

Local County or Tribal Agency Nonemergency Medical Transportation (NEMT) Services

Revised: [July 6, 2023](#)

- [Overview](#)
- [Eligible Providers](#)
- [Enrollment](#)
- [Eligible Members](#)
- [Covered Services](#)
- [Documentation](#)
- [Noncovered Services](#)
- [Authorization Requirements](#)
- [Billing](#)
- [Legal References](#)

Overview

Local county or tribal agency nonemergency medical transportation (NEMT) service provides Minnesota Health Care Programs (MHCP) members transportation to covered medical services or to attend MHCP service-related appeal hearings. Members eligible for fee-for-service (FFS) NEMT and related ancillary services must contact their county of residence local agency for policies and procedures to obtain service or service reimbursements.

The local county or tribal agency **must inform the members** of their transportation options and requirements to access those services. Information to members must include but is not limited to the following:

- How to schedule transportation
- Types of transports available
- The process to determine the transport level of service
- Reimbursements, including the rural urban commuting area (RUCA) add-on adjustment, documentation, and the timeframes for members or transportation providers to bill the local agency for reimbursement.
- How long it takes the local agency to reimburse the member or the transportation providers.

Local Agency NEMT Coordination

Medical Transportation Management's Minnesota Nonemergency Transportation (MTM-MNET) coordinates local agency NEMT for some counties through host county contracts.

- Hennepin County is the host county for the contract for local agency NEMT coordination in these counties: Anoka, Benton, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Pine, Ramsey, Sherburne, Stearns, Washington and Wright. Fee-for-service (FFS) members who live in these counties must contact MTM-MNET at 866-467-1724 for local agency NEMT and related ancillary services.
- St. Louis County is the host county for the contract for local agency NEMT coordination in these counties: Aitkin, Carlton, Lake, and St. Louis (effective Jan. 1, 2019). FFS members who live in these counties must contact MTM-MNET at 844-399-9466 for local agency NEMT and related ancillary services.

For all other counties, contact the local [county or tribal agency](#) for NEMT transport and service procedures.

Local Agency NEMT Transport Services

Local agency NEMT transport services include the following:

- Mode 1 – Personal mileage reimbursements
- Mode 2 – Volunteer driver mileage reimbursements (curb-to-curb)
- Mode 3 – Unassisted transport (curb-to-curb) may include taxi, bus, light rail, other commercial carriers and airfare
- Mode 4 – Assisted transport (door-to-door and door-through-door) may include taxi, bus, light rail, other commercial carriers

Local agency NEMT transportation services provided by the NEMT provider include the following:

- Includes curb-to-curb, door-to-door, door-through-door assistance when needed
 - Helping the member to safely enter and exit the vehicle when needed
 - Verifying the member is safely secured in the vehicle
 - Helping to secure the member when necessary

Ancillary NEMT Access Services

Local county and tribal agencies administer reimbursement of related travel expenses when necessary to allow members to obtain a covered health service.

Related access services available to eligible members include:

- Lodging
- Meals
- Parking and tolls

Refer to the [Access Services Ancillary to Transportation](#) section for more information.

Provider Type Page Links

Refer to the [MHCP provider types](#) webpage for the links to resources and forms for your specific provider type.

Eligible Providers

The county or tribal agency uses transportation providers or private automobiles to provide transportation services to FFS members. Contact the local county or tribal agency for their transportation service enrollment or contracting information and requirements.

Examples of local agency NEMT modes of transport include the following:

- Personal vehicle
- Volunteer drivers
- Bus, light rail
- Taxi and dial-a-ride services
- Airplane

County and Tribal Agencies NEMT Requirements

All NEMT providers must comply with the operating standards for vehicles and drivers according to [Minnesota Statutes, 174.29](#) and [Minnesota Statutes, 174.30](#).

Enrollment

NEMT drivers must enroll with MHCP and be affiliated with the transportation organization. Starting Jan. 1, 2023, all NEMT claims will require the MHCP-enrolled individual NEMT driver's Unique Minnesota Provider Identifier (UMPI) be listed as the rendering provider on the claim for the claim to be paid.

Information for [billing](#) can be found in the MHCP Provider Manual under Local County or Tribal Agency Nonemergency Medical Transportation (NEMT) Services Claim, Service and Rate Information.

Publicly operated transit systems, volunteers, not-for-hire vehicles and ambulance services are exempt from the enrollment requirement and do not need to enroll.

Refer to [Transportation Enrollment Criteria and Forms](#) in the [Enroll with MHCP](#) section of the MHCP Provider Manual for how to enroll with MHCP.

Eligible Members

Fee-for-service MHCP members enrolled in the following programs are eligible to receive transportation services:

- [Emergency Medical Assistance \(EMA\)](#)
- [Medical Assistance \(MA\)](#)
- State-only funded MA benefits due to residing in an Institution for Mental Disease (IMD)
- [MinnesotaCare](#) for members under the age of 21 or pregnant woman
- [Minnesota Family Planning Program \(MFPP\)](#)
- Refugee Medical Assistance (RMA)

For members enrolled in a managed care organization (MCO), or transportation services provided through a waiver program, refer to [Eligible Members](#) in the NEMT Services (Overview) section.

MinnesotaCare members enrolled in a managed care plan will only receive or be reimbursed for personal mileage (mode 1), unassisted transport—out-of-state airfare only (mode 3), and all out-of-state transport and related ancillary services (lodging, meals, parking or tolls) through the local county or tribal agencies. Members will access all other NEMT transports through the health plan.

Members must contact MTM-MNET or their local county or tribal agency for policies and procedures for scheduling or obtaining local agency NEMT-related access services or reimbursements.

Covered Services

Refer to [Covered Services](#) under NEMT Services (Overview) in the MHCP Provider Manual for general service coverage requirements.

Also, refer to [One-time Transport Assessments and Upgrades](#) in the Arranging Transportation section under NEMT Services (Overview) in the MHCP Provider Manual.

Local agency NEMT is a covered service when services are provided for the following:

- To enable a member to obtain a covered health service. Transport is limited to a provider within 30 miles of the member's home or residence for primary care and 60 miles from the home or residence for specialty care. (Refer to the [NEMT Authorization Requirements](#) table for mileage exceeding the 30-mile and 60-mile limits)
- To enable eligible MHCP members to attend MHCP-related appeal hearings.
- To provide a ride to MHCP-covered services from origination (pick-up) location to destination (drop-off) location by the most direct route. The member must use the most appropriate and cost-effective level of transport.
- To allow the member, and when necessary, one responsible person who is needed to make medical decisions, learn about the member's medical care, or in order to receive the medically

necessary covered service. This includes, but is not limited to, a legal guardian, family member, relative or authorized representative

- To transport one responsible person or one or more siblings from a single location separately from the member to enable family therapy services established in the member's plan of care. This includes when a child or parent is in a residential facility and a responsible person, sibling(s) or spouse is required to attend to complete therapy service. The member receiving care does not need to be included in the transport.
- When an additional attendant is needed to enable the transport of a member

Nursing Facility (NF) Members Approved for State-Administered NEMT Statewide

MA members residing in, or being admitted to, or discharged from a licensed nursing facility automatically qualify for state-administered NEMT transportation for all non-stretcher state-administered NEMT transport level trips. These people do not need a level of service (LOS) certification through [KEPRO](#) except for the stretcher transport. The local county human services agency updates the member's living arrangement code in KEPRO and must indicate that the member resides in a nursing facility. The local county human services agency must use one of the following codes for the provider to receive reimbursement for state-administered NEMT transports (verify these living arrangement codes through the member eligibility request in [MN-ITS](#)):

- 41 – NFI (Nursing Facility I) Medicare certified
- 42 – NFII (Nursing Facility II) non-Medicare certified
- 44 – Short Term Stay NFI
- 45 – Short Term Stay NFII

Exception: If the county living arrangement is not updated three months after the month of admission

To be eligible for reimbursement for NEMT transport to a nursing facility on the date of discharge from a hospital if the county has not updated the member's living arrangement three months after the month of admission, submit the completed [State-Administered Nonemergency Medical Transportation \(NEMT\) Trip Sheet \(DHS 7047\) \(PDF\)](#) and required documentation for fee-for-service (FFS) state-administered NEMT claims when all of the following apply:

- Local agency-administered NEMT is required to transport an MHCP member to or from a nursing facility and to or from a covered medical service
- The local county or tribal agency worker has not yet updated the living arrangement of the member to be a nursing facility (41, 42, 44, 45) in MMIS
- The nursing facility resident has FFS Medical Assistance eligibility on the date of transport
- It has been at least 30 days since the date the transportation was provided

Facility staff at both the origination (pickup) and destination (drop-off) facility or medical provider locations must sign the form.

Electroconvulsive therapy, dialysis and outpatient procedures with sedation

Members who receive electroconvulsive therapy (ECT), dialysis, or outpatient procedures with sedation are eligible for local agency NEMT to and from the service. Members may require a higher mode of NEMT transport for the return trip. This could include a state-administered mode or level of transport. Refer to the [NEMT Services \(Overview\)](#) section of the Provider Manual for additional information. If local agency NEMT Modes 1 thru 4 are not appropriate, refer the member to [KEPRO](#) to complete the level-of-service (LOS) assessment for state-administered transport.

Personal mileage reimbursement

Personal mileage is the least costly method of transport and is reimbursed by the local county or tribal

agency. Members who have a vehicle must use personal mileage and are not eligible for other modes of transport.

Personal mileage reimbursement cannot be denied based on a minimal distance driven to obtain the MHCP-covered medical service. The mileage to and from the eligible service by the most direct route is reimbursable. The local agency may hold personal mileage reimbursement until a reasonable amount has been accrued before generating a payment. The local county or tribal agency may deny personal mileage that exceeds the 30 or 60-mile limits when not authorized, coordinated or delivered according to local agency policies and procedures.

Refer to the following exceptions from the use of the personal mileage requirement:

- Member has a medical condition that prevents the safe operation of a motor vehicle
 - A qualified medical professional must provide documentation
 - Exclusion may be time limited
- The transportation coordinator (county or tribal local agency, or entity hired to act on behalf of the county or tribe) may consider other reasonable exclusions for a vehicle being unavailable for use
 - Member must provide supporting documentation
 - Exclusion may be time limited

Personal mileage reimbursement requirements include, but may not be limited to the following:

- Personal mileage requirements apply to the client and people who have a relationship (vested interest) to the member. This includes, but is not limited to family, friends, relatives, neighbors, personal care assistants (PCAs), home health aides (HHAs), other personal attendants, corporate foster care staff or county social worker.
- The member must complete and submit personal mileage trip-log sheets for reimbursement. The local agency establishes trip-log submission deadlines. Trip logs sheets must include the following:
 - Member name and MHCP ID number
 - Date of service
 - Name of medical provider or facility
 - Address of residence (trip origination location) and medical provider or facility (destination location)
 - Verification of medical appointment. Acceptable verification may include a signature from the medical provider or facility or copy of the medical appointment explanation of benefits

MHCP covers corporate or business foster care provider mileage reimbursement when:

- Transportation reimbursement is not part of the per diem or negotiated rate paid to the corporate foster care provider
- The foster care provider has a vested interest to the member as the medical service provider. If the foster care provider is enrolled as an NEMT provider with the local county or tribal agency, the least costly mode/level transport that meets the needs of the member must be used. Use of a specific mode or provider of transport cannot be a condition of treatment by the foster care provider unless it is medically necessary and documented.

Volunteer mileage reimbursement

Local agency-recognized volunteer drivers must meet both of the following:

- Be recognized as a volunteer driver by the county or tribal agency
- Be available to transport all members of the community

Refer the volunteer driver or volunteer driver organization to the Minnesota Department of Revenue's website and their [Volunteer Mileage Reimbursement](#) webpage for information about volunteer driver reimbursement, possible tax implications and requirements for issuing Form 1099.

For reimbursement of parking, meals and lodging, refer to the [Access Services Ancillary to Transportation](#) section under Nonemergency Medical Transportation Services in the MHCP Provider Manual.

Documentation

Trip documentation must be consistent with Minnesota Statutes, 256B.0625, subdivision 17b which includes the following requirements:

As a condition for payment, NEMT providers must document each occurrence of a service provided to a member according to this subdivision. Providers must maintain records that identify individual trips with specific vehicles and drivers. Providers must retain transportation records for five years from when the service is first billed to MHCP. The documentation may be collected and maintained using electronic systems or software, or in paper form; and must be available and produced upon request. Program funds that pay for transportation must be documented according to this subdivision. Funds may be subject to recovery by the commissioner pursuant to Minnesota Statutes, 256B.064 if they are not correctly documented.

The record must be in English and be legible according to the standard of a reasonable person and that include each of the following elements:

1. The member's name and MHCP ID number.
2. The date, or dates, the service is provided if different than the date the entry was made.
3. Either the printed name of the driver sufficient to distinguish the driver of service and also the driver's UMPI number.
4. The date and signature of the driver attesting the record accurately represents the services provided and actual miles driven; and acknowledging that misreporting information that results in ineligible or excessive payments may result in civil or criminal action.
5. The date and signature of the member or authorized party attesting that transportation services were provided as indicated on the transportation trip record, or the signature of the medical services provider certifying the member was transported to the medical services provider destination. If both the medical services provider and member, or authorized party, refuse or are unable to provide signatures, the driver must document on the transportation trip record that signatures were requested and not provided.
6. The address, or the description if the address is not available, of both the origin and destination, and the mileage for the most direct route from the origin to the destination.
7. The name or number of the mode of transportation in which the service is provided.
8. The license plate number of the vehicle used to transport the member.
9. The time of the member pickup.
10. The time of the member drop-off.
11. The odometer reading of the vehicle used to transport the member taken at the time of pickup.
12. The odometer reading of the vehicle used to transport the member taken at the time of drop-off.
13. The name of the extra attendant when an extra attendant is used to provide special transportation service
14. Documentation indicating the method that was used to determine the most direct route.

In determining whether the commissioner will seek recovery, the documentation requirements in this section apply retroactively to audit findings beginning January 1, 2020, and to all audit findings thereafter.

Noncovered Services

Refer to the [Noncovered Services](#) section under NEMT Services (Overview) in the MHCP Provider Manual.

Transport provided by a PCA, HHA, corporate foster care, county social worker or case worker, and so forth, is not reimbursable if the transportation is reimbursed by other program funds.

Transport of an Emergency Medical Assistance (EMA) member for the purpose of obtaining routine or preventative medical care or services is not covered.

Authorization Requirements

Refer to [Authorization](#) in the Provider Basics section of the MHCP Provider Manual for general authorization requirements. Refer to the [Authorization Requirements](#) section under NEMT Services (Overview) in the MHCP Provider Manual for more specific information. Local county or tribal agencies may require authorization for the transportation services they provide or reimburse.

Out-of-State Medical Services

Refer to the [Out-of-State Medical Services](#) section under NEMT Services (Overview) in the MHCP Provider Manual for information on out-of-state transportation services.

Billing

Refer to the [Billing](#) section under NEMT Services (Overview) in the MHCP Provider Manual for billing policy information. Refer to the [MN-ITS User Manual](#) for specific billing instructions.

Local agency-administered NEMT providers do not bill MHCP for service reimbursements. Contact the local county or tribal agency for reimbursement processes.

County or Tribal Agencies

Local county and tribal agencies may reimburse the member or the provider directly for costs incurred. Reimbursement is the lesser of the member's or provider's submitted charge and the MHCP calculated amount allowed. The calculated amount allowed is the maximum amount MHCP will reimburse the local agency.

For more information about the NEMT billing process, procedure codes, modifiers and payment rates refer to the [Local County or Tribal Agency Nonemergency Medical Transportation \(NEMT\) Services Claim, Service and Rate Information](#) section under Transportation Services in the MHCP Provider Manual.

For Ancillary Access Service Procedure Codes, Modifiers and Payments Rates refer to the [Ancillary Services Claim and Rate Information for Counties and Tribes](#) section under Transportation Services in the MHCP Provider Manual.

Additional Resources

[Access Services Ancillary to Transportation
Minnesota Provider Screening and Enrollment \(MPSE\) Manual](#)

Legal References

[Minnesota Statutes, 256B.0625](#), subdivisions 17-18 (NEMT provider requirements)

[Laws of Minnesota 2014, chapter 312, article 24, section 45](#) (Waiver Applications for Nonemergency Medical Transportation Service Providers)

[Minnesota Statutes, 174](#) (Department of Transportation)

[Minnesota Statutes, 174.29-174.30](#) (Coordination of Special Transportation Service)

[Minnesota Statutes, 256B.0625, subdivision 17](#) (Transportation costs)

[Minnesota Statutes, 256B.0625, subdivision 17a](#) (Payment for ambulance services)

[Minnesota Statutes, 256B.0625, subdivision 18](#) (Bus or taxicab transportation)

[Minnesota Statutes, 256B.0625, subdivision 18a](#) (Access to medical services)

[Minnesota Rules, 8840.5925](#) (Vehicle Equipment)

[Minnesota Rules, 9505.0315](#) (Medical Transportation)

[Minnesota Rules, 9505.0445](#) (Payment Rates)