

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Human Service Transportation Office



*Paving the way to access, quality and efficiency
for the consumers we serve*

FY2010 Annual Report

Deval Patrick, Governor

Timothy P. Murray, Lieutenant Governor

Dr. JudyAnn Bigby, Secretary
Executive Office of Health and Human Services

Message from the Director

In FY10, services provided through the Executive Office of Health and Human Services Human Service Transportation (HST) Office continued to grow as consumer trips increased by almost 7% to over 5.5 million trips. Cost containment was simultaneously at work with the average cost per trip decreasing by over 2%. Service quality was not sacrificed to achieve these savings. The HST brokers exceeded 100% of their required on-site service inspections, with an average of 24 inspections taking place every weekday across the Commonwealth. In addition to these operational achievements, the Office was awarded a federal New Freedom grant to review and evaluate the HST brokerage model with the goal of positioning it to support further coordination and local mobility management efforts across the Commonwealth.

The Office also completed its review and analysis of transportation services provided through the Massachusetts Rehabilitation Commission (MRC) and the Massachusetts Commission for the Blind (MCB) with the result that these agencies will transition into the HST brokerage system in FY11. I'd like to welcome both MRC and MCB to the HST system and as new members of the HST Steering Board.

Finally, I would like to thank the HST Steering Board and participating agencies for their support of the Office in FY10. I also want to thank the HST staff and brokers for their hard work in achieving the outcomes highlighted in this report. We have many more opportunities, goals and challenges ahead as we move this system forward in FY11.

Sincerely,
Jim Flanagan

HST Steering Board

Chair – Catherine Mick, Chief Administrative Officer, EOHHS
Sandra Albright, Undersecretary, EOE
John Englert, Deputy Administrator, MassDOT
Russ Kulp, Assistant Commissioner, MassHealth
Larry Tummino, Deputy Commissioner, DDS
Kasper Goshgarian, Deputy Commissioner, MRC
Ron Benham, Division Director, DPH
Jim Foti, Unit Director, MCB

Legal Advisor – Heidi Paulson, EOHHS

HST Team

Ed Bailey	Sandra Mulcahy
Perry Fong	Christine Newhall
Gail Hill	Tanya Pina
Vera Kirrane	Taysha Rivera
Ronni Lieberman	Tanja Ryden
William McGuinness	

Who We Are

The Executive Office of Health and Human Services (EOHHS) comprises 16 agencies that collectively deliver and administer most of the Commonwealth's health and human services. We support the health and well-being of residents through services that include Medicaid, nutrition assistance, mental health, public health, and transitional assistance. EOHHS has an operating budget of \$13.5 billion, which represents approximately half of the Commonwealth's budget and makes us one of the largest state government organizations in the country.

EOHHS' work touches the lives of all Massachusetts residents. We provide targeted services to approximately 1.5 million of the Commonwealth's most vulnerable populations. We also protect, preserve, and improve the health of all the Commonwealth's residents through our public health, safety, and quality programs, and other initiatives, including a coordinated human service transportation system.

The EOHHS HST Office reflects our commitment to ensuring access to care and helping individuals live in their community of choice by improving access to community-based supports. We operate our programs as effectively and efficiently as possible, making the most of every taxpayer dollar with which we are entrusted.

HST Mission: To promote access to health and human services, employment and community life by managing a statewide transportation brokerage network for eligible consumers and by providing technical assistance and outreach strategies in support of local mobility and transportation coordination efforts especially for transportation disadvantaged Massachusetts residents.

HST Vision: A system where all transportation disadvantaged residents of the Commonwealth have adequate transportation options allowing access to all facets of daily life.

HST Core Values:

- Support/ensure consumers' transportation access to the full range of human services they need to be healthy and self-sufficient
- Provide human service transportation in a safe, professional, on-time manner
- Maintain and enhance transportation service quality and cost effectiveness
- Treat all consumers with dignity and respect
- Use the least intensive level of transportation required, based on the consumer's needs
- Promote and facilitate public transit options
- Support the coordination of human service transportation on federal, state and community levels
- Develop transportation policies and programs that promote the safety, health and well being of the consumer

What We Do: HST Brokerage

The HST Office contracts with six regional brokers to manage the transportation services of four programs within three EOHHS agencies:

- **MassHealth (Medicaid)** non-emergency medical transportation system (PT-I)
- **MassHealth** funded **Day Habilitation** (DayHab) programs
- **Department of Developmental Services** (DDS) supported employment workshops and residential supports
- **Department of Public Health's** (DPH) early intervention programs for children and families

Through the HST Office's brokerage operation, human service transportation is provided to eligible consumers via two models: "demand-response" and "program-based":

- **Demand-Response** ("dial-a-ride") transportation is provided on an as-needed basis for consumers to and from varying locations. This model is used primarily for MassHealth PT-I non-emergency medical transportation services.
- **Program-Based** transportation operates on a daily or regularly scheduled basis in which consumers are picked up from their homes and transported to the same program facility, on a grouped or shared-ride basis. This includes transportation for Department of Developmental Services, MassHealth-funded Day Habilitation programs, and the Department of Public Health's early intervention programs.

The HST system was designed and implemented in partnership with the Massachusetts Department of Transportation (MassDOT). Six Regional Transit Authority (RTA) brokers provide brokerage services under contract with EOHHS in each of nine distinct HST Areas (HST I-9), encompassing all cities and towns within the Commonwealth. This high level of coordination is accomplished as each broker administers transportation services through subcontracting with qualified transportation providers in their HST Area(s).

Transportation brokers are required to adhere to high quality performance standards with specific outcome measures that have been established and are monitored by the HST Office. The primary responsibilities of brokers include:

- Arranging consumer trips and contracting for services with local providers
- Monitoring and ensuring service quality (on-site inspections, consumer surveys, etc.)
- Developing routing and other strategies to increase system efficiency and cost effectiveness
- Tracking and reporting system usage and costs and monitoring performance benchmarks

What We Do: Technical Assistance and Outreach

The HST Office offers a range of technical assistance to state agencies – from assessing current transportation programs to developing innovative solutions to consumer transportation needs. Our outreach efforts are focused on supporting community and regional transportation coordination and local mobility management initiatives. Our goal is to assist agencies in ensuring that their consumers have timely access to services and maximize their potential for travel independence.

HST **Technical Assistance** highlights from FY10 include:

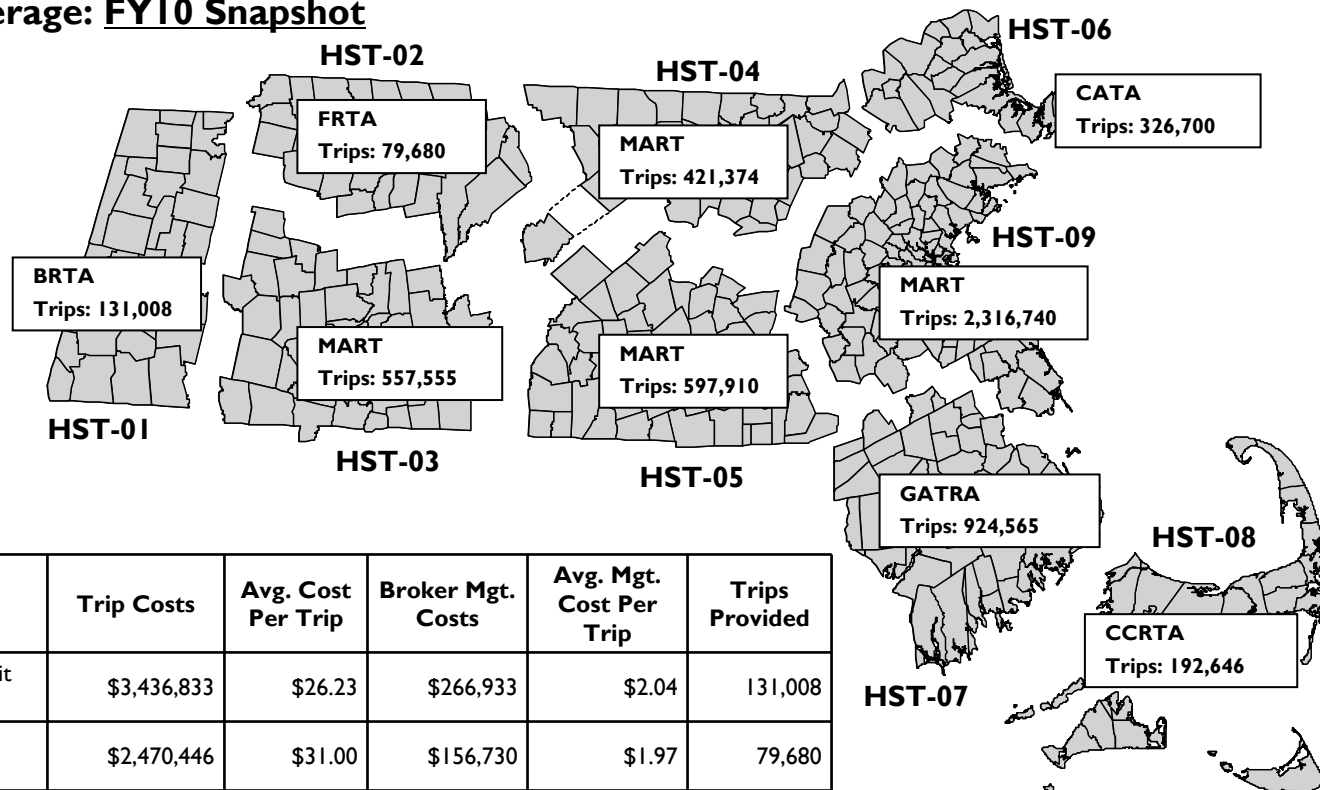
- **Rhode Island Public Transit Authority (RIPTA)** - Medicaid Non-Emergency Medical Transportation
- **Massachusetts Rehabilitation Commission (MRC)** - Acquired Brain Injury Program
- **Department of Public Health (DPH)** - Catastrophic Illness in Children Relief Fund
- **MassHealth Non-Brokered Transportation Services** - The HST Office provides guidance and technical expertise to MassHealth for all non-brokered fee-for-service (FFS) transportation serving MassHealth members. In this capacity, the HST Office works closely with multiple MassHealth offices (provider enrollment, claims operations, customer service, provider compliance unit, etc.) to help facilitate high quality and cost efficient Non-Emergency Ambulance, Non-Emergency Chair Car, Emergency Ambulance and Air Ambulance services (Please see Appendix 5 for more detailed information).

In FY10, the HST Office worked closely with MassHealth and EOHHS staff to draft regulatory amendments eliminating personal reimbursement for mileage (in all but exceptional circumstances) expenses, which became effective on 7/1/10. This change in regulation, while still ensuring access to services, is on target to yield approximately \$2.5M in savings for MassHealth in FY11 as well as bolster programmatic internal controls.

HST **Outreach** highlights from FY10 include:

- **Massachusetts Institute for Transportation Coordination** - Joint effort sponsored by Work Without Limits (UMass Medical School) and the HST Office to offer a three day intensive workshop, based on the Community Transportation Association of America (CTAA) national model, in which nine teams from across the state participated. Each team's goal was to identify its region's most acute transportation problems that affect people with disabilities and to create 90-day and 12-month action plans to address those issues.
- **Department of Veteran's Services** - Coordination between the HST Office, Department of Veteran's Services, and RTA brokers (MART, CCRTA) to educate veteran's service officers statewide on what transportation options are available and appropriate for veterans, and how to access them.
- **Supporting local mobility management and coordination efforts:**
 - Initiated process to research and develop an enhanced HST website
 - Submitted grant application for federal funding to support local mobility management efforts in Greater Boston
 - Participated on the Southeastern Massachusetts Transportation Alliance (SMTA)
 - Presented at various conferences

FY2010 HST Brokerage: FY10 Snapshot



HST Area	Broker	Trip Costs	Avg. Cost Per Trip	Broker Mgt. Costs	Avg. Mgt. Cost Per Trip	Trips Provided
HST1	Berkshire Regional Transit Authority (BRTA)	\$3,436,833	\$26.23	\$266,933	\$2.04	131,008
HST2	Franklin Regional Transit Authority (FRTA)	\$2,470,446	\$31.00	\$156,730	\$1.97	79,680
HST3	Montachusett Area Regional Transit (MART)	\$68,171,148	\$17.51	\$3,900,732	\$1.00	3,893,579
HST4						
HST5						
HST9						
HST6	Cape Ann Transportation Authority (CATA)	\$6,979,826	\$21.36	\$407,962	\$1.25	326,700
HST7	Greater Attleboro-Taunton Regional Authority (GATRA)	\$19,361,952	\$20.94	\$1,243,863	\$1.35	924,565
HST8	Cape Cod Regional Transit Authority (CCRTA)	\$4,531,843	\$23.52	\$342,367	\$1.78	192,646
TOTALS		\$104,952,048	\$18.92	\$6,318,647	\$1.14	5,548,178

FY2010 HST Brokerage: System Data

Brokerage Finance and Operations

Financial Summary		Operational Summary	
Total Operating Costs	\$111,270,635	Consumer one-way trips	5,548,178
Consumer Trip Expenditures	\$104,952,048	Chair car trips	773,363
Broker Management Expenditures	\$6,318,647	% of total trips	13%
Average direct service cost per trip	\$18.92	Shared trips	3,685,830
Average broker management cost per trip	\$1.14	% of total trips	66%
		Consumers Served	36,387
		Local Transportation Providers	375
		Vehicles (including chair cars)	2,400
		Drivers	2,709
		Monitors	250

Brokerage fiscal and operations data is compiled from the monthly operations and revenue expenditure reports submitted by the six brokers to the HST Office and include the four agency programs operated under the HST brokerage system.

FY2010 HST Brokerage: System Data

Brokerage Performance Quality

The HST Office is committed to managing quality transportation services for the consumers it serves through the brokerage system.

As the chart to the right indicates, the HST system consistently achieves a rate of 99% or better on contract performance standards (i.e., accident-free trips, on-time trips and complaint-free trips).

As part of ensuring service quality, the brokers are required to perform on-site service inspections at consumer destination facilities (clinics, doctor's offices, program sites, etc.). In FY10, the brokers completed 5,889 inspections, which was over 2,000 more inspections than were required by the contract. This equals an average of 24 on-site service inspections taking place each weekday across the Commonwealth.

The HST Office strives to continually better the brokerage system, and receiving input from consumers is crucial. In FY10, the brokers conducted 16,296 consumer surveys (representing 45% of the HST system consumer population) and achieved an 83% positive response.

Although the HST brokerage system regularly achieves high quality performance, inevitably there are occasions where brokers have removed monitors, drivers and vendors from the system due to non-compliance. In FY10:

- Fines assessed by the brokers (\$77,000) represented 0.1% of total service expenditures
- Drivers/monitors removed (65) represented 2% of the total driver/monitor workforce
- Vendor contracts terminated for cause (2) represented 0.5% of the total vendor base

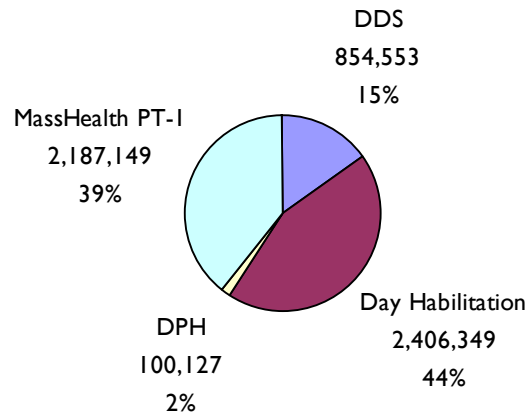
Consumer trips	5,548,178
Percentage of accident-free trips	99.9%
Percentage of completed on-time trips	99.8%
Percentage of complaint-free trips	99.8%
Broker on-site service inspections performed	5,889
Average number of inspections occurring every weekday	24
Broker consumer surveys conducted (phone & written)	16,296
Percentage of surveys with a positive response	83%
Vendor fines assessed by brokers	\$77,000
Drivers/monitors removed from service	65
Vendor work re-assigned	38
Vendor contracts terminated for cause	2

FY2010 HST Brokerage: Agency Data

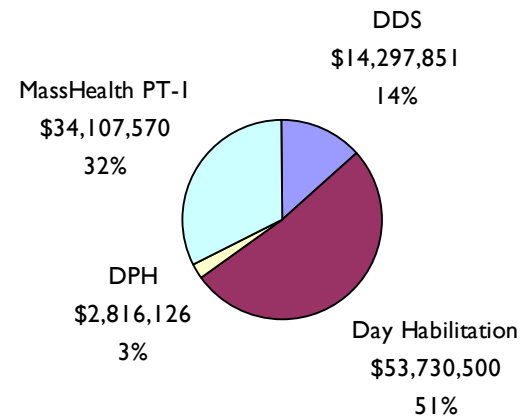
* Please see appendices for additional agency-specific information

	DDS	Day Habilitation	DPH	MassHealth PT-I	TOTAL
FY09 Trips	933,377	2,070,867	87,732	2,116,882	5,208,858
FY10 Trips	854,553	2,406,349	100,127	2,187,149	5,548,178
% change in trips FY09-FY10	-8.45%	16.20%	14.13%	3.32%	6.51%
FY10 Chair car trips	27,951	570,180	57	135,175	733,363
% of total agency trips	3.27%	23.69%	0.06%	6.18%	13.22%
FY10 Shared trips	849,832	2,338,503	81,217	416,278	3,685,830
% of total agency trips	99.45%	97.18%	81.11%	19.03%	66.43%
FY09 Expenditures	\$15,387,994	\$45,736,575	\$2,484,411	\$37,067,469	\$100,676,449
FY10 Expenditures	\$14,297,851	\$53,730,500	\$2,816,126	\$34,107,570	\$104,952,047
% change in expenditures FY09-FY10	-7.08%	17.48%	13.35%	-7.99%	4.25%
FY09 average cost per trip	\$16.49	\$22.09	\$28.32	\$17.51	\$19.33
FY10 average cost per trip	\$16.73	\$22.33	\$28.13	\$15.59	\$18.92
% change in average cost per trip FY09-FY10	1.46%	1.09%	-0.67%	-10.97%	-2.13%

FY10 Trips by Agency



FY10 Expenditures by Agency



FY2010 HST Brokerage: Agency Data, continued

In FY10, the HST brokerage system grew by over 300,000 trips, or 6.51% while the percentage increase in expenditures was only 4.25% (\$4.3M). Average cost per trip decreased in this period by 2.13% (\$0.41 per trip). This trend was not consistent across all agencies for various reasons discussed below.

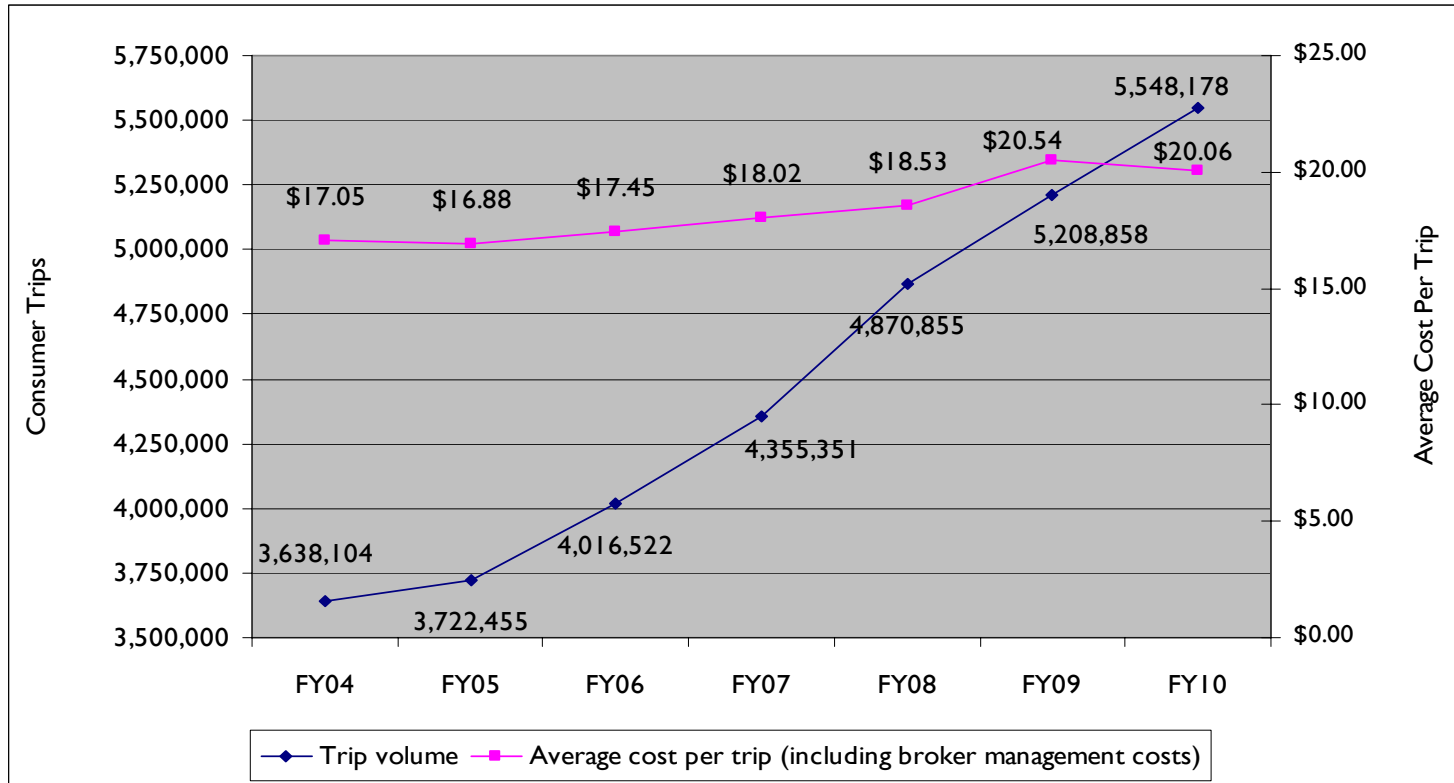
- **DDS** saw a decrease of 8.4% in trips, and a decrease in expenditures of 7.1%. The decrease in DDS transportation in FY10 was primarily due to budget constraints as well as a shift in dual eligible consumers (MassHealth/DayHab and DDS) to MassHealth Day Habilitation programs. The increase in average cost per trip for both DDS (1.5%) and MassHealth-funded DayHab (1.1%) is attributable to the route cost structure of these program-based services and fluctuations in the agency cost allocation for their shared routes.
- **MassHealth-funded Day Habilitation** continues to see significant growth in trips (16.2%) with corresponding increases in expenditures (17.5%). An important note here is the chair-car trip ratio - approximately 1 in 4 Day Habilitation trips is a chair car trip. This ratio is almost 4 times the ratio of PT-I chair-car trips and has a significant impact on average cost per trip (\$22.23 per Day Habilitation trip vs. \$15.59 per PT-I trip).
- **DPH** continues a recent trend in growth (FY09 and FY10), as FY10 trip volume and expenditures increased at an almost equal rate, of 14% and 13%, respectively. However, DPH saw a slight decrease in average cost per trip of 0.7% in FY10.
- **MassHealth PT-I** system saw the most dramatic change in average cost per trip, a 10.9% decrease (almost \$2.00 per trip). Reasons for this decrease include a weak economy with stable fuel prices and a broker cost savings incentive. The PT-I data is particularly important to note, as the net result was an 8% decrease in expenditures, while trips increased by 3.3%. In other words, the HST system provided **70,000 more trips for 3 million fewer dollars**.

FY2010 HST Brokerage: Cost Containment

HST Brokerage System Growth & Cost Containment

The HST Office is committed to controlling costs in the brokerage system.

In looking at the HST system since FY04, we note that the system has experienced an average annual growth in consumer trips of 8.8% per year, while average costs per trip have been held to less than 3% per year. In FY10, the system actually saw average cost per trip (including broker management costs) decrease (-\$0.48) from FY09 levels.



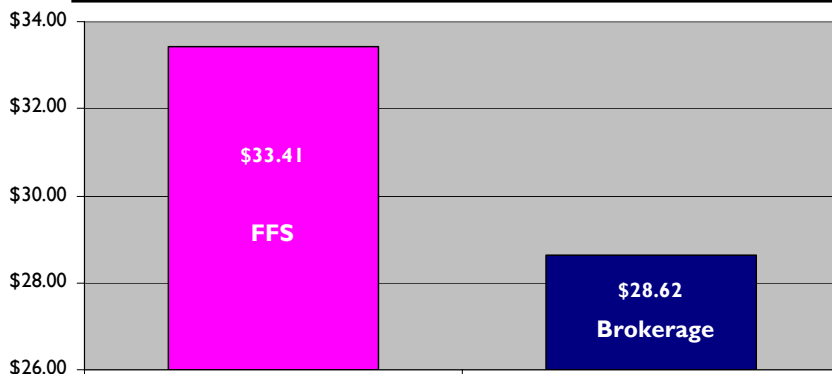
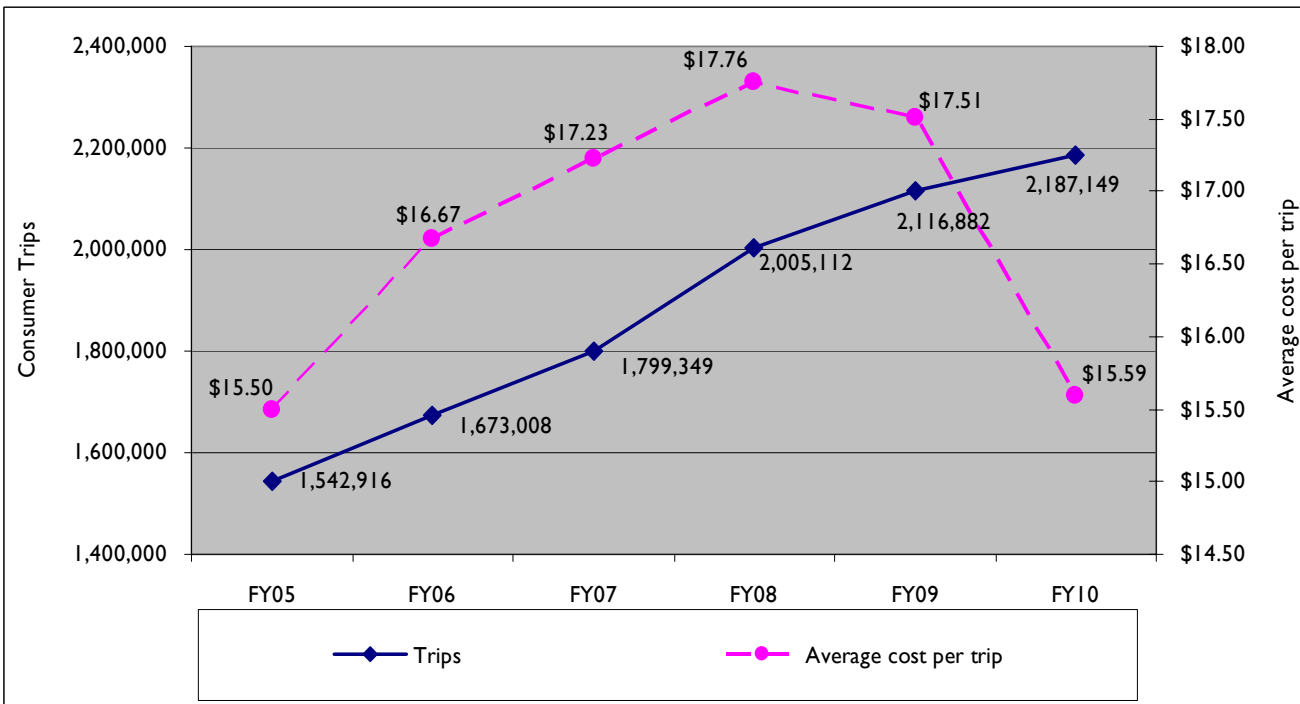
Average annual increase in consumer trips (FY04-FY10)	8.8%
Average annual increase in cost per trip (FY04-FY10)	2.9%

FY2010 HST Brokerage: Cost Containment

MassHealth PT-I Rate Containment

In FY10, the PT-I average cost per trip decreased by \$1.92 per trip from the FY09 rate. While the FY10 decrease was dramatic, it follows a more moderate decrease in FY09 and as a result, average cost per trip has decreased by \$2.17 since FY08. PT-I rates are established through a real-time, competitive, market-based system.

Change in average cost per trip from FY05 to FY10	\$0.09
Percentage change in cost per trip from FY05 to FY10	0.6%
Average annual change in cost per trip over 5-years	0.1%
Increase in trips from FY05 to FY10	644,233
Percentage change in trips FY05 to FY10	41.8%
Average annual change in trips over 5-year period	8.4%



HST Brokerage Chair Car Costs vs. MassHealth Fee-For-Service Chair Car Costs

In FY10, the HST brokerage system's average chair car costs were \$28.62 per trip, which was 17% less than fee-for-service average chair car trip costs of \$33.41. FY10 proves to be consistent with FY09 in which HST brokerage chair car costs were 18% less than FFS chair car costs.

HST Accomplishments in FY10

- ✓ Cost Containment/ Internal Controls:
 - Reduced system-wide average trip costs
 - Reduced PT-I average trip costs by 11% (~ \$2.00 per trip)
 - Worked closely with MassHealth and EOHHS staff to draft MassHealth regulatory amendments eliminating personal mileage reimbursement (effective 7/1/10) to bolster programmatic internal controls as well as contain costs for MassHealth in FY11
- ✓ Applied for and received grant funding to review and assess the efficiency of Massachusetts' HST brokerage model
- ✓ Evaluated the benefits and efficiencies achieved by moving the transportation services of the Massachusetts Rehabilitation Commission (MRC) and the Massachusetts Commission for the Blind (MCB) into the HST system and developed an implementation plan for FY11 inclusion
- ✓ In conjunction with UMass Medical School's Work Without Limits program, facilitated the first Massachusetts Institute on Transportation Coordination by CTAA
- ✓ Worked with MassDOT and the EOHHS Steering Group on Employment, and developed strategies to implement a statewide coordination function for local mobility management to address the needs of the transportation disadvantaged
- ✓ Implemented a workgroup (HST, Mass Dept. of Veterans Services, MassDOT and select brokers) to pilot a coordination initiative to improve veterans' access to services
- ✓ Worked with MART to implement EIM (Enterprise Invoice Management) electronic billing for DDS transportation services

HST Broker Accomplishments in FY10

MART

- Enhanced MassHealth scheduling system to increase shared rides.
- Began implementation of changes to vendor portal system to streamline scheduling and accommodate on-line transportation requests for DDS/DayHab and new route bidding which will decrease processing times for new riders.

GATRA

- Installed an automated call distribution (ACD) phone system which provides detailed reporting of scheduler activities including talk time, call abandonment rates, log-in times, and the ability to monitor calls by supervisory staff. It will be used to identify staff training opportunities, and call center scheduling needs.
- GATRA has gone live with its automated vehicle location and mobile data transmission (AVL-MDT) system. The immediate electronic transmission of manifest information allows live re-routing of vehicles on the road to accommodate consumer needs, which will enable GATRA to serve additional HST consumers within the existing vehicle fleet.

CCRTA

- Received a federal American Recovery and Reinvestment Act Formula (ARRA) grant, with a focus to create a mobility management project for Cape Cod. Broken into three distinct phases, project outcomes will include:
 - Purchase and deployment of hardware and software supporting CCRTA's HST brokerage operations
 - Coordination of CCRTA's HST brokerage transportation services
 - Creation of the new CCRTA Mobility Management Call Center
 - Consolidated scheduling system for human service, and general public transportation
 - Deployment of mobile data computers on all CCRTA and DDS/DayHab program-based provider vehicles
 - Deployment of accessible taxis for human service and general public transportation on Cape Cod
- In FY10, CCRTA installed new software as well as mobile data computers to manage its HST brokerage program including consumer data management, geocoding and assigning trips to lowest cost provider, invoice management, report generation, complaint management, and availability of real-time trip tracking for program based services.
- CCRTA added five additional busses to their demand response system in FY10, and as a result was able to lower average costs per trip for MassHealth PTI transportation.

HST Goals and Objectives for FY11

- ✓ Cost Containment/ Internal Controls:
 - Maintain or reduce system-wide average trip costs
 - Document savings to MassHealth achieved by eliminating personal reimbursement for mileage expenses in FY10, while maintaining members' access to MassHealth-covered services and bolstering programmatic internal controls
- ✓ Expand the HST system from three to five agencies by adding Massachusetts Commission for the Blind (MCB) and Massachusetts Rehabilitation Commission's (MRC) transportation services to the HST brokerage
- ✓ Develop and submit a two-year New Freedom/Job Access Reverse Commute (JARC) grant application in conjunction with University of Massachusetts Medical School's Work Without Limits program to build and sustain statewide infrastructure to support local mobility management
- ✓ Develop an implementation plan to transition DayHab and DPH EI (MassHealth-eligible only) transportation requests to the PT-I form to address potential audit risk
 - Transition MassHealth-eligible early intervention consumer billing from DPH to direct MassHealth billing – DPH to ISA funds to MassHealth
- ✓ Develop and facilitate various training opportunities for agency and broker staff including:
 - Transportation Request e-learning for (applicable) agency staff
 - Broker trainings regarding relevant reporting requirements for:
 - Disabled Persons Protection Commission (DPPC)
 - Department of Social Services (DSS)
 - Elder abuse
 - MassHealth suspected member and provider fraud
 - Crash Prevention Training
- ✓ Develop and release an expanded HST website to serve as an information resource for consumers and state and local agencies on community transportation options and coordination initiatives

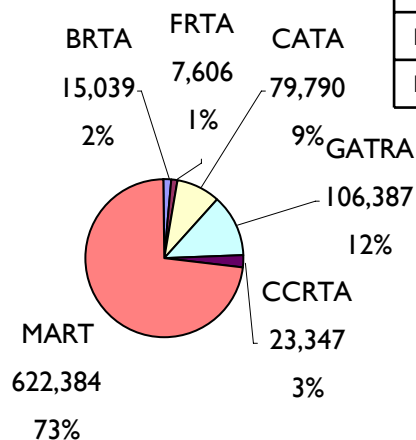
Appendix I

DDS Brokered Transportation at a Glance

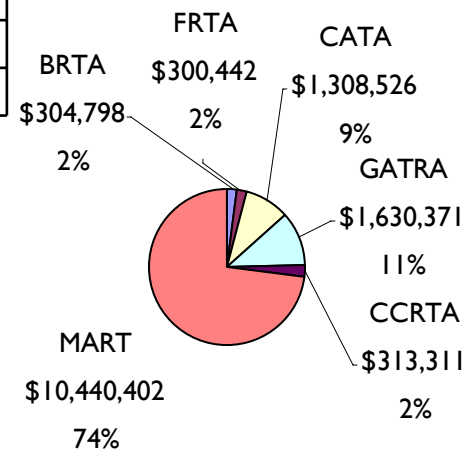
Financial Summary		Operational Summary	
Total Expenditures	\$14,297,851	Consumers served	2,408
Average cost per consumer trip	\$16.73	Consumer one-way trips	854,553

	RTA	Trips	Expenditures	Average cost per trip
HST1	BRTA	15,039	\$304,798	\$20.27
HST2	FRTA	7,606	\$300,442	\$39.50
HST3	MART	84,382	\$1,307,241	\$15.49
HST4	MART	66,453	\$1,133,011	\$17.05
HST5	MART	126,174	\$2,114,572	\$16.76
HST6	CATA	79,790	\$1,308,526	\$16.40
HST7	GATRA	106,387	\$1,630,371	\$15.32
HST8	CCRTA	23,347	\$313,311	\$13.42
HST9	MART	345,375	\$5,885,579	\$17.04

Trips



Expenditures



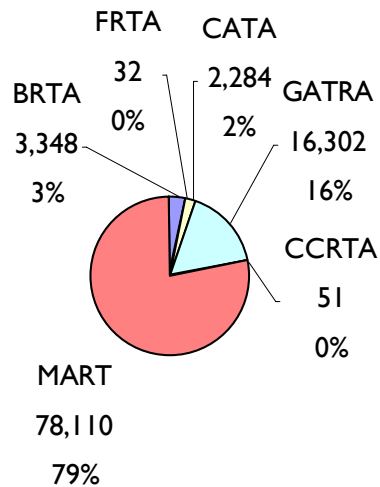
Appendix 2

DPH Brokered Transportation at a Glance

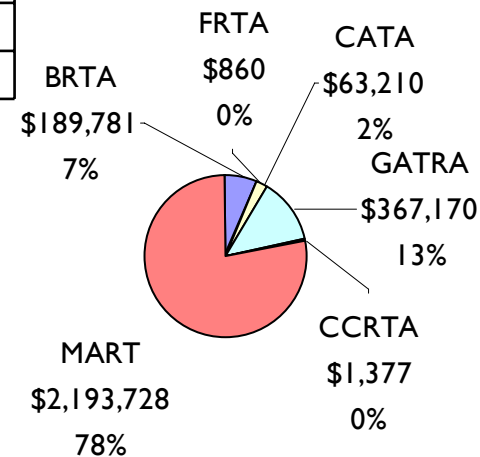
Financial Summary		Operational Summary	
Total Expenditures	\$2,816,126	Consumers served	3,224
Average cost per consumer trip	\$28.13	Consumer one-way trips	100,127

	RTA	Trips	Expenditures	Average cost per trip
HST1	BRTA	3,348	\$189,781	\$56.68
HST2	FRTA	32	\$860	\$26.87
HST3	MART	10,750	\$301,852	\$28.08
HST4	MART	10,004	\$280,946	\$28.08
HST5	MART	7,029	\$197,504	\$28.10
HST6	CATA	2,284	\$63,210	\$27.67
HST7	GATRA	16,302	\$367,170	\$22.52
HST8	CCRTA	51	\$1,377	\$27.00
HST9	MART	50,327	\$1,413,426	\$28.08

Trips



Expenditures



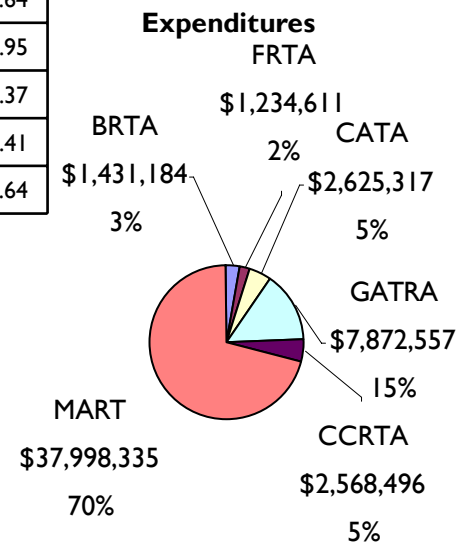
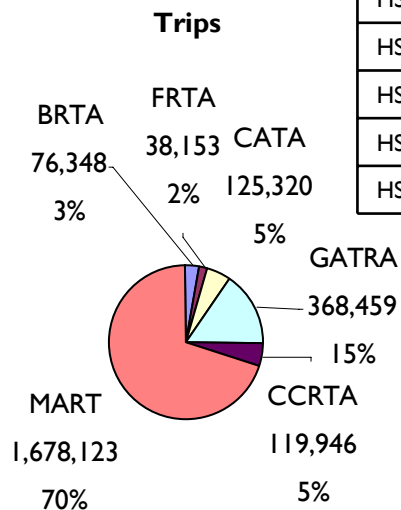
Appendix 3

MassHealth Brokered Transportation at a Glance

Day Habilitation Transportation

Financial Summary		Operational Summary	
Total Expenditures	\$53,730,500	Consumers served	6,117
Average cost per consumer trip	\$22.33	Consumer one-way trips	2,406,349

	RTA	Trips	Expenditures	Average cost per trip
HST1	BRTA	76,348	\$1,431,184	\$18.75
HST2	FRTA	38,153	\$1,234,611	\$32.36
HST3	MART	240,528	\$5,445,794	\$22.64
HST4	MART	192,587	\$4,361,910	\$22.65
HST5	MART	244,981	\$5,546,894	\$22.64
HST6	CATA	125,320	\$2,625,317	\$20.95
HST7	GATRA	368,459	\$7,872,557	\$21.37
HST8	CCRTA	119,946	\$2,568,496	\$21.41
HST9	MART	1,000,027	\$22,643,737	\$22.64



Appendix 4

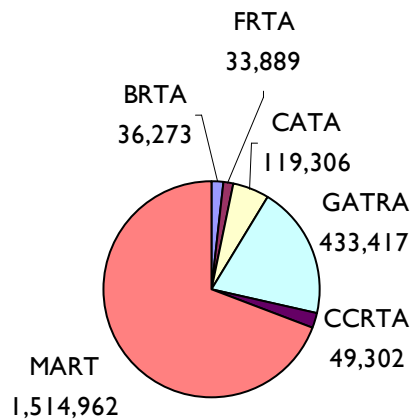
MassHealth Brokered Transportation at a Glance

PT-I Transportation

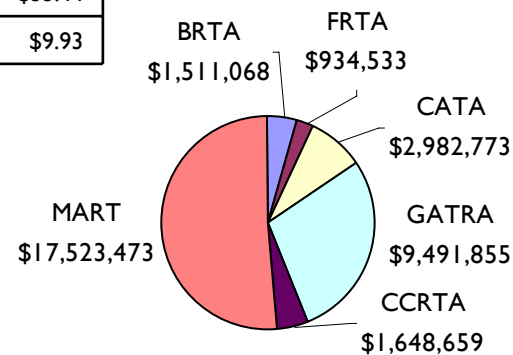
Financial Summary		Operational Summary	
Total Expenditures	\$34,107,570	Consumers served	24,638
Average cost per consumer trip	\$15.59	Consumer one-way trips	2,187,149

	RTA	Trips	Expenditures	Average cost per trip
HST1	BRTA	36,273	\$1,511,068	\$41.66
HST2	FRTA	33,889	\$934,533	\$27.58
HST3	MART	221,895	\$2,859,379	\$12.89
HST4	MART	152,330	\$1,885,523	\$12.38
HST5	MART	219,726	\$2,946,034	\$13.41
HST6	CATA	119,306	\$2,982,773	\$25.00
HST7	GATRA	433,417	\$9,491,855	\$21.90
HST8	CCRTA	49,302	\$1,648,659	\$33.44
HST9	MART	921,011	\$9,142,585	\$9.93

Trips



Expenditures



Appendix 5

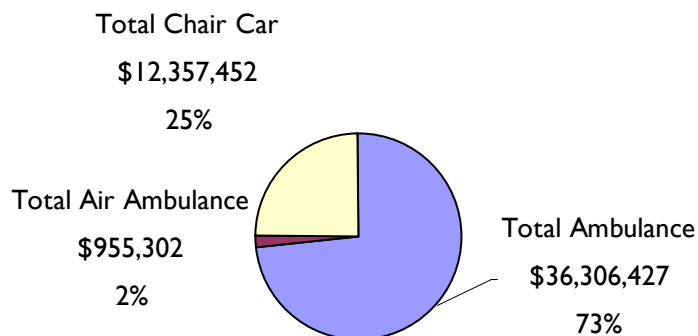
MassHealth Fee-For-Service Transportation and Personal Reimbursement at a Glance

MassHealth Fee-For-Service Transportation

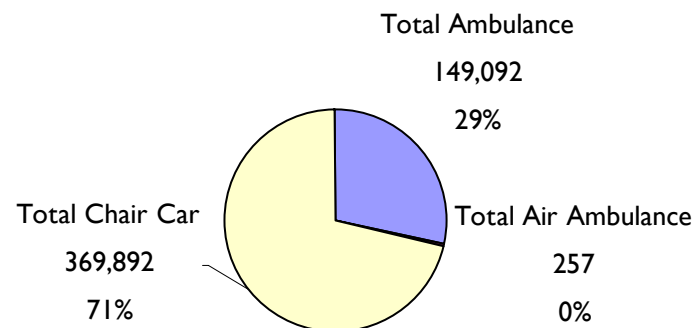
Fee-for-service (FFS) rates (ambulance and chair car) are set by the Division of Healthcare Finance and Policy (DHCFP). In the FFS transportation system, ambulance costs account for over 70% of total expenditures, while chair car trips account for over 70% of total trips (see pie charts below). In FY10, FFS trip volume increased by a modest 0.8%, while expenditures increased by 3.5%. Ambulance trips and expenditures accounted for the largest increase in this period at 3% and 4%, respectively.

	Expenditures	Trips	Expenditures/Trip
Total Ambulance	\$36,306,427	149,092	\$243.52
Total Air Ambulance	\$955,302	257	\$3,717.13
Total Chair Car	\$12,357,452	369,892	\$33.41
Total Expenditures	\$49,619,181	519,241	\$95.56

Fee-For-Service Expenditures



Fee-For-Service Trips



	FY2009	FY2010	Increase	% Increase
Total Expenditures	\$2,088,594	\$2,488,614	\$400,020	19%
Mileage Expenditures	\$1,988,369	\$2,381,660	\$393,291	20%
Public Transit Expenditures	\$100,225	\$106,954	\$6,729	7%
MassHealth Members receiving personal reimbursement	843	1471	628	74%
Total requests submitted	17,782	19,286	1,504	8%
Total requests approved	11,385	12,203	818	7%
Total requests denied	6,397	7,083	686	11%

MassHealth Personal Reimbursement

There was a 19% increase in Personal Reimbursement expenditures from FY09 to FY10 and a 8% increase in requests. There was a 74% increase in the number of members that requested reimbursements in FY10. Mileage expenditures account for 95.7% of the total expenditures for personal reimbursement. There will be a dramatic change in FY11 as MassHealth implemented a regulation change (effective for dates of service July 1, 2010 or after) where mileage will no longer be reimbursed unless there are exceptional circumstances.