Local County and Tribal Agency Biennial Health Care Access Plans

Effective: January 1, 2026, through December 31, 2027

Local county or Tribal agency	
Person (first and last name) responsible for development of the biennial health care access plans: Tabitha Kremmin, Tresa Schmidt, Colleen Sibert, & Brenda Lunak	Telephone number: (320) 762-2302
Person (first and last name) responsible for coordination of health care nonemergency medical transportation and related ancillary services: Assigned Eligibility Worker	Telephone number: (320) 762-2302

General Purpose Statement

To ensure that applicants or enrollees of Medical Assistance (MA), and MinnesotaCare pregnant people and children under 19 years of age, are provided with or reimbursed for the appropriate level of needed transportation and other travel related expenses to enable them to access necessary medical treatment. Local county and Tribal agency nonemergency medical transportation (NEMT) services are available to transport the enrollee to and from medically necessary services received from participating providers of covered services under the MA and MinnesotaCare.

Local county and Tribal agencies are required to comply with all the requirements found in law and in the Minnesota Health Care Programs (MHCP) Provider Manual.

Transportation to non-participating health care providers shall also be paid under this plan if:

- the medically necessary service is covered under the MA state plan; and
- the non-participating medical or dental provider could be a participating provider if an application was made; and
- the transport results in the proper, efficient, and cost-effective administration of MHCP services.

Part I. Cost Effectiveness

According to federal regulations, transportation for each trip made by a enrollee must be by the most cost-effective means available that meets the needs of the enrollee.

1. The local county or Tribal agency must document or describe the method or process of establishing the “least costly” appropriate method of transportation.

2. The local county or Tribal agency must document or describe the process used in establishing the appropriate level of transport and related ancillary services approved, authorized, or denied to the enrollee.
3. The local county and Tribal agencies shall direct enrollees to utilize all available sources of free transportation services (such as relatives, friends, other public options if available) if it meets the needs of the enrollee.
4. The next most cost-effective means of transportation under this plan is transport by the enrollee vehicle. Includes vehicles provided by other individuals with a "vested interest" in the enrollee.
5. Reimbursement will not be made to an enrollee or other person if the mode of transportation used or related travel expenses are furnished at no cost to the enrollee.
6. Transport for a covered medical service that is obtained from a primary care provider is limited to 30 miles from the enrollee's home or residence for local county or Tribal agency and state administered NEMT.
7. Transport for a covered medical service obtained from a specialty care provider is limited to 60 miles from the enrollee's home or residence for local county or Tribal agency and state administered NEMT.
8. Prior authorization to exceed the 30 or 60-mile transport limits for all NEMT must be:
   - requested by the MHCP enrollee for review by the local county or Tribal agency;
   - authorized or denied by the local county or Tribal agency;
   - based on medical necessity with no other provider capable of providing the level of care needed closer than the requested destination provider location, and
   - documented and have documentation maintained as part of the transportation record by the local county or Tribal agency.
9. Reimbursement will not be made for trips or mileage traveled without an enrollee in the vehicle (no load miles).

Part II. Transportation and Related Travel Costs

Enrollees or applicants must use the most cost-effective method of transportation available to them. Whenever appropriate, the enrollee's own vehicle must be used.

A. Services available

For enrollees receiving medical care from an MA-enrolled or other appropriate non-enrolled medical or dental provider:

1. Mileage reimbursement:
   - 22 cents per loaded (enrollee in the vehicle) mile when transported in a vehicle provided by an individual including but not limited to a family member, self, neighbor, and so on or other individual with vested interest. Billing code A0090.
   - Reimbursement for personal mileage includes a possible rural urban commuting area (RUCA) add-on adjustment based on the enrollee's residence zip code as rural or super rural and the transport distance from origination (pick-up) to destination (drop-off) locations (one way

distances of 1 to 17 miles + 25 percent, 18 to 50 miles + 12.5 percent, and 51 miles or more no RUCA adjustment is applied.
    - The local county or Tribal agency must calculate all personal mileage RUCA add-on adjustments using the same criteria and process for all individuals.

- Up to 100 percent of the Internal Revenue Services (IRS) business mileage deduction rate effective for the date-of-service (DOS) for NEMT using a vehicle provided by a **volunteer driver** (individual or organization) with no vested interest (billing code A0080) and for **licensed foster parents** (billing code/modifier A0090 UC).
    - Reimbursement for personal mileage of the licensed foster parent and volunteer driver includes a possible RUCA add-on adjustment based on the enrollee's residence zip code as rural or super rural and the distance from origination (pick-up) to destination (drop-off) locations. For one way transport distances of 1 to 17 miles + 25 percent, 18 to 50 miles + 12.5 percent and for distances in excess of 50 miles no RUCA adjustment is applied.
    - The local county or Tribal agency must calculate all licensed foster parent personal mileage and volunteer driver mileage RUCA add-on adjustments using the same criteria and process for all individuals.
- New NEMT fuel adjuster starting January 1, 2024, effective for the first day of each calendar quarter in which the price of gasoline as posted publicly by the United States Energy Information Administration exceeds $3.00 per gallon, the commissioner shall adjust the rate paid per mile (base rate) by one percent up or down for every increase or decrease of ten cents for the price of gasoline.
    - The increase or decrease must be calculated using a base gasoline price of $3.00. The percentage increase or decrease must be calculated using the average of the most recently available price of all grades of gasoline for Minnesota as posted publicly by the United States Energy Information Administration.
    - Managed care organizations (MCOs) must also provide a fuel adjustment when fuel exceeds $3 per gallon.

2. Parking fees and tolls are reimbursed at actual cost (billing code A0170). Receipts are required when available to the enrolleee.
3. Reimburse volunteer drivers at the MHCP and Minnesota Department of Human Services (DHS) maximum reimbursement rate, up to 100 percent of the IRS business deduction rate in place on the DOS.
4. Unassisted Transport including bus and light rail (billing code A0110 or monthly pass A0110 U7) and other commercial carrier fares such as air travel (billing code A0140) are reimbursed the standard rider fare of the transportation provider. Reimbursement is considered at cost with reduction for excluded costs related to transportation. Reimbursement for the standard fare transports DO NOT include a possible RUCA add-on adjustment
5. Unassisted Transport (billing code A0100) is reimbursed the standard rider fare or the MHCP allowable, whichever is less.
    - Reimbursement for unassisted transport (A0100) **curb-to-curb transports** includes a possible RUCA add-on adjustment for the base (pick-up) service code based on the enrollee's residence zip code classification as super rural.
    - The RUCA add-on adjustment for transport base service charges is 11.3 percent.

6. Reimbursement for unassisted transports includes a possible RUCA add-on adjustment for mileage (S0215) based on the enrollee's residence zip code as rural or super rural and the distance from origination (pick-up) to destination (drop-off) locations. For one way transport distances of 1 to 17 miles + 25 percent, 18 to 50 miles + 12.5 percent and for distances in excess of 50 miles no RUCA adjustment is applied.
7. Assisted Transport includes **door-to-door and door-through-door ambulatory transports** where the enrollee has been certified by MHCP and the DHS medical review agent as requiring this level of transport.
    - Reimbursement for assisted transports includes a RUCA adjustment for the base (pick-up) service code (T2003) based on the enrollee's residence zip code as super rural.
    - The RUCA add-on adjustment for transport base service charges is 11.3 percent.
    - Reimbursement for assisted transports includes a RUCA adjustment for mileage (S0215) based on the enrollee's residence zip code as rural or super rural and the distance from origination to destination locations. For one way transport distances of 1 to 17 miles + 25 percent, 18 to 50 miles + 12.5 percent, and distances in excess of 50 miles no RUCA adjustment is applied.
8. NEMT rate increase for Modes 3-5 as summarized in the following table:

Nonemergency medical transportation	**Base rate**		**Per mile**	
	Old	New	Old	New
Unassisted transport (public transit)	$11.00	$12.10	$1.30	$1.43
Assisted transport	$13.00	$14.30	$1.30	$1.43
Lift-equipped or ramp transport	$18.00	$19.80	$1.55	$1.70

9. Meals: The maximum reimbursement for meals (billing code A0190) is:
    - Breakfast: $5.50; Must be in transit or at the medical appointment prior to 6:00 a.m.
    - Lunch: $6.50; Must be in transit or at the medical appointment 11:00 a.m. to 1:00 p.m.
    - Dinner: $8.00; Must be in transit or at the medical appointment after 7:00 p.m.
    - Time taken to eat the meal is not part of travel time consideration.
    - Meals can be reimbursed, if prior approved, when travel is required over normal meal hours based on community standards and you must be required to travel further than 35 miles in the direct route from home to the medical appointment. – (alcohol and tips are not reimbursable expenses)
10. Lodging: **Authorization prior to incurring this cost is required.** Limited to $50.00 per night unless a higher rate is prior authorized by the local county or Tribal agency (billing code A0180). Lodging reimbursement is restricted to appointments scheduled prior to 7:00 am unless prior authorized by the local county agency.
11. When another individual is necessary to accompany the enrollee or to be present at the site of a health service in order to make health care decisions, the accompanying individual will be reimbursed for the cost of meals, transportation, and lodging at the same standard as the enrollee. Reimbursement may be made for more than one person if required by the health care provider's written treatment plan.
12. Transportation and other related travel expenses of family members of enrollees in covered treatment programs, such as mental health, if the family member's involvement is part of the enrollee's written treatment plan.
13. If the enrollee had travel and ancillary service expenses and is later found to be MHCP eligible (could include up to three retroactive MA months), they may be eligible for reimbursement of allowed transportation and ancillary services at the reimbursement rates appropriate for the DOS as indicated in this plan.

14. Transportation and related travel expenses to out-of-state medically necessary services requires prior authorization by the county or Tribal local agencies for the fee-for-service (FFS) (straight MA) enrollees.
    - Transport and related ancillary services are only provided or reimbursed when the fee-for-service out-of-state medical service has been authorized by the DHS contracted medical review agent. Out-of-state services are medically necessary services obtained at a provider or facility location that is outside of Minnesota or its local trade area. NEMT transports and related ancillary services are provided to the enrollee and when necessary one responsible person or attendant.
15. Transportation and other related travel expenses to out-of-state medically necessary services require prior authorization or referral of the medical services by the health plan for enrollees with a health plan. Transport and related ancillary services are only provided or reimbursed when the out-of-state medical service has been authorized by the health plan. Out-of-state services are medically necessary services obtained at a provider or facility location that is outside of Minnesota or its local trade area. NEMT transports and related ancillary services are provided to the enrollee and when necessary one responsible person or attendant.
16. Counties or Tribal local agencies are responsible for all out-of-state NEMT transports and related ancillary services for transport Modes 1-4.

B. Procedures to obtain services

1. Authorization to incur NEMT and related ancillary service costs may be arranged in writing, by telephone or online depending upon the specific county or Tribal agency process established. Documentation of authorization of NEMT and related ancillary services must be maintained. **Prior authorization to incur transport and ancillary service costs from the county or Tribe is required for or when:**
    - Lodging and meal expenses for an MA enrollee or responsible person accompanying the MA enrollee
    - The local county or Tribal agency has determined transportation and ancillary services have been misused. For example, An able-bodied individual living at a location with access to a public bus route uses a taxicab rather than the bus to access medical services available by bus transport.
    - Transportation and related costs are necessary for the enrollee to receive DHS fee-for-service contracted reviewer or health plan authorized out-of-state medically necessary services.
2. NEMT transport services to the primary care provider within 30 miles of the enrollee's residence and 60 miles from the enrollee's residence for specialty care **DOES** require prior authorization by **Douglas County Social Services** to incur the transportation service cost(s).

C. Emergency needs procedure

Authorization to incur NEMT and related ancillary service costs is not required in emergency situations. In an emergency situation, enrollees or applicants must secure transportation and related ancillary services using the most cost effective and medically appropriate transportation and ancillary services. Enrollees or applicants are required to notify Douglas County Social Services immediately after the emergency for

consideration of reimbursement of the expenses. Transportation and related ancillary service costs that would otherwise require receipts for reimbursements do apply in the emergency situations.

D. Billing and payment procedures

DI. Providers of transportation and other travel-related services must submit bills for services to **Douglas County Social Services** for payment. The bill should include date of service, origination (pick-up) and destination (drop-off) points, and mileage by the most direct route. Transport must be to a covered service in order for the bill to be paid under this plan.

DII. Enrollees and other persons eligible for reimbursement for costs of transportation and other related services shall submit to **Douglas County Social Services** actual receipts, when available, or signed, dated, and itemized statements of mileage and/or other allowed expenses.

DIII. All bills will be paid by **Douglas County Social Services** within 30 business days of receipt. Financial workers may choose to provide an enrollee with a voucher for transportation or other travel-related service.

E. Service restrictions

1. Payment shall be made for the most cost-effective available means of transportation which is suitable to the enrollee's medical needs. As mentioned in Section I.B., prior authorization to incur costs of transportation and other related travel expenses may be required except when there is an emergency or in cases of retroactive eligibility.
2. When the enrollee's attending physician makes a referral or the enrollee requests to be transported to a medical provider location that is not within the 30 and 60-mile transport limits, prior authorization by the county or Tribal agency is required.
3. When the enrollee's attending physician makes a referral or the enrollee requests transport to a medical provider location not within the 30 and 60-mile transport limits or is not the closest provider capable of providing the level of care beyond the mileage limits, prior authorization by the county or Tribal agency for transport and ancillary services should not be made.
4. The county or Tribe will not reimburse the enrollee for transportation provided at no cost to the enrollee.
5. Transportation by a transport provider must follow all regulations, including being an enrolled driver in MHCP.

Part III. ADA and Meaningful Access to Services

A. Services available

Douglas County Social Services will provide interpreter services to Deaf, blind, hard of hearing and Deafblind persons, and individuals with Limited English Proficiency (LEP) who are seeking or receiving assistance from the county or Tribal agency.

Douglas County Social Services will provide other assistance or services such as training, videos, information pamphlets or other services to individuals seeking or receiving assistance from **Douglas County Social Services.**

Medical Assistance (MA) or other service providers, regardless of size, shall provide interpreter services to Deaf, blind, hard of hearing and Deafblind persons; and individuals with LEP who are seeking or receiving assistance as soon as the Deaf, hard of hearing, Deafblind person or individual with LEP makes the request or the when the need is determined. If subsequent appointments are necessary, interpreter services also need to be arranged prior to appointment.

Providers must offer this service at no cost and in a timely manner to the enrollee in accordance with state and federal laws. This service only applies when interpretation is provided in conjunction with another covered service, is provided during the completion of the cash, food support, medical, or MnCHOICES eligibility or re-certification meetings with the applicant. Interpreter services are not available for scheduling or arranging medical service appointments.

PART IV. Procedures to Obtain Services

A. Authorization of services

Authorization to incur a non-emergency medical transportation and related ancillary service cost may be arranged in writing, by telephone or online depending upon the specific county or Tribal process established. Documentation of authorization of transportation and related ancillary services must be maintained.

Prior authorization to incur transportation and related ancillary services costs from the county or Tribe is required for:

1. Lodging and meal expenses for an MA enrollee or responsible person accompanying the MA enrollee
2. When the agency has determined transportation and ancillary services have been misused. For example, an able-bodied individual living at a location with access to a public bus route uses a taxicab rather than the bus to access medical services available by bus transport.
3. Transportation and related costs to receive DHS contracted reviewer or health plan authorized out-of-state medically necessary services.

County and Tribal local agency administered and state administered NEMT and related ancillary services for the MA fee-for service enrollee is limited to a primary care provider within 30 miles of the enrollee's home and specialty care provider within 60 miles of the enrollee's home. All fee-for-service NEMT transports and related ancillary services beyond the respective 30 or 60-mile distances **require** prior authorization by **Douglas County Social Services.** Authorization is based on medical necessity and having no provider capable of providing the level of care needed within the mileage limits or a provider closer than the provider location requested.

For the MA fee-for-service enrollee, authorization for state administered NEMT and related ancillary service beyond the respective 30 or 60-mile distances must be obtained by the enrollee from the local county or

Tribal agency. Authorization is based on medical necessity and having no provider capable of providing the level of care needed within the mileage limits or a provider closer than the provider location requested.

Health plan enrollees must access primary care services from a provider within 30 miles of their residence and specialty care services within 60 miles of their residence. Authorization for transport and related ancillary services provided and reimbursed by the county or tribal local agency to a provider location exceeding the respective distances, must be obtained by the enrollee from the local county or Tribal agency. Prior authorization is based on referral by the health plan for the enrollee to access covered medical services from the provider at the specific location requested.

B. Emergency needs procedure

Prior authorization to incur NEMT and related ancillary services costs is not required for emergency situations. In emergency situations, enrollees or applicants must secure transportation and related expenses, using the most cost effective and medically appropriate transportation method and related ancillary services. Enrollees or applicants are required to notify the local county or Tribal agency immediately after the emergency to secure consideration of reimbursement for the expenses. Appropriate receipts are required.

C. Billing and payment procedures

Douglas County Social Services will negotiate fees with the referral agency or interpreter. **Douglas County Social Services** will pay the interpreter for the service and charge the expense to the MA administrative account for reimbursement purposes. All bills will be paid by **Douglas County Social Services** within 30 days of receipt.

D. Service restrictions

Local county or Tribal agency provide summary of any specific restrictions here.

Part V. Access to Appeal Hearing Services

A. Services available

1. Reimbursement for reasonable and necessary expenses of applicant or enrollee attendance at an appeal hearing, such as meals, lodging, parking, transportation, and child care costs.
2. Assistance from **Douglas County Social Services** staff in locating transportation.

B. Procedures to obtain services

Applicants or enrollees shall contact their worker at **Douglas County Social Services** if assistance in locating transportation or reimbursement for transportation or child care expenses will be needed to ensure the attendance of an applicant or enrollee at an appeal hearing.

C. Billing and payment procedures

Transportation expenses will be reimbursed according to the same criteria established in **Part II**. Providers of transportation services must submit dated, itemized bills for service to **Douglas County Social Services** for payment. Applicants or enrollees and other persons eligible for cost of transportation services shall submit to **Douglas County Social Services** actual receipts, when available, or signed, dated, and itemized statements of mileage. All bills will be paid by **Douglas County Social Services** within 30 days of receipt. County or Tribal staff may choose to provide a enrollee with a voucher for transportation.

Child care costs are reimbursable to the applicant or enrollee for the time duration of the hearing, including travel to and from the child care provider. Child care will be reimbursed at the current Child Care Program hourly rate. **Douglas County Social Services** will reimburse applicants or enrollees directly for their transportation and/or child care costs and then charge the expense to the MA Program administrative account for reimbursement.

D. Service restrictions

Douglas County Social Services will not pay for child care if services are provided at no charge to the applicant or enrollee.

Part VI. County and Tribal Vouchers

What is the county's or Tribe's plan for enrollees who cannot afford to pay up-front for a bus pass or taxi? See contract with Rainbow Rider.
Do you provide bus passes or taxi vouchers to enrollees? No.

Part VII. Administration of Common Carrier

Do you contract for common carrier services? Yes _X__ No ___ (select one)

If yes, please **email** a copy of your 2026 through 2027 contract with your access plan documents to:
brian.ombongi@state.mn.us
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

Part VIII. Notification to MA Enrollees of Health Care Access Services

1. The local county or Tribal agency shall inform enrollees of the health care access services plan. Enrollees must be informed of available services at the time of application and recertification. They must also be made aware of changes to the non-emergency medical transportation (NEMT) or related ancillary services benefits, reimbursements, coverage, policies and procedures made by the local agency, due to federal action, adjustments to state statute or rule or administrative decisions by the Minnesota Department of Human Services (DHS).

What is the process or procedures of the local agency for informing the enrollee or responsible person of changes to the access plan, local agency processes, procedures, rates, documentation and so on at times other than application and recertification? Douglas County Access Plan and any updates/changes will be posted on the agency's website and in the lobby of Douglas County Social Services for the public to view. When Medical Trip Reimbursements are sent out to the recipients, a blank voucher and Recipient Notice with any updates/changes will be included with their payment so they have a new one for their next trip.
What is the process of informing the enrollee or responsible person of the access plan benefits and polices or procedures when eligibility is established through the MNsure process? The Notice of Access to Service Available to Eligible Minnesota Health Care Program Recipients and the Request for Medical Trip Reimbursement will be sent out with managed care enrollment forms and any manual notices to households who are eligible for Medical Assistance.

2. **Include with your biennial access plan submission** a copy of all documents given to applicants or enrollees informing them of NEMT and related ancillary service availability. Include the local county or Tribal agency Insert version of **Attachments B – Notice of access service availability to eligible Minnesota Health Care Program enrollees***,* include other documents provided to the enrollees or responsible person for access plan administration.
3. **Local county and Tribal agency must ensure the correct information is on trip logs. Trip logs must meet all the requirements found in law.**

Part IX. Other County or Tribe Specific Policies, Procedures and Conditions

What are the identified gaps, issues, and barriers for transportation services in your area? Limited service hours, limited weekend hours, limited service area, scheduling conflict with busing service during peak hours of use and lack of volunteer drivers.
What coordination efforts are the county or Tribal agency involved in to provide transportation services to its members such as regional transportation planning initiatives? We meet periodically with members of our community, managed care organizations, and transportation providers, to identify areas of need and some solutions that could be looked at to fill the gaps.
In the space below, please communicate any policies and procedures not covered in the **DHS Requests Biennial Health Care Access Plans for Calendar Years 2026 through 2027** bulletin and attachment documents that reflect county or Tribal agency administration of access services.

Part X. Outside Provider Contracting

Counties or Tribes entering into a contract with an **outside organization or provider** for providing transportation services or coordination activities for county or Tribal administered NEMT provided to and for the MHCP enrollee **MUST** submit to DHS:

1. A copy of the **ALL contract(s)** with outside entities related to count or Tribal administered NEMT.
2. A statement of the per trip rate(s) or administration fee paid to the provider or coordinator.
3. Documentation to show how the rates for transport or administrative fees were established.

Counties or Tribes utilizing an outside provider or coordinator to provide access transportation or administration should not enter into such contracts and provide reimbursement until they have submitted their contracts to DHS for review of program policy and procedure consistency. Issues will be addressed.

Local county or Tribal agencies are required to electronically send contracts to: brian.ombongi@state.mn.us

- **No paper copies will be accepted**.

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

Part XI. Plan Termination

Upon a 60-day notice, DHS may terminate this plan at any given time with the local county or Tribal agency.

DEPARTMENT OF HUMAN SERVICES

Notice of Access Service Availability to Eligible Minnesota Health Care Programs Enrollees

Local agency or Tribe insert the following information: County or Tribe Name, Address and Telephone Number

Douglas County Social Services
809 Elm Street, Suite 1186
Alexandria, MN 56308
(320) 762-2302 Phone

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.

Please read this information carefully.

The **Douglas County Social Services** Minnesota Health Care Programs Biennial Health Care Access Plans will pay for the most cost-effective form of transportation to get you to a primary care provider within 30 miles of your residence and a specialty care provider within 60 miles of your residence. Transport beyond those respective distances will require a referral based on medical necessity or a health plan referral and approval from the county or Tribe. If you have your own vehicle and can drive, you must use it whenever possible.

- 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 per mile.
- If a volunteer driver provides transportation, the volunteer driver will be paid up to the Internal Revenue Service (IRS) business deduction rate effective on the date the access transportation service was provided.
- Bus, light rail, or other similar commercial carrier standard rider fares will be reimbursed at the rate charged. You **must have** authorization from your worker 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 or 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 Medical Assistance (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.

To Get Paid

Local agency or Tribe insert: Any requirements for authorization to incur and receive reimbursement for transportation and related ancillary service costs or notice requirements to obtain transportation through the county or Tribe.

Example: Contact the above number Monday through Friday from 7:30 a.m. to 5:00 p.m. to get a voucher or expense report, prior approval for transport and or ancillary services before you go for your medical appointment. Advance contact or notice of "local county or Tribal agency - enter timeframe here – hours? day?" is required for all transports and ancillary services requests.

Contact the above number Monday thru Friday from 8:00 AM to 4:30 PM to get a voucher/expense report, prior approval for transport and or ancillary services before you go for your medical appointment.
Advance contact or notice of Douglas County Social Services 3 working days is required for all transports and ancillary services requests.

Bring or send your appointment slip and a letter from your doctor that says you need to exceed the 30 or 60-mile limits for medically necessary care because there are no providers within 30 or 60 miles or closer than the referred-to provider capable of providing the medically necessary level of care needed by the enrollee. **The appointment slip and letter must be provided to your local county or Tribal agency worker before reimbursement approval.** Attach the appointment slip to 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, or another individual's, car was used.

- Meals are paid up to the following amounts: breakfast: $5.50, lunch: $6.50, dinner: $8.00.
- 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.
- Parking fees will be paid at actual cost. The least costly parking option must be utilized. For example, single entry or exit rate versus weekly permit rate versus monthly permit rate and so on, 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 care or 60 miles for specialty care from your residence, 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 immediately 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.