



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: Kayla Matter	Telephone number: 651-385-6117
Person (first and last name) responsible for coordination of health care nonemergency medical transportation and related ancillary services: Kayla Matter	Telephone number: 651-385-6117

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.

Goodhue County Health & Human Services will determine the “least costly” method of transportation by having conversations with the recipients, reviewing case records, and reviewing health care access eligibility case documentation. Recipients are required to use their own vehicle or vehicle of a person with vested interest, when available.

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.

Goodhue County Health & Human Services will determine the appropriate level of transport and related ancillary services by using conversations with recipients, medical records, conversations with stakeholders, i.e. case managers, social workers, records in eligibility case files, etc. Recipients are required to use their own vehicle or vehicle of a person with vested interest, when available.

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 enrollee.
 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. GOODHUE COUNTY HHS 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.

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).

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 Goodhue County HHS to incur the transportation service cost(s). for all modes of transport EXCEPT one's own vehicle or the vehicle of a friend, neighbor, family member (someone with vested interest). Prior authorization is always required when using bus, taxi or other common/commercial carrier non-emergency transportation.
3. For transportation and ancillary services requiring prior authorization, contact shall be made with an Eligibility Worker at least five (5) business days prior to a scheduled medical appointment and five (5) business days prior to an appeal hearing.

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 **Goodhue County HHS** within (5) business days 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

1. Providers of transportation and other travel-related services must submit bills for services to **Goodhue County HHS** 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.
2. Enrollees and other persons eligible for reimbursement for costs of transportation and other related services shall submit to **Goodhue County HHS** actual receipts, when available, or signed, dated, and itemized statements of mileage and/or other allowed expenses.
3. All bills will be paid by **Goodhue County HHS** within 30 calendar days of receipt. Upon request, Goodhue County Health & Human Services staff will provide a recipient with a voucher for transportation and/or other travel-related services; vouchers are also available on the Goodhue County website. A completed, signed and dated voucher must be submitted within 60 days of the date of 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.
6. Transportation and related services are not available to residents of facilities where costs are already included in the facilities daily payment rate. If costs are included in the daily payment rate, it is the responsibility of the facility to provide medically necessary transportation.
7. The following items are not eligible for reimbursement: alcohol, gratuities, groceries, movie rental or pay-per-view.
8. Pharmacy-only trips will not be paid for unless transport is the only option available based on pharmacy requirements or all other means of obtaining prescriptions have been exhausted, including, but not limited to:

- Obtaining prescription from the out-patient pharmacy at the medical facility or location.
- Using mail, delivery or courier services.
- Obtaining prescription on return to residence or work from the medical appointment (additional mileage is reimbursable for this purpose).
- Obtaining prescription while doing other activities of daily living are completed.

If pharmacy-only transport is required, the following apply:

- All prescriptions must be coordinated for pick-up on the same date.
- Multiple trips per week or month are not allowed.

Part III. ADA and Meaningful Access to Services

A. Services available

Goodhue County HHS 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.

Goodhue County HHS will provide other assistance or services such as training, videos, information pamphlets or other services to individuals seeking or receiving assistance from Goodhue County HHS.

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.
4. All transports by bus, taxi, or other common/commercial carriers for non-emergency transportation.

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 Goodhue County HHS . 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

Goodhue County HHS will negotiate fees with the referral agency or interpreter. Goodhue County HHS 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 Goodhue County HHS within 30 days of receipt.

D. Service restrictions

Local county or Tribal agency provide summary of any specific restrictions here.
None

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 Goodhue County HHS staff in locating transportation.

B. Procedures to obtain services

Applicants or enrollees shall contact their worker at Goodhue County HHS if assistance in locating transportation or reimbursement for transportation and/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 Goodhue County HHS for payment. Applicants or enrollees and other persons eligible for cost of transportation services shall submit to Goodhue County HHS actual receipts, when available, or signed, dated, and itemized statements of mileage. All bills must be itemized on a voucher form which can be obtained from Goodhue County Health & Human Services. Completed and signed vouchers must be submitted within sixty (60) days of the hearing date. All bills will be paid by Goodhue County Health & Human Services within 30 days of receipt. Upon request, Goodhue County Health & Human Services staff will provide a recipient with a voucher for transportation and/or other travel-related services; vouchers are also available on the Goodhue County website. All bills will be paid by Goodhue County HHS within 30 days of receipt. County or Tribal staff may choose to provide an 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. Goodhue County HHS 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

Goodhue County HHS 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?

Goodhue County's available public transportation is provided by Hiawathaland Transit (administered by Three Rivers Community Action Council) with transport available by route and/or Dial-A-Ride Service. As needed, for clients who cannot afford to pay up-front for a bus pass, Goodhue County HHS will purchase individual bus token or bus pass or arrange unassisted transport, as appropriate.

*Client will contact Goodhue County to request approval for public transit for an approved service.

* If approved, Goodhue County will send an email authorization to Hiawathaland Transit dispatch with the needed information to purchase bus pass/token or arrange unassisted transport. Hiawathaland will submit billing to county for authorized bus tokens/passes.

As needed for clients who cannot afford to pay up-front for a taxi, Goodhue County HHS will pursue direct vendor payment of taxi costs.
Do you provide bus passes or taxi vouchers to enrollees? Goodhue County HHS provides bus passes to recipients. Goodhue County does not provide taxi vouchers to recipients.

Part VII. Administration of Common Carrier

Do you contract for common carrier services? Yes 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

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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? Goodhue County has the Health Care Access Plan available upon request, available at Front Desk for walk-ins, available on the county website, is included with managed care packets, and mailed out as needed in order to inform recipients or responsible persons of changes, etc.
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 process for informing recipient or responsible person of the access plan when eligibility is established through the MNsure process (METS) is the same as those whose eligibility is established through MAXIS. Recipient or responsible person is sent a copy of the “Notice of Access Service Availability to Eligible Minnesota Health Care Program Recipients” with the managed care enrollment packet; those who are excluded from managed care have notice sent to them upon identification of exclusion. Plan is also available upon request, at the agency Front Desk, and on the Goodhue County website.

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

<p>What are the identified gaps, issues, and barriers for transportation services in your area?</p> <p>Our gaps and challenges continue to be similar to other rural counties and the past including availability, accessibility and affordability.</p>
<p>What coordination efforts are the county or Tribal agency involved in to provide transportation services to its members such as regional transportation planning initiatives?</p> <p>Locally, South County Health Alliance (SCHA) County Based Purchasing Health Plan now provides transportation coordination among the SCHA counties which has created better coordination and efficiencies. The service is “RideConnect” and is for non-emergency medical transportation (NEMT) services to help SCHA members to get to and from their health care appointments.</p>
<p>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.</p>

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.**

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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.