
Access services are transportation and other enabling services to help enrollees obtain medically necessary health care. County agencies and MinnesotaCare Operations must provide access services to enrollees who are eligible for access services and who do not receive the service through a health plan.

Access services plans must cover reimbursement for the following items:

> Costs of transportation to receive medical services. Enrollees must use the most cost-effective available means of transportation. Reimbursable costs include:

- Mileage reimbursement for vehicle use of 20 cents per mile to enrollees who transport themselves.
- Mileage reimbursement at the current IRS rate to volunteer drivers registered with the county who use their vehicles to transport enrollees. Effective January 1, 2005, the IRS rate is 40.5 cents per mile. The rate for 2004 was 37.5 cents per mile.

Access plans must specify whether people other than registered volunteers who transport enrollees, such as friends or relatives, receive 20 cents or the current IRS rate per mile.

- Actual cost of parking.
- Actual cost of taxicab, bus or other commercial carrier when this is the most cost-effective means available.
- Ambulance transportation from a non-enrolled provider when the ambulance is medically necessary. If the ambulance provider is enrolled in the Minnesota Health Care Programs, the provider will bill DHS directly for the services.

Access plans must specify whether reimbursement is available for no-load transportation. No-load transportation means mileage incurred when the enrollee is not in the vehicle, such as the distance traveled to pick up enrollees.

Do not allow the following transportation costs in access plans:

- Special transportation. Special transportation providers are enrolled in Minnesota Health Care Programs. DHS will reimburse the providers directly

-
- unless the cost is included in a per diem payment to an ICF-MR facility.
 - Transportation to a health care site for detention ordered by a court or law enforcement agency unless an ambulance is medically necessary.
 - Transportation to an alcohol detoxification facility unless detoxification is medically necessary.
 - Additional charges for luggage, stair carry of the enrollee, airport surcharge or other airport, bus or railroad terminal services.
 - Federal or state sales or excise taxes on ambulance service.
 - Transportation to services that are not covered under Minnesota Health Care Programs. The service does not have to be billed to DHS or obtained from an enrolled provider. However, both the service and the provider must be eligible for enrollment and coverage under Minnesota Health Care Programs. Consult the Provider Manual on the DHS Web Site or the Provider Help Desk at 1-800-366-5411 for more information on services allowed and provider enrollment under Minnesota Health Care Programs.

EXAMPLE:

Jordan is enrolled in MA and receives psychotherapy at the VA hospital. The service is not billed to MA because the VA has separate funding. The psychotherapist and the service provided meet the requirements for enrollment and reimbursement in Minnesota Health Care Programs. Jordan's transportation costs are eligible for reimbursement if they meet the requirements of the local agency's access plan.

- > Lodging if necessary for the enrollee to obtain services outside the local area. The local agency must prior authorize charges over \$50 per night.
- > Meals if necessary to obtain services. Maximum reimbursement amounts are
 - Breakfast- \$5.50
 - Lunch- \$6.50
 - Dinner- \$8.00
- > Transportation, meals and lodging for people required to accompany the enrollee to obtain services or whose involvement in a treatment program is part of the enrollee's

- written treatment plan.
- > Interpreter services for hearing impaired people to obtain services at the local agency or from a provider with fewer than 15 employees. Providers with at least 15 employees and prepaid health plans must provide these services. Required services include sign language interpreters, oral or lip-reading interpreters, and interpreters for people who are deaf/blind.

Access plans must require receipts for commercial carrier transportation, meals, parking (other than parking meters) and lodging.

Access plans must require prior authorization for:

- > Lodging and meal expenses for people accompanying the enrollee.
- > Transportation and related expenses outside the local trade area, as defined by the local agency. Access plans may require prior authorization within the local trade area at county option.
- > Transportation if the local agency determines the enrollee has misused transportation in the past.

Access plans may not require prior authorization for emergency services.

MinnesotaCare:

Pregnant women and children under age 21 are entitled to receive access services. MinnesotaCare enrollees who are eligible for access services and who receive case services at MinnesotaCare county enrollment sites receive access services under the county agency's access plan. MinnesotaCare enrollees who are eligible for access services and who receive case services at MinnesotaCare Operations receive access services through MinnesotaCare Operations' access plan.

Follow your agency's access plan when enrollees request access services. Explain prior authorization requirements, limitations on services and billing procedures. Provide written information on your agency's access plan to people eligible for access services.

MA and GAMC:

All MA and GAMC enrollees are eligible for access services. People enrolled in managed care plans may receive some services through the health plan and other services through the county agency's access plan. In general, health plans must provide their members with:

- > Sign language and foreign language interpreters if needed to receive medical services.
- > Reimbursement for transportation and child care if needed for a state appeal hearing related to the health plan's denial, reduction or termination of a health service.
- > Common carrier transportation to receive medical services.

Health plans are not required to provide:

- > Reimbursement to enrollees for personal mileage or parking unrelated to an appeal.
- > Lodging, meals or out-of-state airfare related to obtaining medical services.

County agencies are responsible for services in their access plans that are not covered by the health plans.

Follow your agency's access plan when enrollees request access services. Explain prior authorization requirements, limitations on services and billing procedures. County agencies must provide written information on their access plans to all enrollees.