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..... moves to amend H.F. No. 820 as follows:

Page 3, after line 28, insert:

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"Sec. 7. Minnesota Statutes 2012, section 256B.0625, subdivision 17, is amended to read:

- Subd. 17. **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) an ambulance, as defined in section 144E.001, subdivision 2;
 - (2) special transportation; or
- (3) common carrier including, but not limited to, bus, taxicab, other commercial carrier, or private automobile.
- (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 providers shall perform driver-assisted services for 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

Sec. 7.

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to the nearest appropriate their health care provider, using the most direct route, which must not exceed 30 miles for a trip to a primary care provider or 60 miles for a trip to a specialty care provider, unless the recipient receives authorization from the local agency. The minimum medical assistance reimbursement rates for special transportation services are: (1)(i) \$17 for the base rate and \$1.35 per mile for special transportation services to eligible persons who need a wheelchair-accessible van; (ii) \$11.50 for the base rate and \$1.30 per mile for special transportation services to eligible persons who do not need a wheelchair-accessible van; and (iii) \$60 for the base rate and \$2.40 per mile, and an attendant rate of \$9 per trip, for special transportation services to eligible persons who need a stretcher-accessible vehicle; (2) the base rates for special transportation services in areas defined under RUCA to be super rural shall be equal to the reimbursement rate established in clause (1) plus 11.3 percent; and (3) for special transportation services in areas defined under RUCA to be rural or super rural areas: (i) for a trip equal to 17 miles or less, mileage reimbursement shall be equal to 125 percent of the respective mileage rate in clause (1); and (ii) for a trip between 18 and 50 miles, mileage reimbursement shall be equal to 112.5 percent of the respective mileage rate in clause (1). (c) For purposes of reimbursement rates for special transportation services under paragraph (b), the zip code of the recipient's place of residence shall determine whether the urban, rural, or super rural reimbursement rate applies. (d) For purposes of this subdivision, "rural urban commuting area" or "RUCA" means a census-tract based classification system under which a geographical area is determined to be urban, rural, or super rural. (e) Effective for services provided on or after September 1, 2011, nonemergency transportation rates, including special transportation, taxi, and other commercial carriers, are reduced 4.5 percent. Payments made to managed care plans and county-based purchasing plans must be reduced for services provided on or after January 1, 2012, to reflect this reduction. Sec. 8. Minnesota Statutes 2012, section 256B.0625, subdivision 18f, is amended to read: Subd. 18f. Enrollee assessment process. (a) The commissioner shall require that the administrator of nonemergency medical transportation adhere to the assessment

process recommended by the nonemergency medical transportation advisory committee.

Sec. 8. 2

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The commissioner, in consultation with the Nonemergeney Medical Transportation
Advisory Committee, shall develop and implement, by July 1, 2013 2014, a the
comprehensive, statewide, standard assessment process for medical assistance
enrollees seeking nonemergency medical transportation services recommended by the
nonemergency medical transportation advisory committee. The assessment process must
identify a client's level of needs, abilities, and resources, and match the client with the
mode of transportation in the client's service area that best meets those needs.
(b) The assessment process must:
(1) address mental health diagnoses when determining the most appropriate mode or
transportation;
(2) base decisions on clearly defined criteria that are available to clients, providers,
and counties;
(3) be standardized across the state and be aligned with other similar existing
processes;
(4) allow for extended periods of eligibility for certain types of nonemergency
transportation when a client's condition is unlikely to change; and
(5) increase the use of public transportation when appropriate and cost-effective,
including offering monthly bus passes to clients."
Page 4, after line 26, insert:
"Sec. 10. REPEALER.
Minnesota Rules, part 9505.0315, subpart 7, item D, is repealed."
Renumber the sections in sequence and correct the internal references
remainder the decitions in dequence and confect the internal references

Sec. 10. 3

Amend the title accordingly