

NOTICE OF ACCESS SERVICE AVAILABILITY TO ELIGIBLE MINNESOTA HEALTH CARE PROGRAM
RECIPIENTS

Goodhue County Health & Human Services, 426 West Avenue, Red Wing, MN 55066
Phone 651-385-3200 or toll free 1-800-950-2142; Fax 651-267-4879

You may be able to get paid for expenses to help you get medical care or to attend an appeal hearing. You may also receive reimbursement when your eligibility is made retroactive. Transport must be to a covered service in order for the transport and travel-related expenses to be paid.

PLEASE READ THIS INFORMATION SHEET CAREFULLY.

The *Goodhue County Health & Human Services* MHCP Biennial Health Care Access Plan will pay for the most cost effective form of transportation to get you to a primary care provider within 30 miles of your home and a specialty care provider within 60 miles of your home. Transport beyond those respective distances will require referral based on medical necessity or health plan referral and approval from the county/tribe. **If you have your own vehicle and can drive, you must use it whenever possible.** If you cannot drive yourself and do not have someone else who can drive you, you can use other non-emergency medical transportation. Please contact an Eligibility Worker for more information and prior authorization.

- If you drive your car or have a friend, someone in your household or a relative that may drive your car for you, you will be paid at a rate of 22 cents a mile. The rate of 22 cents a mile is also paid if vehicle is provided by someone with a vested interest (friend, neighbor, family member, etc). Prior authorization is not needed for travel when you use your own vehicle or that of someone with a vested interest for travel to a primary care provider within 30 miles of your home or to a specialty care provider within 60 miles of your home.
- If a volunteer driver provides transportation, the volunteer driver will be paid up to the IRS business deduction rate effective on the date the access transportation service was provided.
- Mileage reimbursement is only available for miles driven with the recipient in the vehicle (loaded miles).
- Bus, light rail, or other similar common/commercial carrier standard rider fares will be reimbursed at the rate charged. You must have authorization from an Eligibility Worker in order to receive reimbursement for these transportation and ancillary service costs.
- If your doctor says that you must have medical care which you cannot get within 30 miles of your residence for primary care or 60 miles from your residence for specialty care, you may be eligible for transportation, meals, lodging, and parking reimbursements to help you get care. Services must not be available from a closer provider capable of providing the level of care needed. This would include there not being another provider within the 30/60 mile limits from your residence capable of providing the level of care needed.
- If someone must go with you to get necessary medical care, they may also be reimbursed meals and lodging costs when also approved for you at the same rate.
- You may also be eligible for reimbursement of transportation and related expenses during the months you were found to be eligible before the date you applied.
- If you appeal a decision on your MA or MinnesotaCare case, you are eligible for reimbursement of transportation, related ancillary service expenses and, if necessary, child care costs incurred while you are attending the appeal hearing. Contact Eligibility Worker at least five (5) days before the hearing if assistance in locating transportation or reimbursement for transportation and/or childcare expenses will be needed.
- You may be eligible for reimbursement of transportation and other related travel expenses of family members of recipients in covered treatment programs, such as mental health, if the family member's involvement is part of the recipient's written treatment plan.
- If you are requesting a minor be transported without an adult, you must contact agency and complete a Minor Parent Authorization Form.

IMPORTANT INFORMATION ABOUT PRIOR AUTHORIZATION

You must get prior authorization to incur costs before you get certain non-emergency medical transportation or related ancillary services. Authorization may be in writing, by telephone or online. Contact an Eligibility Worker Monday through Friday between 8:00 AM and 4:30 PM at the number(s) listed above or email hhs.imu@co.goodhue.mn.us. Three (3) day advance notice is required for all transport and ancillary services for medical appointments. The following require prior authorization from Goodhue County Health & Human Services:

- Travel to a provider outside the 30 mile transport limit for primary care or 60 mile transport limit for specialty care require prior authorization. 30/60 mile limit is via most direct route from your home to appointment/provider.
Bring or send your appointment slip and a letter from your doctor that states you need to exceed the 30/60 mile limits for medically necessary care because there are “no providers within the 30/60 miles or closer than the “referred to” provider capable of providing the medically necessary level of care needed” by the recipient. The appointment slip and letter must be provided to your local agency worker prior to reimbursement approval. In addition, attach the appointment slip to the signed voucher when submitting for payment.
- All meal and lodging reimbursement requests require prior authorization.
- All expenses for a person who is medically required to travel with you require prior authorization.
- Transport by bus, taxi and other common/commercial carriers require prior authorization.
- All reimbursement requests to travel to medical/dental providers outside of the State of Minnesota require prior authorization.
- Misuse of services identified by Goodhue County Health & Human Services may require you to obtain prior authorization for any service.

TO GET PAID

Contact the agency at the above number Monday through Friday from 8:00 AM to 4:30 PM to get an Expense Reimbursement Form and/or prior approval for transport and or ancillary services before you go for your medical appointment. Three (3) day advance notice is required for all transport and ancillary services for medical appointments and five (5) day advance notice is required for appeal hearings

To get paid, you must:

- 1) Obtain prior authorization, if required,
- 2) Submit a completed, signed Goodhue County Expense Reimbursement Form within sixty (60) days of date of medical appointment/service or appeal hearing,
- 3) Provide required proofs which include:
 - a. Proof that you/recipient attended medical appointment. Medical provider can sign the Expense Reimbursement Form or you can provide other proof such as Explanation of Benefits, Release summary, etc.
 - b. Dated receipts for meals, lodging, and parking (except for parking meter – note that cost incurred at meter and so no receipt) with the signed voucher.

YOU MUST PROVIDE receipts for meals, lodging, and parking, except for parking meters, with the signed voucher. Provide mileage and state whether your car or another person's was used.

- Meals: Authorization prior to incurring this cost is required. Travel required must be further than 60 miles by the most direct route from home to the medical appointment/provider. Meals are paid up to the following amounts:
 - Breakfast - \$5.50; Must be in transit or at the medical appointment prior to 6:00 AM.
 - Lunch - \$6.50; Must be in transit or at the medical appointment 11:00 AM to 1:00 PM.
 - Dinner - \$8.00; Must be in transit or at the medical appointment after 7:00 PMTime taken to “eat the meal” is not part of “travel time” consideration. Prior authorization is required for meals.

- Lodging must be prior authorized and is limited to \$50.00 per night unless authorized by the local agency or tribe for a greater amount; required travel must be further than 60 miles in the most direct route from home to the medical provider/appointment.
- Parking fees will be paid at actual cost. The least costly parking option must be utilized. For example: single entry/exit rate vs weekly permit rate vs monthly permit rate, etc. as necessary for the health care appointment or services.

IF YOU CHOOSE to get medical care from a provider that is not within 30 miles for primary or 60 miles for specialty care from your home, you may have to pay for your own transportation and ancillary service costs. This includes emergencies when you can get the services needed at a closer location.

IF YOU HAVE A MEDICAL EMERGENCY contact your worker within five (5) business days after the emergency to make arrangements for reimbursement of allowed expenses.

IMPORTANT REMINDER: If you want to be paid, you must get authorization to incur costs before you get certain non-emergency medical transportation or related ancillary services. Prior authorization to incur a transportation or ancillary service cost is not required for emergencies, retroactive eligibility, and appeal hearings. Reporting, billing, and receipt documentation is still required.

****Attach ADA/LB2****

12/23/2019

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုတ်ဟ်သးဘတ်တကုာ်. ဝဲနမ့ာ်လိာ်ဘတ်တမၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လိာ် တီလိာ်မိတခါအံၤန့ၣ်,ကိးဘတ်လိာ်ထံစီၣ်ဂီၢ်လၢထးအံၤန့ၣ်တကုာ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.


Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (1-18)