

DHS Requests Biennial Health Care Access Plans for Calendar Years 2026 through 2027

NUMBER

#25-21-10

DATE

November 20, 2025

OF INTEREST TO

County Directors

Social Services Supervisors and Staff

Medical Assistance Supervisors

Financial Assistance Supervisors

MinnesotaCare Director

Managed Care Organizations

Tribal Chairs

Tribal Health and Human
Services Directors

ACTION/DUE DATE

Please review and submit
biennial health care access
plans for calendar years 2026
through 2027 to DHS. Submit
plans by December 15, 2025

EXPIRATION DATE

December 31, 2027

TOPIC

Health Care Access Plans for January 1, 2026, through December 31, 2027.

PURPOSE

To request counties and interested Tribes to submit biennial health care access plans to the Minnesota Department of Human Services (DHS) and provide an overview of their program.

CONTACT

Questions concerning this bulletin and submission of health care access plans should be directed to:

Brian Ombongi

Health Improvement and Benefit Design Division

Minnesota Department of Human Services

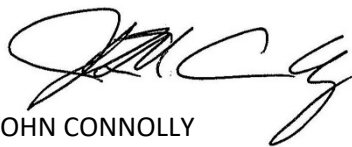
540 Cedar Street

St. Paul, MN 55164-0984

651-431-4828

brian.ombongi@state.mn.us

SIGNED



JOHN CONNOLLY

Deputy Commissioner

Department of Human Services

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background

Minnesota Rules, part 9505.0140, subparts 1, 2 and 3, require that every two years the local county or Tribal agency will submit to DHS a plan that specifies how the local county or Tribal agency will make transportation and other enabling services available to help Minnesota Health Care Programs (MHCP) enrollees obtain medically necessary health services. The access plan in this bulletin will be effective for January 1, 2026, through December 31, 2027.

Tribal organizations have the option of providing health care access services to eligible MHCP enrollees who reside in their areas instead of the counties. Tribes seeking to assume this function must complete a health care access plan. Counties that may be affected by this decision will be notified.

Local county or Tribal agencies are required to comply with all the requirements from the authorities listed in the **DHS Requests Biennial Health Care Access Plans for Calendar Years 2026 through 2027** bulletin and MHCP Provider Manual.

II. Authority

- [Minnesota Statutes, section 256B.0625, subdivisions 17, 18, and 18a](#)
- [Minnesota Statutes, section 256B.04, subdivision 12](#)
- [Minnesota Statutes, section 256B.0625, subdivision 1](#)
- [Minnesota Statutes, section 256B.691](#)
- [Minnesota Statutes, section 471.38](#)
- [Minnesota Statutes, section 471.392](#)
- [Minnesota Statutes, section 471.41](#)
- [Minnesota Statutes, section 609.455](#)
- [Minnesota Statutes, section 609.465](#)
- [Minnesota Statutes, section 174.29](#)
- [Minnesota Statutes, section 174.30](#)
- [Minnesota Rules, part 9505.0140](#)
- [Minnesota Rules, part 9505.0215](#)
- [Minnesota Rules, part 9505.0315](#)
- [Code of Federal Regulations, title 42, chapter IV, subchapter C, section 431.51](#)
- [Code of Federal Regulations, title 42, chapter IV, subchapter C, part 431, subpart, B, section 431.53](#)
- [Code of Federal Regulations, title 42, chapter IV, subchapter C, part 440, section 440.170](#)
- [Code of Federal Regulations, title 42, chapter IV, subchapter C, part 441, subpart B, section 441.62](#)
- [Code of Federal Regulations, title 49, subtitle A, part 40, subpart B, section 40.25](#)
- Minnesota Session Laws, 2023 Human Services Omnibus - SF2934
- Minnesota Session Laws, 2025 Health and Human Services - HF2

III. Changes

- Local agency nonemergency medical transportation (NEMT) services (Modes 1-4) will be administered through the local county and Tribal agencies until June 30, 2026. Effective July 1, 2026, for fee-for-service (FFS); and January 1, 2027, for managed care, local agency NEMT services (Modes 1-4) will be provided through the state under a single administrative structure. We will provide more information at a later time.
- Ancillary services (meals, parking, and lodging) and interpreter services will continue to be administered through the local county or Tribal agency. Counties and Tribes **must electronically submit** health care access plans. DHS does not accept paper copies.

IV. Definitions

- **Access services:** Services required by the Code of Federal Regulations and state statutes and rules to be available to eligible MHCP enrollees that enable them to access a covered medical service. Includes NEMT, ambulance transportation, related ancillary services, and interpreter services.
- **Ambulance services:** Transport of MHCP enrollees whose medical condition or diagnosis requires medically necessary services before and during transport.
- **Ancillary services:** Services that are provided by the county or Tribal agencies that are in addition to and related to the access transportation services provided or reimbursed to the enrollee. Includes lodging, meals, parking, and tolls.
- **Minnesota Department of Human Services (DHS):** Minnesota agency responsible to administer NEMT and the related ancillary services either directly or through the county or Tribal agency.
- **Destination location:** The location where the client is dropped off to end the transport trip. Also, the end of the mileage reimbursement distance calculated for travel from the origination location by the most direct route.
- **Local county or Tribal agency:** The county or Tribal agency responsible for developing, completing, and administering the transportation and ancillary services that are part of the biennial health care access plan.
- **Local county or Tribal agency administered nonemergency medical transportation (NEMT):** Refers to transportation services coordinated, provided, or reimbursed by the county and Tribes. Includes Modes 1 – 4.
- **Managed care organizations (MCOs):** Organizations that DHS contracts with for the purpose of providing covered medical services to MHCP enrollees.
- **Minnesota Health Care Programs (MHCP):** Refers to all medical programs available to Minnesota residents administered by DHS.
- **Minnesota local trade area:** Minnesota and the counties of the states surrounding Minnesota (Iowa, North Dakota, South Dakota, and Wisconsin) that are contiguous with Minnesota.
- **Mode 1 Client Reimbursement:** Includes client mileage reimbursement provided to clients who use their own vehicle or to family members, relatives, or acquaintances who provide transportation to the client using

their own vehicle.

- **Mode 2 Volunteer Transport:** Includes transportation by volunteers using their own vehicle.
- **Mode 3 Unassisted Transport:** Includes transportation provided to a client by an NEMT provider or public transit. If an NEMT provider or public transit is not available, the client may receive transportation from a higher level NEMT provider. Includes curb-to-curb transport only.
- **Mode 4 Assisted Transport:** Includes transport provided to ambulatory MHCP enrollees (able to walk) who require assistance by an NEMT provider. Includes door-to-door and door-through-door transports as required by the client. The MHCP medical review agent completes the enrollee's certification process to determine the level of transportation needed. Counties and Tribes are responsible for the coordination and delivery of these transport services; reimbursement of the transport to the transportation provider; and then will bill MHCP for reimbursement of these costs. The client must contact the county or Tribal agency for the criteria in scheduling Mode 4 – Assisted Transport.
- **Mode 5 Lift-Equipped or Ramp Transport:** Includes transport provided to an MHCP enrollee who is dependent on a mobility device (wheelchair or scooter) and requires an NEMT provider with a vehicle containing a lift or ramp. The MHCP enrollee must remain seated in the mobility device during transport.
- **Mode 6 Protected Transport:** Includes transport provided to an MHCP enrollee who has received a level-of-service assessment that has deemed other forms of transportation inappropriate and requires a provider:
 - with a protected vehicle that is not an ambulance or police car;
 - who has safety locks, a video recorder, and a transparent thermoplastic partition between the passenger and vehicle driver;
 - who is certified as a protected transport provider by the Minnesota Department of Transportation.All enrollee certifications for protected transport will be established by a local entity who has received training to determine appropriate certification for this level of transport.
- **Mode 7 Stretcher Transport:** Includes transport for an MHCP enrollee lying on their front facing downward or lying on their back facing upward; and requires an NEMT provider with a vehicle that can transport a client in a lying position.
- **No load miles:** Mileage traveled without a client in the vehicle. These are not reimbursable miles.
- **Nonemergency medical transportation (NEMT):** Motor vehicle transportation provided by a public or private person that serves MHCP enrollees. Includes Modes 1-7. Does not include any ambulance (air, ground, and water) transportation services.
- **Origination location:** The location where the client is picked up for the start of the transport trip. Also, it is the point that the mileage reimbursement distance calculation begins for travel to the destination location by the most direct route.
- **Responsible person:** An individual who is needed to accompany a child or adult for the MHCP enrollee to obtain a covered medical service. Includes, but is not limited to, a parent, foster parent, authorized representative, or legal guardian.
- **Rural urban commuting area:** Payment adjustment that may apply to transport pick-up service and mileage reimbursements based on the urban, rural, or super-rural classification of the MHCP enrollee's residence zip code.

- **State administered nonemergency medical transportation (NEMT):** Transportation services where rider certification is determined by a review agent for MHCP; and transport services are reimbursed directly to the MHCP-enrolled providers. Includes Modes 5, 6 and 7.
- **Transportation coordinator:** County or Tribal agency or entity contracting with the county or Tribal agency for the purpose of coordinating, providing, and reimbursing for the county or Tribal agency administered NEMT and related ancillary services.

V. Eligibility for Health Care Access Services

- Medical Assistance (MA) enrollees are eligible to receive transportation and related ancillary service benefits through their counties or Tribes and MCOs to enable them to access medical services.
- MA enrollees eligible with a spenddown obligation that has not yet been satisfied, are eligible for NEMT and related ancillary services. These are administrative services that will not be applied to the spenddown obligation during the claim adjudication process.
- Organ transplant donors are eligible for possible reimbursement of the appropriate level of transport and related ancillary services for the purpose of acquiring the donated organ. Refer to [Nonemergency Medical Transportation Services Overview](#) in the MHCP Provider Manual for more information.
- MinnesotaCare provides transportation and ancillary services for enrollees eligible for the MinnesotaCare child benefit set.

VI. Managed Care Organizations (MCOs)

Medical transportation for obtaining emergency or nonemergency medical care is covered for MA and MinnesotaCare child benefit set enrollees. The most appropriate and cost-effective forms of transportation are covered. Medical transportation includes the following:

- MCOs are required to cover NEMT services for Modes 2, 3, 4, 5, 6 and 7, and ambulance. MCOs must also authorize Mode 1 when necessary.
- The local county or Tribal agency is responsible for personal mileage reimbursement (Mode 1) which includes reimbursing the enrollee or the enrollee's driver for mileage to nonemergency covered services, meals, and lodging as necessary.
- The MCO is not responsible for providing local county or Tribal agency administered NEMT transport services in any situation where the enrollee has access to private automobile transportation (not including volunteer drivers) to a nonemergency service covered under the MCO contract.
- The MCO is not responsible for providing NEMT when an enrollee chooses a nonemergency primary care provider located more than 30 miles from the enrollee's home, or a specialty care provider located more than 60 miles from the enrollee's home, unless the MCO approves the travel because the nonemergency primary or specialty care required is not available within that distance from the enrollee's residence.

- The local county or Tribal agency must provide NEMT to out-of-network providers of medical services located outside of Minnesota **that have been approved by the MCO**. The out-of-state transports and related ancillary services are the responsibility of the local county or Tribal agency.
- The local county or Tribal agency must review with the MCOs their process for obtaining MCO covered medical services for proper administration of the county or Tribal transportation and related ancillary services.

VII. Billing Procedures and Reimbursement for Health Care Access Services

MHCP reimburses counties and Tribes for payments made for transportation and ancillary services. Counties or Tribes must bill health care access costs for MHCP enrollees to DHS using the **837P professional claim form** using the MN–ITS Interactive or MN–ITS Batch processes. DHS processes claims in a biweekly claim payment cycle. Refer to [Billing](#) under Nonemergency Medical Transportation Services in the MHCP Provider Manual for more information.

County or Tribal agency NEMT service claims are a county-specific billing category. This means only the county or Tribe may bill and be reimbursed directly by MHCP for the costs. Counties and Tribes must submit enrollee, service, and date-specific data for all NEMT, and related ancillary service reimbursement claims to MHCP.

VIII. Elements of a Health Care Access Plan

Use the pre-print form (**Attachment A – Local County and Tribal Agency Biennial Health Care Access Plan**) to submit biennial health care access plans. Complete the form and return it to the contact listed on the first page of the bulletin.

Requirements for the health care access plan include the following:

- Counties or Tribes must not deny an enrollee’s claim for transportation and related ancillary services payment if the enrollee obtained an MHCP covered service and complied with the agency’s health care access plan. The local agency may hold reimbursements until the enrollee has incurred enough costs to meet the agency’s “minimum check issuance policy.” However, counties and Tribes must reimburse all appropriate transports and related ancillary services when the minimum amount is met.
- Local county and Tribal agencies must not restrict or deny reimbursement because the medical service is "routine."
- The local county or Tribal agencies **are not responsible** for MCO enrollee transport or ancillary services beyond the 30-mile primary care or 60-mile specialty care limits without MCO approval to exceed those distances based on medical necessity.
- Up to 100 percent of the IRS mileage rate allowed for business expenses is the mileage reimbursement rate paid to **county or Tribal recognized volunteer drivers and licensed foster parents**. This rate may change

with each and during the tax year. Counties or Tribes will be notified if there are changes in the rate during the term of this access plan.

- County or Tribal agencies must verify volunteer drivers have a valid driver's license.
- Volunteer drivers cannot be individuals whose background does not support their use as a volunteer driver for the MHCP enrollee or rider.
- The health care access plan must include a description of when and how the agency informs all MA and eligible MinnesotaCare applicants and enrollees of NEMT and related ancillary services available to them. The plan must clearly describe the requirements and steps an enrollee must take to use these services.
- Counties and Tribes must attach **copies of the handouts they provide to enrollees** explaining access services, including transportation and related ancillary services, when submitting the health care access plan. Use the sample provided in **Attachment B – Notice of Access Service Availability to Eligible Minnesota Health Care Program Enrollees** and create a document describing the county or Tribal processes.
- Rules for NEMT and coverage for bus passes or public transit include the following:
 - Enrollees who can travel by public transport must use public transport. The transportation coordinator determines the type of ticket or pass the enrollee is eligible for based on how many rides the enrollee needs during a fixed period. Enrollees whose needs are met by public transit may receive a monthly public transit pass.
 - Any enrollee who is eligible for one public transit trip for a medically necessary covered service has the option to receive a transit pass for that month. Enrollees who do not have any transportation needs in any given month, or who have received a transit pass from another county or Tribe-administered program, are not eligible to receive a transit pass that month.
 - Counties or Tribes cannot require enrollees to select a monthly transit pass if public transit does not meet the enrollee's needs. Enrollees who receive a monthly transit pass are not eligible for other modes of transportation, unless an unexpected need arises that the enrollee cannot access through public transit. Refer to [Nonemergency Medical Transportation Services](#) in the MHCP Provider Manual for more information about public transit use.
- Agencies must use standard vouchers with standard language for enrollee claims per Minnesota Statutes, section 471.38.
 - Agencies must require that enrollees, volunteers, and contractors provide receipts attached to expense reports or vouchers for common or commercial carriers, meals, parking (except parking meters, and lodging).
 - Receipts must indicate the **date the expense** was incurred and the **enrollee incurring the expense**.
- An NEMT provider **must** compile transportation records that meet all [documentation requirements](#).
- If a county or Tribal agency suspects an enrollee is making false claims, the agency must require the medical provider's statement and signature on all expense reimbursement forms or vouchers to verify the enrollee made and kept an appointment.

- The agency may choose to add a section to their expense form or voucher to require provider verification of medical appointments to be obtained by all enrollees making claims for NEMT or ancillary service reimbursement.
- An agency may use an outside NEMT coordinator to provide NEMT and related ancillary services.
 - Information and rates **MUST** be reviewed by DHS. Includes documentation of costs and calculation methods used to determine the per trip administration fee/rate.
 - Administration fee rates **MUST** be approved by DHS.
 - Administration fee rates **MUST** be reasonable.
 - The administration fee rate **MUST** be paid on a per trip basis.
 - The coordinator per trip payment rate **MUST** be based on the total costs to provide the coordination activities.
 - Coordination cost allocations **MUST** include the costs of coordination for all recipients transported by the coordinator and not just the MHCP enrollees. Reimbursement of administrative costs will only be made for the MHCP enrollees.
- County or Tribal Agency responsibility with NEMT providers include the following:
 - All NEMT providers must comply with the operating standards for special transportation service as defined in [Minnesota Statutes, section 174.29](#), [Minnesota Statutes, section 174.30](#) and Minnesota Rules, Chapter 8840; and in consultation with the Minnesota Department of Transportation (MnDOT). Claims made to providers who do not meet these standards are not eligible for payment and may result in recoupment of payments. **Publicly operated transit systems, volunteers, and not-for-hire vehicles are exempt from the requirements outlined in this paragraph.**
 - All transportation and NEMT drivers must now be enrolled with MHCP and be affiliated with the transportation provider organization. **All claims from local counties and Tribal agencies must include the unique Minnesota provider identifier (UMPI) of the enrolled driver providing NEMT services as the treating or rendering providers. Claims without UMPI numbers for enrolled drivers will deny.** Publicly operated transit systems, volunteers, not-for-hire vehicles, and ambulance services are exempt from this enrollment requirements and do not need to enroll.
 - Local counties or Tribal local agencies must confirm the NEMT provider has met all applicable MNDOT and DHS, or local governmental requirements for providing transport services to the MHCP enrollee.
 - The local county or Tribal agency administered NEMT providers do not bill MHCP directly for transport services and will continue to be reimbursed by the local county human services or Tribal agency.
- County or Tribal Administered NEMT services
 - Local county and Tribal agencies will administer four levels of transport services: Modes 1, 2, 3, 4 until June 30, 2026.

- The state will take over local county and Tribal NEMT services under a single administrative agency effective July 1, 2026, for fee-for-service; and January 1, 2027, for managed care.
- Ancillary services (meals, parking, and lodging) and interpreter services will continue to be administered through the local county or Tribal agency.
- State-administered NEMT
 - This will include three levels of NEMT services for which the MHCP medical review agent will determine the enrollee's medical need and certification level for these transports. **These are not** agency-coordinated transports, but the local agencies will review the transports for the 30 or 60 transport distance limits when requested by the enrollee or responsible person.

IX. Reporting Requirements

The local county and Tribal agencies will provide data monthly to DHS on appeals, enrollee and provider complaints, enrollee and provider no-shows and canceled trips. Counties and Tribal agencies must submit the data electronically using online form [Local County or Tribal Agency Monthly Transportation Report \(DHS-8214\)](#).

X. HIPAA and Minnesota Data Privacy Act

The Health Insurance Portability and Accountability Act (HIPAA) and the Minnesota Data Practices Act do not prohibit DHS or county human services or Tribal agencies from entering into an agreement with a public transit system or a private transportation provider to transport enrollees. However, agencies must take "reasonable precautions" to protect individuals' privacy. HIPAA allows for limited "incidental uses and disclosures" of protected health information when it would be impractical and inadvisable not to have such communication. HIPAA also requires "reasonable precautions" be taken to reduce or eliminate the possibility the information may be overheard or otherwise accessed. Refer to Code of Federal Regulations, title 45, section 164.530(c) for more information about HIPAA incidental uses and disclosures and related "administrative requirements."

Federal regulations require providers to have their employees tested for drugs before allowing them to perform safety-sensitive duties (Code of Federal Regulations, title 49, section 40.25). County or Tribal agencies should take steps to ensure that providers complete driver requirements, including internet computerized criminal history file background checks, drug testing, and driver history checks.

XI. Excluded Costs Related to Transportation

Minnesota Rules, part 9505.0315, subpart 5, establishes the following related costs are **not** eligible for payment through the health care access plans:

- Transportation of an enrollee to a hospital or other site of health services for detention ordered by a court or law enforcement agency unless ambulance service is a medical necessity.

- Transportation of an enrollee to an alcohol detoxification facility when detoxification is not a medical necessity.
- [No load transportation](#) except for emergency ambulance transport services in specific situations.
- Additional charges for luggage, a stair carry of the enrollee, and other airport, bus, or railroad terminal services.
- An airport surcharge.
- Federal or state excise or sales taxes on air ambulance service.
- The cost of NEMT services for an enrollee who participates in a training and habilitation program. This applies when the intermediate care facility for the developmentally disabled (ICF/DD) includes payment for transportation expenses in the per diem payment. Or, if Minnesota Rules, 9525.1200 to 9525.1330, (training and habilitation reimbursement procedures for ICF/DDs) has established the transportation rate.

XII. Policy Questions

Questions concerning the health care access plan and documents must be submitted to:
brian.ombongi@state.mn.us.

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-431-2478 or toll-free at 800-657-3756 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.