Call Center Manual

Medi Trans Call Center Policy and Procedure	
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Authorized Approval	Leah Begnaud, Chief Operating Officer
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Training

Policy

Ensuring positive customer experiences is our highest priority and extended efforts are required to identify and meet member needs. In order to ensure that priority is met it is paramount that a detailed, comprehensive and focused training process for call center agents is in place.

The training process must concentrate on the agents utilizing their individual specialized skills and encouraging the development of professionalism as well as age and cultural sensitivity. Topics covered during training may include:

A. Diversity
B. HIPAA
C. Call Management
D. Transportation Operations

The training time frame depends on the applicant's previous call center or healthcare experience. We expect a similar training process from contracted answering service for medical call center agents.

Procedure

A. Agent training is managed by the vendors trainers, in their own facility, and using their own computer and equipment.
B. Agent training begins with the trainee learning about the basics of what makes a successful telephone call. There is also focus on:
    1. Call control
    2. Techniques for handling difficult callers
C. Trainers may also work one-on-one with agents to review quality and performance benchmarks.

D. Additional training topics covered are:
    1. Non-Emergency Medical Transport (NEMT) Terminology
    2. Call management in the context of member care
    3. Healthcare organization protocols
E. Agents are also educated about the importance of the Health Insurance Portability and Accountability Act (HIPAA) due to potentially being privy to sensitive personal medical information. Agents are required to:
    1. Fully understand the importance of HIPAA
    2. Demonstrate competency surrounding the laws regarding confidentiality
F. Agents are provided software specific training by:
    1. Working side by side with the trainer
    2. Reviewing examples of expected performance and proper documentation
    3. Performing training exercises on sample accounts
G. After completing training, trainers will:
    1. Monitor a few calls per day
    2. Remain available to new agents to spot check and answer questions

Draft or Executed Business Associates Agreement (BAA)

TBD

Minimum Staffing

Policy

A. Covered services are available twenty-four hours a day, three hundred and sixty-five days a year.
B. The Call Center will:
    1. Be appropriately staffed 24 hours a day, 7 days a week, 365 days a year.
        i) Call reservation available Monday-Friday, 7am-7pm CST
        ii) On nights and weekends, agents available for hospital discharges and urgent trips
    2. Have qualified bi-lingual Agents to communicate with callers who speak Spanish.
    3. Provide oral interpretation services utilizing a telephone interpretation service to callers with Limited English Proficiency other than Spanish.
    4. Accommodate callers who are hearing or speech impaired.
    5. Utilize a staffing model based on methodologies designed to ensure complete, efficient operational capacity.
    6. Be responsive, courteous, and accurate when responding to calls.
C. Agent schedules are determined and designed:
    1. Dependent on 15-minute call demand interval projections
    2. To be interspersed ensuring coverage of:
        a. All call center hours of operation
        b. Periods of high call volume or demand as determined from historical analysis of:
            i. trip volumes

ii. average productivity of the call center staff

3. To align with the operational goal of maintaining a 78% ratio of Call Demand versus NEMT trips

D. Staffing levels are based on the actual performance of the call center and evaluated daily, weekly and monthly.

Procedure

A. Average daily agent call capacity:
   1. Is determined by analyzing historical performance data on the following metrics:
      a. Average agent call handle time
      b. Average abandonment rate
      c. Average speed of answer (ASA)
      d. Customer service survey results
   2. Accounts for:
      a. Anticipated absences of staff due to paid time off
      b. Specific Agent performance requirements
      c. Overall experience level of Agents
      d. Circumstances that may increase call demand such as new service areas or member populations

B. To determine the projected staffing requirements for a specific time period:
   1. Multiply the historical number of trips by 0.80 to provide the projected number of calls
   2. Divide the projected number of calls by the number of working days to provide the average number of projected daily calls
   3. Divide the average number of projected daily calls by the average daily agent call capacity

   Example:

   - 30,000 trips per month X 0.80 = 24,000 projected calls
   - 24,000 projected calls / 21 working days = 1,142 average number of projected daily calls
   - 1,142 average number of projected daily calls / 55 average daily calls per agent = 20 Agents

Telephone Access

Policy

A. Medi Trans will maintain a NEMT Call Center to manage:
   1. Requests for NEMT services
   2. Member, Member Representatives, comments, and inquiries from:
      a. Members
      b. Member Representatives
      c. Health Plan Representatives
      d. NEMT providers
      e. Healthcare providers regarding NEMT services

B. The Call Center:

1. Utilizes:
    a. Both local and toll-free numbers
    b. Hearing impaired, TTY services through a relay service
2. Maintains staffing policies ensuring adequate coverage and the ability to maintain the required performance measurements and provide assistance in all functional areas
3. Provides a dedicated toll-free number for:
    a. Routine NEMT requests Monday-Friday, 7am-7pm CST and for urgent and after hours' hospital discharge calls
    b. Healthcare providers during normal call center business with after-hours voice mail options with the capability of providing callers with operating instructions on what to do in case of an emergency
    c. Taking complaints during normal call center business hours with after-hours voice mail where the call will be returned the next business day
    Note: Complaints may also be submitted using the member portal, email, fax or letter.
    d. Transportation providers to speak with dispatch staff regarding trip assignments
    e. A "Where's My Ride" queue to allow members to inquire about the arrival time of their scheduled transportation provider
4. Has established an automated Interactive Voice Response (IVR) system that is utilized after-hours or when a call cannot be answered by a live voice within thirty seconds and provides:
    a. Clear instructions on what to do in case of an emergency
    b. The option to:
        i. Speak to a Vendor Representative
        ii. Leave a message to be returned the next business day
        iii. Plays music while enrollees hold for a live agent

Call Scripts

Policy

The Call Center Agents utilize a phone script, written at a fifth grade level and in accordance to state and regulatory standards, to obtain the specific, required information from callers in order to ensure or determine the:

A. Approval of qualified callers requesting appropriate NEMT
B. Caller's eligibility for NEMT services
C. Appropriate mode of transportation
D. Purpose of the trip

Call Center scripts must be fully approved prior to implementation or as a result of any contextual changes that are made.

Procedure

The most recent Call Center phone script is as follows:

- "Good…morning, afternoon, evening, thank you for calling 'Health Plan' Transportation, this is _____ , you are on a recorded line (*state your name*), How may I help you?"
- "May I have your Medicaid ID number please?" (*Access Member Profile*).
- If the member does not have their Medicaid ID, ask… "May I have your name and Date of Birth?" NOTE: If the Member is not in MediTrans' Scheduling Software, quickly notify your Supervisor to check eligibility then enter all required Member Profile information.
- *If caller is not the member, ask "May I have your name and phone number please?", then "What is your relationship to the member?"*
- "Mr./Ms. _____ please verify your home address) and phone number for me." (*Do* not give the member the information in MediTrans' Scheduling Software. They must tell you their home address).
- "Thank you Mr./Ms. _____. I would be happy to get the rest of your information and schedule your trip today.
- "What is the best phone number for transportation to reach you at if they have questions?" / "Do you have an alternate phone number or emergency contact number?" (*Enter in the* verified numbers in the Phone and Mobile sections of the trip).
- "What is the date of your appointment?" (*48 hours' notice, up to 30 days in advance*)
- "What time is your appointment?"
- *Click Next and then check to see if Member already has an appointment on that date.*
    - *If yes, ask "Are you aware that you already have an appointment schedule on that date at (insert time)?"*
    - *If no, proceed with scheduling*
- "Do you have a friend or family member who does not live with you who can drive you?" (*if yes, offer Fuel Reimbursement option to member)*.
- *And did you have a preferred Provider that you would like to ride with? (if yes, select Provider from list)*
- Now, ask "Will you be returning home after this appointment?"
    - If no, schedule as one-way
- If yes, ask "Will you be going anywhere else after your appointment or returning straight home?"
    - If yes, select Multi-leg. If no, select Round Trip
- "Are you able to walk to and from the vehicle?"
    - *If yes, select ambulatory and follow the prompts.*
    - *If no, select wheelchair and follow the prompts.*
- If Wheelchair, ask the type of wheelchair standard, oversize, electric, or power chair/scooter. If member is in a power chair/scooter, inform caller they will be asked

to transfer off of the power chair onto a seat. That trip would be ambulatory and you should enter the type in Trip Manifest Notes).

- "Will you require the assistance of an Escort or Medical Attendant?" (*If yes, notate trip)*
    - *Please note if the member requires a wheelchair accessible vehicle, does not have an escort, and cannot get to the vehicle without assistance, the trip will require manager approval.*
- "What is the reason for your appointment on (repeat date)?"
    - (If diagnostic or laboratory testing, please ask "Is the nature of this testing related to potential exposure to COVID-19?"
    - If yes, please inform the Member that we cannot schedule transportation for COVID-19 testing, and that you will pass their information along to Member services for follow-up.
    - (If the reason for the appointment is for immunizations or pharmacy, please ask "Is the nature of this immunization for the COVID-19 vaccine?")
    - If yes, be sure to select "COVID Vaccine" in the trip reason drop down.
- "What is the address you are needing to be picked up from today?" or "Will you need to be picked up from the home address you just provided?"
- Ask if the Member knows what time they are being picked up for the return trip home, or if they want to call Where's My Ride when they are ready. Enter the pickup time or mark as "Will Call"
- "May I have the doctor's office (or facility) address?"
- "May I have the phone number to the doctor's office as well?" (Enter in the provided numbers in the "Drop Off Comments" field
- *MediTrans' Scheduling Software will indicate if trip is on a public transit route. If so, proceed to next question: "I see you are a on a Public Transit route. Are you able to ride Public Transportation?" If yes, schedule according to MediTrans' Scheduling Software instructions. If no, enter the "Won't Take Reason" in MediTrans' Scheduling Software.*
- The next screen will prompt you to Check Geoaccess sheet for mileage restrictions
    - If trip is within Geoaccess rules, select "Yes" and process with scheduling. If it is not, select "No"
    - Please note a "No" response will cancel the trip and the member should be referred to 'Healthy Plan's' Geoaccess number.
- On the "Confirm Trip Details" screen, read back all info to Member to confirm.
    - If Trip Status is Pending, inform Member that their trip has to be reviewed by a Manager before it can be approved, and that someone will call them back to give them more details. (Ambulance, <48 hours before trip, Unlisted facility)
- Clicking next will create (or pend) the trip.
- If trip is
- Proceed with scheduling transportation.
- "Ok thank you, and please remember that your driver may pick you up as early as 2 hours + the amount of time it takes to get to your appointment so please be ready at

that time. Also, you driver has up to 2 hours pick you up after your appointment, so please call as us soon as you are ready to be picked up so we can send the driver to get you."

- If the member has another appointment, repeat the trip entry process again.
- ask: "Is there anything else I can do for you today?" (*Command to Schedule trip*).
- State to caller "Again my name is _____ (*restate your name*) with 'Healthy Plan' Transportation. Have a great rest of your day."

Call Transfer

Policy

A. The Call Center maintains a facility physically located in the Louisiana with Agents specifically trained with the ability to handle:
   1. NEMT service requests
   2. Provider and Member:
      a. Questions, including:
         i. Explanation of Vendor's policies and procedures
         ii. Prior authorizations
         iii. Access information
         iv. Information on Primary Care Providers (PCPs) or specialists
         v. Referrals to participating specialists
         vi. Resolution of service or medical delivery problems
         vii. Information on Specialized Behavioral Health Services and Providers
      b. Comments/Inquiries
      c. Complaints/Grievances
      d. Appeals
      e. Escalations/2nd Tier Support

B. The Call Center provides multiple local and toll-free numbers in support of all contracts.

C. All lines are supported either internally or externally, utilizing third parties, 24 hours a day and seven days a week when required, with ability to accept additional call volume without affecting speed of answer, abandonment rate, and other client requirements.

D. Separate toll-free numbers will be available during normal call center business with after-hours and busy routing voice mail options, where the call will be returned the next business day, for:
   1. Healthcare providers
   2. Members

   Note: Complaints may also be submitted via member portal, email, fax and letter and will be responded to within the same timeframe.

E. The Call Center utilizes an automated call distribution (ACD) system for the customer service telephone call center that:
   1. Manages all calls received and assigns incoming calls to available staff in an efficient manner
   2. Is utilized in transferring calls

3. Provides detailed reports
4. Notifies callers that the call may be monitored for quality control purposes
5. Measures:
    a. Number of calls in the queue
    b. Length of time callers are on hold
    c. Total number of calls and average calls handled per day/week/month
    d. Average hours of use per day
    e. The busiest times and days by number of calls

F. The Call Center will maintain a 24-hour toll-free crisis response center to respond to specialized behavioral health needs that will:
    1. Be answered within thirty seconds
    2. Only transferred via a warm line to a Licensed Mental Health Professional (LMHP)

Grievance/Complaints

Policy

A. Grievances or complaints may be received by:
    1. Phone
       Note: Grievances or complaints that are received after-hours, recorded on voicemail, will be documented and responded to within the next business day.
    2. Mail
    3. Email
    4. Member Portal
B. The Call Center tracks all member grievances and complaints received.
C. Grievances and complaints are logged Salesforce and will include the following information:
    1. Name of person making the complaint
    2. Name of the agent who took the complaint
    3. Date grievances or complaint was received
    4. Member submitted or Agent explanation of grievance or complaint
    5. Resolution
D. Grievance and complaint reports are made available monthly for management and client review for issue management and quality assurance initiatives
E. Health plan notification will happen according to each contract. (See call center complaint flow)

Appointment Wait Time

Policy

The transportation vendor must adhere to the following wait time standards:

A. Primary Care Appointments
    1. Within 28 days after the initial request
B. Urgent Care Appointments
    1. Standard

   a. Within twenty-four hours of initial telephone contact with provider or the Call Center Agent
2. Behavioral Health
   a. Within 48 hours of the initial request

C. After-Hours Practitioner Follow-Up
1. Within an hour of the member contacting the Vendor during after-hours phone call

D. Non-Life-Threating Emergency
1. Within 6 hours of the initial request

E. For Routine Behavioral Healthcare
1. Initial Visit
   a. Within 10 business days of the initial request
2. Follow-Up
   a. Within 30 business days for prescribers and within 20 business days for non-prescribers

Calls Documentation

Policy

A. The Call Center's system has the capabilities to:
1. Identify and record the phone number of the caller (if the caller's phone number is not blocked)
2. Make outbound calls
3. Assign each call a reference ID
4. Record the date and time of the call
5. Record the name of the CSR who took the call

B. The Call Center must:
1. Log calls into Salesforce system by notating the:
   a. Date
   b. Call Reason
   c. Caller
   d. Resolution/Outcome

Relay and Interpreter Services

Policy

A. The Call Center utilizes TTY and interpreter services for members who require them.

B. The service:
1. Provides internationally assisted telephone service at no cost to the member. Members select option 7 from the IVR to get foreign language services within 7 minutes of the time of answer by a CSR.
2. Provides TTY through Louisiana Relay. Members select option 8 from the IVR to be connected to Louisiana Relay within 8 minutes of the time of answer by a CSR.

C. Calls made through these services are confidential and conversations are not disclosed, maintained, or relayed by the service.

Procedure

A. Members type their conversation into a TTY or TB device.
B. The typed message is relayed by a Communications Assistant (CA) who:
    1. Provides their CA number and explain how the transfer of information will occur
    2. Reads the message to the Agent using a standard telephone
    3. Communicates the Agent's spoken words by typing them back to the TTY member
C. When communicating through LLS Agents should:
    1. Speak as you would during a regular telephone conversation
    2. Say "Go ahead" to inform the CA that you are ready to receive the TTY user's response
    3. Follow standard procedures and ask the required questions for determining member eligibility and scheduling a trip
D. To place a call using LLS:
    1. Contact LLS at the phone number provided
    2. Listen for the greeting
    3. Provide the CA the number you are calling
    4. Begin communicating with the CA
    5. Additional calls, utilizing LLS, can be made without hanging up

Staff Performance Assessment

Policy

A. Management will monitor and audit at least one percent of calls for each Agent monthly.
    1. The telephone and call distribution system will allow management to remotely monitor and record calls, activating the recording feature without the Agent or caller's knowledge.
    2. Recorded calls will be stored as digital files for future review and quality improvement purposes
B. Agents will be evaluated and scored in the following areas during a given call:
    1. Greeting
    2. Verification procedures
    3. Customer service skills
    4. Phone etiquette
    5. Technical skills
    6. Call conclusion
    7. Accuracy
C. Evaluation results:
    1. Are used to identify:
        a. Problems or issues
        b. Quality control opportunities
        c. Potential training purposes.
    2. Are documented and retained
D. Data collected from system reports system are utilized to:
    1. Perform quality improvement
    2. Fulfill the reporting and monitoring requirements of any contracted agreements

3. Ensure adequate resources and staffing.

General Report Requirements

Policy

A. The Call Center's telephone system will produce all Company or required regulatory reports regularly, and on an ad-hoc basis when required, including those related to:
   1. Productivity Reports
   2. Data Entry Statistics
B. Data is regularly reviewed to ensure accuracy and completeness for reporting and performance activities.
C. All reports shall be accurate and complete and shall be due to the Health Plan account manager or primary contact on the date, time and format specified by The Health Plan and each State contract.

Member and Provider Service Telephone Access Standards and Report

Policy

A. The Call Center will:
   1. Collect and perform annual quantitative and qualitative analyses regarding the following metrics:
      a. Average Speed of Answer (ASA)
      b. Hold/Wait Times
      c. Abandonment Rates
      d. Percent of calls answered within regulatory or client standards
      e. Percent of First Call Resolutions (One & Done). Number of call inquiries and/or complaints resolved in a single contact
   2. Measure and report performance against all required standards
   3. Provide outcomes as a result of reporting activities surrounding remediation of any sub-standard performance

Behavioral Healthcare Telephone Access Standards and Report

Policy

A. The Call Center will:
   1. Collect and perform annual quantitative and qualitative analyses regarding the following metrics:
      a. Average Speed of Answer (ASA)
      b. Hold/Wait Times
      c. Abandonment Rates
      d. Percent of calls answered within regulatory or client standards
   2. Measure and report performance against all required standards
   3. Provide outcomes as a result of reporting activities surrounding remediation of any sub-standard performance

Performance Standards

Policy

A. The Call Center must:
   1. Be staffed 24 hours per day, 7 days per week
   2. Maintain sufficient equipment
   3. Staff to handle anticipated call volume
   4. Ensure that calls are received and processed in accordance with policy requirements
   5. Ensure the following performance standards are met, per the applicable contract:
      a. <1% of calls are blocked
      b. >/= 80% of all calls are answered by a live voice or IVR within thirty seconds
      c. >/= 80% of TTY Calls are connected to an operator within 7 minutes
      d. </= 5% of calls are disconnected or abandoned
      e. </= two-minute average hold times, including transfers to other contractor staff
      f. Maintain the contracted service level
      g. Call Centers are prohibited from using hold time messages to sell non-health related products

Louisiana State Specific Requirements

The Louisiana state specific Medicaid Contract requirements are utilized primarily to establish performance, availability, reporting and all other applicable policy and procedure requirements first and foremost in the following categories:

A. Member Services
   A. MediTrans maintains a toll-free member service call center, physically located in the United States, with dedicated staff to respond to member questions including, but not limited to, such topics as:
      A. Explanation of Vendors policies and procedures
      B. Prior authorizations
      C. Access information
      D. Information on PCPs or specialists
      E. Referrals to participating specialists
      F. Resolution of service and/or medical delivery problems
      G. Member grievances
      H. Information on Specialized Behavioral Health Services and Providers
B. Member Call Center
   A. Be staffed to accept new reservations between the hours of 7 a.m. and 7 p.m. Central Time, Monday through Friday, excluding state-declared holidays
   B. Be staffed 24 hours per day, 7 days per week to provide information to callers
   C. Answer 95% of calls within 30 seconds or direct the call to an automatic call pickup system with IVR options
   D. Maintain an average hold time of 3 minutes or less
   E. Maintain abandoned rate of calls of not more than 5%

F. No more than 1% of incoming calls receive a busy signal
G. Quality control monitoring through criteria and protocols to measure and monitor the accuracy of responses and phone etiquette as it relates to the toll-free telephone line and submit call center quality criteria and protocols to The Health Plan for review and approval annually.
H. Provide general assistance and information to individuals and their families seeking to understand how to access care.

C. Provider Services
    A. MediTrans' provider toll-free telephone line complies with the call center performance standards outlined below:
        A. The provider access component of the toll-free telephone line must be staffed between the hours of 7am -7pm Central Time Monday through Friday to respond to provider questions in all areas, including provider complaints and regarding provider responsibilities. The provider access component must be staffed on a 24/7 basis for prior authorization requests.
D. Provider Call Center
    A. Staffed 24 hours per day, 7 days per week
    B. Answer 95% of calls within 30 seconds
    C. Maintain an average hold time of 3 minutes or less
    D. Maintain abandonment rate of calls of not more than 5%.
    E. No more than 1% of incoming calls receive a busy signal
    F. Track provider call management metrics.
E. 24-hour Behavioral Health Crisis Line
F. Automated Call Distribution (ACD) System