, and \$9 per trip for
5.10 an additional attendant if deemed medically necessary.

5.11 (n) The base rate for nonemergency medical transportation services in areas defined
5.12 under RUCA to be super rural is equal to 111.3 percent of the respective base rate in
5.13 paragraph (m), clauses (1) to (7). The mileage rate for nonemergency medical transportation
5.14 services in areas defined under RUCA to be rural or super rural areas is:

5.15 (1) for a trip equal to ~~47~~50 miles or less, equal to 125 percent of the respective mileage
5.16 rate in paragraph (m), clauses (1) to (7); and

5.17 (2) for a trip ~~between 18 and~~ greater than 50 miles, equal to 112.5 percent of the respective
5.18 mileage rate in paragraph (m), clauses (1) to (7).

5.19 (o) For purposes of reimbursement rates for nonemergency medical transportation
5.20 services under paragraphs (m) and (n), the zip code of the recipient's place of residence
5.21 shall determine whether the urban, rural, or super rural reimbursement rate applies.

5.22 (p) For purposes of this subdivision, "rural urban commuting area" or "RUCA" means
5.23 a census-tract based classification system under which a geographical area is determined
5.24 to be urban, rural, or super rural.

5.25 (q) The commissioner, when determining reimbursement rates for nonemergency medical
5.26 transportation under paragraphs (m) and (n), shall exempt all modes of transportation listed
5.27 under paragraph (i) from Minnesota Rules, part 9505.0445, item R, subitem (2).

5.28 Sec. 2. Minnesota Statutes 2016, section 256B.0625, subdivision 17b, is amended to read:

5.29 Subd. 17b. **Documentation required.** (a) As a condition for payment, nonemergency
5.30 medical transportation providers must document each occurrence of a service provided to
5.31 a recipient according to this subdivision. Providers must maintain odometer and other records

6.1 sufficient to distinguish individual trips with specific vehicles and drivers. The documentation
6.2 may be collected and maintained using electronic systems or software or in paper form but
6.3 must be made available and produced upon request. Program funds paid for transportation
6.4 that is not documented according to this subdivision shall be recovered by the department.

6.5 (b) A nonemergency medical transportation provider must compile transportation records
6.6 that meet the following requirements:

6.7 (1) the record must be in English and must be legible according to the standard of a
6.8 reasonable person;

6.9 (2) the recipient's name must be on each page of the record; and

6.10 (3) each entry in the record must document:

6.11 (i) the date on which the entry is made;

6.12 (ii) the date or dates the service is provided;

6.13 (iii) the printed last name, first name, and middle initial of the driver;

6.14 (iv) the signature of the driver attesting to the following: "I certify that I have accurately
6.15 reported in this record the trip miles I actually drove and the dates and times I actually drove
6.16 them. I understand that misreporting the miles driven and hours worked is fraud for which
6.17 I could face criminal prosecution or civil proceedings.";

6.18 (v) the signature of the recipient or authorized party attesting to the following: "I certify
6.19 that I received the reported transportation service.", or the signature of the provider of
6.20 medical services certifying that the recipient was delivered to the provider;

6.21 (vi) the address, or the description if the address is not available, of both the origin and
6.22 destination, and the mileage for the most direct route from the origin to the destination;

6.23 (vii) the mode of transportation in which the service is provided;

6.24 (viii) the license plate number of the vehicle used to transport the recipient;

6.25 (ix) whether the service was ambulatory or nonambulatory ~~until the modes under~~
6.26 ~~subdivision 17 are implemented;~~

6.27 (x) the time of the pickup and the time of the drop-off with "a.m." and "p.m."
6.28 designations;

6.29 (xi) the name of the extra attendant when an extra attendant is used to provide special
6.30 transportation service; and

6.31 (xii) the electronic source documentation used to calculate driving directions and mileage.

7.1 Sec. 3. Minnesota Statutes 2016, section 256B.0625, is amended by adding a subdivision
7.2 to read:

7.3 Subd. 17c. **Nursing facility transports.** A Minnesota health care program enrollee
7.4 residing in, or being discharged from, a licensed nursing facility is exempt from a level of
7.5 need determination and is eligible for nonemergency medical transportation services until
7.6 the enrollee no longer resides in a licensed nursing facility, as provided in section 256B.04,
7.7 subdivision 14a.

7.8 Sec. 4. Minnesota Statutes 2016, section 256B.0625, subdivision 18h, is amended to read:

7.9 Subd. 18h. **Managed care.** (a) The following subdivisions ~~do not~~ apply to managed
7.10 care plans and county-based purchasing plans:

7.11 (1) subdivision 17, paragraphs ~~(d) to (k)~~ (a), (b), (i), and (n);

7.12 (2) subdivision ~~18e~~ 18; and

7.13 (3) subdivision ~~18g~~ 18a.

7.14 (b) A nonemergency medical transportation provider must comply with the operating
7.15 standards for special transportation service specified in sections 174.29 to 174.30 and
7.16 Minnesota Rules, chapter 8840. Publicly operated transit systems, volunteers, and not-for-hire
7.17 vehicles are exempt from the requirements in this paragraph.

7.18 **EFFECTIVE DATE.** This section is effective the day following final enactment."

7.19 Amend the title accordingly