HOUSE RESEARCH _______ Bill Summary _____

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Overview

This bill modifies level of need determination procedures for nonemergency medical transportation. The bill also defines terms, specifies rates for special and access transportation, prohibits the use of a broker or coordinator to manage or dispatch nonemergency medical transportation services, and makes other related changes.

Section

1 Level of need determination. Amends § 256B.04, subd. 14a. Allows county social workers to perform nonemergency medical transportation level of need determinations. Prohibits level of need determinations from being performed more frequently than every seven years on an individual, if a physician certifies that the individual's medical condition is permanent and is not likely to improve, and this certification is confirmed by a level of need determination.

2 Transportation costs. Amends § 256B.0625, subd. 17. A new paragraph (a) defines special transportation, access transportation service, and medical transportation.

The amendments to paragraph (b) specify methods of medical transportation and strike a description of special transportation (much of the language from this description is reinstated in the definition of special transportation in paragraph (a)).

The amendments to paragraph (c):

- Define "rural urban commuting area" (RUCA) as an area determined to be urban, rural, or super rural by the Centers for Medicare and Medicaid Services for purposes of Medicare reimbursement of ambulance services.
- Prohibit access transportation providers from billing separate base rates when trips are continued beyond the original destination.

• Require both special transportation and access transportation providers to determine the most direct route by using commercially available software approved by the commissioner and designated by the provider as the program to be used for all trips.

The amendments to paragraph (c) also modify reimbursement rates for special transportation and access transportation services, by:

- Specifying that the reimbursement rates listed are "minimum" rates (current law provides that these rates are "maximum" rates);
- Setting rates for access transportation services at: (1) \$10 for the base rate and \$1.35 per mile for sevices to persons who do not need a wheelchair-accessible van; and (2) \$10 for the base rate and \$1.30 per mile for persons who do not need a wheelchair-accessible van.
- Increasing special transportation and access transportation rates for miles equal to or exceeding 51 miles to 125 percent of the specified rates;
- Increasing base rates by one percent for special and access transportation services in areas defined under RUCA to be rural;
- Increasing base rates by 22.6 percent for special and access transportation services in areas defined under RUCA to be super rural;
- Setting the following mileage rates for special and access transportation services in areas defined to be rural and super rural: (1) 150 percent of the specified rate for trips of 17 miles or less; (2) 100 percent of the specified rate for trips between 18 and 50 miles; and (3) 125 percent of the specified rate for trips equal to or greater than 51 miles.

A new paragraph (d) provides that the recipient's place of residence determines whether the urban, rural, or super rural reimbursement rate applies.

A new paragraph (e) requires special transportation and access transportation providers to obtain delivery confirmation of the recipient by the medical provider.

- **3 Broker dispatching prohibition.** Amends § 256B.0625, by adding subd. 17b. Prohibits the commissioner from using a broker or coordinator to manage or dispatch nonemergency medical transportation services.
- 4 **Reimbursement reform act.** States that this act shall be referred to as the "Nonemergency Medical Transportation Reimbursement Reform Act of 2009."