

Standard Operating Procedure

Title: Adverse Weather Procedures

SOP Identifier: TTIVeyo_Command Center_002

Author	Initial Issue Date	Latest Revision Date	Version	Revised By	Approved By
David Gibson	11/28/2017	12/27/2017	1.1	David Gibson	David Gibson

Summary:

The purpose of this policy and procedure is to describe the process Command Center follows when trips are affected by adverse weather conditions.

Company Personnel Affected by this Procedure:

Command Center staff

Forms or Files Utilized:

None

Policy:

It is the company's policy to prioritize member safety including during adverse weather conditions.

Procedure:

To determine the severity of any inclement weather conditions, Veyo utilizes the following:

- Department of Transportation to determine road closures;
- School closures;
- Weather advisories from the weather service to understand any impacted areas;
- Feedback from contracted transportation providers and medical providers on closures; and
- Feedback from our regional office to determine the severity of any inclement weather conditions.

If some providers are operational, we will prioritize critical members and cancel non-urgent trips to ensure sufficient capacity for the most critical transports.

We will communicate any changes in transportation through the following channels:

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- Automated outbound calls to members and facilities; and
- Hold messaging, email, and website updates.

Revision History

Date of Revision	Revision Version	Contributors	Change Summary
11/28/2017	1.0	David Gibson	Initial release of SOP
12/27/2017	1.1	David Gibson	Added school closures to procedure

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Title: Reimbursement Procedures

SOP Identifier: TTIVeyo_Command Center_003 Reimbursement Procedures

Author	Initial Issue Date	Latest Revision Date	Version	Revised By	Approved By
David Gibson	11/28/2017	11/28/2017	1.0	David Gibson	David Gibson

Summary:

The purpose of this policy and procedure is to describe the process for reimbursement of expenses related to member transportation.

Company Personnel Affected by this Procedure:

Command Center staff and all staff involved in the reimbursement process

Forms or Files Utilized:

Reimbursement Online Form

Policy:

It is the company's policy to complete reimbursement for qualified completed trips per account contract requirements.

Procedure:

Once a member has qualified for personal mileage / gas reimbursement, we will schedule their trips with this mode.

The friend or family member who will be transporting them must register as a driver on our website and meet the following requirements:

- The driver must have a valid driver's license;
- The driver must be listed on the vehicle's insurance;
- The driver must have current documentation; and
- The Medicaid participant / member must be in the vehicle during the trip.

Once the driver has been approved by Veyo, he/she will be able to look up the trips they completed for reimbursement by entering the member's first and last name, member's Medicaid ID, member's date of birth, and the appointment date.

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Reimbursement must be submitted within 30 days of the trip to be eligible for payment.

Approved trips will be paid out within 1-2 weeks for electronic payments and 2-4 weeks for physical checks. Physical checks are mailed out on the last day of each month.

Revision History

Date of Revision	Revision Version	Contributors	Change Summary
11/28/2017	1.0	David Gibson	Initial release of SOP

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Title: Member Non-Compliance

SOP Identifier: TTIVeyo_Command Center_004

Author	Initial Issue Date	Latest Revision Date	Version	Revised By	Approved By
Richard Bresnahan	12/5/2017	12/5/2017	1.0	Richard Bresnahan	David Gibson

Summary:

The purpose of this policy and procedure is to outline the process related to member non-compliance with the company’s No Show Policy that requires corrective action.

Company Personnel Affected by this Procedure:

Command Center, Call Center

Forms or Files Utilized:

None

Policy:

It is the company’s policy to enforce its No Show Policy to ensure trip operations are remain efficient and appropriate per member.

Procedure:

The following is used as criteria to enforce the No Show Policy:

- The member must have more than 40% of the trips within the last 45 days that resulted in a No Show, with a minimum of 6 trips.
- OR
- The member must have 4 consecutive canceled trips that resulted in a No Show within 45 consecutive days.

Corrective action taken to enforce the No Show Policy:

1. The Data Integrity Team will run a weekly report to flag members to be reviewed.

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2. The Call Center's Special Projects Team will then call the member to inform them of the policy.
 - The goal of the phone call and outreach is to verify the information we have in the system and to speak to the member or facility about the trip history.
 - The Call Center agent can make an exception if there is a valid reason that the member was unable to inform the Call Center that they were going to cancel. i.e. in the hospital, emergency, etc.

3. A letter will also be mailed to all members stating the following:

"Upon receiving this letter, you will need to book trips one at a time by contacting us no more than 1 week and no less than 48hrs in advance between Monday through Friday during the hours of 8:00am and 6pm to schedule transportation."

4. All standing orders will be cancelled 10 business days after the letters were sent.

5. Once the member has been contacted, the Data Integrity Team will disable the member's ability to book standing orders.

6. If a member tries to call in to schedule a recurring trip, an alert will pop up to instruct the Call Center agent to advise them that they are only able to schedule one trip at a time. The agent also advises the member how to become eligible again for recurring transportation.

The following is used as criteria to reinstate recurring or standing orders:

1. The participant must have 6 consecutive completed trips within a 30 span from the time they were identified as "Chronic No Show."

2. The positive report will be pulled bi-weekly to verify if any of the members can be removed from the list.

Revision History

Date of Revision	Revision Version	Contributors	Change Summary
12/5/2017	1.0	Richard Bresnahan; David Gibson	Initial release of SOP

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Title: Health Insurance Portability and Accountability Act (HIPAA) and Protected Health Information (PHI)

SOP Identifier: TTIVeyo_Compliance_007

Author	Initial Issue Date	Latest Revision Date	Version	Revised By	Approved By
TTI HR		10/12/2017	3.2	Joanne Tan	Mike Sawyer

Summary:

To document the procedures for complying with the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and Protected Health Information (PHI).

Company Personnel Affected by this Procedure:

All employees and workforce as defined in this procedure

Forms or Files Utilized:

1. Veyo_Compliance_009 Compliance Event Reporting and Corrective Action
2. Veyo_Compliance_009_1 Compliance Event Reporting Form
3. Veyo_Compliance_009_2 HIPAA/HITECH Breach Assessment Form

Policy:

Veyo, LLC is a business associate as defined by HIPAA/HITECH and some employees and independent contractors partnered with Veyo are exposed to and use protected health information (PHI) in the conduct of their duties. Therefore HIPAA/HITECH privacy and security provisions will apply to protected health information (PHI) used and maintained by the company.

Procedure:

1. Protected Health Information. Protected Health Information (PHI) means information that relates to the past, present, or future physical or mental health or condition of a participant; the provision of health care to a participant; or the past, present, or future payment for the provision of health care to a participant; and that identifies the participant or for which there is a reasonable basis to believe the information can be used to identify the participant. PHI includes information on persons living or deceased. This policy applies to all PHI regardless of how it is transmitted – orally, in writing or electronically.
2. It is the Company's policy to comply fully with HIPAA/HITECH requirements. To that end,

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all members of the Company's workforce who have access to PHI must comply with this Privacy Policy and they must only use PHI for official Veyo business in scheduling and providing transportation and in billing for services.

3. For purposes of this Policy and the Company's use and disclosure procedures, the workforce includes individuals who would be considered part of the workforce under HIPAA/ HITECH such as employees, independent contractors, and other persons whose work performance is under the direction of the Company, whether or not they are paid by the Company.
4. No third party rights (including but not limited to rights of Plan participants, beneficiaries, covered dependents, or business associates) are intended to be created by this Policy. The Company reserves the right to amend or change this Policy at any time (and even retroactively) without notice. To the extent this Policy establishes requirements and obligations above and beyond those required by HIPAA/HITECH, the Policy shall be aspirational and shall not be binding upon the Company. This Policy does not address requirements under other federal laws or under state laws.
5. HIPAA/HITECH regulations will be followed in administrative activities undertaken by assigned personnel when they involve PHI in any of the following circumstances: health information privacy, health information security and health information electronic transmission and/or storage.
6. It is the Company's policy to train all members of its workforce who have access to PHI on its privacy policies and procedures. Individual departments and managers are responsible for initial training through completion of the required new hire and annual courses.
7. Every employee given access to PHI has an obligation to protect against its unauthorized use or disclosure. General precautions include:
 - a. Ensuring any printed PHI is properly disposed of in secure bin located throughout the facilities.
 - b. Locking up any printed PHI when not in use.
 - c. Locking your screen when you step away from your terminal.
 - d. Promptly retrieving any PHI sent to a printer.
 - e. Any paper containing PHI will be secured in a desk drawer, filing cabinet, etc., or placed in a secure document disposal container at the end of each day.
8. The company will, through the Technology department, establish technical and physical safeguards to prevent PHI from intentionally or unintentionally being used or disclosed in violation of HIPAA/HITECH's requirements. Technical safeguards include creating computer firewalls. Firewalls will ensure that only authorized employees will have

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access to PHI and that they will have access to only the minimum amount of PHI necessary to perform their duties.

9. Veyo considers any breaches in the privacy and confidentiality of handling PHI as serious, and disciplinary action will be taken in accordance with our code of conduct.
10. Disclosure is the transmission of any PHI.
 - a. Any employee transmitting PHI outside of the company must only do so if it is a requirement of their position, they must provide only the minimum necessary information and must do so only via secure email or secure internet location/transmission. Managers must ensure that employees in these positions have the understanding of how to send secure email.
 - b. If an employee believes that PHI has been sent or received by Veyo in a non-secure manner, they should immediately contact their manager and the HIPAA/HITECH Compliance Officer.
11. Reports can also be made using Veyo_Compliance_009_1 Compliance Event Reporting Form.
12. Every Manager and Supervisor is responsible for monitoring staff and control of PHI.
13. Veyo has designated Mike Sawyer, Director of Corporate Compliance, as the HIPAA/HITECH Compliance and Privacy Officer, and Hector Felix as the HIPAA/HITECH Information Security Officer. Any questions regarding policy provisions should be addressed to these individuals.

Revision History

Date of Revision	Revision Version	Contributors	Change Summary
	1.0	TTI HR	Initial release of policy
3/15/2016	2.0	Mike Sawyer	Transition SOP from TTI to Veyo
7/13/2017	3.0	Joanne Tan	Updated formatting; updated staff name for Information Security Officer
7/26/2017	3.1	Joanne Tan	Updated Company Personnel affected by the policy to include

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			“workforce” as defined within the policy
10/12/2017	3.2	Joanne Tan	Added securing PHI at the end of each day; minor wording edits.

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Title: Fraud, Waste and Abuse (FWA)

SOP Identifier: TTIVeyo_Compliance_008

Author	Initial Issue Date	Latest Revision Date	Version	Revised By	Approved By
TTI HR		11/27/2017	3.2	Joanne Tan	Mike Sawyer

Summary:

To document the procedures for detection and elimination of Fraud, Waste, and Abuse.

Company Personnel Affected by this Procedure:

All employees

Forms or Files Utilized:

1. Veyo_Compliance_009 Compliance Event Reporting and Corrective Action
2. Veyo_Compliance_009_1 Compliance Event Reporting Form

Policy:

Veyo is a downstream entity for Medicaid and Medicare Part C programs and is fully committed to complying with all Federal and State standards, and to the detection and elimination of fraud, waste, and abuse (“FWA”).

Procedure:

1. Employees involved with the related contracts will receive new-hire training, within 30 days from date of hire, and annual training on FWA.
2. That training will include an understanding in the technical difference between fraud, waste, and abuse, but also an understanding that the distinction should not be a concern in their reporting.
 - a. Fraud*: Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.
 - b. Waste: Overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to federal and state government programs. Waste is generally not considered to be criminally negligent but rather the misuse of

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resources.

- c. Abuse*: Includes actions that may, directly or indirectly, result in: unnecessary costs to the Medicare or Medicaid programs or other government programs, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.
 - d. *The distinction between “fraud” and “abuse” depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors.
 3. Examples of fraud include, but are not limited to:
 - i. Billing for services that were not rendered;
 - ii. Signing blank records or certification forms, or falsifying information on records or certification forms for the sole purpose of obtaining payment;
 - iii. Using an incorrect or invalid code in order to be paid or to be paid at a higher rate of reimbursement;
 - iv. Selling or sharing Medicare health insurance identification numbers so that false claims can be filed; and
 - v. Falsifying information on applications, medical records, billing statements, cost reports or on any documents filed with the government.
 4. Examples of waste and abuse include, but are not limited to:
 - i. Billing for excessive services;
 - ii. Adding inappropriate or incorrect information to cost reports; and
 - iii. Requiring a deposit or other payment from patients as a condition for transportation or other provision of service.
 5. Examples of member fraud include, but are not limited to:
 - i. Misrepresenting or concealing facts that would cause Veyo to provide coverage to persons who are otherwise not eligible.
 6. Veyo actively encourages employees to report any suspected FWA and will not tolerate intimidation and/or retaliation for good faith reporting.
 7. Each employee involved in customer service and/or billing for related services must be alert to and report any suspected customer or internal irregularities.
 8. All reports will be investigated in detail by the Director, Corporate Compliance, who has been appointed as the Corporate Compliance Officer. The Corporate Compliance Officer has full authority to take appropriate disciplinary or legal action, and to order any necessary procedural corrections if FWA is found.
 9. Substantiated claims of suspected or confirmed FWA will be reported to the appropriate

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client within 2 business days.

10. The Corporate Compliance Officer will periodically review the employee training relative to current law.

Revision History

Date of Revision	Revision Version	Contributors	Change Summary
	1.0	TTI HR	Initial release of policy
3/15/2016	2.0	Mike Sawyer	Transition of SOP from TTI to Veyo
7/13/2017	3.0	Joanne Tan	Updated formatting and minor sentence revisions
7/27/2017	3.1	Joanne Tan	Updated to reflect current process that Veyo is a downstream entity for Medicaid and Medicare Part C
11/27/2017	3.2	Joanne Tan	Updated training requirement from 90 days to 30 days from hire date after discussion with HR and Call Center Training.

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Title: Compliance Event Reporting and Corrective Action Process

SOP Identifier: Veyo_Compliance_009

Author	Initial Issue Date	Latest Revision Date	Version	Revised By	Approved By
Kelsie McClendon	04/21/2014	12/4/2017	4.1	Joanne Tan	Mike Sawyer

Summary:

Veyo, LLC and affiliates (“Company”) have adopted the following policy to articulate the reporting and investigation procedures for internal compliance related events including, but not limited to: HIPAA/HITECH; Fraud, Waste, and Abuse (FWA); Quality Assurance; Discrimination/Harassment; and/or any other areas of non-compliance from a supplier, customer, employee, or partner.

Company Personnel Affected by this Procedure:

All Company personnel and departments are required to comply with this policy.

Forms or Files Utilized:

1. Veyo_Compliance_009_01 Compliance Event Reporting Form
2. Veyo_Compliance_009_02 HIPAA/HITECH Breach Assessment Form
3. Veyo_Compliance_005 Code of Conduct

Procedure:

Section I - Compliance Event Reporting

1. Allegations of non-compliance:
 - a. Stakeholders may report allegations of non-compliance through multiple channels, such as verbally, in writing, via the Compliance Event Reporting Form to the Compliance Officer (Director, Corporate Compliance) or through email to compliance@veyo.com.
 - b. Incidents of non-compliance may also be discovered during an audit and will be logged within individual audit reports.
 - c. All reported allegations of non-compliance will be tracked, assessed for investigation.
 - d. Written findings either substantiating or dismissing an allegation must be prepared in response to all Compliance Event Reports.
2. The Compliance Officer will assess each written event/incident of alleged non-compliance on a case-by-case basis. This review will be conducted as soon as possible but no later than 2 weeks after the incident is reported. Based on the review,

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- due diligence will be exercised and the decision whether or not to seek legal counsel and to conduct an investigation will also be determined on a case-by-case basis.
3. Corrective action plans must be prepared in response to all written findings and incident reports. Serious allegations/incidents must be reported to the Compliance Officer and the President. Summaries of logs and incidents of non-compliance must be reported annually to the President.
 4. When a report is submitted by a method other than the Compliance Event Reporting Form, the Compliance Officer or reporting Manager or Supervisor accepting the report will complete the Compliance Event Reporting Form.
 5. Compliance Event Report Types
 - a. Fraud, Waste, and Abuse
 - b. HIPAA, Personal Health Information (PHI) Event or Breach
 - c. Ethics
 - d. Conflict of Interest
 - e. Discrimination
 - f. Other/Unknown
 6. Compliance Event Reports are to be:
 - a. Directly routed to the Compliance Officer or a member of the Compliance and Quality Committee in a sealed envelope or via email to compliance@veyo.com.
 - i. HIPAA/PHI disclosures must be reported to the Director, Corporate Compliance who serves as the HIPAA Privacy Officer.
 - b. If assessed to be needed, a prompt and thorough investigation is to be commenced.
 - c. All documents pertaining to an event are to be classified as Restricted and filed securely. Paper files must be in a locked cabinet. Electronic must be in a way that only authorized persons have access.
 - d. Summarized along with the applicable Corrective Action Plan and follow up and reported to the Compliance and Quality Committee at each regularly scheduled quarterly meeting.
 7. The Compliance Officer will report member issues to the respective Plans/Clients as soon as possible but no later than 2 business days after receiving the report.

Section II - Compliance Event Investigation

1. Investigation Timing, Quality, and Assignment
 - a. Once a compliance report is received and assessed, a prompt and thorough investigation will be conducted by the Compliance Officer or a designated member of the Compliance and Quality Committee.
2. The Investigation Shall Include, but is not limited to:
 - a. Interviewing all Parties and Witnesses reported in the alleged event.
 - b. Reviewing applicable documents, computer software, and recordings.
 - c. Completing the HIPAA Breach Assessment Form, if applicable.
 - i. The investigator will assign a Risk Rating to the event based on the following:
 1. Low Risk – A low risk event is defined as one that the investigation indicates did not involve PHI, is likely to have a limited adverse

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- effect on the organization, organizational assets, or individuals or the event was found to be unsubstantiated.
2. Moderate Risk – A moderate risk is one where it is likely that an adverse effect on the organization, organizational assets, or individuals exists. A moderate risk event may include an alleged unauthorized disclosure of PHI that is not found to be substantiated.
 3. High Risk – A high risk event will likely cause a severe or catastrophic adverse effect on the organization, organizational assets, or individuals. A high risk event **may** require HIPAA/HITECH Breach Notifications, if PHI was involved, and at a minimum will require that the President be notified immediately.
- d. The investigator must explain and document the Risk Rating assigned to the event.
 - i. A written report shall be made by the investigator and submitted to the Compliance Officer to be reviewed by the Compliance and Quality Committee on a quarterly basis.
 - e. Corrective Action Plans must be developed, approved, and implemented for all substantiated events.

Section III - Corrective Action Process

1. Corrective Action Plan – A Corrective Action Plan is required for all substantiated compliance events in order to prevent reoccurrence.
2. Corrective Action Types
 - a. Engineering -Changing systems and/or work environment.
 - b. Administrative-Training, disciplinary action, policy/procedure changes, auditing/supervision, accountability/incentives, etc.
 - c. Interim-Temporary Controls to mitigate the risk of event recurrence while permanent Correct Actions are designed and approved. Such permanent corrective actions may require development by the Information Technology department, programing updates, access updates, or policy revisions.
3. Corrective Action Approval Process
 - a. Interim corrective actions may be implemented immediately by any Supervisor, Manager, or Director.
 - b. The CAP must be delivered to and reviewed with the provider to ensure understanding of the area of non-compliance, the required action plan, the due date, and the Veyo planned follow-up action.
 - i. Time frames will be determined on a case-by-case basis but should generally be no longer than 30 days.
 - c. The action plan must include the response expectations and due dates for the providers.
 - d. The form reinforces that a failure to respond may result in further corrective action up and including immediate termination of the agreement.

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- Final Corrective Actions must be reviewed and approved by the Compliance and Quality Committee and as necessary submitted to the President for approval, development, or purchase of software and/or additional physical security.

Section IV - Compliance Events and Corrective Action Tracking

- Compliance Events and Corrective Action Plan tracking and report must be stored in a secure and restricted manner, in accordance with Section I of this policy.

Section V – Non-Retaliation Policy

- The Company observes a strict no retaliation policy. Employees who, in good faith, report an alleged instance of non-compliance, discover non-compliance during an audit and document it as a finding, or are questioned as part of an investigation or audit, will not be subject to retaliation or harassment for their participation in the compliance program. Employees who retaliate against a fellow employee for reporting an allegation or an event, cooperating with an investigation, participating in an audit, or instituting a corrective action will be subject to corrective action, up to and including termination of employment and/or initiation of appropriate legal action.

Revision History

Date of Revision	Revision Version	Contributors	Change Summary
4/21/2014	1.0	Kelsie McClendon	Initial release of SOP
2/10/2015	2.0	Mike Sawyer	Converted to new format. Updated based on creation of Compliance Manager Position
12/30/2015	2.1	Mike Sawyer	Clarified Plan/Client reporting requirements
3/15/2016	3.0	Mike Sawyer	Annual review and conversion to Veyo LLC
9/15/2016	3.1	Mike Sawyer	Enhancement of Section III, 3
7/26/2017	4.0	Joanne Tan	Annual review; minor formatting changes; updated Code of

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			Conduct reference to 2017
12/4/2017	4.1	Joanne Tan	Removed year reference to Code of Conduct since it is reviewed and updated annually

Standard Operating Procedure

Title: Member Complaints and Grievances

SOP Identifier: TTIVeyo_Compliance_016

Author	Initial Issue Date	Latest Revision Date	Version	Revised By	Approved By
Hunter Griendling	12/1/2017	12/1/2017	1.0	Hunter Griendling	Hunter Griendling

Summary:

The purpose of this policy and procedure is to describe the process for handling member/passenger complaints and grievances.

Company Personnel Affected by this Procedure:

Quality Assurance team

Forms or Files Utilized:

Salesforce CRM

Policy:

At Veyo, we aim to utilize the newest technology to address the issues faced in the healthcare, NEMT industry. We continue to monitor and review all of our processes to ensure the highest quality of service. This has allowed Veyo to have one of the lowest grievance rates in the NEMT industry. We take our mission to provide excellent customer service very seriously, resulting in extremely low complaint rates that have been well below the industry norms and far below performance requirements over the past few years.

Procedure:

Call Center: Call Center agents work to investigate, de-escalate and resolve any verbal complaints or issues that may arise through a phone call. The agents are empowered to contact the Dispatch team to find out about transportation ETAs, order new rides if a trip has been erroneously cancelled, and update any addresses that are incorrect. The agents are able to resolve most complaints that arise while speaking with the member on the phone.

Escalations Team: If the member has an issue that cannot be resolved or investigated during the initial call, the agent will warm transfer to an escalations agent. The escalations agent will enter the grievance into Salesforce, our CRM tool.

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At such point, the grievance will be sent through Salesforce to the Quality Assurance team for investigation and resolution. The team will document the investigation details and resolution through Salesforce, which is available to all client employees.

Documenting

Veyo uses the Salesforce.com Service Cloud – Enterprise version as our complaint tracking system. This platform enables secure communication, tracking and management of complaints. It allows for real time communication and response for timely follow-up and resolution to complaints received. This ensures immediate action on all feedback and a resolution of the issue with corrective action, if necessary.

Salesforce auto-assigns case numbers, allows for role permissions, and can be tailored to specific client requirements that allow for data management analytics. All grievances entered for an account are visible to all other users with permission to that account. Any member assistance representative from the client can search and track a member's grievance and complaint history.

Quality Assurance Team: We have a fully automated mobility management system that is used to collect and track any new complaints, launch, and manage the investigation and provide complete reporting.

Key steps involved in our complaint management process are as follows:

- The investigation process consists of: a customer interview, driver interview, telephone recording review, and video footage review, when available and appropriate.
- The Quality Assurance team will add documents, voice recordings, trip logs and other necessary documentation to substantiate or un-substantiate each complaint.
- Complete any necessary corrective action for the provider, agent or driver whose error may have impeded the timely transportation of any member
- Resolutions will be communicated to the client, and the passenger as appropriate.

The Quality Assurance team will reach out to the member and/or the facility to notify them of the investigation and resolution. The team will attempt to reach out to the member at the provided eligibility phone number or at the phone number listed in the trip. If the grievance received is in writing from a facility, the Quality Assurance team will respond to the facility via email.

Timeline

The time required to investigate, respond and resolve standard vs. expedited complaints and grievances is subject to requirements per client contract. The Quality Assurance team follows account protocols to ensure compliance.

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Date of Revision	Revision Version	Contributors	Change Summary
12/1/2017	12/1/2017	Hunter Griendling; Joanne Tan	Initial release of SOP

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Title: Quality Assurance Program

SOP Identifier: Veyo_Compliance_018

Author	Initial Issue Date	Latest Revision Date	Version	Revised By	Approved By
TTI Compliance	2014	12/5/2017	3.0	Joanne Tan	Mike Sawyer

Summary:

The purpose of this policy is to describe Veyo's policy and procedures related to quality assurance.

Company Personnel Affected by this Procedure:

All staff

Forms or Files Utilized:

Veyo_Compliance_018_1 Quality Assurance Plan

Policy:

Veyo is committed to providing the highest quality of NEMT services to our clients and their members/passengers. The Quality Assurance Program (QAP) serves as a resource guide for Veyo's staff and key partners to ensure standards are maintained and expectations are met or exceeded, including any specific client requirements. The QAP also describes how Veyo will ensure this level of quality in the overall delivery of service and work processes. The QAP is approved by the Corporate Compliance and Quality Committee.

Veyo's QAP ensures that:

- NEMT service is designed to meet prescribed standards and requirements within account contracts.
- Work processes are performed satisfactorily and as documented.
- Non-conformances found are identified and appropriate corrective action is taken.

Veyo will continuously monitor and verify that service delivery meets the required quality standards. A key component of the QAP is using data to verify that the processes used to manage and deliver services are followed, are effective and drive continuous enhancements to improve administrative, operational, maintenance and safety performance.

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Procedure:

The QAP entails standardized, uniform processes and includes the following quality assurance components:

- An annual Quality Assurance Plan designed to monitor quality and obtain feedback using external surveys of members/passengers, transportation providers, and other stakeholders such as health care facilities.
- Client Account management to ensure contract compliance with quality standards.
- Transportation Provider management and monitoring against key performance indicators to ensure safe and reliable on-time transportation.
- Customer Solutions Center management, monitoring and evaluations of agents.
- Training staff interacting with members/passengers to be proficient in their respective duties and customer service standards.
- Dedicated Quality Assurance team managing member complaints through resolution.
- Quality Improvement Plans initiated by the Quality Committee based on results from external surveys and internal data of performance metrics.

Goals and Objectives:

Veyo views quality management as the sum total of the efforts we take to ensure that we meet or exceed customers' expectations. The overall quality goals and objectives for the delivery of the transportation service are to ensure quality in everything we do – from the provider and driver selection, to the trip management process, to the on-time pick-up and drop-off of members/passengers.

The objectives of the Quality Assurance Program are to:

- Comply with regulatory quality standards.
- Promote safe, cost-effective transportation services to members/passengers.
- Improve the quality of Veyo's services provided to customers through comprehensive and continuous monitoring of key performance indicators and data analysis.
- Promote communication with agencies, customers and other stakeholders by providing feedback on the results of specific performance measurements and assessments and collaboratively develop improvement strategies.
- Document and report the results of monitoring activities, analysis of performance indicators, and recommendations for internal and external improvement.
- Investigate, track, and resolve grievances and complaints.
- Ensure that all transportation providers are properly credentialed.
- Prevent fraud, waste, and abuse in the service delivery process.
- Conduct internal audits and support Veyo departments in providing optimal delivery of services.

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Oversight and the Annual Quality Assurance Plan:

Veyo's senior management is committed to providing the resources necessary to ensure quality service, and provides support and oversight of the QAP and the annual Quality Assurance Plan. In order to reflect the changing needs of Clients and members/passengers, Veyo reviews and updates the Quality Assurance Plan annually, which the Director, Corporate Compliance and/or Compliance Department oversees.

Staff from Veyo's departments including Customer Solutions Center (Call Center), Command Center, Quality Assurance and Supply are trained to support the customer focus approach. Regional Managers are responsible for the operational aspects of ensuring the delivery of transportation services. Finally, Veyo provides a Vice President of Trip Operations and Vice President of Market Operations to oversee the comprehensive delivery of NEMT services.

For detailed activities/projects within the annual plan, review the referenced Quality Assurance Plan. The Quality Assurance Plan is designed to monitor and evaluate member experience with transportation providers and call center agents.

- **Customer Solution Center Reviews:** Veyo is committed to understanding the diverse needs of members/passengers and create appropriate actions based on these reviews. The Customer Solution Center's quality assurance program has developed specific criteria designed to continuously improve the customer experience. The management team evaluates calls per Customer Solution Representative (CSR) and is scored on all components of the reservation process. The Call Center Managers and Supervisors have access to each CSR's scores and are responsible for sharing individual and system results to their team leads for coaching, training and performance improvement purposes. Performance measures include, but are not limited to:
 - Proper verification of member/passenger information, such as address and phone number.
 - The tone, manner, and efficiency of the Customer Solution Representative during trip intakes, including inquiring if the member has special needs that must be accommodated.
 - Re-stating trip information to the customer to ensure accuracy.
 - Percent of calls answered within 30 seconds or within account contract requirements.
 - Length of call.
 - Number of abandoned calls.
- **Surveys:** Surveys are used to obtain feedback from members/passengers, transportation providers and other key stakeholders. Data is collected to obtain a wholesome view of member experiences with transportation providers partnered with Veyo.

The results each activity or project as indicated in the plan are shared with respective departments as appropriate. Results are also used to develop Quality Improvement Plans, as further described below, by the Quality Committee.

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Client Account Management:

In consultation with clients, Veyo establishes recurring meetings to promote collaboration and ever-increasing client satisfaction. The frequency may be quarterly or monthly, and during start-up operations and major transitions, more frequently as needed. In addition, Veyo develops customized and detailed reporting – including performance metrics (call center and transportation) and customer feedback (grievances and complaints). Ensuring contract compliance is an integral component of service delivery and Veyo will facilitate any monitoring activities required by account contracts. See Reporting and Performance Standards section.

Administrative Reporting Requirements:

Veyo recognizes that statistical reporting is a critical component of service quality evaluation. In order to meet this expectation, Veyo collects and analyzes comprehensive data on an ongoing basis. Data is reported both internally and externally using Veyo designed reports and custom reports to meet individual client needs and account requirements. Reporting can include, but is not limited to, data for the following areas:

- Trips requested and completed
- Number of trips (ADA and non-ADA) performed
- Eligibility denials
- Cancellations and no-shows
- Missed trips
- On-time performance
- Customer Solutions Center performance
- Grievances and complaints
- Incident and accident reports

Internal reporting is done on a wide variety of frequencies from hourly to annually. External client reporting is determined on a contract-by-contract basis.

Performance Standards:

Performance standards are used to evaluate service quality. To achieve optimum productivity, on-time performance, quality customer service and compliance with the client requirements, Veyo monitors, analyzes, and evaluates according to the following standards:

Veyo's goal is 95.0% of all "pick-ups" to be on time. Other general standards include:

- A pick-up is considered on-time if made no later than 30 minutes after the "pick-up" time provided to members/passengers.
- A pick-up is considered on-time if made no later than 60 minutes after a "will call" return trip is placed.

If account contract requirements are more stringent than the above standards, Veyo will measure according to account requirements.

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Transportation Provider Management:

Transportation Provider staff perform credentialing reviews of the company, drivers, and vehicles. Specific credentialing procedures can be found within each market's checklists. Once credentialed, Transportation Management staff continuously monitor key performance indicators outlined in provider agreements. Key performance indicators include, but are not limited to:

- On time performance
- Response time to trip distribution, when applicable
- Grievance rates
- Compliance with credentialing and other document requirements

Appropriate steps are taken by the Transportation Provider staff when a provider falls below minimum standards, which may include placing the provider on a corrective action plan.

Grievance/Complaint Resolution and Management:

For clarity the following definitions apply internally:

- Grievance – a dispute regarding a decision that affects whether or not a member/passenger receives transportation. These include denials of service or denials of a particular type of service with the approval of an alternate means.
- Complaint – a dispute regarding the quality or performance of service. These include Call Center staff conduct and transportation provider conduct.

The term incident is used as an encompassing term below.

All incidents are managed in a ticketing system by the most appropriate team/staff. These resources include Quality Assurance agents, Command Center agents, staff from Operational Areas, IT Support and/or corporate staff.

When an incident is communicated to Veyo, the information is inputted into a ticketing platform. This system establishes a process and reporting capability that allows Veyo to address key issues and problems in order to improve the quality of service delivery. The process includes investigation, resolution, corrective action plans, and reporting.

Veyo offers members/passengers multiple ways to file a complaint. Members/passengers can make a telephonic complaint 24/7 where agents follow a standardized script to collect uniform, consistent information and enter the information into our system. Complaints may also be filed via our online web form, email, fax or mail. Transportation Providers are required to investigate any customer comments or complaints in accordance with the detailed contract requirements (outlined in the Provider Manual). See TTIVeyo_Compliance_016 Member Complaints and Grievances for more information about the process.

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Incident/Accident Management:

Incident/Accident reporting procedures are detailed in TTIveyo_Compliance_025 Provider Accident Reporting, the Veyo NEMT Provider Manual and the IDP Manual.

Incident/accident processes are in place to ensure that all information is documented and addressed in accordance with required timeframes. Veyo manages all incident/accident reports to ensure action, communication, and closure.

For consistency, an incident/accident is any contact or collision between a Veyo or subcontracted vehicle and another vehicle, a fixed object, or a person - whether or not there is damage or injury, or any occurrence in or near the vehicle, which results in injury to a customer [49 CFR 655.4].

Quality Improvement Projects:

Veyo's Quality Improvement Sub-Committee (or Quality Committee) addresses priority program-related concerns relevant to service standards that require further study and intervention. Veyo conducts a minimum of two quality improvement projects at any time throughout the year. At least one of these projects is designed to focus on consumer safety.

Quality improvement projects exemplify the process of continuous quality improvement allowing Veyo to refine and maintain quality customer services. The Quality Committee utilizes survey results, outcome results, accessibility surveys, and other operational reports to identify opportunities for quality improvement projects. Each quality improvement project includes the following:

- Establish measurable goals for quality improvement;
- Design and implement strategies to improve performance;
- Establish projected time frames for meeting goals for quality improvement;
- Re-measure level of performance at least annually;
- Document changes or improvements relative to the baseline measurement; and
- Conduct an analysis if the performance goals are not met.

The Compliance team will facilitate all projects with the Quality Committee and provide routine communication and project results to the Corporate Compliance & Quality Committee. Results are disseminated to the Veyo management team and staff (as appropriate).

Other Strategies to Achieve Quality Assurance Objectives :

The following strategies and processes are designed to achieve quality assurance objectives:

- **Training:** Personnel assigned to communicate with members/passengers receive initial and annual refresher training in critical areas including: customer service, ADA sensitivity, fraud, waste and abuse, and HIPAA compliance. Additional training is provided to meet specific client contracts as needed.

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- **Standard Operating Procedures:** Veyo has established and implemented a uniform set of written policies and standard operating procedures (SOPs) for all staff, including driver support, reservation agents, transportation management, administrative staff and management responsible for the operation of transportation services. Contracted Transportation Providers partnered with Veyo are required to establish standard operating procedures for their staff. These SOPs are utilized for Transportation Provider management, Customer Solutions Center management and training relevant staff. SOPs include the following key topics:
 - All:
 - HIPAA compliance
 - Exclusions list verification
 - Fraud, Waste and Abuse
 - Customer Solutions Center:
 - General call center operations (ACD queue, call routing, agent monitoring)
 - Reservation procedures
 - Contract specific requirements/protocols
 - Procedures (e.g. mileage reimbursement, public transportation, trip denial, etc.)
 - Transportation Providers:
 - Company credentialing
 - Driver credentialing
 - Vehicle credentialing
 - Transportation Provider Manual
 - Independent Driver-Provider Manual

- **Internal Audits:** Corporate Compliance, in conjunction with the Corporate Compliance and Quality Committee, routinely reviews and approves policies and procedures and conducts internal audits as needed to evaluate processes.

Revision History

Date of Revision	Revision Version	Contributors	Change Summary
4/15/2016	1.0	Mike Sawyer	Initial release of SOP as Veyo from TTI; approval by Mike Sawyer
3/10/2017	1.1	Mike Sawyer	Conversion to standardized Veyo format
3/30/2017	2017 2.0	Mike Sawyer	Annual update; 2017 survey plan updated

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5/4/2017	2017 2.1	Mike Sawyer	Trip verification section updated
7/28/2018	2017 2.2	Joanne Tan	Formatting changes; annual version tracking added
12/5/2017	3.0	Joanne Tan	Reformatted to split QA Program description and annual QA Plan; reorganized sections and updated information; updated to reference other SOPs applicable to program and removed information outlined in the referenced SOPs

Standard Operating Procedure

Title: **Appropriate Mode of Service**

SOP Identifier: **TTIVeyo_CSC_012**

Author	Initial Issue Date	Latest Revision Date	Version	Revised By	Approved By
David Gibson	11/28/2017	11/28/2017	1.0	David Gibson	Jacky Gibbs

Summary:

The purpose of this policy and procedure is to describe the process for determining the appropriate mode of transportation for a member.

Company Personnel Affected by this Procedure:

Contact Solutions Center (“CSC”) staff and all staff involved in booking transportation services

Forms or Files Utilized:

Medical Necessity Form

Policy:

It is the company’s policy to determine the most appropriate mode of transportation for each member per account contract requirements.

Procedure:

Veyo utilizes technology to match members with the most appropriate level of service possible while delivering exceptional service at the lowest cost.

- If a member has access to a vehicle, he/she will be set up with personal mileage / gas reimbursement. This setting is controlled on the member’s profile and all future transportation defaults to this level of service. Our technology will evaluate the distance between a public transportation fixed route and the pick-up/drop off address.
- If the trip falls within the approved distance of a bus route, the member will be set up with the public transit level of service.
- If mileage reimbursement or public transportation is appropriate for the member but denied by the member, a licensed practitioner must sign a Medical Necessity form and the member must return this to Veyo within 14 calendar days.

Standard Operating Procedure

Revision History

Date of Revision	Revision Version	Contributors	Change Summary
11/28/2017	1.0	David Gibson; Jacky Gibbs	Initial release of SOP