

Meeting Date - 7/25/2018

**Behavioral Health Partnership Oversight Council Coordination of Care Committee
Council on Medical Assistance Oversight Quality & Access**

Terms and Definitions

1. **Abandon Rate** - This is the percentage of calls that get connected to the Automatic Call Distribution system (ACD), but get disconnected by the caller before reaching an agent, or before completing a process within the IVR (prompt system). The abandon rate is the percentage of calls that are abandoned compared to calls received. **Contractual Requirement - 5.0%**
2. **Average Handle Time** - The average of talk time, hold time, and after-call work time (follow up work from the call). For e.g. agent reaching out to dispatch via message or email to accommodate an urgent ride requested.
3. **Average Speed of Answer** - This is the cumulative total length of time of calls that are in a routing queue or that are ringing before being answered by an agent, divided by the total numbers of calls answered. **Contractual Requirement - 180 seconds**
4. **Hold Time** - The cumulative sum total of all hold time, divided by the number of calls placed on hold for the period measured.
5. **Completed Trips** - Includes the total number of trips (including Public Transit and Mileage Reimbursement) where a member was transported to their appointment and back.
6. **On-Time Trip Percentage**
 - a. If a trip is the first leg or the second leg of an appointment, providers are considered on-time when the trip is completed within **15 minutes** of the requested pick-up time and member is **not dropped off** after their appointment time.
 - b. If a trip's second leg (back from the appointment) is placed on a will-call, a provider has up to **an hour** from the time the return trip was called in to pick a member.
 - c. Discharges are considered on-time if a provider has received a trip request, and fulfills it within 3 hours of receiving the request.
7. **Complaint** - Any written or oral communication to the Contractor from an individual expressing dissatisfaction with some aspect of the Contractor's services, a subcontractor, a transportation provider or some other aspect of the service system (including but not limited to contact center agents).

8. **Substantiated Complaint** - When a complaint has been thoroughly investigated, and based on the information provided in the supporting documentation, if a complaint was found to be valid against the party being investigated, a complaint is considered substantiated.
9. **Total Trips Booked** - Total number of trips that have been booked in that particular month including repeating trips or schedules.
10. **Total Trips Confirmed** - Total number of trips that have been dispatched to a transportation provider who have confirmed that they will be performing them.
11. **Provider No-Show** - When Veyo is informed that a provider did not arrive to transport a member for a pre-booked and confirmed appointment, the trip is cancelled as a Provider No-Show. If the member still requests transportation, the dispatch team works on contacting other providers who are able to perform the trip.

12. Cancellations

- a. **Member Cancelled** - When a member or facility call Veyo or the Transportation provider to inform them that they would no longer require transportation for an existing trip.
- b. **Member No Show** - When a member with an existing trip is unable to be reached when the transportation provider arrives at the pick up location.
- c. **Incorrect Information** - When member information is incorrect with respect to address (and the correct address cannot be verified), incorrect appointment time/date or no longer needing trips from Veyo. This data is also reflected in Trip Removals and Data Corrections.
- d. **Provider Incident** - If a provider is unable to fulfil a trip in the requested time period and a member is unable to be transported due to unforeseen circumstances such as a vehicle breakdown or driver issues.
- e. **Not Finalized**
 - i. Providers using the Provider Portal must finalize their trips after completing the trip. Providers must submit claims within one week after trip completion. In Veyo's system, trips that do not have a claim filed or are not finalized within the required time frame are cancelled due to untimely filing.
 - ii. Providers using the Driver Veyo App finalize their trips automatically by clicking complete on the app.

13. Denied Trips - Any rejection, in whole or in part, of a request for authorization on behalf of a member.

- a. In the monthly report, the data is separated for trips that were denied for members that booked transportation for only one appointment and for those that had a recurring schedule. Members booking unique requests will receive 1 Notice of Action (described below) to deny both trips (first leg and second leg, and third if needed) of the trip.

14. Denial Reasons

- a. **Not Medicaid Covered** - The healthcare services to which the Member wishes to be transported are not Medicaid-covered services. For example, using transportation to go to the Social Security Office, or the grocery store.
- b. **Refused Appropriate Mode** - The method of transportation requested is not the least expensive appropriate method of transportation, depending on the availability of the service and the physical and medical circumstances of the client. For example, the member might request a cab, but there is a nearby bus route that would work as well. Veyo grants first time requests for modes of transportation even if it is not the more appropriate mode for the client to allow time for a member to get documentation.
- c. **Unable to Verify Appointment** - The member's trip could not be verified with someone at their healthcare provider's office.
- d. **Not Eligible for Service** - The member is not listed as eligible for Medicaid services.
- e. **Refused Closest Facility** - A healthcare provider chosen by the Member is not the nearest appropriate healthcare provider of medical services (10 miles for urban areas and 20 miles for rural). For example, the member wishes to go to a doctor over 50 miles away, but there is an available appropriate doctor within 5 miles. To ensure continuity of care, a member is allowed first time requests for medical appointments over the mileage limit to allow time for the member to get documentation.
- f. **Insufficient Advanced Notice** - The member attempted to schedule transportation with insufficient advance notice. Non-urgent trips must be booked 48 business hours before the pick up time.
- g. **Too Many Passengers** - Members are allowed to travel with an attendant/escort/guardian or conservator as required. Trips are denied on a case by case basis, and if the number of additional companions are more than deemed medically necessary, trips may be denied.
 - i. **Attendant** - Attendant is defined as person who accompanies a Member to a Medicaid-covered service due to the Member's physical or behavioral

needs. An attendant may include a person who provides assistance to the Member on a regular basis, such as a personal care attendant or a companion. Also includes a person accompanying a Member during medical transportation because the Member's provider has determined that the Member requires assistance while being transported.

- ii. **Escort:** A person who accompanies a Member to a Medicaid-covered service, either because the Member is a minor or lacks legal capacity. An escort may be the person with the legal authority to consent to medical treatment for a member who does not have the legal capacity to consent, such as a Guardian or Conservator.
 - iii. **Guardian:** A person who has the legal power and duty to take care of another person and/or to manage the property and rights of another person who is considered incapable of taking care of his or her personal affairs. The parents of a child under the age of 18 are the child's natural guardians. A Guardian of the Person may also be appointed for a minor by a probate court to assume duties including the obligation of care and control and medical decisions. Conn. Gen. Stat. § 45a-604. A probate court may also appoint a Guardian of the Person of an individual who is by reason of the severity of intellectual disability, has been determined to be unable to meet essential requirements for his or her physical health or safety and totally unable to make informed decisions about matters related to his or her care. Such appointment may be either plenary or limited, depending on the degree of the individual's capacity.
 - iv. **Conservator:** An individual appointed by a probate court if a person is unable to manage his/her affairs or take care of his/her personal needs even with appropriate assistance, and upon a demonstration that there is no less restrictive means of meeting the person's needs. A probate court may appoint a Conservator of the Estate or a Conservator of the Person. A person may also voluntarily request a Conservator of Estate and/or Person. The duties of a Conservator of Estate and a Conservator of Person are set forth in Conn. Gen. Stat. §§ 45a-655 and 45a-656, respectively.
- h. **Missing Necessary Form** - The member is missing documentation that supports their need for a certain level of NEMT service.

15. Notice of Action - A Notice of Action (NOA) shall be issued to a Member upon the denial (in full or in part), suspension, or termination of services, as more fully described above. A



partial denial includes approval of a level of transportation that is not the same type that is requested by the member.