

Nassau/Suffolk Call Script

Hours of Operation: **Mon – Fri 7:00am – 6:00pm ET**
Nassau/Suffolk Reservation Line **(844-678-1103)** Ride Assist **(844-678-1104)**

OPENING GREETING

1. “Thank you for calling ModivCare, my name is _____, how may I assist you today?”
 - a. “I am happy to help you”
 - b. “I am happy to look into this for you”
2. “May I have **your/the enrollee’s** first and last name? Mr. / Ms. **client/enrollee** I will need you to verify **your/the enrollee’s** date of birth please?
 - For Ride Assistance/ Mass Transit:
You ask: “May I have the confirmation number and date of service?” and “How can I assist you with this trip.”

ENROLLEE INFORMATION

Next, read all rider notes to verify information on prior notifications, special needs, required level of service, and mass transit eligibility. Be sure to look for a Form 2015 on file for the enrollee.

CALLER CLARIFICATION

3. “Am I speaking with Mr./Ms. **enrollee’s last name**?”
 - If **NO**, ask: “May I have your name and your relationship to the enrollee?
Then, enter name in **Req By** field and select the appropriate relationship to enrollee from **Rel** field drop down menu.
 - If **YES**, enter “SELF” in the **Req By** field and go to Date of Service field.
4. “May I have your contact telephone number, area code first?”

DATE OF SERVICE AND LEVEL OF SERVICE

5. “May I have the day and date of **your/the enrollee’s** appointment?” (CSR repeat and confirm their response)

LESS THAN 3 DAYS NOTICE

- If **NO**: continue with recap
- If **YES**, ask: “Let me get some information about the trip to see if it qualifies as an urgent reservation”
- Refer to list of Urgent Trip Types

YES	NO
<ul style="list-style-type: none"> ○ Follow the Urgent Verification process ○ Schedule the reservation as normal. 	<ul style="list-style-type: none"> ○ Additional requests state the following: <ul style="list-style-type: none"> ○ “Mr./Ms. enrollee’s / caller’s name, your request for transportation requires 3 days’ notice. Unfortunately, we will not be able to arrange transport to this appointment. Is there anything else I can assist you with today?” ○ DENY trip for “lack of 3 day notice”

PICK-UP INFORMATION

6. “Please verify **your/the enrollee’s** home address?”

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7. "May I have the address where we will be picking up **you/the enrollee** for the reservation? "
8. If member lives in an apartment, ask: "Is there an apt or building #?"
 - o "Is there a gate or access code?" Enter in **DIR** Field
9. "May I have **your/the enrollee's** contact number?"
 - o If there is no home or cell phone, ask if there is a message number.
10. "Are **you/the enrollee** able to sign the driver's log?" (Put in TP Comments UTS- Unable to sign or ATS- Able to sign)
11. "Do **you/the enrollee** have any additional needs that the driver should be aware?"

TP COMMENTS FIELD	DIRECTIONS FIELD
<ul style="list-style-type: none"> o Special needs o Service Animal o Special instructions o Uses walker or cane o Enrollee uses oxygen o Alternate phone number 	<ul style="list-style-type: none"> o Building name o Complex name o Access or gate codes o Landmarks around enrollee's home

DROP-OFF INFORMATION

12. "May I have the name and address of the facility you are going to?" (**Use Facility Rolodex to locate in LCAD. Confirm address with the caller**)
13. "Is there a specific building or suite that you/the member will be going to at the facility?"
14. "May I have the name and phone number of the doctor or health care practitioner that **you/the enrollee** will be seeing?"
15. May I have the nature of **your/the enrollee's** appointment?" (Verify that treatment type is a covered service. Select appropriate option from **Treatment** field drop down menu.)

DENYING A TRIP

If denying for Non-covered service: see Eligibility Verification Business PracticeFor

all other reasons **DENY** the trip request, saying:

- o "Mr./Ms. enrollees name I show the service you are requesting for transportation is not a covered Medicaid service. Unfortunately, we cannot arrange the transport to this appointment. Is there anything else I can assist you with today?"
 - **DENY** trip using the appropriate **DENIAL CODE**
 - Enter any applicable DENIAL NOTES

PUBLIC TRANSIT

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16. Does LCAD show that the enrollee's pick-up and drop-off location is within ½ of a mile of a Public Transit stop?

IF YES	IF NO
<ul style="list-style-type: none"> Continue with the Public Transit section of the call script 	<ul style="list-style-type: none"> Continue on to Level of Service section of the call script

17. "I see that **you/the enrollee** live within ½ of a mile of a bus stop or train station and your appointment is also within ½ of a mile of a bus stop or train station. Due to **your/the enrollee's** ability to utilize public transit, **you/the enrollee** are not eligible for transportation."

18. If the enrollee states they are unable to use public transit, review their file for a Form 2015. If there is no Form 2015 in LCAD for the enrollee, say "In order for me to schedule a reservation, I will need an approved Form 2015 which states the reason why **you/the enrollee** is unable to use public transit. Please complete and submit this form so that I can add it to your file for future reservations."

19. If the enrollee states they are unable to use public transit **and** there is a Form 2015 on file with a note stating that there is a significant and compelling medical reason for the enrollee to have a level of service other than mass transit, continue on to the **Level of Service** section of the call script.

LEVEL OF SERVICE

20. "Can you/the enrollee walk from the residence to the vehicle parked at the curb without assistance?"

IF YES	IF NO
<ul style="list-style-type: none"> Enter the trip as a livery level of service and continue on to the Appointment Information section of the call script. 	<ul style="list-style-type: none"> Continue with the Level of Service section of the call script.

21. Is the enrollee able to walk but needs assistance getting from the residence to the vehicle?

IF YES	IF NO
<ul style="list-style-type: none"> Enter the trip as an Ambulette-Ambulatory level of service and continue on to the Appointment Information section of the call script. Please note that this level of service requires an approved Form 2015. If one is not on file, advise the caller that a Form 2015 is needed to book the reservation. 	<ul style="list-style-type: none"> Continue with the Level of Service section of the call script.

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22. Is the enrollee confined to a wheelchair or does the member require transportation by a stretcher?

IF WHEELCHAIR	IF STRETCHER
<ul style="list-style-type: none"> ○ Ask if the enrollee is able to approach the vehicle and transfer into the vehicle without assistance. If they can, book the trip as a livery level of service. If they cannot, book the trip as an Ambulette-Wheelchair level of service. ○ Please note that this level of service requires an approved Form 2015. If one is not on file, advise the caller that a Form 2015 is needed to book the reservation. ○ “May I have your/the enrollee’s approximate weight?” Enter in the TP comments. ○ “Is there a ramp at the residence?” Enter in the TP comments. ○ “Is the ramp in the front or the back of the residence?” Enter in the TP comments. ○ “Are there any steps to the residence? How many?” Enter in the TP comments. ○ Continue on to the Appointment Information section of the call script. 	<ul style="list-style-type: none"> ○ Please note that this level of service requires an approved Form 2015. If one is not on file, advise the caller that a Form 2015 is needed to book the reservation. ○ “May I please have your/the enrollee’s height and weight?” Enter in the TP comments. ○ “Is there a ramp at the residence? Is it in the front or the back of the residence?” Enter in the TP comments. ○ “Are there any steps to get to your/the enrollee’s residence? How many are there?” Enter in the TP comments. ○ Continue on to the Appointment Information section of the call script.

APPOINTMENT INFORMATION

23. “May I have the time of your/the appointment?” (Inserting the appointment time will calculate the Pick Up time. Be sure to use **MILITARY TIME ONLY!**)

24. “Your pick up time will be between XX and XX”. (Example 12:00pm and 12:45pm)

25. “What time would you need to be picked-up from your appointment for your return trip?”

IF TIME IS PROVIDED	IF PICK-UP TIME IS UNKNOWN
<ul style="list-style-type: none"> ○ Enter the return time in the P/U field on the B-Leg. Be sure to use MILITARY TIME ONLY! ○ Advise caller of scheduled return time and that they have up to 10 minutes after that time to arrive. 	<ul style="list-style-type: none"> ○ “We have left the return time open. Please call the Where’s My Ride line when you are ready to be picked-up from your appointment. Please note that it could take up to one hour for the driver to arrive.” “Would you prefer to schedule a return line instead?”

26. “Will anyone be accompanying your/the enrollee to the appointment?”

IF YES	IF NO
<ul style="list-style-type: none"> ○ “How will this additional person be assisting you/the enrollee?” ○ If the additional person is not medically necessary for the trip, then advise the caller that 	<ul style="list-style-type: none"> ○ Proceed with the call script.

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| <ul style="list-style-type: none"> o the additional person is not covered by Medicaid. o If the additional person is medically necessary, enter this information in the additional charges field. | |
|---|--|

27. "Do you/the enrollee have a transportation provider you would prefer to take you to your appointment?"

IF YES	IF NO
<ul style="list-style-type: none"> o "What is the name of the transportation provider?" o Assign the trip to the requested provider. 	<ul style="list-style-type: none"> o Proceed with the call script.

MILEAGE REIMBURSEMENT

28. Ask the enrollee/caller if they have a vehicle available or have a friend or a family member willing to drive.
- o Explain mileage reimbursement policy
 - o Add the following rider note:
 - **"Advised enrollee of the Mileage Reimbursement Program. They are aware this is an option for transportation"**

RECAPPING THE RESERVATION

- "Please allow me to review the information for your reservation to ensure everything is accurate."
- "Mr./Ms. enrollee's name I have entered your trip for Tuesday, July 5, 2011."
- "I show you do require wheelchair access." (Use ambulatory, if applicable)
- "I show your pick-up address is 123 W Main St, Plainview, NY." Access code 1234
- "I have your contact number is 555.123.4567."
- "We will be taking you (state number of miles listed in LogistiCAD) to New York Hospital at 12344 Operation Ave, Melville, NY to see your PCP Dr. Cure."
- "I have Dr. Cure's phone number as 555.765.4321"
- "I have entered your appointment time as 2pm"
- "Your estimated pick-up time will be between 12:45-1:30 unless your driver calls to give you a more specific time."
- "I have noted that you are in an electric wheelchair and you require a wheelchair vehicle." (If ambulatory: "I show that you are able to walk safely on your own")
- "Your appointment is for a routine eye exam"
- "There will be one escort"
- Repeat any other special needs that have been documented, e.g.:
 - o Any car seat guidelines for children
 - o Directions to enrollee's home
 - o Enrollee is blind
 - o Enrollee requires escort
 - o Enrollee use walker/cane
- "I have left your return time open and you will need to call the **Ride Assist line at (1-844-678-1104)** when you are ready to go home. Please keep in mind that the transportation provide has up to 1 hour from the time that you call for your return ride" (If there is a scheduled return time, advise caller of scheduled return time and that they have up to 30 minutes after that time to arrive.)

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- "If you need to cancel this trip, it is necessary to cancel at least 24 hours prior to your pick-up time." (If booked as an urgent trip for the next day advise to cancel "as soon as possible")
- "Is everything correct?" (Make sure enrollee responds with **YES**. Then correct any errors (if any) and recap changes before ending the call.)
- "Your trip number for Tuesday, July 5, 2011 is 1234."

MEMBER SERVICES WEBSITE INFORMATION

** Once the member has scheduled their reservation, say the following:

"We are excited to introduce our member's to the **Member Services Website**, where you can request transportation online, with no wait or hold time. You can also review, modify and cancel trip requests 24 hours a day, 7 days a week; all with the click of a button. **If you would like, we could have someone call you back within the next two hours or when convenient for you, to help you set this up. (Fill out a callback sheet for Member Website; include the time of the call or timeframe the enrollee would like to be called back.**

"Please take a minute to register, view our site and see all of the benefits it has to offer. Go to <https://member.logisticare.com> and take advantage of the convenience and freedom of managing your transportation requests online. If you have any questions, you may contact us at (reservation # 1-844-678-1103)."
"If you have access to a computer, you are able to schedule your transportation requests online. Would you like more information about our Member Services Website?"

CLOSING

29. "Is there anything else I can help you with today?"
30. "Mr./Ms. **enrollee/caller** please remember if you need to cancel your reservation please provide a minimum a notice of 24 hours before your scheduled pick-up." If the reservation is an Urgent reservation schedule for the next day, advise the enrollee/caller to cancel "As soon as possible"
31. Thank you for calling ModivCare for your transportation, you were speaking with _____, have a wonderful day!"

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