

1.1 ..... moves to amend H.F. No. 668 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2010, section 256B.04, subdivision 14a, is amended to  
1.4 read:

1.5 Subd. 14a. **Level of need determination.** Nonemergency medical transportation  
1.6 level of need determinations must be performed by a physician, a registered nurse working  
1.7 under direct supervision of a physician, a physician's assistant, a nurse practitioner, a  
1.8 licensed practical nurse, or a discharge planner.

1.9 Nonemergency medical transportation level of need determinations must not be  
1.10 performed more than annually on any individual, unless the individual's circumstances  
1.11 have sufficiently changed so as to require a new level of need determination. No entity  
1.12 shall charge, and the commissioner shall pay, no more than \$20.00 for performing a  
1.13 level of need determination regarding any person receiving nonemergency medical  
1.14 transportation, including special transportation.

1.15 Special transportation services to eligible persons who need a stretcher-accessible  
1.16 vehicle from a hospital are exempt from a level of need determination if the special  
1.17 transportation services have been ordered by the eligible person's physician, registered  
1.18 nurse working under direct supervision of a physician, physician's assistant, nurse  
1.19 practitioner, licensed practical nurse, or discharge planner pursuant to Medicare guidelines.

1.20 Individuals transported to or residing in licensed nursing facilities are exempt from a  
1.21 level of need determination and are eligible for special transportation services until the  
1.22 individual no longer resides in a licensed nursing facility. If a person authorized by this  
1.23 subdivision to perform a level of need determination determines that an individual requires  
1.24 stretcher transportation, the individual is presumed to maintain that level of need until  
1.25 otherwise determined by a person authorized to perform a level of need determination, or  
1.26 for six months, whichever is sooner.

2.1 Sec. 2. Minnesota Statutes 2010, section 256B.0625, subdivision 17, is amended to  
2.2 read:

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

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

2.9 (2) special transportation; or

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

2.12 (b) Nonemergency medical transportation means nonemergency medical  
2.13 transportation that is provided by either a special transportation vehicle meeting the  
2.14 operating standards of section 174.30 or a common carrier including, but not limited to,  
2.15 bus, taxicab, other commercial carrier, or private automobile.

2.16 (c) For-hire access transportation means nonemergency medical transportation  
2.17 that is provided by a common carrier other than a bus or volunteer, to a recipient who is  
2.18 without a physical or mental impairment that would prohibit the recipient from safely  
2.19 accessing and using a bus, taxi, other commercial transportation or private automobile.

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

2.24 The commissioner may use an order by the recipient's attending physician to certify that  
2.25 the recipient requires special transportation services. Special transportation providers  
2.26 shall perform driver-assisted services for eligible individuals. Driver-assisted service  
2.27 includes passenger pickup at and return to the individual's residence or place of business,  
2.28 assistance with admittance of the individual to the medical facility, and assistance in  
2.29 passenger securement or in securing of wheelchairs or stretchers in the vehicle. Special  
2.30 transportation providers must obtain written documentation from the health care service  
2.31 provider who is serving the recipient being transported, identifying the time that the  
2.32 recipient arrived. Special transportation providers may not bill for separate base rates for  
2.33 the continuation of a trip beyond the original destination. Special transportation providers  
2.34 must take recipients to the nearest appropriate health care provider, using the most direct  
2.35 route as determined by a commercially available mileage software program approved by

3.1 the commissioner. The minimum medical assistance reimbursement rates for special  
3.2 transportation services are:

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

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

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

3.9 (2) the base rates for special transportation services in areas defined under RUCA  
3.10 to be super rural shall be equal to the reimbursement rate established in clause (1) plus  
3.11 11.3 percent; and

3.12 (3) for special transportation services in areas defined under RUCA to be rural  
3.13 or super rural areas:

3.14 (i) for a trip equal to 17 miles or less, mileage reimbursement shall be equal to 125  
3.15 percent of the respective mileage rate in clause (1); and

3.16 (ii) for a trip between 18 and 50 miles, mileage reimbursement shall be equal to  
3.17 112.5 percent of the respective mileage rate in clause (1).

3.18 (c) For purposes of reimbursement rates for special transportation services under  
3.19 paragraph (b), the zip code of the recipient's place of residence shall determine whether  
3.20 the urban, rural, or super rural reimbursement rate applies.

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

3.24 (e) For-hire access transportation providers must obtain written documentation from  
3.25 the health care service provider who is serving the recipient being transported, identifying  
3.26 the time that the recipient arrived. For-hire access transportation providers may not bill for  
3.27 separate base rates for the continuation of a trip beyond the original destination. For-hire  
3.28 access transportation providers must take recipients to the nearest appropriate health care  
3.29 provider, using the quickest route, as determined by a commercially available mileage  
3.30 software program approved by the commissioner.

3.31 (f) The minimum medical assistance reimbursement rates for for-hire access  
3.32 transportation services are \$5 for the base rate and \$1.30 per mile for transportation  
3.33 services to eligible persons.

3.34 (g) The commissioner shall permit for-hire access transportation providers to directly  
3.35 bill for all transportation services in a manner identical to special transportation providers.

4.1       Sec. 3. **NONEMERGENCY MEDICAL TRANSPORTATION COMMON**  
4.2 **CARRIER PILOT PROGRAM.**

4.3       (a) The commissioner of human services shall establish a pilot program in Hennepin  
4.4 County and Ramsey County to test the use of public transportation, including regular  
4.5 route bus service, light rail transit, commuter rail, and bus rapid transit as an alternative  
4.6 for the delivery of nonemergency medical transportation for individuals residing in  
4.7 Minneapolis and St. Paul.

4.8       (b) Individuals eligible for the pilot program shall be all individuals who are eligible  
4.9 for medical assistance, reside in Minneapolis or St. Paul, and who are without a physical  
4.10 or mental impairment that would prohibit the individual from safely accessing and using a  
4.11 bus, taxi, other commercial transportation, or private automobile.

4.12       (c) Individuals eligible for the pilot program shall receive free public transportation,  
4.13 including regular route bus service, light rail transit, commuter rail, and bus rapid transit,  
4.14 in obtaining nonemergency medical care.

4.15       (d) For-hire access transportation providers shall receive no reimbursement for  
4.16 nonemergency medical transportation provided to eligible individuals.

4.17       Sec. 4. **NONEMERGENCY MEDICAL TRANSPORTATION SINGLE**  
4.18 **ADMINISTRATIVE STRUCTURE PROPOSAL.**

4.19       (a) The commissioner of human services shall develop a proposal to create a single  
4.20 administrative structure for providing nonemergency medical transportation services to  
4.21 fee-for-service medical assistance recipients. This proposal must consolidate access and  
4.22 special transportation into one administrative structure with the goal of standardizing  
4.23 eligibility determination processes, scheduling arrangements, billing procedures, data  
4.24 collection, and oversight mechanisms in order to enhance coordination, improve  
4.25 accountability, and lessen confusion.

4.26       (b) In developing the proposal, the commissioner shall:

4.27       (1) examine the current responsibilities performed by the counties and the  
4.28 Department of Human Services and consider the shift in costs if these responsibilities are  
4.29 changed;

4.30       (2) identify key performance measures to assess the cost effectiveness of  
4.31 nonemergency medical transportation statewide, including a process to collect, audit,  
4.32 and report data;

4.33       (3) develop a statewide complaint system for medical assistance recipients using  
4.34 special transportation;

4.35       (4) establish a standardized billing process;

5.1 (5) establish a process that provides public input from interested parties before  
5.2 special transportation eligibility policies are implemented or significantly changed;

5.3 (6) establish specific eligibility criteria that include the frequency of eligibility  
5.4 assessments and the length of time a recipient remains eligible for special transportation;  
5.5 and

5.6 (7) develop a reimbursement method to compensate volunteers for no-load miles  
5.7 when transporting recipients to or from health-related appointments.

5.8 (c) In developing the proposal, the commissioner shall consult with the  
5.9 nonemergency medical transportation advisory council established under paragraph (d).

5.10 (d) The commissioner shall establish the nonemergency medical transportation  
5.11 advisory council to assist the commissioner in developing a single administrative structure  
5.12 for providing nonemergency medical transportation services. The council shall be  
5.13 comprised of:

5.14 (1) one representative each from the departments of human services, health, and  
5.15 transportation;

5.16 (2) one representative each from the following organizations : the Minnesota State  
5.17 Council on Disability, the Minnesota Consortium for Citizens with Disabilities, ARC of  
5.18 Minnesota, the Association of Minnesota Counties, the R-80 Medical Transportation  
5.19 Coalition, the Minnesota Para Transit Association, Legal Aid, the Minnesota Ambulance  
5.20 Association, and the National Alliance on Mental Illness; and

5.21 (3) four members from the house of representatives, two from the majority party  
5.22 and two from the minority party, appointed by the speaker, and four members from the  
5.23 senate, two from the majority party and two from the minority party, appointed by the  
5.24 subcommittee on committees of the committee on rules and administration.

5.25 The council is governed by Minnesota Statutes, section 15.509, except that members  
5.26 shall not receive per diems. The commissioner of human services shall fund all costs  
5.27 related to the council from existing resources.

5.28 (e) The commissioner shall submit the proposal and draft legislation necessary for  
5.29 implementation to the chairs and ranking minority members of the senate and house of  
5.30 representatives committees or divisions with jurisdiction over health care policy and  
5.31 finance by January 15, 2012.

5.32 **Sec. 5. RECOVERY FROM BROKER.**

5.33 (a) The commissioner of human services, in cooperation with the commissioner  
5.34 of management and budget, shall recover from any broker of nonemergency medical  
5.35 transportation services, all administrative amounts paid in excess of the original agreed

6.1 upon amount as stated in any contract or compensation agreement that provided for the  
6.2 total compensation for administrative services in each state fiscal year to not exceed a  
6.3 specific agreed amount for fiscal years 2005, 2006, 2007, 2008, 2009 and 2010. Interest  
6.4 shall accrue to the commissioner of human services on the outstanding administrative  
6.5 amounts from the date of receipt by any broker of nonemergency medical transportation  
6.6 services until payment to the commissioner of human services at the legal rate specified in  
6.7 Minnesota Statutes, section 334.01.

6.8 (b) The commissioner of human services, in cooperation with the commissioner  
6.9 of management and budget, shall recover from any broker of nonemergency medical  
6.10 transportation services all cost of living adjustments paid to the broker, provided in fiscal  
6.11 year 2009. Interest shall accrue to the commissioner of human services on the outstanding  
6.12 cost of living amounts from the date of receipt by any broker of nonemergency medical  
6.13 transportation services until payment to the commissioner of human services at the legal  
6.14 rate specified in Minnesota Statutes, section 334.01.

6.15 (c) The commissioner of human services, in cooperation with the commissioner  
6.16 of management and budget, shall recover from any broker of nonemergency medical  
6.17 transportation services any amount paid to the broker for access transportation for  
6.18 wheelchair door-to-door services in excess of \$15 for the first five miles. Interest shall  
6.19 accrue to the commissioner of human services on the outstanding overpaid amounts from  
6.20 the date of receipt by any broker of nonemergency medical transportation services until  
6.21 payment to the commissioner of human services at the legal rate specified in Minnesota  
6.22 Statutes, section 334.01.

6.23 (d) Recoveries under this section shall be based on the findings of the Office of  
6.24 Legislative Auditor's report on medical nonemergency transportation released in February  
6.25 2011."

6.26 Amend the title accordingly