

Sibley County Biennial Health Care Access Services Plan

Effective: January 1, 2018, through December 31, 2019

Local Agency or Tribe: Sibley County Public Health and Human Services

Person Responsible for Development of the Health Care Access Services Biennial Plan: Carol Larson

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Name of Person Responsible for Coordination of Health Care Non-Emergency Medical Transportation and related Ancillary Services: Carol Larson

Telephone Number: 507-237-4024

General Purpose Statement

To ensure that applicants/recipients of Medical Assistance (MA), and MinnesotaCare pregnant women and children under 21 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. County and tribal local agency non-emergency medical transportation (NEMT) services are available to transport the recipient to and from medically necessary services received from participating providers of services covered under the MA and MinnesotaCare programs.

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/dental provider could be a participating provider if application was made; and
- the transport results in the proper, efficient, and cost effective administration of Minnesota Health Care Programs services.

Cost Effectiveness

Per Federal Regulations, transportation for each trip made by a recipient must be by the most cost effective means available that meets the needs of the recipient.

1. The county and tribal local agencies shall direct recipients 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 recipient.
2. The next most cost effective means of transportation under this plan is transport by the recipient's vehicle. Includes vehicles provided by other individuals with a "vested interest" in the recipient.
3. Reimbursement will not be made to a recipient or other person if the mode of transportation used or related travel expenses are furnished at no cost to the recipient.
4. Reimbursement will not be made for trips/mileage traveled without a recipient in the vehicle (no load miles).
5. The local county/tribal agency must document or describe the method or process of establishing the "least costly" appropriate method of transportation.
6. The local county/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 recipient.

7. Transport for a covered medical service that is obtained from a primary care provider is limited to 30 miles from the recipient's home/residence for local county/tribal agency and state administered NEMT.
8. Transport for a covered medical service obtained from a specialty care provider is limited to 60 miles from the recipient's home/residence for local county/tribal agency and state administered NEMT.
9. Prior authorization to exceed the 30 or 60 mile transport limits for all NEMT must:
 - Be requested by the MHCP recipient for review by the local agency;
 - Be authorized or denied by the county or tribal local agency;
 - Be based on medical necessity with no other provider capable of providing the level of care needed closer than the requested destination provider location, and
 - Must be documented and documentation maintained as part of the transportation record by the local county or tribal agency.

Part I. Transportation and Related Travel Costs

Recipients/applicants must use the most cost effective method of transportation available to them. Whenever appropriate, the recipient's own vehicle must be used.

A. Services available for recipients receiving medical care from a MA enrolled or other appropriate non-enrolled medical/dental provider:

1. Mileage reimbursement:
 - 22 cents per loaded (recipient in the vehicle) mile when transported in a vehicle provided by an individual including but not limited to a family member, self, neighbor, etc. 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 client'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%, 18 to 50 miles +12.5%, and 51 miles or more no RUCA adjustment is applied.
 - The local 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 IRS Business Mileage deduction rate effective for the date-of-service (DOS) for non-emergency transportation 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 client'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%, 18 to 50 miles + 12.5% and for distances in excess of 50 miles no RUCA adjustment is applied.
 - The local 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.
2. Parking fees and tolls are reimbursed at actual cost (billing code "A0170"). Receipts are required when available to the recipient.
3. Sibley County Public Health & Human Services reimburses volunteer drivers at the MHCP/DHS maximum reimbursement rate, up to 100% of the IRS business deduction rate in place on the DOS.

4. Unassisted Transport including bus/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 client's residence zip code classification as super rural.
 - The RUCA add-on adjustment for transport base service charges is 11.3%.
6. Reimbursement for unassisted transports includes a possible RUCA add-on adjustment for mileage (S0215) based on the client'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%, 18 to 50 miles + 12.5% and for distances in excess of 50 miles no RUCA adjustment is applied.
7. Assisted Transport includes **door-to-door and door-thru-door ambulatory transports** where the client has been certified by the MHCP/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 client's residence zip code as super rural.
 - The RUCA add-on adjustment for transport base service charges is 11.3%.
 - Reimbursement for assisted transports includes a RUCA adjustment for mileage (S0215) based on the client'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%, 18 to 50 miles + 12.5%, and distances in excess of 50 miles no RUCA adjustment is applied.
8. 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 AM
 - Lunch - \$6.50; Must be in transit or at the medical appointment 11:00 AM to 1:00 PM
 - Dinner - \$8.00 Must be in transit or at the medical appointment after 7:00 PM
 - Time taken to "eat the meal" is not part of "travel time" consideration.
9. 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/tribal agency (billing code "A0180").
10. When another individual is necessary to accompany the recipient 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 recipient. Reimbursement may be made for more than one person if required by the health care provider's written treatment plan.
11. Transportation and other related travel expenses of family members of recipients in covered treatment programs, such as mental health, if the family member's involvement is part of the recipient's written treatment plan.
12. If the recipient 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.

13. Transportation and related travel expenses to out-of-state medically necessary services requires prior authorization by the county/tribe local agency for the fee-for-service (FFS) (straight MA) recipients.
 - 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/facility location that is outside of Minnesota or its local trade area. NEMT transports and related ancillary services are provided to the recipient and when necessary one responsible person and/or attendant.
14. Transportation and other related travel expenses to out-of-state medically necessary services require prior authorization/referral of the medical service(s) by the Health Plan for recipients enrolled in 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/facility location that is outside of Minnesota or its local trade area. NEMT transports and related ancillary services are provided to the recipient and when necessary one responsible person and/or attendant.
15. Counties/tribal local agencies are responsible for all out-of-state NEMT transports and related ancillary services for transport Modes 1 thru 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/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/tribe is required for or when:
 - Lodging and meal expenses for an MA recipient and/or responsible person accompanying the MA recipient
 - The local county/tribal agency has determined transportation and ancillary services have been misused. 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 recipient 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 client's residence and 60 miles from the client's residence for specialty care **DOES** require prior authorization by Sibley County Public Health & Human 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, recipients/applicants must secure transportation and related ancillary services using the most cost effective and medically appropriate transportation and ancillary services. Recipients/applicants are required to notify Sibley County Public Health & Human 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

1. Providers of transportation and other travel-related services must submit bills for services to Sibley County

Public Health & Human 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.

2. Recipients and other persons eligible for reimbursement for costs of transportation and other related services shall submit to Sibley County Public Health & Human Services actual receipts, when available, or signed, dated, and itemized statements of mileage and/or other allowed expenses.
3. All bills will be paid by Sibley County Public Health & Human Services 30 calendar days of receipt. Financial workers may choose to provide a recipient 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 recipient'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 recipient's attending physician makes a referral or the recipient requests to be transported to a medical provider location that is not within the 30/60 mile transport limits, prior authorization by the county/tribal agency is required.
3. When the recipient's attending physician makes a referral or the recipient requests transport to a medical provider location not within the 30/60 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/tribal agency for transport and ancillary services should not be made.
4. The county/tribe **will not reimburse** the recipient for transportation provided at no cost to the recipient.

Part II. ADA & Meaningful Access to Services

A. Services Available

Sibley County Public Health & Human Services will provide interpreter services to Deaf, blind, hard of hearing and Deaf/blind persons, and individuals with Limited English Proficiency (LEP) who are seeking or receiving assistance from the county/tribal agency.

Sibley County Public Health & Human Services will provide other assistance or services such as training, videos, information pamphlets or other services to individuals seeking or receiving assistance from Sibley County Public Health & Human Services.

Medical Assistance (MA) or other service providers, regardless of size, shall provide interpreter services to Deaf, blind, hard of hearing and Deaf/blind persons, and individuals with LEP who are seeking or receiving assistance as soon as the Deaf, hard of hearing, Deaf/blind 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 recipient 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 III. 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/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/tribe is required for:

1. Lodging and meal expenses for an MA recipient and/or responsible person accompanying the MA recipient
2. When the agency has determined transportation and ancillary services have been misused. 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 non-emergency medical transportation (NEMT) and related ancillary services for the MA fee-for-service recipient is limited to a Primary Care Provider within 30 miles of the recipient's home and Specialty Care Provider within 60 miles of the recipient's home. All fee-for-service NEMT transports and related ancillary services beyond the respective 30/60 mile distances REQUIRE prior authorization by Sibley County Public Health & Human 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 recipient, authorization for state administered non-emergency medical transportation and related ancillary service beyond the respective 30 or 60 mile distances must be obtained by the recipient from the local county/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 recipients 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 recipient from the local county/tribal agency. Prior authorization is based on referral by the health plan for the recipient 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, recipients/applicants must secure transportation and related expenses, using the most cost effective and medically appropriate transportation method and related ancillary services. Recipients/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

Sibley County Public Health & Human Services will negotiate fees with the referral agency or interpreter. Sibley County Public Health & Human 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 Sibley County Public Health & Human Services agency within 30 days of receipt.

D. Service Restrictions

Sibley County Public Health & Human Services staff are responsible for providing an interpreter if it is deemed necessary. To locate a sign language interpreter, go to <http://www.interpreterreferral.org>. For further information, staff should follow the county's LEP plan about how to contact interpreters. Sibley County Public Health & Human Services will make the request as early as possible for the referral agency to locate a qualified interpreter.

Part IV. Access to Appeal Hearing Services

A. Services Available

1. Reimbursement for reasonable and necessary expenses of applicants/recipients attendance at an appeal hearing, such as meals, lodging, parking, transportation, and child care costs.
2. Assistance from Sibley County Public Health & Human Services staff in locating transportation.

B. Procedures to Obtain Services

Applicants/recipients shall contact their worker at Sibley County Public Health & Human Services if assistance in locating transportation or reimbursement for transportation and/or child care expenses will be needed to ensure the applicants/recipient's attendance at an appeal hearing.

C. Billing and Payment Procedures

Transportation expenses will be reimbursed according to the same criteria established in Part I. Providers of transportation services must submit dated, itemized bills for service to Sibley County Public Health & Human Services for payment. Applicants/recipients and other persons eligible for cost of transportation services shall submit to Sibley County Public Health & Human Services actual receipts, when available, or signed, dated, and itemized statements of mileage. All bills will be paid by Sibley County Public Health & Human Services within 30 days of receipt. County/tribal staff may choose to provide a recipient with a voucher for transportation.

Child care costs are reimbursable to the applicant/recipient 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. Sibley County Public Health & Human Services will reimburse applicants/recipients 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

Sibley County Public Health & Human Services will not pay for child care if services are provided at no charge to the applicant/recipient.

Part V. County Vouchers

What is the county's/tribe's plan for recipients who cannot afford to pay up-front for a bus pass or taxi? County vouchers will be used only in an emergency situation and at the discretion of the Eligibility Worker or Supervisor/Director. Vouchers will be given out on the date of the appointment only. Clients must provide proof of appointment before a voucher will be given out. Reimbursement is determined by the miles from the client's residence to the appointment and back to the residence only.

Do you provide bus passes or taxi vouchers to recipients? Sibley County Public Health & Human Services will not provide bus passes or taxi vouchers to clients.

Part VI. Administration of Common Carrier

Do you contract for common carrier services? No

If yes, please submit a copy of your 2018 contract to:

Bob Ries
Minnesota Department of Human Services
Purchasing and Service Delivery Division
540 Cedar St
St. Paul, Minnesota 55164-0984
Email: Bob.Ries@state.mn.us

Part VII. Notification to MA Recipients of Health Care Access Services

1. The local agency shall inform recipient of the Health Care Access transportation plan. Applicants must be informed of available services at the time of application, recertification and if the county adjusts their access transportation service plan.
2. Applicants/Recipients may be given a copy of the sample "Notice of Access Service Availability to Eligible Minnesota Health Care Program Recipients" found in Attachment B.
3. Please supply a copy of all handouts given to applicants/recipients informing them of access transportation and related ancillary service availability along with the completed pre-print.

Part VIII. Other County/Tribe Specific Policies, Procedures and Conditions

What are the identified gaps, issues, and/or barriers for transportation services in your area? Sibley County is a small rural county and has very limited public transportation. Transportation is unavailable during the evening or week-end hours.

What coordination efforts is the county/tribal agency involved in to provide transportation services to its members such as Regional Transportation Planning initiatives? Sibley County is involved in a multi-county transportation system at this time.

In the space below, please communicate any policies and procedures not covered in the Biennial Access Plan Bulletin and attachment documents that reflect county/tribal agency administration of Access Services.

- A. Claim forms for billing purposes are provided to recipient with the Plan and also when requested. All claim forms must be signed before payment can be made.
- B. Claim forms are compared to a mileage data base and if an overage is found the claim will be adjusted.
- C. Enrollees must follow special specific guideline of their health plan (i.e. South County Health Alliance and UCare).
- D. If Recipient is going over the 30/60 miles they must have provider complete county form to verify no primary care within 30 miles and no specialty care within 60 miles.

Part IX. Outside Provider Contracting

Counties/tribes entering into a contract with an outside organization/provider for providing transportation service(s) or coordination activities for county/tribal administered NEMT provided to/for the MHCP recipient **MUST** submit to DHS:

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

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

County/tribal local agencies should send contracts to:

Bob Ries
Minnesota Department of Human Services
Purchasing and Service Delivery Division
540 Cedar St
St. Paul, Minnesota 55164-0984
Email: Bob.Ries@state.mn.us
Fax: (651) 431-7420.

Sibley County Public Health & Human Services is not involved with any outside providers for transportation services or coordination activities for ATS.

Part X Upon 60 Day Notice, DHS May Terminate This Plan.

NOTICE OF ACCESS SERVICE AVAILABILITY TO ELIGIBLE MINNESOTA HEALTH CARE PROGRAM RECIPIENTS

*Sibley County Public Health & Human Services
111 8 th Street; PO Box 237
Gaylord, MN 55334
507-237-4000*

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 sheet carefully.

The Sibley County Public Health & Human Services Health Care Access Plan will pay for the most cost effective form of transportation to get you to a primary care provider within 30 miles of your home and a specialty care provider within 60 miles of your home. Transport beyond those respective distances will require referral based on medical necessity or health plan referral and approval from the county/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 a mile.
- If a volunteer driver provides transportation, the volunteer driver will be paid up to the IRS business deduction rate effective on the date the access transportation service was provided.
- A Rural Urban Commuting Area (RUCA) adjustment may be added to your payment.
- Bus, light rail, or other similar commercial carrier standard rider fares will be reimbursed at the rate charged. You **NEED** authorization from your worker in order to receive reimbursement for these transportation costs and ancillary service costs. (This would include Trailblazer Transit System rides.)
- 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 30/60 mile limits from your residence capable of providing the level of care needed. County form must be completed by your provider.
- 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. Proof must be provided by your provider.
- 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 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

Claim forms for reimbursement are provided to recipient with the plan and also when requested. Recipient may contact the above number Monday thru Friday from 8:00 AM to 4:30 PM to receive a claim form or for prior approval for transport and or ancillary services before you go for your medical appointment. Reimbursement should be requested the month after the date of service on a monthly basis.

Bring or send your appointment slip and a letter from your doctor that says you need to exceed the 30/60 mile limits for medically necessary care because there are “no providers within the 30/60 miles or closer than the “referred to”

provider capable of providing the medically necessary level of care needed” by the recipient. The appointment slip and letter must be provided to your financial worker/case aide for prior to payment 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 car or another person's was used.

- Meals are paid up to the following amounts:
 - Breakfast - \$5.50 (must be in transit to, from or at medical appointment prior to 6:00 AM);
 - Lunch - \$6.50 (must be in transit to, from or at medical appointment between 11:00 AM & 1:00 PM);
 - Dinner - \$8.00 (must be in transit to, from or at medical appointment after 7:00 PM).
- 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/exit rate vs weekly permit rate vs monthly permit rate, etc. 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 or 60 miles for specialty care from your home, 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.

COUNTY SPECIFIC POLICIES:

- Claim forms for billing purposes are provided to recipient with the Plan and also when requested. All claim forms must be signed before payment can be made.
- Claim forms are compared to a mileage data base and if an overage is found the claim will be adjusted.
- Enrollees must follow specific guidelines of their health plan (i.e. South Country Health Alliance and UCare).
- Provider must complete county form to verify no primary care within 30 miles and no specialty care with 60 miles.