

**DEPARTMENT OF SOCIAL SERVICES**  
**NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)**  
**FREQUENTLY ASKED QUESTIONS AND ANSWERS**

Updated February 20, 2018

(will be updated on a rolling basis)

Medicaid Non-Emergency Medical Transportation (NEMT) is an important benefit for Medicaid members who need to get to and from Medicaid-covered medical services, but have no other means of transportation. The Connecticut Department of Social Services (the Department) oversees the NEMT program. The ultimate goal of NEMT in Connecticut is person-centered, medically necessary, timely, and high quality access to medical services provided by a reliable, flexible, and innovative NEMT system. A person-centered health care delivery system only succeeds when a Medicaid member can effectively schedule and access Medicaid medical, behavioral health, and dental services. NEMT services provide a necessary bridge to ensure Medicaid members can manage their health conditions, live independently, and achieve their own health goals.

As the single state agency in Connecticut designated to administer the Medicaid program, the Department is partnering with Veyo, a Total Transit Company (“Veyo”) to implement an innovative NEMT approach, including, but not limited to, a technology platform and model that will enhance members’ access to NEMT and Medicaid-covered health services, ensure high quality for members and providers, achieve efficiencies, and appropriately administer utilization. This model will also improve capacity to collect, analyze and report patterns in service delivery.

**Q1: What is the time period and terms of the Department’s contract with Veyo?**

**A1:** Veyo was awarded the right to negotiate a contract with the Department in response to a Request for Proposals. Steps in support of procurement for NEMT services were initiated by the Department, and the procurement was required by Special Act 16-8.

DSS executed a start-up contract with Veyo, effective September 15, 2017 through January 21, 2018. This was fully executed by all parties by October 2, 2017.

DSS executed a three-year contract for NEMT services with Veyo, effective January 1, 2018, through December 31, 2020. This was fully executed by all parties by November 29, 2017.

Both the start-up and the service contracts are available at this link under “Documents/Forms”:

[www.ct.gov/dss/nemt](http://www.ct.gov/dss/nemt)

**Q.2. How is this NEMT contract different than past NEMT contracts with the Department?**

A2: The NEMT program has been restructured as a “risk model” that is designed to provide Veyo with greater flexibility and capacity to procure a range of transportation options, throughout the state, for Medicaid members. Veyo has assumed the risk for paying for the rides needed by Medicaid members. Veyo receives a per-enrollee/per-month amount from the Department and is responsible for coordinating needed transportation. The Department’s goals in migrating from the previous, Administrative Services Organization, model to the risk model are to engage and incent high quality local transportation providers and utilize the full range of available transportation options to connect members to Medicaid services in an appropriate and timely manner.

The Department’s approach to NEMT services continues to emphasize a person-centered service system that provides members with medically necessary, cost-effective transportation to Medicaid services and uses technology and other innovative solutions to ensure efficiency and effectiveness in transportation booking, scheduling, monitoring and reporting.

**Q3: How is Veyo different than other NEMT brokers?**

A3: Veyo is combining the traditional model of fulfilling trips with an Independent-Driver Provider (IDP) model. This blended approach expands the pool of transportation providers that can support hospital discharges, urgent/rescue trips, and will-call trips. Veyo also offers a driver application with a GPS tracking to its network of transportation providers. This technology allows Veyo to see the location of vehicles and their availability in real-time, which facilitates scheduling and other adjustments in real-time. The “risk model” contract also includes financial incentives that Veyo has the opportunity to earn for providing outstanding services, as well as monetary sanctions that will be applied by the Department if Veyo fails to meet one or more contract standards.

**Q4: What are Independent Driver-Providers (IDPs)?**

A4: IDP’s are independent contractors who use their own vehicles to provide non-emergency medical transportation to eligible Medicaid members. The IDPs are required to meet or exceed all applicable requirements under state and federal law, as well as applicable CMS requirements. IDPs are also required to complete training specific to the transportation needs of Medicaid members, including but not limited to, ADA Sensitivity, Cultural Competency, CPR/First Aid, HIPAA, Blood-borne Pathogens and Defensive Driving. The IDPs also undergo multistate background checks to ensure safety and quality. To further ensure member safety, Veyo rigorously enforces a zero-tolerance policy for the use and abuse of drugs, alcohol and any other substances that would compromise safety.

**Q5: Does this new model carve out the current NEMT providers that have been serving Medicaid members? Are traditional livery providers still able to participate?**

A5: Veyo is maintaining a traditional contracted transportation provider network as well as contracting with IDPs. All providers are required to meet performance standards.

**Q6: What type of technology is Veyo bringing to the CT NEMT program and must providers pay out-of-pocket to utilize such technology?**

A6: Veyo's technology platform includes a transportation provider management-application that allows real-time access to vehicle locations, on-time performance monitoring, and GPS/time-stamped logs of trip activity. The application is capable of capturing the data that is required for billing electronically, which can eliminate the time and paper currently required for billing. All the above data points are captured and maintained in Veyo's system to allow for reporting and program monitoring.

Veyo is providing its software to transportation providers without charge, but traditional providers must have phone service plans to use the functionality. All IDPs are required to use the application. Traditional providers have the option to use the application.

**Q7: Will the providers continue to be based in the areas they are serving?**

A7: Veyo is using best efforts to deploy providers based in the areas in which trips are needed; however, there are times when provider capacity is limited and an out-of-area provider may be called to assist with transportation to ensure that members can get to and from their appointments. The risk model will enable Veyo to match the highest quality available provider with trip assignments. This is based on factors including on-time performance and quality of service. Veyo is responsible for monitoring both the cost-effectiveness and quality of all of its contracted transportation providers.

**Q8: What quality standards does the contract include?**

A8: The service contract is available at this link:

[www.ct.gov/dss/nemt](http://www.ct.gov/dss/nemt)

Quality standards **include, but are not limited to**, the following:

- **Call Center (contract p. 20):**

- A. The Contractor shall answer within three (3) minutes, not including the initial announcement, eighty percent (80%) of all incoming phone calls during normal business hours, including hearing-impaired system calls, measured on a monthly basis.

- B. The Contractor shall maintain an abandonment rate of less than 5% during normal business hours.

- C. The Contractor shall maintain an average hold time not to exceed three (3) minutes for calls placed on hold.

- **Drivers (contract p. 27):**

- H. Provide additional member assistance as appropriate to level of service and corresponding training completed by the driver/staff; upon request of the member for assistance, or as noted in the Member's file, or when necessitated by the Member's mobility status and personal abilities, including: 1) Curb-to-curb; 2) Door-to-door; and 3) Door-through-door.

I. Provide support and direction to passengers as required by the Member's mobility status and personal abilities, such as:

- 1) Movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift/ ramp;
- 2) Stowage by the driver of mobility aids and folding wheelchairs.

- **Trips (contract p. 31):**

1. PICKUP WAIT TIME. The waiting time for a scheduled pickup going to an appointment (a leg) should not exceed fifteen (15) minutes before and fifteen (15) minutes after the scheduled pickup time. A Member, under no circumstances, shall arrive more than thirty (30) minutes prior to an appointment, unless this is done at the Member's request. The NEMT provider shall be required to be onsite for at least five (5) minutes and cannot leave prior to the actual pickup time ( e.g. For a pickup time of 8:00 a provider arriving between 7:50-8:00 would have to wait until 8:05 to declare the passenger a no-show).

2. DROP-OFF TIME. The Contractor shall ensure that Members arrive on-time for their appointments. The Contractor shall ensure that Members are not delayed in arriving at a medical appointment due to a delay caused by either the Contractor or a subcontracted provider.

3. RETURN TRIP WAIT TIME. The average waiting time for a scheduled return trip, after an appointment, shall not exceed thirty (30) minutes. Members being discharged from hospitals or emergency departments shall be picked up within three (3) hours of receipt of the request from the member, member's representative or hospital staff.

4. WILL CALL. Will-call trips, that is trips for which the Member or provider does not wish to provide a set pick-up time or is unable to do so, are not held to the standards listed above. Members choosing will-call services shall be informed by the Contractor of the possibility of longer wait times; up to one (1) hour from the time the Contractor is notified the member is ready.

5. MULTI-PASSENGER. In cases where multiple Members are being transported in a single vehicle, the Contractor shall ensure that none of those Members remains in the vehicle for more than thirty (30) minutes longer than the average travel time required to transport an individual using that mode, from the point of pick-up to the destination. The Contractor shall require the dispatcher/provider notify the Contractor of any delay in excess of 30 minutes and of any alternate pick-up arrangements in these situations.

6. EXCEPTIONS

A. Exceptions to the above times may be made for trips with pick-up or destinations outside the Member's local community.

B. Exceptions may also be made due to unusual situations such as exceptional distances in rural areas or other situations beyond the control of the Contractor.

C. Exceptions shall be documented in the Member's file.

**Q9: What are the contract requirements around “multi-loading”?**

A9: Veyo is required to develop, implement and monitor a “shared ride” policy for multi-passenger, grouped trips. The policy must clearly exclude a member from multi-passenger trips when it is inappropriate, including, but not limited to, situations in which a member is immunocompromised.

**Q10: Does the contract permit use of stretcher vans?**

A10: No. By statute, stretcher vans are not a covered component of HUSKY Health NEMT. Please see footnote below for more background material.<sup>1</sup> If a stretcher is needed for transportation, the trip is performed by an ambulance provider and paid according to the ambulance fee schedule.

**Q11: Are HUSKY Health medical providers permitted to charge HUSKY Health members for missed appointments?**

A11: No. Medical providers are prohibited from charging HUSKY Health members for missed appointments. The Department re-issued a bulletin to providers reinforcing this. Provider Bulletin 2018-06 is available at this link:

[https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=PB18\\_06.pdf&URI=Bulletins/PB18\\_06.pdf](https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=PB18_06.pdf&URI=Bulletins/PB18_06.pdf)

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<sup>1</sup> The Medicaid language on stretcher vans was repealed in 2013 implementer language.

Sec. 17b-276c. Payment for medically necessary mode of transportation service. The Commissioner of Social Services shall only authorize payment for the mode of transportation service that is medically necessary for a recipient of assistance under a medical assistance program administered by the Department of Social Services.

(Dec. Sp. Sess. P.A. 12-1, S. 25; P.A. 13-234, S. 111.)

History: Dec. Sp. Sess. P.A. 12-1 effective December 21, 2012; P.A. 13-234 deleted Subsec. (a) designator and provisions re nonemergency transportation of Medicaid recipients in stretcher vans and deleted former Subsec. (b) re regulations to establish oversight of stretcher vans, effective July 1, 2013.

**Q12: Does the Department oversee the vendor's subcontracts with transportation providers?**

A12: Veyo's transportation provider subcontract has been reviewed and approved by the Department. The Department may request a copy of the contract for a given subcontracted transportation provider at any time.

**Q13: How does the Veyo call center function?**

A13: Effective in December, 2017, Veyo established a local call center designed to handle member inquiries. The call center includes a multi-level, integrated voice response (IVR) system and 24/7/365 access. The call center number is 1-855-478-7350. The Connecticut office's business hours are 7:00 AM to 6:00 PM, Monday through Friday except for holidays. After-hours coverage, through remote Veyo call centers, is also available for urgent trip requests. All call center employees have received training specifically tailored to serving Connecticut Medicaid members. Training regarding state and federal requirements, Medicaid eligibility and enrollment is conducted by Veyo, with assistance from the Department.

**Q14. What has Veyo done to address issues in the first several weeks of implementation?**

A14. Veyo took the following actions to address issues with transportation:

- established a dedicated provider option on the general reservation line (option #5);
- created a dedicated Quality Assurance contact at [ctqa@veyo.com](mailto:ctqa@veyo.com);
- added a Preferred Provider option;
- provided a temporary urgent internal rescue process; and
- hired two clinical coordinators, one of whom is dedicated to dialysis treatment.

Veyo is also in process of hiring adding another clinical coordinator who will focus on behavioral health/children.