



## **BENTON COUNTY HUMAN SERVICES**

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Foley, MN 56329

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

You may be able to get paid for expenses to help you get medical care, to attend an appeal hearing, or to get reimbursement when you have retroactive eligibility.

#### **Please read this information sheet carefully**

The Benton County Health Care Access Plan will pay for the most cost effective form of transportation to get you to your medical provider. If you have your own vehicle and drive, you must use it whenever possible.

- If you drive yourself, have a friend, someone in your household, a neighbor, or a relative drive you, you will be paid at the rate of .22 cents per mile. Licensed foster care providers are paid at the current IRS rate.
- If your local doctor says that you must have medical care which you cannot get locally, a physician's statement is required. You may get paid for gas, meals, lodging and parking to help you get this care elsewhere. \*\*\*\*\* Prior authorization is required for meals and lodging.
- Someone who must go with you to get necessary medical care (per Physician or treatment plan documentation) may also be paid meals and lodging costs 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 MA case, you are eligible for transportation, related expenses and, if necessary, child care costs while you are attending the appeal hearing.

#### **TO GET PAID**

Contact MTM 1-866-467-1724 to obtain a gas mileage reimbursement trip log. If you have internet access you can print the form by going to <http://www.mtm.inc.net/minnesota/recipients> click Gas Mileage Reimbursement Trip Log and print the form as needed. In order to be reimbursed for medical transportation, you must use the closest provider capable of providing the level of care needed. Have the medical reimbursement forms completed by your provider or attach a verification of your medical appointment and return the form to MTM. You must submit request for reimbursement within 90 days of the date of service.

**YOU MUST PROVIDE** itemized receipts for meals, lodging, and parking, except parking meters with the signed medical reimbursement form.

- A. Meals are paid up to the following amounts:
  - a. Breakfast: \$ 5.50
  - b. Lunch: \$ 6.50
  - c. Dinner: \$ 8.00
- B. Lodging will be paid at actual cost, if less than \$ 50.00 per night.
- C. Parking fees

**IF YOU CHOOSE** to get medical care from a provider that is not the closest provider available to provide needed level of care; you will have to pay for your own costs. This includes emergencies when a closer provider is available.

### **Interpreter Services**

Our Department will provide the following for the hearing impaired:

A sign language interpreter, an oral interpreter, or a deaf/blind interpreter to assist you in:

1. Seeking and using assistance from our department
2. Using medically necessary health services if the medical provider has less than 15 employees