

INDEPENDENT ASSESSMENT:

FLORIDA NON-EMERGENCY MEDICAID TRANSPORTATION WAIVER

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Executive Summary

Purpose

Pursuant to federal regulations governing the renewal of freedom-of-choice waivers, Florida's Agency for Health Care Administration (AHCA) contracted with the Bureau of Economic and Business Research (BEBR) at the University of Florida in order to conduct this independent assessment of Florida's Non-Emergency Transportation Waiver. Under this waiver, eligible Floridian Medicaid beneficiaries receive non-emergency transportation from their local Community Transportation Coordinators (CTC) in the Transportation Disadvantaged (TD) Program.

This assessment's objective is to examine whether AHCA's participation in the TD program is cost-effective, and whether the quality of service provided under this waiver program is at least as good as under complete freedom of choice.

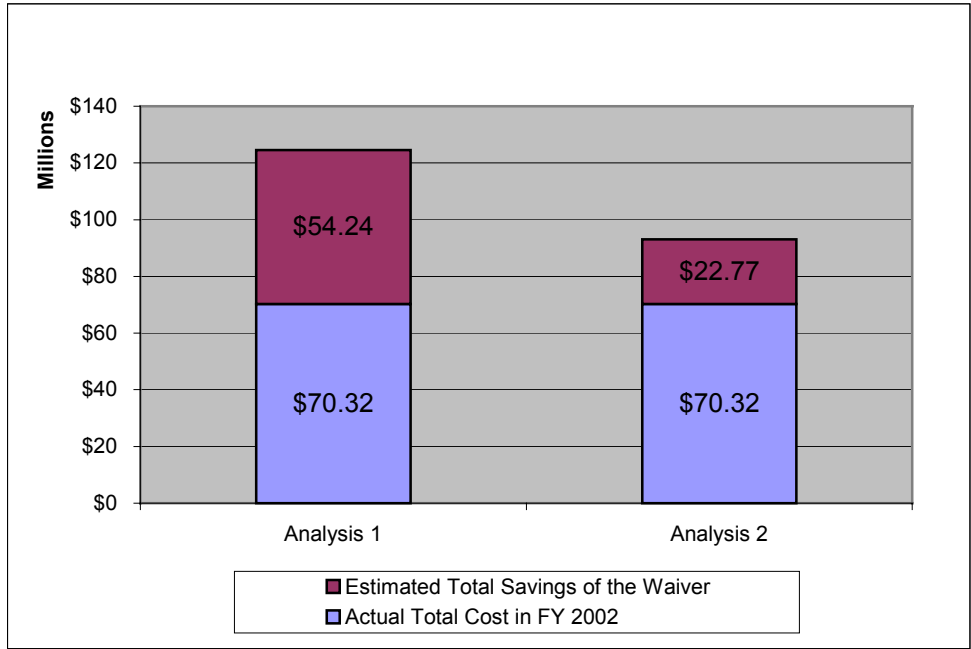
Findings

This assessment finds that the provision of non-emergency transportation (NET) to eligible Medicaid beneficiaries is cost-effective and that the quality of service is not substantially compromised. Its conclusion is that the State of Florida—using the coordinated system—discharges its responsibility to beneficiaries under the Social Security Act and accompanying regulations. There are, however, areas in which the investigators feel that the program could be improved with any eye to both costs and quality of service.

Cost-efficacy: This assessment employs three methods to determine the cost-efficacy of the NET under waiver. The first is a direct comparison of the observed costs of Medicaid NET services in Florida fiscal year (FY) 2002 to the estimated costs in FY 2002 of Medicaid NET services had AHCA not joined the TD program.

Second is an econometric analysis using county-level cost information (such as average cost per beneficiary) under various specifications to estimate the cost effectiveness of the waiver program at the county level. Two specifications of this model under two samples of data, for a total of four regressions, are used to examine the waiver's effects, and all demonstrate that the current NET regime has led to sizeable reductions in total costs, the preferred estimates of which are shown in Exhibit 1 alongside those of previous analysis.

**Exhibit 1
Total Cost Effectiveness of Florida NET in FY 2002**



This analysis is then applied to users per beneficiary, claims per user, and cost per claim (of which average cost per beneficiary is the product) in an attempt to examine ways in which the waiver has affected the delivery of NET in Florida. The analysis also finds that Florida’s NET program has reduced average cost per beneficiary by a third against the hypothetical non-waiver case for the fiscal year ending June 30, 2002. Additionally, and also against the non-waiver case, the NET program has witnessed large decreases in the costs per claim and users per beneficiaries, yet claims per user are much higher than they would otherwise have been.

Third analysis is another, more nuanced econometric examination which develops and employs a taxonomy of Community Transportation Coordinators, which is itself based on coordination models, described in Exhibit 2. This analysis permits investigation of which of the three models of coordination perform better under the different measures of cost.

**Exhibit 2
Taxonomy of Coordinating Models**

Coordinator Type	Characteristics
Complete Brokerage	Provides only brokerage service.
Partial Brokerage	Provides brokerage service and some transportation services.
Sole Source	Sole source of all brokerage and transportation services.

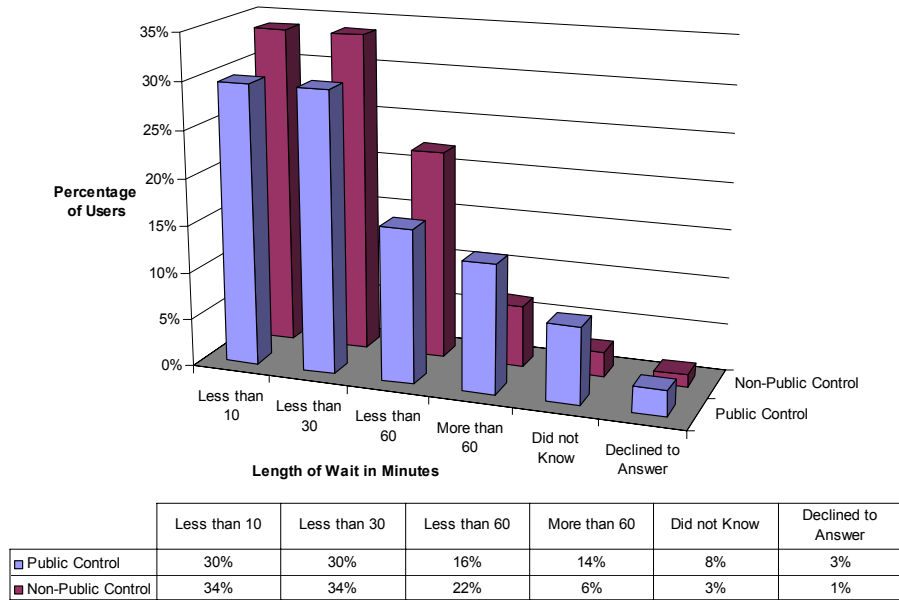
This analysis shows that Sole Source coordination model, relative to the other two, has had the largest reduction in average cost per beneficiary and in cost per claim, but it has also had

the largest increase in claims per users, a combination suggesting that the incentive structure facing CTCs could be improved.

Quality of Service: The assessment of the availability, accessibility and quality of transportation relies on data obtained from site visits to the CTCs of four diverse counties combined with the survey responses of 147 eligible Medicaid beneficiaries consisting of 77 current users and 122 current non-users of the service (where *current* is defined as the past six months) in those same counties. The general conclusion is that, apart from a few areas for possible improvement, Florida’s NET program is successful in achieving its aims.

Nearly all beneficiaries responded that their drivers were “professional and helpful during transport,” that their vehicles were clean and had had no mechanical problems. There are some observed instances of exceedingly long periods spent by some beneficiaries waiting for their transportation to arrive, but there is no evidence to suggest that it is endemic to the NET system. Exhibit 3 presents stylized responses of beneficiaries to questions of how long they wait for their transportation, and—taken with other results from the survey—suggest that the quality of transportation received by beneficiaries has not significantly suffered as result of the waiver.

Exhibit 3
Percentage of Users by Length of Wait, in Minutes, by Control



Since, in the TD program, providing and maintaining beneficiaries’ access to NET service is the principal role of a county’s CTC, access can largely be discussed in terms of how effective CTCs are in discharging their duties. Beneficiaries’ opinions of the CTCs were less glowing but still favorable: solid majorities of users responded that the coordinating staff was prompt and friendly in taking their calls, and that their calls usually take on average 13

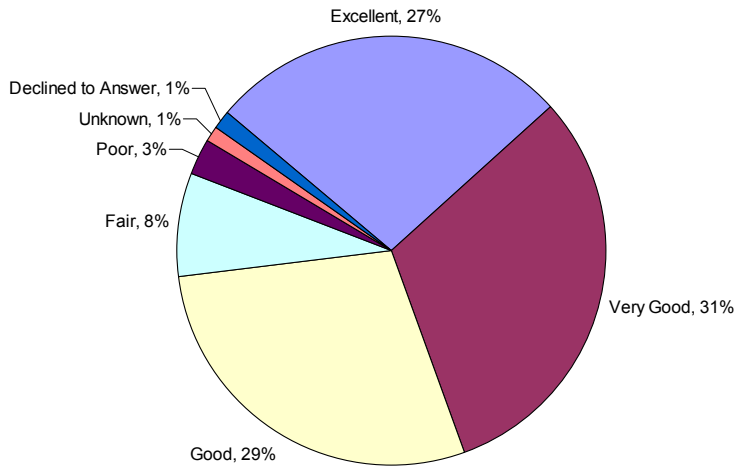
minutes. Exhibit 4, drawn from results of the survey, shows that beneficiaries' calls to their CTCs are handled in a reasonably expeditious manner.

Exhibit 4
Times Spent Reserving Transportation (in Minutes)

	Mean	Median	Mode
<i>Total Time on the Phone</i>	12.82	5	5
<i>Time on Hold</i>	6.52	2	1

This assessment finds that neither access to nor the quality of transportation has not been substantially compromised as a result of the waiver, and the beneficiaries, by and large, concur: Exhibit 5 presents users' overall opinions of the Medicaid NET program in Florida and shows that a solid majority—58%—of surveyed users rate NET services as Very Good or Excellent, contrasting sharply with the 11% of users giving a rating of Fair or Poor.

Exhibit 5
Users' Ratings of NET Services



Suggestions for Improving Florida's NET System

As mentioned above, this assessment finds places where, with some further study, AHCA may be able to make its participation in the NET system more cost-effective and responsive to beneficiaries' needs.

- Improved incentive structures for CTCs to reduce costs and to better monitor beneficiaries' use of the system and providers' services:*

The current rate structure provides CTCs little incentive to do more screening than for beneficiaries' Medicaid eligibility, introducing the possibility that AHCA is not in

fact treated as the funding agency of last resort. AHCA might thus consider switching to a fixed-budget or cost-sharing system for paying CTCs, forcing them to bear some or all of the losses but also allowing them to retain some or all of the remaining funds. Alternatively, AHCA could impose a bonus system in which CTCs are paid for keeping costs below a certain target.

- *Strengthened monitoring and randomized “micro-audits” of individual trips by AHCA:*
By slightly altering the trip-verification system (e.g., having drivers’ trip sheets signed or stamped by drop-off facilities as opposed to passengers) and imposing a “micro-auditing” system (as distinguished from full audits of CTCs’ and providers’ operations) in which a few individual claims or batches of claims for payment are flagged for verification, AHCA could reduce the chances for collusion between transportation providers and established NET users to collect funds for fabricate trips.
- *Direct monitoring of quality of service by AHCA or the TD program:*
The investigators feel that, while most beneficiaries have no complaints with the services they receive, AHCA would do well to monitor the quality of coordinating and transportation services directly. As a front-line measure, AHCA might wish to consider constructing a *mystery-rider program* (similar to that in Broward County), in which selected beneficiaries would report directly to AHCA about the quality of services received from both the coordinating staff and the drivers. A more thorough-going measure would be for AHCA to regularly, yet on a small scale, *directly survey beneficiaries* for their opinions of NET provision.
- *Statistical sampling of AHCA’s beneficiary data to assist in budgeting and focus auditing efforts on most unusual cases:*
In addition to random auditing of individual trips, statistical methods to keep track of the general patters of NET use by certain groups of beneficiaries would facilitate the detection and monitoring of conspicuous patterns of use or extraordinary requests by established recipients. Such analyses could conceivably be used to predict the costs of NET provision, aiding AHCA in the design of financial incentives. Additionally, such analysis would provide AHCA a chance to reexamine its current methods for collecting important user and system data for use in future audits and assessments, a move which might be beneficial in and of itself.
- *Reexamination of current grievance procedures and system of co-payment:*
The results of the beneficiary survey raise questions about how well co-payment and the grievance procedures are implemented: there seems to be a sense of dissatisfaction with the grievance procedures among beneficiaries who have used them, and there is some slight evidence to suggest that some transportation providers co-pay policies deviate from the mandated norm. The investigators feel that AHCA should at the very least consider further investigation of these aspects of the program and ways in which they might be improved.

I. Introduction

A. Regulatory Background

The Social Security Act and accompanying regulations require that, in their Medicaid programs, states cover medical care and services and fulfill administrative requirements necessary to operate the Medicaid program efficiently. Among these administrative requirements, 42 CFR 431.53 requires that all states receiving federal Medicaid funds assure Medicaid beneficiaries access to non-emergency transportation to and from medical appointments.

States may cover such medically necessary but non-emergency transportation either as an administrative expense or as a form of optional medical treatment, or both. Transportation covered as an optional medical expense comes under the free-choice rights of the recipient under the Act, meaning that the client can obtain services from any qualified Medicaid provider. To facilitate managed care programs, Section 1915(b) of the Act authorizes the Secretary of Health and Human Services to permit states to limit Medicaid recipients' choices of how and from whom they obtain services. These waivers of freedom-of-choice rights allow states flexibility in establishing Medicaid transportation brokerages or other arrangements restricting the choice of providers. Florida obtained a Section 1915(b)(4) waiver from the Health Care Financing Administration (HCFA), entitled the Florida Non-Emergency Transportation Waiver Program.¹

The waiver program is administered by the Transportation Disadvantaged Program (usually referred to as the TD program)² under the direction and oversight of the Commission for the Transportation Disadvantaged. The Commission designates a Community Transportation Coordinator (CTC) in each county or multi-county area to assist those individuals who have been identified as transportation disadvantaged, accept beneficiary calls, make trip reservations, schedule vehicles in order to maximize their capacity and minimize unnecessary mileage, prepare billings and monitor both quality of service and operator performance. Each beneficiary is required to use the contract broker, the CTC. The State's goal is to assure Medicaid recipients access to non-emergency transportation while reducing costs, increasing efficiency, and maintaining the quality of transportation services.

All waiver requests under Section 1915(b) of the Social Security Act must document cost effectiveness, effect on recipient access to services, and projected impact (42 CFR 431.55(B)(2)). Further, Section 2111(B) of the State Medicaid Manual requires States to arrange for an independent evaluation or assessment of their waiver program and submit the findings when renewing these programs. The Florida Medicaid program is currently seeking renewal of its existing 1915(b)(4) waiver for transportation services. To comply with federal requirements for renewal, Florida's Agency for Health Care Administration (AHCA) has

¹ HCFA granted the waiver on June 7, 2001. The waiver was due to expire on June 6, 2003, but HCFA granted an extension lasting until September 4, 2003.

² Established in 1989 and governed by Chapter 427, Florida Statutes, and Chapter 412, Florida Administrative Code, the TD program includes all transportation programs in Florida that are supported by federal, state or local funding, including Florida's Medicaid program.

contracted with the Bureau of Economic and Business Research (BEBR) at the University of Florida to conduct an independent assessment of the waiver program.

B. Nature, Major Findings, and Structure of the assessment

This assessment shall focus on the accessibility, quality, and cost effectiveness of non-emergency transportation services for Medicaid beneficiaries. To that end, this report proposes to analyze the following aspects of the NET system:

- Administrative data such as costs, complaints, the number of beneficiaries and providers, and other appropriate data provided by AHCA and the TD program;
- Information obtained from visits to the offices of each of those counties' Community Transportation Coordinator (CTC); and
- The results of a survey of NET beneficiaries in the counties of Alachua, Broward, Monroe, and Walton.

Florida's NET program seems to operate within the parameters established in the waiver proposal, suggesting that Florida has succeeded in developing a program for the coordinated delivery of transportation services while generating large cost-savings. This investigation finds no evidence that either the access to or the quality of services have been adversely affected. That said, the investigators have noticed several issues to be addressed, chiefly: the system of co-payment, monitoring of beneficiaries' use of the NET system, and ways of increasing use of public transportation. This report proposes possible avenues for addressing at minimal cost such relatively minor issues.

The subsequent sections of this assessment are organized in the following manner:

Section II presents three analyses of the cost-efficacy of the waiver program. The first analysis is a direct comparison of the observed costs of NET under the TD program with our estimates of the costs of the program had non-emergency Medicaid transportation not operated under the coordinated TD system. These estimations are based upon the observed cost of NET delivery before AHCA's participation in the TD system. Two econometric analyses provide more involved and penetrating examinations of the costs of the program: The first econometric analysis uses county dummy variables to control as much as possible for county-level factors in the estimation of cost reductions. The second econometric analysis will try to determine where the program was most effective and where there might be further opportunities for cost reductions. It will do this by dropping the county dummy variables and relating costs to market-structure, population density, and other county characteristics.

Section III presents the major results of our investigation into the accessibility and quality of the non-emergency transportation service. In order to assess the state of these attributes of the service, the investigators approached them from two perspectives: supply and demand, or rather, the coordinators' perspective and the beneficiaries' perspectives. In addition to obtaining all of the available records of complaints from Medicaid beneficiaries from the Commission for the Transportation Disadvantaged, BEBR conducted a survey of current users and current non-users (where *current* is defined as the past six months) of the

service in Alachua, Broward, Monroe, and Walton counties, and then contrasted these responses with those of the CTCs of the same four counties to similar questions. Our analysis reveals slight discrepancies between the responses of these two groups—which lay the basis for many of our concerns and suggested courses of action.

Section IV summarizes the issues noted in the preceding analyses and makes several suggestions for AHCA’s consideration, some or all of which may merit further study before implementation. Among these suggestions are that AHCA randomly select for verification a few trips from each CTC on a continuing basis. If problems are uncovered during such “micro-audits,” AHCA would then have the option of conducting more in-depth and systematic audits. We also strongly concur with AHCA’s decision to create a system of financial incentives to reward CTCs for placing able beneficiaries on public buses or other modes of relatively inexpensive public transportation. As it stands now, CTCs lose money by placing recipients on public transportation. Moreover, we recommend that AHCA consider creating a wider array of financial incentives for CTCs to monitor the quality and usage of NET services. For example, CTCs should be financially encouraged to ensure that users do not have access to transportation outside of NET, since Medicaid is considered a last resort for transportation. CTCs currently have little incentive to be vigilant in this regard, since removing users reduces revenue. Additionally, the investigators feel that ACHA itself, perhaps with the Commission for the Transportation Disadvantaged, should take a more proactive role in overseeing the CTCs, perhaps by means of randomly flagging individual trips for verification, a mystery-rider program, or direct surveying of beneficiaries opinions of the program.

II. Cost Effectiveness Analyses

A. Introduction

The cost effectiveness analysis section of this independent assessment compares the cost of service provision under the waiver program to the estimated cost of providing the same services to an actuarially equivalent population without the waiver. The Florida non-emergency Medicaid transportation program has operated under the same service delivery model as the current one in the waiver program from Florida Fiscal Year (FY) 1996.³ The costs of providing the same services to an actuarially equivalent population without the waiver are thus estimated based upon the observed costs of the Florida non-emergency Medicaid transportation program from FY 1991 to FY 1995.

This assessment employs three separate analyses to measure the cost effectiveness of the waiver program. The first analysis estimates the trend of different categories of costs of the Florida NET program during FY 1991 to FY 1995. The costs of the NET program without waiver in FY 2002 are then calculated based upon the estimated trend during FY 1991 to FY 1995. The difference between the actual costs of the NET program under the waiver and the estimated costs of the NET program without the waiver provides a straightforward measure of the cost effectiveness of the waiver program. This analysis is based upon the assumption that the cost of the Florida NET program without waiver after FY 1995 will follow the same trend as it was during fiscals 1991-1995. Its drawback is that it deals exclusively with costs in aggregate, thus overlooks possibly important county-level information.

The second estimating analysis is an econometric model used to estimate the impact of the waiver on the cost effectiveness of the NET program at the county level. This analysis uses cost information of the NET program at county level and county dummy variables to control county-specific characteristics contributing to the county's provision of NET services. Furthermore, this analysis permits examination of the changes brought by the waiver program on the three aspects of average cost per beneficiary: users per beneficiary, claims per user, and cost per claim, and thus better guide the third analysis of analysis.

This third analysis sorts CTCs into a taxonomy based on their coordination models and then applies econometric techniques to these groups and then examines which of the three models performs best under different measures.

B. Analysis 1: Direct Comparison of Waiver/Non-Waiver NET Costs

Data: Table 1 shows various costs (in 2002 dollars) of the non-emergency transportation program from FY 1991 to FY 2002. Over the period of from FY 1991 to FY 1995, when Medicaid NET program operated under its previous service-delivery model, the total cost of the NET program increased by 175%; average cost per claim increased by 12.58%; average cost per user increased by 44.56%; and average cost per beneficiary increased by 62.57%.

³ Unless otherwise stated, all fiscal years are those of the State of Florida, ending June 30 of the same calendar year. Florida documents often denote a fiscal year by the last two digits of the calendar years comprising the fiscal year (e.g., FY0102 for FY 2002, the fiscal year from July 1, 2001 to June 30, 2002), but for visual simplicity, this Assessment uses the previously mentioned notation.

Table 1
Cost of Medicaid Non-Emergency Transportation Claims by Fiscal Year

Fiscal Year	Total Cost	Average Cost Per Claim	Average Cost Per User	Average Cost Per Beneficiary
1991	\$38,386,053.32	\$30.29	\$326.58	\$33.76
1992	\$50,710,908.73	\$30.21	\$331.44	\$36.04
1993	\$66,428,458.40	\$32.05	\$346.76	\$37.09
1994	\$65,504,171.79	\$35.33	\$362.25	\$38.07
1995	\$105,564,922.00	\$34.10	\$472.09	\$54.88
1996	\$79,930,884.37	\$32.49	\$398.83	\$40.29
1997	\$66,214,848.56	\$30.49	\$402.60	\$33.85
1998	\$60,860,659.73	\$30.43	\$436.03	\$32.36
1999	\$61,083,823.89	\$30.83	\$453.36	\$32.29
2000	\$61,640,767.40	\$31.18	\$474.37	\$30.95
2001	\$67,028,795.98	\$34.27	\$506.76	\$30.92
2002	\$70,321,361.50	\$33.87	\$536.90	\$29.61

Dollars are in 2002 currency.

Source: Florida Medicaid Management Information System (FMMIS)

Department of Labor: CPI for All Urban Consumers (CPI-U) 1982-84=100 (Unadjusted) - CUUR0000SA0

During this four year period, the total cost of Medicaid NET increased, on average, at an annual rate of 28.78%;⁴ average cost per claim increased on average at an annual rate of 3.01%; average cost per user on average increased at an annual rate of 9.65%; and average cost per beneficiary on average increased at an average annual rate of 12.91%. These results are present in Table 2.

Table 2
Average Annual Growth Rate of Costs in FY 1991 – FY 1995

Total Cost	Average Cost Per Claim	Average Cost Per User	Average Cost Per Beneficiary
28.78%	3.01%	9.65%	12.91%

First Specification: Supposing that each of the four categories of costs of administering the Medicaid NET program without the waiver after FY 1995 followed the growth rates displayed in Table 2, then the costs without waiver in FY 2002 can be estimated with the following formulas, where the exponent 7 is the number of fiscal years from FY 1995 to FY 2002: 2002–1995 = 7.

$$[Estimated\ Total\ Cost\ I]_{FY2002} = [Total\ Cost]_{FY1995} \times (1 + [Average\ Annual\ Growth\ Rate\ of\ Total\ Cost])^7;$$

⁴ The average annual growth rate is the geometric mean of the annual growth rates. As an example, the average growth rate of the total cost is calculated using the following formula:

$$Average\ Growth\ Rate = \left(\frac{[Total\ Cost]_{FY1995}}{[Total\ Cost]_{FY1991}} \right)^{1/4} - 1,$$

and the equivalent growth rates for average cost per claim, average cost per user, and average cost per beneficiary proceed in a likewise manner.

$$[\textit{Estimated Average Cost Per Claim}]_{\text{FY2002}} = [\textit{Average Cost Per Claim}]_{\text{FY1995}} \times (1 + [\textit{Average Annual Growth Rate of Total Cost}])^7;$$

$$[\textit{Estimated Average Cost Per User}]_{\text{FY2002}} = [\textit{Average Cost Per User}]_{\text{FY1995}} \times (1 + [\textit{Average Annual Growth Rate of Total Cost}])^7;$$

$$[\textit{Estimated Average Cost Per Beneficiary}]_{\text{FY2002}} = [\textit{Average Cost Per Beneficiary}]_{\text{FY1995}} \times (1 + [\textit{Average Annual Growth Rate of Total Cost}])^7.$$

Table 3 below presents the estimated costs generated by the above equations, the observed NET costs for FY2002, and the savings (both in dollars and as a percentage of the estimated non-waiver costs) resulting from the waiver. Comparing the actual cost in FY 2002 to the estimated Total Cost without the waiver provides a first-blush perspective on the waiver’s overall impact on the program’s cost effectiveness. It shows \$549,655,422.10 in total savings under the waiver for FY 2002. However, this initial estimate does not take into account specific factors that may have impacted actual program in FY2002. For that reason, further analysis is imperative.

Table 3
Costs with and without Waiver in FY 2002, by Category

	Total Cost	Average Cost Per Claim	Average Cost Per User	Average Cost Per Beneficiary
Estimated Costs without Waiver	\$619,976,783.60	\$41.97	\$899.66	\$128.36
Observed Costs under Waiver	\$70,321,361.50	\$33.87	\$536.90	\$29.61
Savings under Waiver	\$549,655,422.10	\$8.10	\$362.76	\$98.76
Percentage Savings of the Waiver	88.66%	19.30%	40.32%	76.93%

Dollars measured in 2002 currency, see Table 1.

Second Specification: The total cost of the NET program is a product of average cost per beneficiary and the number of beneficiaries. Since the actual number of beneficiaries of each year is known, a more accurate specification of estimating the total costs of the program without the waiver is to use the estimated average cost per beneficiary as presented below:

$$[\textit{Estimated Total Cost 2}]_{\text{FY2002}} = [\textit{Estimated Average Cost Per Beneficiary}] \times [\textit{Actual Number of Beneficiary}]_{\text{FY2002}}$$

Unlike the first specification for estimating the total cost without waiver (based upon the annual growth rate of total cost), this specification explicitly considers the actual change in the number of Medicaid beneficiaries, users and non-users of NET services alike.

As shown in Table 1, the total cost of the NET program rose dramatically in FY 1995 boosting significantly the average growth rate of the cost under the previous service-delivery model. Such an increase might lead to the overestimation of the costs of non-waiver NET in

FY 2002, because such growth in costs might have been unsustainable to FY 2002. A concern is that while the total costs of the program jumped in FY 1995, the average cost per claim went down. Perhaps existing users all made more claims, or a group of beneficiaries with a high propensity to use the service was added to the program's coverage.

To address this problem, we use two different samples. Sample 1 includes all the observations from FY 1991 to FY 1995. Sample 2 excludes FY 1995 from the sample, and estimate the trend of the costs of the non-waiver NET program based on the costs from FY 1991 to FY 1994. This gives us a more reasonable estimation of the average growth rates of the four categories of costs under previous service model, as presented in Table 4.

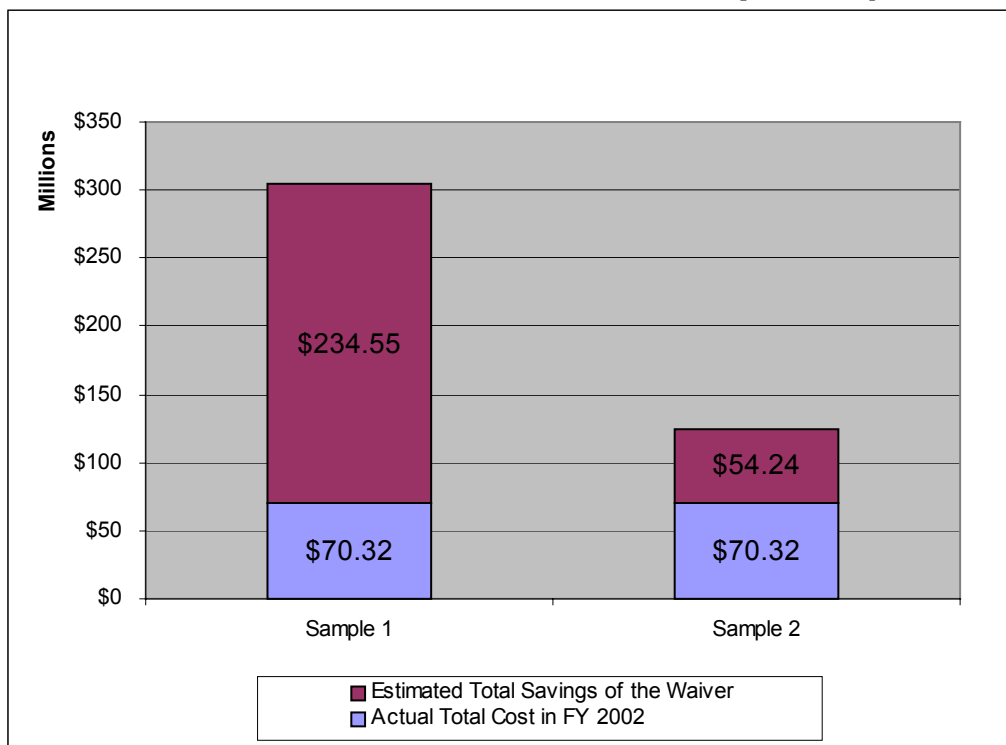
Table 4
Average Annual Growth Rate of Costs in FY1991 – FY1994, by Category

Total Cost	Average Cost Per Claim	Average Cost Per User	Average Cost Per Beneficiary
19.5%	5.27%	3.52%	4.09%

The estimated total cost in FY 2002 using the first sample (which includes FY 1995) is \$304,872,082.03, and the estimated savings of the waiver is \$234,550,720.53. Using the second sample (excluding FY 1995), the estimated total cost of the non-waiver NET program in FY 2002 would have been \$124,560,280.32, yielding an estimated saving of \$54,238,918.82. This more conservative estimation together with the estimation based upon FY 1991 to FY 1995 provides upper and lower bounds for the impact of the waiver program on cost effectiveness. Figure 1 presents the cost effectiveness of the waiver program as estimated by this specification of the direct comparison of costs.⁵

⁵ Similar estimations based upon either average cost per claim or average cost per user would not capture the waiver's impact on controlling the beneficiaries' use of services and would not reflect the overall impact of the waiver. For example, if the waiver prevents ineligible persons from using NET services, such an effect would not be captured by estimations based either upon average cost per claim or average cost per user. Only the estimations based on total costs and average costs per beneficiary capture the overall impact of the waiver

Figure 1
Cost Effectiveness of the Waiver in FY 2002, Analysis 1, Specification 2



C. Analysis 2: Waiver’s Effect on Cost Effectiveness

The Models: This section develops an econometric model to identify the impact of the waiver program on cost effectiveness at the county level.

As shown below in the following equation, average cost per beneficiary includes three components:⁶

$$Average\ Cost\ per\ Beneficiary = \frac{Users}{Beneficiaries} \times \frac{Claims}{Users} \times \frac{Cost}{Claims}$$

Users per beneficiary reflects the program’s performance in screening users’ eligibility and Claims per user reflects the program’s performance in determining trip eligibility and verifying trip validity, assuming no significant changes in the composition of the Medicaid beneficiary population and the NET eligibility criteria. Furthermore, average cost per claim measures the program’s performance in controlling transportation costs per trip.

In this model, we examine cost effectiveness from four angles: average cost per beneficiary, and its components, users per beneficiary, claims per user, and average cost per claim. The first addresses the program’s overall effectiveness; the second captures the program’s

⁶ *Component* is not a fully satisfactory term from a technical perspective, but is used for the sake of simplicity and because more appropriate terms (such as *factor* or *aspect*) are used frequently elsewhere in this assessment

performance in screening users' eligibility, while the third captures the program's performance in determining trip eligibility, and the last captures the program's performance in controlling transportation costs per trip.

County-specific characteristics that contribute to the provision of NET services are captured by a dummy variable for each county (I_COUNTY). The variable FISCAL captures changes in conditions related to the provision of NET services over the years. The impact of the waiver program on average cost per beneficiary is captured by a dummy variable (WAIVER), while FYWAIVER captures the impact of the waiver program on the trend of cost. Table 4 presents definitions of all variables used to estimate the model, with the dependent variables in the top panel and explanatory variables in the bottom panel.

Table 4
Regression Variables for Analysis 2

Variable	Definition
$ACOST_{jk}$	Inflation adjusted average cost per beneficiary for the k th county in the j th fiscal year.
$USERBEN_{jk}$	Users per beneficiary for the k th county in the j th fiscal year.
$CLAIMUSER_{jk}$	Claims per user for the k th county in the j th fiscal year.
$COSTCLAIM_{jk}$	Costs per claim for the k th county in the j th fiscal year.
I_COUNTY^7	A dummy variable equals 1 for county I , and 0 for all the other counties, where $I = 2, \dots, 67$
FISCAL	A variable indicating the fiscal year
FYWAIVER	A variable indicating the fiscal year for years under the current service model, and equals 0 for all the other years
WAIVER	A dummy variable equals 1 if NET is under current model, and 0 otherwise

Functional Form—ACOST: The functional relationship between the average cost per beneficiary of NET services and other variables is estimated using the following two specifications:

$$(1) \ln ACOST_{jk} = \beta_0 + \beta_1 WAIVER_j + \sum_{I=2}^{67} \beta_I \times I_COUNTY_j + \beta_{68} FISCAL + \varepsilon,$$

$$(2) \ln ACOST_{jk} = \beta_0 + \beta_1 WAIVER_j + \sum_{I=2}^{67} \beta_I \times I_COUNTY_j + \beta_{68} FISCAL + \beta_{69} FYWAIVER + \varepsilon$$

where j is an index of fiscal years, k is an index of county ($k = 1, 2, \dots, 67$, and $k = I$ for all I), $\ln ACOST_{jk}$ represents the natural logarithms of the k^{th} county's costs in the j^{th} fiscal year; The β terms are the parameters to be estimated, making them the principal objects of interest in this analysis, while the term ε represents random error. Both specifications

⁷ As a standard practice, one county's dummy variable must be omitted, Alachua's in this case. The omitted county becomes the basis for comparison. The dummy variable for each other county captures its difference from Alachua.

control for county-specific characteristics and changes in conditions related to the provision of NET services, and estimate the impact of the waiver program on cost in percentages. The difference between (1) and (2) is that (2) captures the impact of the waiver program on the trend of the cost in addition to its impact on cost in each year, while (1) does not.

Functional Forms—Components of ACOST: The functional relationship between the components of ACOST—being users per beneficiary, claims per user, and cost per claim—and other variables are estimated using the following equations:

$$\ln USERBEN_{jk} = \beta_0 + \beta_1 WAIVER_j + \sum_{I=2}^{67} \beta_I \times I_COUNTY_j + \beta_{68} FISCAL + \beta_{69} FYWAIVER + \varepsilon$$

$$\ln CLAIMUSER_{jk} = \beta_0 + \beta_1 WAIVER_j + \sum_{I=2}^{67} \beta_I \times I_COUNTY_j + \beta_{68} FISCAL + \beta_{69} FYWAIVER + \varepsilon$$

$$\ln COSTCLAIM_{jk} = \beta_0 + \beta_1 WAIVER_j + \sum_{I=2}^{67} \beta_I \times I_COUNTY_j + \beta_{68} FISCAL + \beta_{69} FYWAIVER + \varepsilon$$

where j and k are defined as before.

Results—ACOST: The two specifications for $ACOST_{jk}$ each use two samples, the results of which, estimated by the Ordinary Least Squares (OLS) technique, are presented in Table 5. Sample 1 includes observation from FY 1991 to FY 2002, and sample 2 includes observations from FY 1991 to FY 1994 and from FY 1997 to FY 2002, excluding observations during the transition period. The results are presented in Table 5. The regression equations are highly significant based upon the F-test,⁸ indicating the specified functional forms perform well in describing the relationship between the cost of NET program and the independent variables on the left-hand side of each equation. Additionally, the R^2 s indicate that the regression models are able to explain about 75% of the variation among counties in total costs.⁹ The coefficient of WAIVER is negative and highly significant across all regressions, meaning that the waiver reduces the cost of NET program in a statistically significant way.

The coefficient of WAIVER in Specification 1 is estimated to be -0.1458 based upon sample 1, and -0.1583 based upon sample 2, which means that the waiver program reduces the cost of the NET program by something between 13.57% and 14.64%.¹⁰ Given that the total cost to Medicaid of the Florida NET program in FY2002 was \$70,321,361.50, the estimated savings due to the waiver program is between \$11,040,852.43 and \$12,060,739.60, based upon samples 1 and 2, respectively.

⁸ Where the F-test, here denoted by Prob > F, presents the probability that, with a given F-statistic (omitted), the regression is statistically insignificant.

⁹ Where R^2 captures the explanatory power of a regression, and the percentage of the dependent variable's variation explained equals $R^2 \times 100$.

¹⁰ Where percentage savings are determined as follows: $(1 - e^{-0.1458}) \times 100 = 13.57$ and $(1 - e^{-0.1583}) \times 100 = 14.64$.

Table 5
Regression Results for ln ACOST

	Specification 1		Specification 2	
	Sample 1	Sample 2	Sample 1	Sample 2
WAIVER	-0.1458 (0.0448)	-0.1583 (0.0837)	-0.1817 (0.0441)	-0.1583 (0.0838)
FYWAIVER			-0.0862 (0.0141)	-0.0213 (0.0224)
FISCAL	-0.0109 (0.0068)	0.0104 (0.0105)	0.0690 (0.0121)	0.0246 (0.0183)
Constant	2.9662 (0.1270)	3.0820 (0.1136)	2.999 (0.0952)	3.0607 (0.1158)
Prob > F	0.0000	0.0000	0.0000	0.0000
R ²	0.7446	0.7372	0.7568	0.7377
Adjusted R ²	0.7210	0.7037	0.7340	0.7037

Standard errors in parentheses.

The coefficients of WAIVER and FYWAIVER in Specification 2 are an estimated -0.1817 and -0.0862, respectively, for sample 1. Thus the estimated savings due to the waiver program are \$83,858,339.22, or 54.39% of the estimated total cost in FY 2002.¹¹ The coefficients of WAIVER and FYWAIVER under sample 2 are estimated to be, respectively, -0.1583 and -0.0213. Given this, the savings due to the waiver program is estimated to be \$22,770,194.62, representing 24.46% of the estimated total cost in FY 2002.

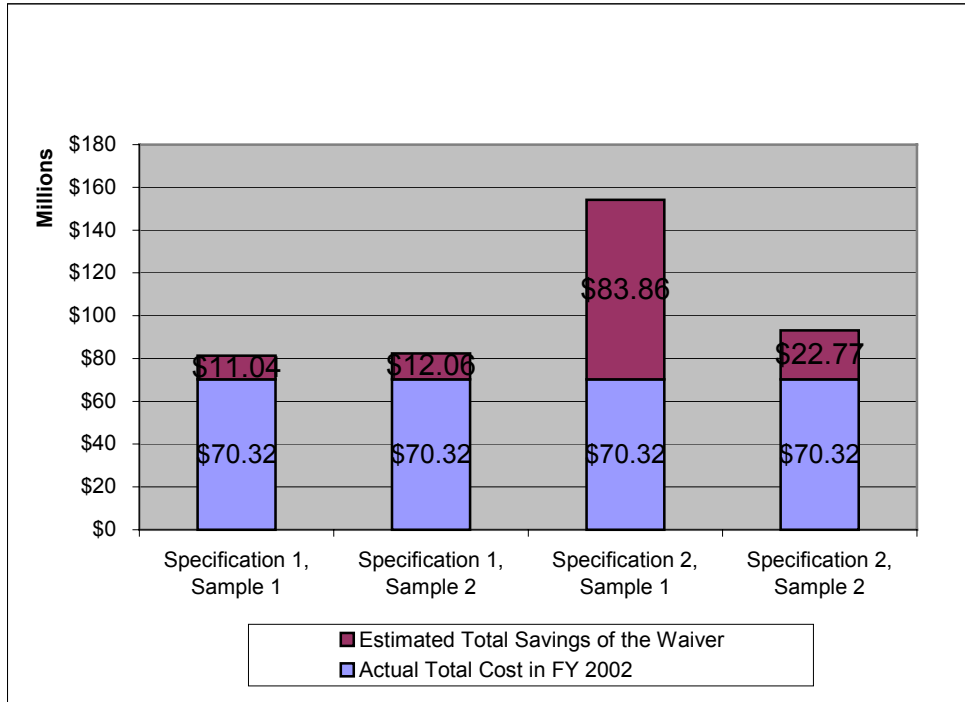
In Specification 1, each year under the previous service model is treated the same, and it fails to account for the accelerating growth in cost under the previous delivery-model. Thus, it might underestimate the putative costs of the NET program without the waiver, and therefore underestimate the impact of the waiver program on cost effectiveness. On the other hand, Specification 2 captures this growth in cost under the previous model.

The cost estimations based upon Specification 2 assume that the cost of the Florida NET program without the waiver after FY 1995 follow the same trend as it was during fiscals 1991-1995, which removes much of the noise in the cost data during the transition period. Since sample 1 includes the observations from FY 1995 to FY 1997—the transition period of the Florida NET program—it might not accurately reflect the actual effect of the waiver program. Therefore, the estimation based upon Specification 2 using sample 2 is considered the most accurate of the four conducted for $ACOST_{jk}$.

Figure 2 presents the estimation on the cost effectiveness of the waiver program based upon the analysis of ACOST.

¹¹ Where percentage savings are calculated as follows: $(1 - e^{-0.1817 + (-0.0862) \times 7}) \times 100 = 54.39$.

Figure 2
Cost Effectiveness of the Waiver in FY 2002, Analysis 2



Results—Components of ACOST: The equations for USERBEN, CLAIMUSER, and COSTCLAIM are estimated by OLS regression using observations from FY 1991 to FY 1994 and from FY 1998 to FY 2002, excluding observations during the transition period. The results are presented in Table 6.

Table 6
Regression Results of Cost Components

	(A) ln USERBEN	(B) ln CLAIMUSER	(C) ln COSTCLAIM
WAIVER	-0.0218 (0.0549)	0.3015 (0.0603)	-0.4380 (0.0563)
FYWAIVER	-0.0408 (0.0147)	0.0231 (0.0161)	-0.0035 (0.0150)
FISCAL	-0.0174 (0.0120)	-0.0048 (0.0132)	0.0468 (0.0123)
Constant	-2.1488 (0.0759)	2.5477 (0.0834)	2.6618 (0.0779)
Prob > F	0.000	0.000	0.000
R ²	0.7627	0.6668	0.7105
Adjusted R ²	0.7320	0.6237	0.6730

Standard errors in parentheses.

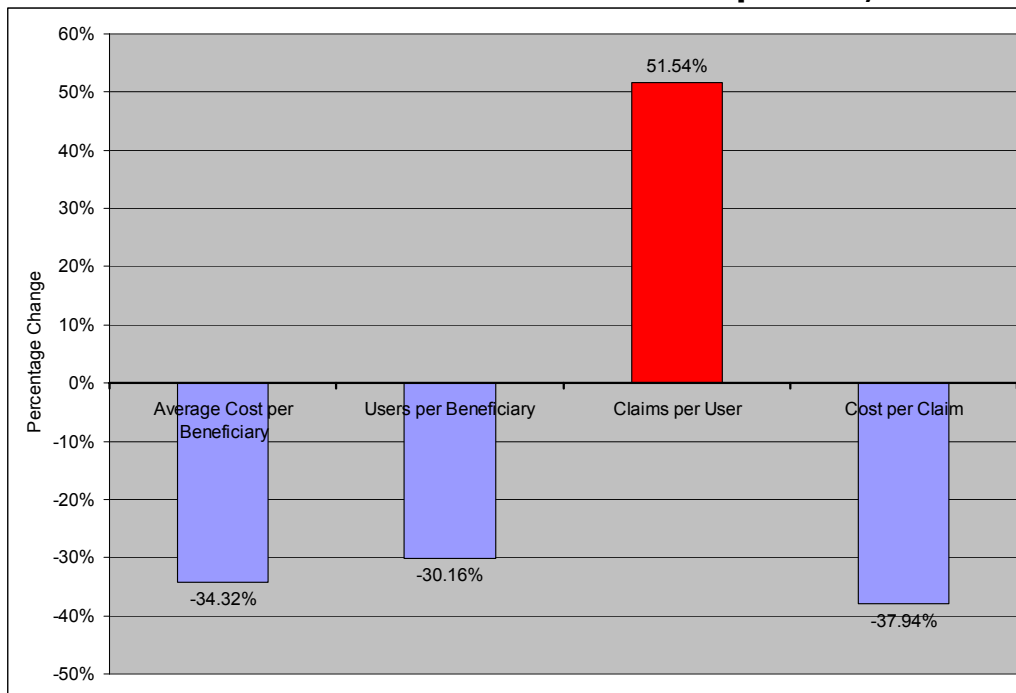
For the regression of users per beneficiary (Column A), the coefficients of WAIVER and FYWAIVER are estimated to be -0.0218 and -0.0408, respectively. Given this estimation, there is an estimated 30.16% reduction in the percentage of beneficiaries using the NET services due to the waiver program in FY 2002. The reduction in percentage of beneficiaries using the NET services could be a result of poor service quality or a result of better screening of user eligibility. That the number of claims per user has increased suggests the quality of service has not been adversely affected by the waiver. Therefore, it is reasonable to believe that the reduction in percentage of beneficiaries using the services is caused by better screening of users' Medicaid eligibility.

Because the coefficients of WAIVER and FYWAIVER in Column B are estimated to be 0.3015 and 0.0231, respectively, there is an estimated 51.54% increase in the number of claims per user due to the waiver program in FY 2002. An increase in this figure could be a result of an improvement in service quality, but could also be indicative of CTCs' poor screening of trip eligibility (meaning that the trip is eligible for NET, as opposed to the users' Medicaid eligibility). The Analysis 3 will further investigate the cause of increasing claims per user by examining the performance of different types of CTC types in this regard.

With respect to costs per claim (Column C), the coefficients of WAIVER and FYWAIVER are estimated to be -0.4380 and -0.0035, respectively, which indicates an estimated 37.94% reduction in average cost per trip due to the waiver program in FY 2002.

Since average cost per beneficiary is the product of USERBEN, CLAIMUSER and COSTCLAIM, the above estimation of USERBEN, CLAIMUSER and COSTCLAIM yield an estimated 34.32% reduction in ACOST. These estimations are reported in Figure 3.

Figure 3
Effect of the Waiver on ACOST and Cost Components, FY 2002



D. Analysis 3: Examination of Coordination Models

In the current Florida NET program, there are three coordination models based on the range of services CTCs provide, as described below in Table 7. CTCs providing both brokerage service and transportation service might enjoy economies of scope, meaning their expertise in provision of transportation could allow them to control their cost more effectively by choosing, for example, shorter routes, selecting cost-effective transportation modes and coordinating trips. On the other hand, such CTCs would earn not just the brokerage fee but also the fees for actual transportation, and might thus—in the absence of proper incentives and monitoring—place more emphasis on generating trips and revenue than in assuring the overall efficiency of the NET system.

Table 7
Taxonomy of Community Transportation Coordinators

Coordinator Type	Characteristics
Complete Brokerage	Provides only brokerage (i.e., coordinating) service.
Partial Brokerage	Provides brokerage service and some transportation services.
Sole Source	Sole source of all brokerage and transportation services.

This analysis develops econometric models to address such issues and measure the performances of these different coordination models, controlling for market and demographic conditions and other county specific factors related to the provision of the NET services.

The Model: This analysis first examines the performance of different coordination models in terms of overall cost efficacy. In the model, the dependant variable is the average cost per beneficiary for each county in each fiscal year adjusted for county level transportation price index (ACOST_2). Second, we examine the performance of different coordination models in screening user’s eligibility, determining trip eligibility, and controlling transportation cost per trip, respectively. Three dependent variables are used in this set of regressions: users per beneficiary (USERBEN), average claims per user (CLAIMUSER), and inflation-discounted average cost per claim (COSTCLAIM_2), respectively, and all are defined as before (see Table 4).

The variable FISCAL (defined as before) captures changes in conditions related to the provision of NET services over the years. The variable INDEX reflects the difference in the price of transportation services across counties. Transportation costs in a county not only could affect CTCs’ provision of transportation services, but could also influence beneficiaries’ usage of NET services. For example, higher transportation costs could drive more beneficiaries to use NET services while at the same time compelling CTCs to try to reduce usage of the system. DOC is the number of doctors of medicine and doctors of osteopathy in each county. More doctors in a specific area could lead to having, on average, shorter trip per claim (likely also reducing the number of the more expensive out-of-county trips) but might also lead to increased usage of NET by beneficiaries.

LAND represents a county’s land area: a higher land area for a given population of beneficiary, could induce longer trip to facilities, leading to increased costs per claim. A higher COMPACT—the population-compactness of each county—could lead to shorter, and hence less expensive, trips since doctors usually locate at populated area. Shorter trip per claim might lower the transportation cost per trip, but it could also cause more claims per user since it is more convenient for beneficiaries to visit a doctor.

The variable REVENUE captures the state’s budget situation in each fiscal year, which is important since the state’s fiscal health could influence pressures on AHCA or CTCs to control costs. Dummy variables COMP, PARTIAL, and SOLE capture the effect of their respective CTC model. Table 8 presents the definitions of all variables used to estimate the model, with dependent variables in the upper panel, and explanatory variables in the lower.

Table 8
Regression Variables for Analysis 3

Variable	Definition
ACOST _{2jk}	Inflation-adjusted average cost per beneficiary adjusted for county level transportation price index.
USERBEN _{jk}	Users per beneficiary.
CLAIMUSER _{jk}	Claims per user.
COSTCLAIM _{2jk}	Inflation-discounted average cost per claim, adjusted for county-level transportation price index.
COMP _{jk}	A dummy variable defined as 1 if CTC is Complete Brokerage type, and 0 otherwise.
PARTIAL _{jk}	A dummy variable defined as 1 if CTC is Partial Brokerage type, and 0 otherwise.
SOLE _{jk}	A dummy variable defined as 1 if CTC is Sole Source type, and 0 otherwise.
CLAIM _{jk}	Number of claims of each county in each fiscal year.
REVENUE _j	The state’s revenue in each fiscal year. ¹²
FISCAL _j	A variable indicating the fiscal year.
DOC _{jk}	Doctor per capita of each county in each fiscal year.
COMPACT _{jk}	Population compactness of each county. ¹³
INDEX _{jk}	The transportation price index for each county in each fiscal year.
BENEFICIARY _{jk}	Number of beneficiaries of each county in each fiscal year.

The functional relationship between the average cost per beneficiary of NET services and other variables is estimated using the following equation:

¹² Source: State of Florida, Department of Financial Service, Comprehensive Annual Financial Report. Web address: <http://www.dbf.state.fl.us/img00096.html>.

¹³ Source: BEBR calculations based upon tract level population data from the United States Census, 1990 and 2000.

$$\begin{aligned} \ln ACOST_2_{jk} = & \beta_0 + \beta_1 COMP_{jk} + \beta_2 PARTIAL_{jk} + \beta_3 SOLE_{jk} + \beta_4 FISCAL_j + \beta_5 \ln LAND_k \\ & + \beta_6 \ln DOC_{jk} + \beta_7 \ln COMPACT_j + \beta_8 \ln REVENUE_k \\ & + \beta_9 \ln BENEFICIARY_{jk} + \varepsilon \end{aligned}$$

The functional relationship between users per beneficiaries and other variable is estimated using the following equation:

$$\begin{aligned} \ln USERBEN_{jk} = & \beta_0 + \beta_1 COMP_{jk} + \beta_2 PARTIAL_{jk} + \beta_3 SOLE_{jk} + \beta_4 FISCAL_j + \beta_5 \ln LAND_k \\ & + \beta_6 \ln DOC_{jk} + \beta_7 \ln COMPACT_{jk} + \beta_8 \ln INDEX_{jk} + \beta_9 \ln REVENUE_{jk} + \varepsilon \end{aligned}$$

The functional relationship between the claims per user and other variable is estimated using the following equation:

$$\begin{aligned} \ln CLAIMUSER_{jk} = & \beta_0 + \beta_1 COMP_{jk} + \beta_2 PARTIAL_{jk} + \beta_3 SOLE_{jk} + \beta_4 FISCAL_j + \beta_5 \ln LAND_k \\ & + \beta_6 \ln DOC_{jk} + \beta_7 \ln COMPACT_{jk} + \beta_8 \ln INDEX_{jk} + \beta_9 \ln REVENUE_{jk} + \varepsilon \end{aligned}$$

The functional relationship between the cost per claim and other variable is estimated using the following equation:

$$\begin{aligned} \ln COSTCLAIM_{jk} = & \beta_0 + \beta_1 COMP_{jk} + \beta_2 PARTIAL_{jk} + \beta_3 SOLE_{jk} + \beta_4 FISCAL_j + \beta_5 \ln LAND_k \\ & + \beta_6 \ln DOC_{jk} + \beta_7 \ln COMPACT_{jk} + \beta_8 \ln CLAIM_{jk} + \beta_9 \ln REVENUE_{jk} + \varepsilon \end{aligned}$$

Results: To eliminate noise occurring during the transition period and to better compare the performances of different coordination models, we exclude observations in FY 1995, FY 1996 and FY 1997 from our sample, which are the observations for the last year under previous service delivery model and the first two years under current program. The results of the OLS regressions are presented in Table 9 and are discussed by column.

Column A estimates the overall cost efficacy of the different coordination models (measured by $\ln ACOST_2$). As shown in the table, the coefficient of COMP, PARTIAL and SOLE are all negative and fairly significant, meaning that all three coordination models in the waiver program reduce the overall cost of NET program in a statistically significant way. The results indicate that, on average, Complete Brokerage reduces the cost of NET services by 14.23%, Partial Brokerage reduces the cost by 17.99%, and Sole Source by 29.21%.

The results of the regressions for efficacy of different coordination models, measured by the three components of average cost per beneficiary, shed light on the sources of cost savings and how one coordination model performances differently from the other.

Column B estimates the effects of different coordination models in screening users' eligibility. As shown in Table 8, the coefficients of COMP, PARTIAL and SOLE have different signs but none of them is statistically significant. As a result, we cannot draw any conclusion as to how different coordinator models have performed in screening users' eligibility.

Table 9
Regression Results for Analysis 3

	(A)	(B)	(C)	(D)
	ln ACOST_2	ln USERBEN	ln CLAIMUSER	ln COSTCLAIM_2
COMP	-0.1535 (0.1418)	-0.0455 (0.0918)	0.2503 (0.0957)	-0.2974 (0.0863)
PARTIAL	-0.1983 (0.1258)	-0.0259 (0.0814)	0.2924 (0.0849)	-0.3944 (0.0764)
SOLE	-0.3455 (0.1385)	0.0578 (0.0885)	0.3579 (0.0923)	-0.6511 (0.0833)
ln BENEFICIARY	-0.2102 (0.0430)			
ln CLAIM				-0.0692 (0.0214)
ln INDEX		1.1261 (0.5859)	0.1463 (0.6108)	
FISCAL	0.0180 (0.0164)	-0.0496 (0.0102)	0.0111 (0.0107)	0.0380 (0.0097)
ln DOCTOR	0.0701 (0.0491)	0.0936 (0.0318)	0.0296 (0.0331)	-0.0610 (0.0303)
ln REVENUE	0.0831 (0.0754)	0.1850 (0.0445)	-0.0214 (0.0464)	0.0375 (0.0436)
ln COMPACT	-0.3188 (0.0370)	-0.1900 (0.0237)	-0.0794 (0.0247)	-0.0473 (0.0240)
ln LAND	0.2567 (0.0583)	-0.0364 (0.0377)	0.0692 (0.0394)	0.1948 (0.0356)
CONSTANT	3.0372 (1.4534)	-9.5994 (2.8012)	1.3510 (2.9202)	2.9065 (0.8280)
Prob > F	0.0000	0.0000	0.0000	0.0000
R ²	0.3708	0.4310	0.2807	0.4443
Adjusted R ²	0.3613	0.4223	0.2697	0.4359

Standard errors in parentheses.

Column C presents the estimates of the efficacy of the different coordination models in screening trip eligibility. The coefficients of COMP, PARTIAL and SOLE are all positive and highly significant, meaning that claims per user have increased under each of these three coordination models in a statistically significant way. The results indicate that, on average, claims per user have increased by 28.44% under Complete Brokerage, by 33.96% under Partial Brokerage model, by 43.03% under Sole Source model. These results suggest claims per user have increased more under coordination models where the coordinator provides both brokerage services and transportation service, especially when the coordinator is the sole service provider.

While increased claims per user could suggest the quality of the NET program has not adversely affected by the waiver—since actual users employ the program more often than before—it could also suggest potential problems in screening trip eligibility:¹⁴ Under the rate structure of the current program, coordinators are normally paid a fixed fee per trip and transportation providers are normally paid a fixed fee, which varies with transportation modes, plus mileage. Therefore, coordinators' revenues increase as users make more trips and therefore coordinators have no financial incentive to screen trip eligibility. This problem becomes more severe when the coordinator also provides transportation services, because the coordinator gets paid not only for brokerage service but also for transportation service for each trip. This is consistent with the regression result in Table 9.

Column D estimates the performances of different coordination models in controlling transportation cost per trip. The coefficients of COMP, PARTIAL and SOLE are all negative and highly significant, meaning that all three coordination models in the waiver program have reduced transportation cost per trip in a statistically significant way. The results indicate that, on average, Complete Brokerage coordinators have reduced cost per claim by 25.73%, Partial Brokerage coordinators have reduced cost per claim by 32.59%, and Sole Source coordinators have reduced cost per claim by 47.85%.

This indicates that, with respect to reducing costs per claim, coordinators providing transportation services significantly outperformed coordinators providing only brokerage services, and in particular that Sole Sources performed best of all by this measure. This arises because transportation providers might have more expertise in transportation services and can control their cost more efficiently by choosing shorter routes, selecting cost-effective transportation modes and coordinating trips.

E. Conclusion

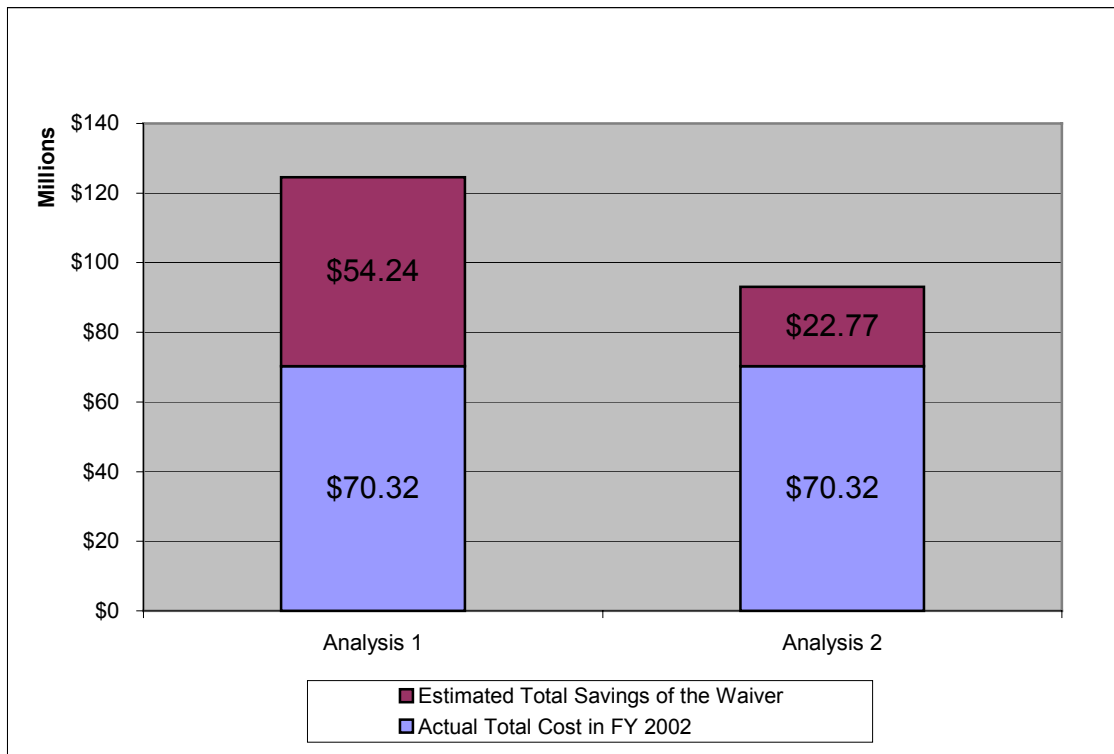
This section measures the cost effectiveness of the waiver program through three separate Analyses and each reveals significant savings due to the waiver program.

Analysis 1 estimates what the cost of the NET program would have been in FY 2002 without the waiver based upon the growth rate of costs of the program under previous service model, from FY 1991 to FY 1995. Based upon the trend of average cost per beneficiary during FY 1991 to FY 1994, the estimated total cost of the NET program without waiver in FY 2002 well over \$111.58 million, indicating an estimated saving in excess of \$41.26 million due to the waiver program.

Analysis 2 uses a county-level econometric model to estimate the impact of the waiver program on costs, including overall costs and its components, controlling for county-specific characteristics with county dummy variables. It estimated the total cost of NET without the waiver in FY 2002 would have been over \$93.01 million yielding estimated savings in FY 2002 of about \$22.77 million due to the waiver program. Figure 4 presents these results.

¹⁴ Note that the two are not necessarily exclusive, as lax screening by CTCs could lead to more frequent use of the system by otherwise ineligible persons. While there is little evidence, either in the cost or quality analyses to support that implication, there is starkly little evidence to refute it.

Figure 4
Savings in Total Cost, FY 2002, by Analysis



Analysis 2 also permits the examination of the sources of cost reduction, be it in reduced costs per trip, reduced use by users, or fewer users among the eligible pool of beneficiaries, finding that the program has been effective in reducing average cost per beneficiary and average cost per trip, but has seen users per beneficiary rise dramatically.

The taxonomy of coordination models introduced in Table 7 allows a useful examination in Analysis 3 of how these different models compare to each other with respect not only to average costs per beneficiary but also to its components, each of which provides insights into the operations of the NET program. Chiefly, they show that Sole Source CTCs have reduced average costs per beneficiary by nearly 30%, and that they have reduced costs per claim by over 43%, both relative to a non-waiver program. In each case, the Sole Source CTCs have shown greater improvement than either Partial or Complete Brokerages. However, as the increases in claims per user suggest, AHCA might wish to concentrate more resources to ensure that CTCs providing both coordinating and transportation services put effort to screening for trip eligibility and verification.

In sum, this assessment finds that Florida's NET program seems to be cost-effective in the overall measures and in most subsidiary measures. Even the areas where its cost-efficacy is lacking might be improved with refined incentives for CTCs and increased monitoring by AHCA or the Commission for the Transportation Disadvantaged, as Section IV will discuss.

III. Aspects of Service

A. Introduction

Realizing both that accessibility and quality of NET services are as important as the cost-
efficacy of those services and that high-quality service should be comfortable *and* available at
need, this assessment shall consolidate the discussion of both accessibility and quality into
one section. First discussed are the methodologies employed in collecting the relevant data
from the beneficiaries and official sources (chiefly interviews with the CTCs). Then
discussed is the quality of the services rendered by the CTCs, followed by the quality of
transportation itself.

Since, due to time constraints, beneficiaries in only four of Florida's sixty-seven counties
were sampled, not all of these results may necessarily be generalized to the State as a whole,
and the results presented in this assessment, and the conclusions drawn from them, should
therefore be viewed as tentative. These caveats made, however, it is important to note that
clear patterns do emerge from careful examination of the data, and such patterns, if one may
in fact generalize them, point the way to areas of potential further examination.

The general conclusion of this section is that neither access to nor quality of the service has
suffered substantially as a result of the waiver, some noteworthy issues notwithstanding.

B. Methodology

Site Visits: To obtain the official perspective of the state of NET services in Florida, BEBR
developed two data collection instruments for a series of visits to the offices of the CTCs of
the four selected counties: a sheet with set of criteria for describing and rating the
appearance of the office and the observed demeanor of the Coordinator's staff. The main
instrument, however, was the questionnaire, administered to the director of the CTC in each
of the four counties and the operations' manager in Broward and Walton counties.¹⁵

The investigators personally performed the first site visit, that to Alachua County's
Community Transportation Coordinator, ATC Paratransit, on August 4, 2003, in order to
test and refine the data collection instruments. After such changes were made, BEBR then
disseminated the instruments to AHCA field staff and conferred with them by telephone on
August 12 with instructions on how to administer the instruments to the CTCs. The
subsequent site visits occurred on August 18 (Broward), 19 (Monroe), and 20 (Walton). The
results were transmitted to BEBR in a timely manner.

Interviewees were asked about processes for beneficiary screening and trip authorization;
methods of cost-control; methods for selection of transportation providers and drivers;
general administrative issues; and their general opinions of the program. For questions

¹⁵ The operations' manager (or equivalent) is generally responsible for the day to day management of the CTC's
office. The operations' manager for Alachua was on vacation when the visit was conducted. Monroe County's
"transportation coordinator" also functions as operations' manager; thus only one interview was necessary.
Janice Freistat, AHCA, in an electronic communication, August 27, 2003.

regarding the frequency of events, respondents in the latter three visits were asked to roughly quantify their answers; e.g., “less than 5% of the time,” as opposed to “not often.”

Beneficiary Survey:¹⁶ In order to gain an insight into the beneficiaries’ perspective of NET services, we constructed a questionnaire consisting of 83 questions inquiring about the accessibility and quality of services provided by Coordinators and drivers. The questionnaire also solicited beneficiaries’ overall opinions of the program and its services. Depending on the responses to certain binary (yes-or-no) questions, beneficiaries were asked to elaborate on their answers in their own words. The existence of such sets largely accounts for the number of questions. Please note that, in addition to statistical and sampling error, the wording of the questions and the structure of the questionnaire may introduce bias or error into the findings of surveys. For the reader’s reference, the questionnaire is presented with summary results in Appendix A.

The results of the survey are based on 199 telephone interviews conducted during the period August 14 – September 8, 2003 by the University of Florida Survey Research Center among a sample of Medicaid beneficiaries 18 years or older, who have used Florida’s non-emergency transportation services since July 1, 1998.¹⁷

In each household contacted, interviewers asked to speak with a specific individual: a known user of non-emergency transportation services. AHCA provided the names and telephone numbers of 993 users of NET services in four selected counties. These counties are Broward, Alachua, Monroe, and Walton, respectively representing the four categories, very urban, urban, rural, and very urban.¹⁸ Only one user of non-emergency transportation services was sampled per phone number, i.e., there was only one potential respondent per address, per family, or per facility.

After removing duplicate numbers and addresses, there were a total of 752 unique records in the sample. Experience suggests that for surveys of this nature, only between one in three and one in four unique records in a sample generates a response. In order to increase the number of completed interviews, at least 10 attempts were made to complete an interview at every sampled telephone number. The calls were staggered over times of day and days of the week to maximize the chances of making a contact with a potential respondent. All incomplete interviews and refusals prompted at least additional call in order to attempt obtaining completed interviews.

C. Beneficiaries’ Use of NET Services

The first substantive question (I.1) asked of beneficiaries was what mode of transportation they used in the past six months to reach their Medicaid services, and the results are

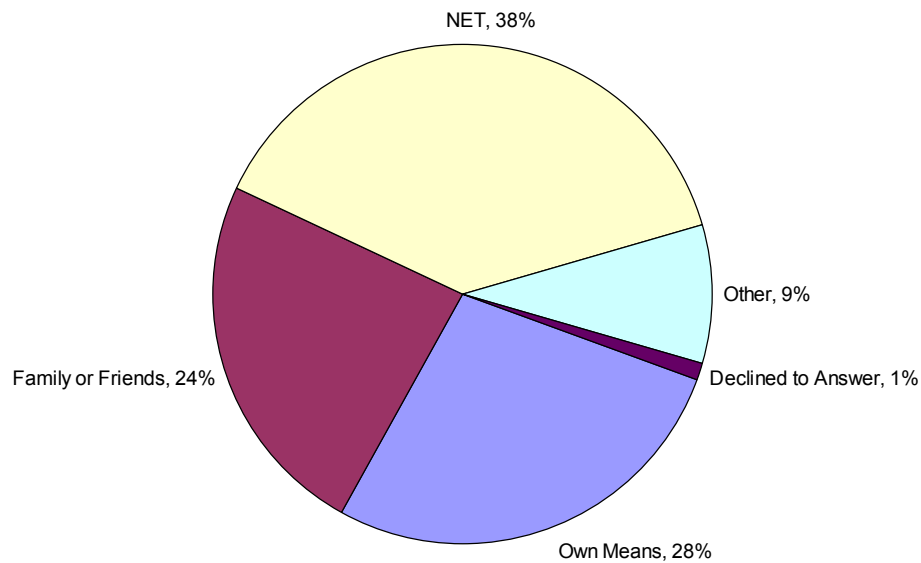
¹⁶ This discussion is largely derived from comments and information provided by Scott Richards, Research Analyst, UF Survey Center, in an electronic communication on August 27, 2003.

¹⁷ Respondents indicating a preference to complete the interview in Spanish, as well as Spanish-speaking households with no eligible English-speaking adult, were contacted by a Spanish-speaking interviewer. Five interviews were conducted in Spanish.

¹⁸ The following population thresholds (as determined by Enterprise Florida) are used by AHCA in classifying a county: very rural: less than 50,000; rural: from 50,001 to 100,000; urban: from 100,001 to 500,000; and very urban: at least 500,001. Ken Baugh, AHCA, electronic communication, August 27, 2003.

presented graphically in Figure 5. Beneficiaries were provided a selection of choices: by their own means, friends or family, the coordinated transportation system, or other. Seventy-seven responded that they had used the coordinated system in the past six months, and the main portion of the questionnaire was administered to them. These seventy-seven respondents shall be referred to as *current users*, or users for short. Fifty-five responded that they used their own means (including walking or paying for taxis or public transportation). Forty-seven indicated that family or friends had taken them to their Medicaid services. Eighteen beneficiaries answered other, in which case they were asked to describe the means they used to get to Medicaid services.

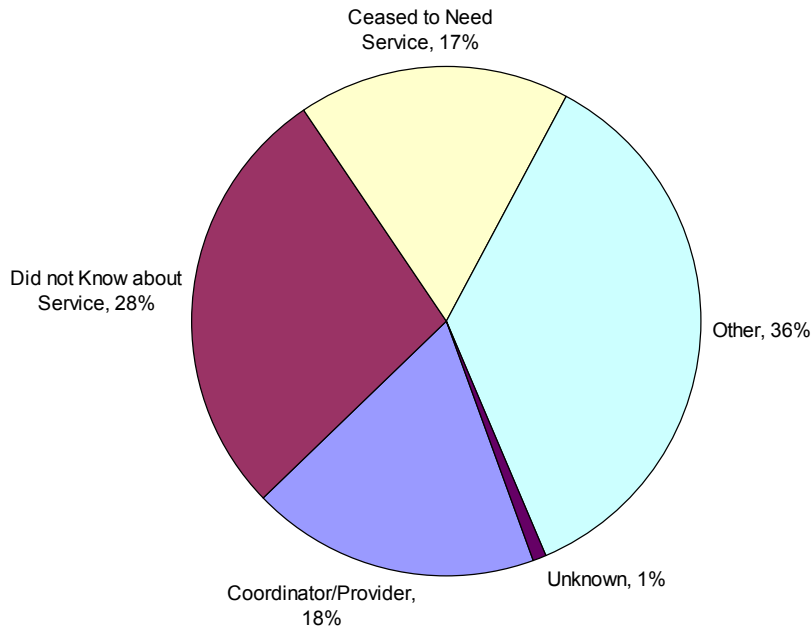
**Figure 5
Transportation Patterns of Respondents**



One hundred and four beneficiaries responded to the following question (I.2) of why they had not used NET services: the choices (and affirmative answers) were “Coordinator or Provider quality/service” (19), “Didn’t know about service” (29), “Ceased to need service” (19), and “Other” (37), with one respondent answering that he did not know. The fact that 28% of the respondents answered that they did not know of the service is puzzling indeed, since, as noted above, each beneficiary in the survey sample had used Medicaid NET services at least once since July 1, 1998. For convenience this assessment shall refer to these 104 respondents as current non-users, or non-users for short.¹⁹

¹⁹ More properly, all 122 respondents not classified as current users should be considered as current non-users. Due to the construction of the survey program, however, respondents answering “Other” to I.1 (the 9% in Figure 5) were not administered question I.2 or its follow-ups.

**Figure 6
Causes of Non-Use of NET Services**



D. Quality of Coordination Services

Selection of Transportation: An important criterion in determining the quality of the NET program is whether the Coordinators, as the “gatekeepers” of the process, match the beneficiaries to the most appropriate mode of transportation. All four CTCs report that they maintain databases containing information about each beneficiary whose transportation they coordinate. The CTCs state that these databases are consulted whenever a trip is requested, allowing the coordinating staff to select the mode of transportation most appropriate to the needs of the beneficiaries. When asked if the selected modes are generally suitable to their needs (question II.13), 95% of users responded in the affirmative, 5% in the negative, and one respondent did not know.

Availability and Denials of Service: When asked roughly how many requests for reservations per month resulted in denials, the most frequent response was less than 5%. When asked the reasons for such denials, all CTCs answered that the caller was ineligible for Medicaid assistance or that the request was made less than twenty-four hours before the actual Medicaid-sponsored appointment.²⁰ Only the CTCs for Walton and Monroe Counties reported that requests were ever denied for lack of available transportation, but CTCs say that they are always able to successfully reschedule Medicaid-sponsored appointments in order to ensure availability of NET services. More rarely, CTCs will deny a trip to an

²⁰ All four sampled counties require that beneficiaries make reservations twenty-four hours in advance and usually do not make reservations for trips occurring in less than twenty-four hours.

otherwise eligible beneficiary who has had his or her eligibility suspended due either to behavioral problems or repeated “no-shows.”

The beneficiaries seem broadly to agree: only 12 users (16%) responded in the affirmative when asked “Has the coordinating staff ever denied you transportation?” (question II.9). The responses to the follow-up (question II.10) asking for a description of the circumstances of the last denial seem to support the CTC: three beneficiaries mention time of day as the reason; the one denial was due to a request for a non-Medicaid-compensable trip; another was a result of the CTC’s policy on ride-alongs by dependent children; and the last was a consequence of the beneficiary’s having previously exceeded the limit of missed trips and thus having his eligibility suspended.

Advertisement of Services: More fundamentally, knowledge of the program is a prerequisite for being able to even request service, and all CTCs report that they take proactive measures to advertise their services, in addition to relying on word-of-mouth. Alachua and Walton report that they place brochures in the vehicles and, as Walton’s CTC says, “medical offices.”²¹ Broward relies exclusively on word-of-mouth and “presentations at community forums” by the operations’ manager, and is generally pleased with the results. Monroe’s CTC found that placing their telephone number on their vans was effective.

When asked “Can you name the agency you call to request transportation?” (question I.19) 60 users, or 78% of the 77, answered affirmatively. Of concern however, is that 29 of the 104 the responding current non-users said outright that they did not know about the service. Furthermore, 39 of 48 (81%) eligible responding non-users answered affirmatively when asked “would you use a program in which the State provides you non-emergency transportation to your Medicaid services?” (question I.13).

These results, again, do not conform to the nature of the sample provided by AHCA, of which all members had used the NET system at least once since July 1, 1998. They nevertheless suggest that there might be more room for advertisement of NET services by appropriate agencies.

General Performance of Coordinating Services: As a practical matter, however, questions about denials and advertisement might not be sufficient to assess how readily accessible the program is. Busy, rude, or unprofessional coordinating staff might be as effective a barrier to use of service as would lack of available transportation or a beneficiary’s complete ignorance of the program’s existence.

An inability to contact the Coordinator (including being put on hold for excessively long periods of time) might have the same effect as an outright denial of service. When asked if they had ever been unable to get through to their CTCs (question II.8), 33 (43% of users) responded that there had been such occasions, while 41 (53%) reported none such, and 3 (4%) did not know. Considering that CTCs handle many requests for service in any given day, and that the number of business hours, phone lines, and answering staff available to a

²¹ Alachua provided a more detailed response: putting brochures in nursing homes and in the public areas of hospitals, dialysis centers, and public health units.

CTC are limited, it is not surprising that a significant number of beneficiaries are at some time unable to reach their Coordinator.

More important is the quality of service when a beneficiary’s call is received: All site visits report that the coordinating staff seemed efficient and professional in observed dealings with beneficiaries, and the CTCs in Alachua and Monroe conduct their own surveys of beneficiaries to ensure quality of service. The beneficiaries’ responses to the survey, however, found slightly mixed evidence, which still generally support a conclusion that coordinating services are professional and effective.

When asked “Is the Coordinating staff prompt and friendly in taking your calls?” (question II.4), 66 users (86%) of users answered affirmatively, 7 users (9%) that the staff were not, 3 did not know, and one refused to answer, 4% and 1% respectively).

On a matter of primary importance, Fifty-six users (73% of the 77) responded that their calls to the coordinators usually took less than ten minutes.²² As for time spent on hold (question II.7) 45 users (58% of 77) reported spending less than ten minutes—and many noted that they spent no time on hold at all; seven respondents (9%) said they waited on hold less than half an hour, and five (6%) reported waiting longer than a half-hour.²³ Table 10 below presents the mean, median and modal time spent on hold and on the phone altogether to reserve transportation.

Table 10
Times Spent Calling Coordinators (in Minutes)

	Mean	Median	Mode
<i>Total Time on the Phone</i>	12.82	5	5
<i>Time Spent on Hold</i>	6.52	2	1

While spending—on average—more than six minutes on hold during a thirteen minute phone call to reserve transportation is not necessarily ideal, CTCs are limited in the resources at their disposal, and they must balance the need to reduce beneficiaries’ inconvenience with their ability to do so and with the other needs incumbent upon them. Thus there is no reason to suppose that CTCs are deliberately under-investing in phone lines or telephone operators. Nor is there any reason to believe that service is less convenient than it would be under a fee-for-service program. Indeed, that 73% of users that spend less than ten minutes on calls to request NET service speaks well of the program.

E. Quality of Transportation Services

CTCs categorically respond that they employ methods to assure the quality of drivers,²⁴ and beneficiaries’ responses to the survey’s questions about various aspects of transportation quality are generally favorable, but when complaints arise, they are often suggestive of issues

²² Question II.6: Twenty-one or 27% of users reported that their calls took ten minutes or more, including 6 beneficiaries (8%) reporting calls longer than 30 minutes. Four users (4%) could not answer the question.

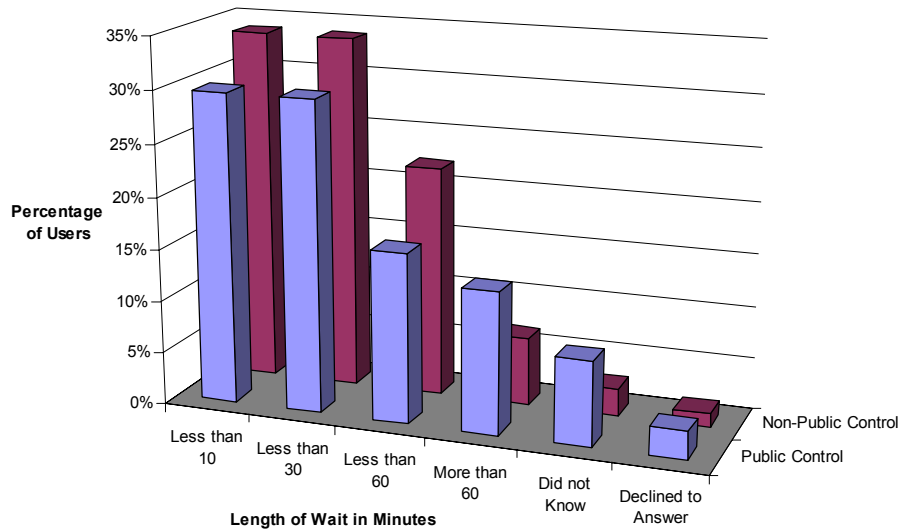
²³ Fifteen respondents (19%) were unable to give an answer, and five (6%) declined to do so.

²⁴ For example, ride-alongs by CTC staff, mystery-rider programs, in which beneficiaries report directly to the CTC on the quality of service, and direct surveys of beneficiaries by CTCs.

meriting further investigation by AHCA or the TD Commission. No definitive judgment, however, can be made about how content they would have been in the absence of the TD program, but this investigation finds no evidence that the quality of service, some unusual circumstances, is significantly impaired by the TD program.

Timeliness: The first issue of interest is the initial interaction of beneficiaries and drivers: the timeliness of arrival. Those beneficiaries who had indicated that they had received public transportation were asked how long they usually waited for their vehicles to arrive (question III.2): eleven responded less than ten minutes; eleven responded less than 30 minutes; six answered less than an hour, and five reported waiting over an hour (three did not know, and one declined to answer). The responses for non-public transportation are more varied (question III.3): twenty-six beneficiaries answered that they waited less than 10 minutes; twenty-six also responded that they waited less than a half-hour, seventeen have waited less than an hour, and five have waited over an hour for their private-provider transportation to arrive (two beneficiaries did not know, and one declined to answer).

Figure 7
Percentage of Users by Length of Wait, in Minutes, by Control²⁵



	Less than 10	Less than 30	Less than 60	More than 60	Did not Know	Declined to Answer
Public Control	30%	30%	16%	14%	8%	3%
Non-Public Control	34%	34%	22%	6%	3%	1%

²⁵ In interpreting this figure, “less than 30” should be read as “less than 30 minutes but at least 10 minutes,” and so forth. A presentation of results similar to Table 10 is not possible due to the construction of question III.3, which provided actual ranges of times, as opposed to asking respondents to provide their own estimation. To aid in the comparison of results, the answers to question III.2 were grouped and presented in Appendix A in the same manner as III.3, but with attendant mean, median, and mode.

Some comments by beneficiaries, noted by the interviewers, complained of occasional, exceedingly long wait times for transportation, including one instance in which a beneficiary saw his assigned vehicle pass him numerous times before it stopped to pick him up. While there is no evidence to think that such treatment is systemic, it demonstrates that no manner of service-provision is completely without faults, and that vigilance is required in monitoring quality.

The second aspect of a driver's punctuality is how expeditiously he delivers users to their destinations. Considering that many users are assigned group transportation, a question asking a user for the usual length of a trip would be inappropriate, therefore question III.6 asked users if their drivers seemed to take unnecessary side-trips or deliberately prolong trips. Fifty-nine (or 77%) of users answered in the negative, while 6 respondents could not answer, and one declined to do so (8% and 1%, respectively). Eleven users (14%) reported that such trips had occurred answered in the positive, and when asked in the follow-up (III.7) how often such side-trips had occurred in the last six months, the average response was a little over eight and a half times, while the most frequent was three times. Two of the eleven were unable to provide an answer.

Thus, by and large, the transportation providers seem expeditious not only in picking up their assigned passengers, but also in delivering them to their appointments.

Professionalism and Quality of Driving: When asked directly “Is the driver professional and helpful during transport, and does the driver try to maintain your comfort in general during transport?” users overwhelmingly responded in the affirmative: of the seventy-seven respondents to this question,²⁶ only three answered in the negative, and one respondent could not provide an answer. The general pattern is much the same for questions relating to driver quality, suggesting that most beneficiaries are satisfied with the quality of transportation provided to them. Seventy-one beneficiaries report “that the vehicles look and smell clean.” Of the seventeen respondents who require the use of lift equipment, fourteen report that the equipment worked every time. Sixty-eight have experienced no mechanical problems while en route. Fourteen of the sixteen beneficiaries who use wheelchairs report that their chairs are strapped in completely every time before driving.²⁷

These encouraging results should by no means be taken to suggest that drivers' courtesy or driving ability are perfect: there are some complaints by some beneficiaries worthy of investigation by the proper entities, be they CTCs, the Commission for the Transportation Disadvantaged, or AHCA itself.²⁸ Even if it were possible to provide perfectly professional transportation, the costs to taxpayers would likely be prohibitive: Florida seems to have struck not far from the right trade-off between quality of service and cost, and occasional problems notwithstanding, there seems no evidence to suggest that driver quality would be much better under complete freedom of choice. In sum, beneficiaries seem to be largely

²⁶ Unless otherwise noted, 77 beneficiaries gave responses of some sort to the questions in this subsection.

²⁷ The questions referred to in this paragraph are, respectively, III.10, III.12, III.17, III.20, and III.27.

²⁸ There are cases of drivers who do not give their names upon pick-up (in violation of the State's requirements); drivers' cutting off other cars; or drivers who do not even speak English. See Appendix A for a closer examination of these issues.

content with their drivers, and Florida's NET waiver program seems to discharge its duty to provide quality transportation under the Social Security Act and accompanying regulation.

Co-payment: At this point, it is important to mention observed irregularities affecting the system of co-pay, in which beneficiaries face a requirement to pay \$1.00 per one-way trip. While not directly applicable to "quality of transportation," this issue pertains directly to the character of transportation providers and drivers. Of the seventy-seven beneficiaries who responded to question III.4, "Do you pay the co-pay for transportation?" forty-four answered in the affirmative and thirty in the negative (two declined to answer, and the last was unable to do so).

Since (1) many beneficiaries do not pay the co-pay, (2) transportation cannot be denied for failure to pay, and (3) transportation providers bear the burden for ensuring that co-pay is accounted for,²⁹ there is a possibility, (and some weak evidence) that without proper oversight providers might try to deviate from policy and impose higher co-pay on those who do pay. The results (described in Appendix A, for question III.5) do not show systematic problems, but there are enough irregularities to warrant further investigation: some users report co-pay of \$2.00 per one-way trip, or of a \$1.00 plus a rate per mile after 10 miles.³⁰

F. Grievance Procedures

While they did not examine it in depth, the investigators were interested in how the system of grievance procedures affected beneficiaries' use and opinions of the system. The grievance system for the NET program is suitably decentralized, resting on the CTCs and the Local Coordinating Boards, although the Commission for the Transportation Disadvantaged does have its own grievance procedure, an ombudsman, and a hotline, which beneficiaries may use to report problems. There appears to be a sense of dissatisfaction among beneficiaries with respect to the grievance procedures. Question I.5 asked the 19 non-users identifying "coordinator or provider quality/service" as the principal reason for non-use if they had registered their complaints with any agencies.

The sixteen who responded that they had not filed complaints were then asked why they had not filed one (question I.6), and four reported that they "did not want to go through the hassle and aggravation," and another three reported that they had not know they could register their grievances officially.³¹ Of the three who had filed complaints, only one had been kept informed of its status (question I.9), and none had their problems resolved to their satisfaction (I.10). All but two of nineteen respond that they would have resumed using the service had their complaints been resolved (question I.7 for the first sixteen, and question I.12 for the last three).

²⁹ Indeed, "in many cases, the recipient does not pay and the copay [sic] is deducted from the provider's reimbursement," according to John Austin, AHCA, quoted in an electronic communication from Ken Baugh, AHCA, August 25, 2003.

³⁰ Some responses to this question must be taken with a grain of salt, since some beneficiaries did not specify whether the \$2.00 paid was per one-way trip or per two-way trip. Different conclusions about the co-pay system may be drawn if deference is made to the structure of the question, in which "one-way trip" is explicitly stated, or if such deference is not made.

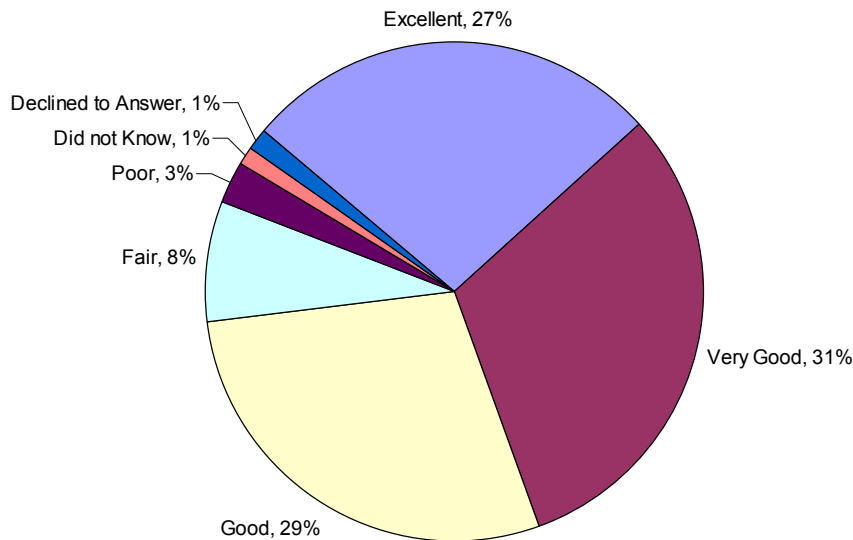
³¹ The other nine simply had not felt the inclination to do so.

Among users, 66 (86% of the 77) report never having filed a grievance with their Local Coordinating Board (question II.15), of which 23 (35% of the 66) did not know they could file a complaint (question II.17). Fifteen of those 23 report that they would not have filed a report even had they known they could (question II.18). The eleven who had filed complaints were asked if their complaints were resolved to their satisfaction, with 7 of them responding in the affirmative and four in the negative.

G. Conclusion

This assessment has identified several areas in which the provision of NET service currently experiences problems, not least in the times users need wait for their transportation to arrive, but the service as a whole seems to deliver service of a reasonably high quality. The users themselves seem to concur, as their responses to question IV.1 suggest: users were asked to rate their level of overall satisfaction on the standard Excellent-Good-Very Good-Fair-Poor scale, and the average (as well as median and modal) response was Very Good. Figure 7 on the next page graphically presents the responses to this question. It speaks well of the program at while 11% of users rate it Fair or Poor, a strong 58% rate it as Excellent or Very Good, supporting the investigators conclusion that beneficiaries, whose opinions matter most, are largely content with the services they receive.

Figure 8
Users' Ratings of NET Services



IV. Conclusion and Suggestions for Further Consideration

As previously stated in this assessment, Florida seems to have performed well in balancing the needs of beneficiaries with the costs of meeting those needs. Section II demonstrates how well Florida has met its obligation under the waiver to reduce costs, having saved over \$22.7 million (according to Analysis 2), and having reduced the average cost per beneficiary for the same period by over a third (Analysis 3).³²

Section III, drawing on information obtained from site visits to four CTCs' offices, contact with AHCA and TD program staff, and a survey of beneficiaries in Alachua, Broward, Monroe and Walton Counties, has shown the status on the ground, so to speak, which suggests that Florida is discharging its duty to provide high quality services to beneficiaries. That said, the investigators have identified several aspects of the current implementation of the system that can be improved, chiefly regarding the incentives facing CTCs.

The current system does provide CTCs an incentive to screen users for Medicaid eligibility: if a trip is made, but the user was not Medicaid eligible or the trip was not for a Medicaid-compensable service, the CTC bears the loss. Indeed, in response to that constraint, all CTCs have policies for verifying the existence of an actual appointment for which NET services is requested, and they all have systems in place to verify that such appointments and the persons requesting them are Medicaid eligible, although the tendency is to concentrate such efforts on new NET users, particularly calls deemed "suspicious" by the coordinating staff. While these are worthwhile measures in themselves, they are insufficient for a comprehensive verification system.

There are two areas in which CTCs' verification efforts seem uninspired: ensuring that scheduled trips actually occurred, and ensuring that beneficiaries use Medicaid NET as a truly last resort—meaning that beneficiaries have no other means of transportation. This is not entirely surprising, since CTCs are paid per-trip, and their only hard incentive is to ensure that non-emergency Medicaid transportation is used only by Medicaid beneficiaries (or other eligible groups) for Medicaid-compensable services.

In the remainder of this assessment, the investigators present several suggestions, which, after further examination, AHCA might be able to use to make its participation in the Transportation Disadvantaged Program's NET system more cost-effective and responsive to users' needs. These suggestions are largely administrative in nature, and can essentially be thought of as variations on two themes: giving CTCs a greater stake in the efficiency of the program, and increasing AHCA's role in oversight of CTCs and the quality of service.

A. Improved Incentives for Coordinators

A potential problem that the investigators noticed in the results of each site visit was the fact that established users of NET services appear not to be screened by coordinators (often, at

³² Both figures are against a non-waiver environment for the fiscal year ending June 30, 2002.

least) to ensure that they have not obtained outside modes of transportation.³³ Adding to the investigators' concern for this were the results of Section II, particularly Analysis 3, which showed that CTCs that counties with Partial Brokerages and Sole Sources have experienced increases in the intensity of use of NET services, one explanation for which is weak screening of trip eligibility.

Adding yet more weight to concerns about CTCs' screening of users beneficiaries, forty-eight of seventy-seven responding beneficiaries (62%) reported that their coordinating staff had not asked questions about the recipients' health or ability to provide own transportation (question II.1).³⁴ Furthermore, of those 48 beneficiaries who reported being screened, only ten, or 40%, had been screened multiple times (14, 56%, answered negatively, and 1 respondent could not answer).

While no policing regime can ever be perfect, as the system currently stands, all of the data appear to concur that CTCs have put little incentive into ensuring that NET truly is an eligible recipient's last resort.

Again, these deficiencies are possibly attributable to the fact that it is not currently in the CTCs' interests to prevent otherwise eligible beneficiaries from using NET services or be aggressive in rooting out fabricated trips. There seems, however, to be no easy way to address this disincentive within the current system of paying CTCs. AHCA might wish to consider one of a variety of different contract structures, including a fixed budget, cost-sharing, or a bonus system.

The central feature of a fixed-budget structure is that it would impose hard budget constraints on CTCs, in that AHCA would pay a fixed amount of money in a given period of time and allow CTCs to keep whatever remained as profits, with the understanding that CTCs would also be responsible for whatever losses encountered.³⁵ The incentive is that CTCs would be the residual claimants, keeping savings resulting from cost-reduction, and (in addition to keeping costs per claim low as they currently do) they would more strictly screen trip eligibility and verify trip validity to ensure that claims are granted only for truly eligible users and uses. A cost-sharing structure, in which AHCA and the CTCs would jointly (and a predetermined rate) be responsible for any losses but share in any profits, while somewhat diluting the CTCs' roles and incentives as residual claimants, would leave CTCs less "out on of a limb," so to speak.

³³ State Medicaid rules are clear that beneficiaries with access to outside modes of transportation may not receive NET service: for instance, the Transportation Disadvantage Programs' Ombudsman's Hotline, to which NET recipients may call to lodge complaints, received a call in September 2000 from a beneficiary who was denied NET because two cars were in her driveway.

³⁴ 25 respondents (32%) answered affirmatively, and 4 (5%) did not know if they had. Problems might have arisen in interpreting the question, but the results are clear enough to provide some insight into the screening process.

³⁵ Similarly, the use of less expensive public transportation in non-emergency and non-urgent circumstances for all beneficiaries able to use it is strongly encouraged by state and federal regulations. AHCA is currently in the process of designing a proper system of financial incentives for CTCs to place ambulatory beneficiaries on public transportation (this is according to Michael Baker, AHCA, who was present for the Alachua site visit, August 4, 2003). If implemented properly, such a move should lead to further cost reductions and more consistent appraisals by beneficiaries of the quality of the NET program.

For a less dramatic change, AHCA could consider overlaying a system of bonuses over the current method of compensating CTCs. One possible way to implement such a system would be to pay CTCs so many cents on the dollar for every dollar they reduce their costs against the previous year's costs.

However, under any of these structures, AHCA would need to strengthen its monitoring of the quality of services provided to users to ensure neither service availability nor quality of service are sacrificed. Indeed, such strengthened monitoring is worthwhile in its own right, as will be discussed shortly.

Additionally, statistical analysis of clients' data to determine patterns of use of NET services (see next subsection) could assist AHCA, the TD Commission and the CTCs in implementing a new compensation regime, particularly in forecasting costs and in budgeting.

B. Strengthened Monitoring of Verification Efforts

All four CTCs said that they rely on beneficiaries to confirm that transportation providers had made the scheduled trips (either by calling beneficiaries afterwards or by having them sign their drivers' trip-sheets). Consider the not impossible situation in which a transportation provider and an established NET user collude to request NET service for fabricated appointments and falsify documentation to attest that the trip occurred. If done on a large enough scale, the costs to the system, and the potential harm to legitimate users, could be substantial. After such consideration, the current method of relying exclusively on beneficiaries for verification of trips should be viewed as inadequate.

One immediate way of combating this would be to require that trip-sheets be stamped or signed by the facility at which the user is being dropped-off (such as a doctor's office, hospital, or pharmacy). The benefit to this course of action would be that such facilities would be less likely to collude with transportation providers or user-beneficiaries, providing what appears to be an administratively simple and undemanding solution to one potential problem.

AHCA, as a firm check on the billing process, could randomly (and perhaps continuously) audit a small number of individual trips when claims for payment are submitted. Such "micro-audits" (to distinguish them from large-scale audits of CTCs' or transportation providers' operations) could ideally consist of only a simple phone call or email to the facility to which NET service was requested. If the billed appointment never occurred, AHCA could withhold payment and initiate a more thorough investigation of other claims submitted by the transportation provider or CTC. It is important to stress that such micro-audits be done on a small scale, otherwise the distinction between them and a full audit would be meaningless, and the costs of administering them might become prohibitive.

If a more focused approach to this auditing were desired, AHCA could bring to bear the data at its disposal regarding beneficiaries' age, location, health, in addition to frequency of use of NET services. Depending on the legal restrictions on the use of those data, AHCA could use them to concentrate micro-audits on users who exhibit unusual or conspicuous patterns of use. Another constraint to be faced in conducting any kind of detailed analysis is

knowing what type of data to collect and maintain, not only about beneficiaries and their use of the program, but about the program itself. AHCA might wish to consider obtaining outside consultation in determining what kinds of data would be of use in future auditing procedures and assessments.

C. Transportation Quality Control

While this assessment's overall impression of Florida's NET program and of the services it renders is positive, a cursory examination of the results of the beneficiary survey reveals a small but vocal contingent of users who have experienced very long delays and who would be very pleased to see such delays reduced. The CTCs, as coordinators of this system, should be held more strictly to account by AHCA and the Commission for the Transportation Disadvantaged for the quality of transportation they supervise. To this end, AHCA might wish to examine possible use of a *mystery-rider program* in which a group of users in each county to report directly to AHCA or the TD Commission about the quality of services rendered by transportation providers and CTCs' staff. Such evidence would essentially be anecdotal, and should thus not be used directly in executing an incentive policy, but reports by mystery riders could alert AHCA to possible problems and allow AHCA to investigate more thoroughly.

Such thorough investigation could be done by means of a *direct survey of the program's users*. Done on a randomized, small-scale, and possibly even continuous basis, such a survey would provide AHCA a better understanding of the state of NET provision, and allow it, the TD Commission, and the Local Coordinating Boards to make more informed decisions during grievance procedures and when CTCs' contracts are up for renewal. If done on a regular basis, such surveys could also give rise to an effective incentive system, since future contracts could be designed to permit AHCA to reduce CTCs' administrative fees or otherwise penalize them in the event of numerous complaints or consistently low ratings of service. Conversely, AHCA should provide positive financial incentives, such as bonus payments or an increase in CTCs' administrative fees, for consistently high ratings.

As with any attempt at oversight, it is imperative that such a scheme be delicately balanced between rewards and penalties CTCs would face. It might ultimately be impossible to design a fair yet effective incentive based on survey results, but the merits of such an incentive warrant further consideration. The mere realization that the overall quality of service is directly monitored by AHCA could itself prove to be a powerful incentive for CTCs to ensure that transportation was as expeditious and effectively coordinated as possible.

D. Other Procedural Recommendations

Increased Advertisement of Service: While the investigators did not examine the advertisement apparatus of the TD program in detail, and while the survey result of 28% of all respondents not knowing of the program should be taken with a grain of salt, it seems appropriate that AHCA, the TD Commission, other agencies in the state, and the CTCs consider ways to develop a more unified and coordinated approach to advertisement of services. This is another area in which analysis of AHCA's centrally available clientele data information could be useful: concentration of advertisement efforts on institutions which

NET users frequent could be a good method of alerting potential users to the program's existence.

Reexamination of Co-payment and Grievance Procedures: While small aspects of the program in comparison to the actual coordination and provision of transportation, and while they were not directly studied by this assessment, copayment in particular bears directly on the welfare of users, and the way grievance procedures are perceived can affect the credibility and respectability of the program. Keeping this in mind, the investigators feel that AHCA would do well to consider further investigation of these two aspects of the program. Such investigation could determine if there might be ways to improve these aspects of the program, or if the irregularities observed in the course of this assessment were in fact just irregularities.

E. Conducting of a Statewide Survey of Beneficiaries

The investigators wish to stress again the preliminary and tentative nature of many of the findings and recommendations drawn from responses to the survey of beneficiaries: apart from the cost analyses—which are based on extensive data from all counties and most years of AHCA's participation in the NET program's—no definitive conclusions may or should be drawn until the examination of NET provision in all sixty-seven counties in Florida. In particular, no action should be taken upon co-payment or grievance procedures until such aspects of the program can be set against data from all counties. Furthermore, considering the limited sample of counties, other issues of importance might have escaped detection in this assessment.

For these reasons, the investigators strongly urge AHCA, perhaps in conjunction with the TD Commission as a whole, to survey users of Medicaid NET across the state. To assist AHCA in this, the investigators provide in Appendix B a substantially revised version of the beneficiary questionnaire used during the course of this assessment, which might lay the basis for a future survey's questionnaire.

F. Summation

Perhaps the best way AHCA and the Commission for the Transportation Disadvantaged can ensure that the current balance between quality of service and the cost to tax payers is maintained is to better align the interests of CTCs to those of the program as a whole, and for both agencies, AHCA in particular, to more closely monitor the program, in both its cost-efficacy and its quality.

Appendix A

Summary Results of the Telephone Survey of Current Users and Non-Users of the Florida Non-Emergency Transportation System

I. Usage and Availability

- 1) In the past six months, which of the following have you used to get to your Non-emergency Medicaid services, such as doctor or dental check-ups?

Number of Responses: 199

- | | |
|-----------|---|
| (55, 28%) | a) By your own means (including walking or paying for taxis or public transportation) |
| (47, 24%) | b) Friends or family |
| (77, 39%) | c) Your county's coordinated transportation system for the Transportation Disadvantaged |
| (18, 9%) | d) Other |
| (0, 0%) | e) Did Not Know |
| (2, 1%) | f) Refused |

If the response is (c), skip to I.15. If the response is (d), end survey. Otherwise, end the survey.

- 2) Which of the following best describes why you haven't used the transportation service? (Clarification if needed: For example, was the screening process too long or too implicated? Did the coordinating staff or transportation staff seem unconcerned, rude or otherwise unhelpful? Did you cease to need the service?)

Number of Responses: 104

- | | |
|-----------|--|
| (19, 18%) | a) Coordinator or Provider quality/service |
| (29, 28%) | b) Didn't know about service |
| (18, 17%) | c) Ceased to need service |
| (37, 36%) | d) Other |
| (1, 1%) | e) Did Not Know |
| (0, 0%) | f) Refused |

If the response is (a), please skip to I.4. If the response is (b), skip to I.13. If the response is (c) or (d) end survey. If the response is (d), proceed to I.3.

- 3) Please describe why you stopped using the service

Number of Responses: 38.

Overwhelmingly, this question's respondents report that they no longer use the service because they have access to outside transportation, whether it is their own or provided by family and friends. Other frequent problems was that the scheduling and actual transportation were inconvenient and that users had difficulty arranging to bring children on trips.

4) Please describe as completely as possible the problems you had.

Number of Responses: 19

The most frequently cited reason was drivers' quality, in terms of both punctuality and actual driving ability. Unhelpful coordinating staff, inconvenient scheduling of transportation, and vehicle problems were also cited.

5) Did you file a complaint with the Local Coordinating Board?

Number of Responses: 19

- | | |
|-----------|-----------------|
| (3, 16%) | a) Yes |
| (16, 84%) | b) No |
| (0, 0%) | c) Did Not Know |
| (0, 0%) | d) Refused |

If the response is (b), proceed to I.6. Skip to I.9 otherwise.

6) Why wouldn't you have filed a report?

Number of Responses: 16

The most frequent response (at five) was that the beneficiary did not feel the need to file a complaint. Four beneficiaries "just didn't" file a report, another four responded that they "did not want to go through the hassle and aggravation," which might or might not mean the same thing as "just didn't." Three beneficiaries were unaware of their ability to file complaints.

7) Would you have wanted to use NEMT services again if your problem had been dealt with in a satisfactory manner?

Number of Responses: 16

- | | |
|-----------|-----------------|
| (14, 88%) | a) Yes |
| (1, 6%) | b) No |
| (1, 6%) | c) Did Not Know |
| (0, 0%) | d) Refused |

If the response is (a), end the survey, otherwise proceed to I.8.

8) Why wouldn't you have wanted to use NEMT services?

Number of Responses: 2

One beneficiary reported that he now has a car, and the other beneficiary was unable to give a response.

9) Were you kept informed of its status?

Number of Responses: 3
(1, 33%) a) Yes
(2, 67%) b) No
(0, 0%) c) Did Not Know
(0, 0%) d) Refused

10) Was it solved to your satisfaction?

Number of Responses: 3
(0, 0%) a) Yes
(3, 100%) b) No
(0, 0%) c) Did Not Know
(0, 0%) d) Refused

If the response is (b), proceed to I.11, otherwise end the survey.

11) Please explain why your complaint was not solved to your satisfaction.

Number of Responses: 3

All three report that no action was taken on their complaints.

12) Would you have wanted to use NEMT services again if your problem had been dealt with in a satisfactory manner?

Number of Responses: 3
(3, 100%) a) Yes
(0, 0%) b) No
(0, 0%) c) Did Not Know
(0, 0%) d) Refused

13) Would you use a program in which the State provides you non-emergency transportation to your Medicaid services?

Number of Responses: 48
(39, 81%) a) Yes
(8, 17%) b) No
(1, 2%) c) Did Not Know
(0, 0%) d) Refused

If the response is (a), end the survey, otherwise proceed to I.14.

14) Why wouldn't you use these services?

Number of Responses: 9

Most respondents report that they did not need the service prefer private transport. One respondent was unable to answer the question.

15) About how often in the course of a month do you use non-emergency Medicaid transportation services?

Number of Responses: 77

Mean	5.22 times
Median	2.00 times
Mode	1.00 times

Three respondents did not know, and one refused to provide an answer.

16) For what kinds of Medicaid services do you usually request transportation services? (Clarification if needed: Services such as visits to a doctor.)

Number of Responses: 77

All seventy-seven users provided responses, and most were on the order of "visits to a doctor" or pharmacy and other Medicaid services, such as dialysis. One beneficiary, however, responded to the "store, any other place."

17) Were you provided educational material about the Community Transportation Coordinator for your area and the Transportation Disadvantaged program?

Number of Responses: 77

- (38, 49%) a) Yes
- (37, 48%) b) No
- (2, 3%) c) Did Not Know
- (0, 0%) d) Refused

18) Can you describe how you obtain non-emergency transportation?

Number of Responses: 77

- (70, 91%) a) Yes
- (3, 4%) b) No
- (4, 5%) c) Did Not Know
- (0, 0%) d) Refused

19) Can you name the agency you call to request transportation?

- Number of Responses: 77
- (60, 78%) a) Yes
 - (12, 16%) b) No
 - (5, 6%) c) Did Not Know
 - (0, 0%) d) Refused

II. Coordinating Services

1) Did the coordinating staff ask you questions about your health or your ability to provide your own transportation?

- Number of Responses: 77
- (25, 32%) a) Yes
 - (48, 62%) b) No
 - (4, 5%) c) Did Not Know
 - (0, 0%) d) Refused

If the response is (a), proceed to II.2, otherwise skip to II.4.

2) Were you required to complete a screening application multiple times?

- Number of Responses: 25
- (10, 40%) a) Yes
 - (14, 56%) b) No
 - (1, 4%) c) Did Not Know
 - (0, 0%) d) Refused

If the response is (a), proceed to II.3, otherwise skip to II.4.

3) How many times were you required to complete a screening application?

Number of Responses: 10

Mean	1.71
Median	2.00
Mode	2.00

Three respondents did not know.

4) Is the Coordinating staff prompt and friendly in taking your calls?

Number of Responses: 77

- (66, 86%) a) Yes
- (7, 9%) b) No
- (3, 4%) c) Did Not Know
- (1, 1%) d) Refused

If the response is (b), proceed to II.5, otherwise skip to II.6.

5) Please describe the staff's general demeanor.

Number of Responses: 7

Six respondents who were able to answer this question (one was unable to do so), all reported, in the words of one respondent, that the coordinating staff are "not people people." One respondent did not know and could not provide a response.

6) How long, usually, do your calls to the Medicaid Transportation Coordinator take? Please answer in minutes.

Number of Responses: 77

Mean	12.84
Median	5.00
Mode	5.00

Fourteen respondents did not know, and five refused to provide an answer.

7) About how much time did you usually spend on hold? Please answer in minutes.

Number of Responses: 77

Mean	6.52
Median	2
Mode	1

Fifteen respondents did not know how long they spent on hold, and five refused to answer the question.

8) Have there been instances where you could not get through at all?

Number of Responses: 77

- | | |
|-----------|-----------------|
| (33, 43%) | a) Yes |
| (41, 53%) | b) No |
| (3, 4%) | c) Did Not Know |
| (0, 0%) | d) Refused |

9) Has the Coordinating staff ever denied you transportation?

Number of Responses: 77

- | | |
|-----------|-----------------|
| (12, 16%) | a) Yes |
| (65, 84%) | b) No |
| (0, 0%) | c) Did Not Know |
| (0, 0%) | d) Refused |

If the response is (a), proceed to II.10, otherwise skip to II.11.

10) Could you describe the circumstances for the most recent denial of service?

Number of Responses: 15¹

Five respondents reported that they were denied transportation due to scheduling conflicts. Two beneficiaries reported having exceeded the number of permitted no-shows, although one contests that claim. One beneficiary was denied service for a request to go to the market; and another due to her request to travel with her minor son. Five respondents were unable to answer this question.

11) Does the Coordinating staff inform you of those transportation options available to you that are appropriate to your condition?

Number of Responses: 77

- | | |
|-----------|-----------------|
| (39, 51%) | a) Yes |
| (34, 44%) | b) No |
| (4, 5%) | c) Did Not Know |
| (0, 0%) | d) Refused |

¹ For some reason, three respondents answering question II.9 negatively were asked question II.10 in violation of the questionnaire's logic. All three of these answered "Did Not Know."

12) What kind of service does the Coordinator usually assign you? (Clarification if needed: "For example: Does he generally assign mass-transit, private group transportation, wheelchair or stretcher vehicles?")

Number of Responses: 77

The responses to this question were—as expected—varied and spanned the range of vehicle types authorized by appropriate statutes and regulations, including vehicles with lifts, private group transport, mass-transit and taxi cabs. Seven respondents were unable to provide an answer.

13) Do you generally find it suitable to your needs?

Number of Responses: 77

- | | |
|-----------|-----------------|
| (73, 95%) | a) Yes |
| (3, 4%) | b) No |
| (1, 1%) | c) Did Not Know |
| (0, 0%) | d) Refused |

14) Please describe as completely as possible any other specific problems you have had with your Coordinator.

Number of Responses: 77

- | | |
|-----------|--------------------------------------|
| (26, 34%) | a) (Beneficiary has further problem) |
| (51, 66%) | b) No complaints |
| (0, 0%) | c) Did Not Know |
| (0, 0%) | d) Refused |

There was abundant confusion here, as all but six respondents discussed problems experienced with their drivers and actual transportation as opposed to their experiences with their community transportation coordinators.² Of the responses properly discussed here, only one conveyed complaints not covered elsewhere in the questionnaire: that the coordinating staff doesn't speak Spanish obviously proved problematic for one beneficiary. The other problems were uncaring staff, inconvenient scheduling, inability to bring three-year-old son on trips, difficulty communicating with staff (respondent was not Spanish-speaking).

15) Have you ever filed a complaint with the Local Coordinating Board or other agency?

Number of Responses: 77

- | | |
|-----------|-----------------|
| (11, 14%) | a) Yes |
| (66, 86%) | b) No |
| (0, 0%) | c) Did Not Know |
| (0, 0%) | d) Refused |

² To discuss briefly these *driver*-related problems: Overwhelmingly, the most frequently cited problem was drivers' (admittedly occasional) extreme tardiness and earliness (both in pick up and drop off).

If the response is (a), proceed to II.16, otherwise skip to II.17.

16) What were the reasons for filing the complaints?

Number of Responses: 11

All eleven responses to this question dealt with drivers and not CTCs, and most of them can be understood as variants of the general complaint about late pick-ups and drop-offs, although others (such as one occasion of use of “bad language” in front of children, can be considered “poor service.”

Please skip to II.19.

17) Did you know that you could file a complaint?

Number of Responses: 66

- | | |
|-----------|-----------------|
| (42, 64%) | a) Yes |
| (23, 35%) | b) No |
| (1, 2%) | c) Did Not Know |
| (0, 0%) | d) Refused |

If the response is (a), skip to III.1.

18) Would you have filed a complaint if you had known you could have?

Number of Responses: 24

- | | |
|-----------|-----------------|
| (8, 33%) | a) Yes |
| (15, 63%) | b) No |
| (1, 4%) | c) Did Not Know |
| (0, 0%) | d) Refused |

19) Are your complaints usually resolved to your satisfaction?

Number of Responses: 11

- | | |
|----------|-----------------|
| (7, 64%) | a) Yes |
| (4, 36%) | b) No |
| (0, 0%) | c) Did Not Know |
| (0, 0%) | d) Refused |

III. Transportation Services

1) Have you been assigned public transportation by your coordinator?

Number of Responses: 77

- (37, 48%) a) Yes
- (33, 43%) b) No
- (6, 8%) c) Did Not Know
- (1, 1%) d) Refused

2) When assigned public transportation by the Coordinator, about how long do you usually wait, in minutes, for it to arrive?³

Number of Responses: 37

- (11, 30%) Less than 10
- (11, 30%) Less than 30
- (6, 16%) Less than 60
- (5, 14%) More than 60
- (3, 8%) Did Not Know
- (1, 3%) Refused

Mean	21.18
Median	10
Mode	10

3) In the past six months, and for providers other than public transportation, which of the following is closest to how late your providers are in picking you up? Do...⁴

Number of Responses: 77

- (26, 34%) a) You usually have to wait less than ten minutes
- (26, 34%) b) You usually have to wait less than 30 minutes
- (17, 22%) c) You usually have to wait less than an hour
- (5, 6%) d) You usually have to wait well over an hour
- (2, 3%) e) Did Not Know
- (1, 1%) f) Refused

4) Do you pay the co-pay for transportation? Clarification if needed: co-pay is the \$1.00 per one-way trip, \$2.00 per round-trip, required of beneficiaries

Number of Responses: 77

- (44, 57%) a) Yes
- (30, 39%) b) No
- (2, 3%) c) Did Not Know
- (1, 1%) d) Refused

³ In addition to the presentation of the mean, median and mode, and in order to facilitate comparison of this question's results with those of III.3, the free responses of the respondents are sorted into the same time ranges.

If the response is (a), proceed to III.5, otherwise skip to I.6.

5) How much in co-pay do you usually pay for each one-way trip?

Number of Responses: 44

Of the forty-four respondents, twenty six reported paying exactly \$1.00 per one-way trip or specified paying \$2.00 per two-way trip. Two reported paying \$1.00 for each one-way trip under a certain mileage and then a certain per-mile fee after that. Thirteen respondents reported paying \$2.00 without specifying whether the amount pertained to one- or two-way trips, while one respondent stated that the rate was \$2.00 per one-way trip. Of the remaining two respondents, the one reported paying \$0.50 and the other reported \$1.50, but neither specified if the rates were for one- or two-way trips.

6) Do your providers seem to take unnecessary side-trips or otherwise deliberately prolong your trips over the past 6 months?

Number of Responses: 77

- (11, 14%) a) Yes
- (59, 77%) b) No
- (6, 8%) c) Did Not Know
- (1, 1%) d) Refused

If the response is (a), proceed to III.7, otherwise skip to III.8.

7) About how often have these side trips occurred in the past six months?

Number of Responses: 11

Mean	8.56
Median	5
Mode	3

Two respondents did not know.

8) Do you ever request that your providers take you on side-trips for non-Medicaid purposes?

Number of Responses: 77

- (11, 14%) a) Yes
- (65, 84%) b) No
- (1, 1%) c) Did Not Know
- (0, 0%) d) Refused

⁴ This question's construction, in which the time ranges were actually read to respondents, precludes the presentation of mean, median, and mode.

If the response is (a), proceed to III.9, otherwise skip to III.10.

9) About how often have these side-trips occurred in the past 6 months?

Number of Responses: 11

Mean	3.30
Median	1
Mode	1

One respondent did not know.

10) Is the driver professional and helpful during transport, and does the driver try to maintain your comfort in general during transport? Clarification if needed: For example, does the driver give you his name and offer you assistance when boarding and exiting the vehicle?

Number of Responses: 77

- (73, 95%) a) Yes
- (3, 4%) b) No
- (1, 1%) c) Did Not Know
- (0, 0%) d) Refused

If the response is (b), proceed to III.11, otherwise skip to III.11.

11) Please describe the provider's behavior. Clarification if needed: Does the provider generally seem unhelpful, impolite or unconcerned about your comfort and safety?

Number of Responses: 3

Two respondents cite speeding and drivers' being "anxious to get where they're going," and general lack of people skills. Of these two, one respondent also commented that most of his drivers seem not to speak English. The third reports that drivers often do not volunteer their names, and that while some are conscientious in pushing her wheelchair to the doctors' lobby, others are not.

12) Do the vehicles look and smell clean?

Number of Responses: 77

- (71, 92%) a) Yes
- (4, 5%) b) No
- (1, 1%) c) Did Not Know
- (1, 1%) d) Refused

If the response is (b), proceed to III.13, otherwise skip to III.14.

13) Please describe the condition of the vehicles that do not look and smell clean.

Number of Responses: 4

One respondent reports only that the vehicles are “haven’t been dusted swept,” and another reports that “they are older vehicles, not clean, [and in] poor mechanical shape.” The third respondent notes that some vehicles “have roach problems on the floor and seats,” that the 15-person vans are worst in this regard. The last respondent describes vehicles with papers and “liquid-like” stuff (possibly urine by the respondent’s account) on seats and floors.

14) How often are you transported in vehicles that do not look or smell clean?

Number of Responses: 4

Mean	3.50
Median	3.50
Mode	None

The responses were 2, 3, 4, and 5, hence no mode can be computed.

15) Have you ever been transported when the air conditioning or heat was set at an uncomfortable level or did not work?

Number of Responses: 77

- (21, 27%) a) Yes
- (56, 73%) b) No
- (0, 0%) c) Did Not Know
- (0, 0%) d) Refused

16) How often has this occurred in the past six months?

Number of Responses: 21

Mean	2
Median	2
Mode	1

One respondent did not know how many times such trips had occurred.

17) Do you require the use of lift equipment?

Number of Responses: 77

- (17, 22%) a) Yes
- (58, 75%) b) No
- (2, 3%) c) Did Not Know
- (0, 0%) d) Refused

18) Have the lifts work properly every time used?

Number of Responses: 20

- (14, 70%) a) Yes
- (3, 15%) b) No
- (2, 10%) c) Did Not Know
- (1, 5%) d) Refused

If the response is (a), skip to III.20, otherwise proceed to III.19.

19) How often have these problems occurred in the past 6 months?

Number of Responses: 5

Mean	2.40
Median	2
Mode	None

The responses were as follows: 0, 1, 2, 4, 5 (hence no mode), with one respondent who did not know how many times problems with the lift had occurred in the past six months. That one respondent answered 0, indicates either an error in the interviewer's transcription of the answer, or that

such problems had occurred in periods before the time frame of this question.

20) Has a vehicle ever had mechanical problems while you were on board?

Number of Responses: 77

- (9, 12%) a) Yes
- (68, 88%) b) No
- (0, 0%) c) Did Not Know
- (0, 0%) d) Refused

If the response is (a), skip to III.23, otherwise proceed to III.21.

21) Please describe the circumstances of the mechanical problems.

Number of Responses: 9

Problems recorded deal with the air conditioning (not working or dripping liquid) and occasions when the wheelchair lift did not work properly, in addition two instances of the vehicle's stopping to work altogether. One of the eight was unable to provide an answer.

22) How often have these mechanical problems occurred in the past six months?

Number of Responses: 9

Mean	1
Median	1
Mode	0

23) Did you ever feel that the vehicle was being driven recklessly?

Number of Responses: 77

- (14, 18%) a) Yes
- (63, 82%) b) No
- (0, 0%) c) Did Not Know
- (0, 0%) d) Refused

If the response is (a), proceed to III.24, otherwise skip to III.26.

24) Please describe the circumstances of the reckless driving.

Number of Responses: 14

Eleven of the respondents report some kind of speeding (in one instance going too fast over a pothole in the street, causing this particular respondent's head to hit the roof). Five of these respondents also note sharp turns and cutting-off of other vehicles. One respondent notes that his drivers have fall asleep on several occasions.

25) How often has reckless driving occurred in the past six months?

Number of Responses: 14

Mean	3.93
Median	2.00
Mode	2.00

26) Do you require the use of a wheelchair?

Number of Responses: 77

- | | |
|-----------|-----------------|
| (16, 21%) | a) Yes |
| (61, 79%) | b) No |
| (0, 0%) | c) Did Not Know |
| (0, 0%) | d) Refused |

If the response is (a), proceed to III.27, otherwise skip to III.30.

27) Did the driver make sure that your chair was securely strapped down before driving the vehicle?

Number of Responses: 16

- | | |
|-----------|-----------------|
| (14, 88%) | a) Yes |
| (1, 6%) | b) No |
| (0, 0%) | c) Did Not Know |
| (1, 6%) | d) Refused |

28) Please describe the circumstances when your chair wasn't securely strapped down before being transported.

Number of Responses: 1

- | | |
|-----------|------------------------------------|
| (1, 100%) | a) (Respondent Provided An Answer) |
| (0, 0%) | b) Did Not Know |
| (0, 0%) | c) Refused |

The respondent remarked that the drivers sometimes did not know properly how to strap the wheelchair.

29) How often has your chair not been securely strapped down before being transported in the past six months?

Number of Responses: 1

Respondent reported that his or her chair there had been not been strapped securely on two occasions in the past six months.

30) Have you had any other specific problems with your transportation provider?

Number of Responses: 77

- | | |
|-----------|-----------------|
| (10, 13%) | a) Yes |
| (67, 87%) | b) No |
| (0, 0%) | c) Did Not Know |
| (0, 0%) | d) Refused |

31) Please describe as completely as possible any other specific problems you have had with your transportation provider.

Number of Responses: 10

Six respondents note that their driver's have been late in picking them up and that they have thus been late to their Medicaid services. One respondent expressed an opinion that transportation companies do not coordinate their drivers in a given area. Another noted that the transportation company (respondent was emphatic on that point) stated she "could not choose [her] own doctor" after moving. Ninth respondent mentioned no assistance boarding and exiting the bus, and the last had no response.

32) Have you ever filed any formal complaints about your provider to the Coordinator or the Local Coordinating Board?

Number of Responses: 77

- | | |
|-----------|-----------------|
| (6, 8%) | a) Yes |
| (71, 92%) | b) No |
| (0, 0%) | c) Did Not Know |
| (0, 0%) | d) Refused |

33) Are you kept informed of the status of your complaints?

Number of Responses: 6

- | | |
|----------|-----------------|
| (2, 33%) | a) Yes |
| (3, 50%) | b) No |
| (1, 17%) | c) Did Not Know |
| (0, 0%) | d) Refused |

34) Are your complaints usually resolved to your satisfaction?

Number of Responses: 6

- | | |
|----------|-----------------|
| (2, 33%) | a) Yes |
| (4, 67%) | b) No |
| (0, 0%) | c) Did Not Know |
| (0, 0%) | d) Refused |

35) Did you know whom to file a complaint with or that you could do so?

Number of Responses: 71

- | | |
|-----------|-----------------|
| (39, 55%) | a) Yes |
| (31, 44%) | b) No |
| (1, 1%) | c) Did Not Know |
| (0, 0%) | d) Refused |

IV. Overall Satisfaction

1) Please rate your overall opinion of the Medicaid Non-Emergency Transportation system. Would you say...

Number of Responses: 77

(21, 27%)	a) Excellent
(24, 31%)	b) Very Good
(22, 29%)	c) Good
(6, 8%)	d) Fair
(2, 3%)	e) Poor
(1, 1%)	f) Did Not Know
(1, 1%)	g) Refused

2) Can you think of anything that would improve the services you receive?

Number of Responses: 77

(38, 49%)	a) Yes
(39, 51%)	b) No
(0, 0%)	c) Did Not Know
(0, 0%)	d) Refused

The two most frequent requests are for more timely pick-ups and drop-offs, and for drivers to know the directions to their destinations: One respondent suggested "more communication between the drivers and the people who coordinate the services as far as drop-off and pick-up." Along similar lines was a request for same-day reservations and one for better scheduling. One respondent complained of high turnover among drivers, suggesting that higher wages might help rectify the problem. Other expressed desires were cleaner vehicles, and one respondent suggested better shocks for his van. One Spanish-speaking respondent desired Spanish-speaking drivers.

Appendix B

Proposed Beneficiaries' Questionnaire

I. Usage and Availability

- 1) In the past six months, have you used your county's coordinated non-emergency transportation system for the Transportation Disadvantaged?

If the response is yes, skip to I.5, otherwise continue with questioning.

- 2) Which of the following best describes how you get to your non-emergency Medicaid services, such as doctor or dental check-ups?
 - a) You use your own means (such driving your own car, riding a bike, walking, or paying out-of-pocket for transportation)
 - b) Your friends, family, or caregiver takes you.
 - c) Other (please describe)
- 3) Which of the following best describes why you haven't used the coordinated transportation service?
 - a) The drivers were either too early or too late in picking you up
 - b) The driving was bad
 - c) The coordinating staff was rude or unhelpful
 - d) The system was just inconvenient
 - e) Did not know about service.
 - f) Ceased to need service
 - g) Other (please describe)

If the response is (a) through (d), skip to I.5. If the response is (e), proceed to I.4. If the response is (f) or (g), end survey.

- 4) If you did not have access to outside transportation (such as family or friends) would you use a system in which the State provided you non-emergency transportation to your Medicaid services?

End survey.

- 5) Please describe the most prominent problem you had which caused you to stop using the system.
- 6) Did you file a complaint with your CTC, the Local Coordinating Board or the Commission for the Transportation Disadvantaged?

If the response is negative, proceed to I.7. If the response is affirmative, skip to I.10.

- 7) Why did you not file a report?
- 8) If your problem had been resolved to your satisfaction, would you have wanted to use the coordinated system again?

If the response is affirmative, end survey. If the response is negative, proceed to I.9.

9) Why would you not have wanted to use the coordinated system again?

End survey.

10) Were you kept informed of the status of your complaint?

11) Was your problem resolved to your satisfaction?

If the response is affirmative, proceed to I.12. If the response is negative, skip to I.13.

12) Why did you not use the coordinated system again?

13) If your problem had been resolved to your satisfaction, would you have wanted to use the coordinated system again?

If the response is affirmative, end survey. If the response is negative, proceed to I.14.

14) Why would you not have wanted to use the coordinated system again?

End survey.

15) Which of the following best describes how frequently you use the coordinated non-emergency transportation system to make trips to and from Medicaid services?

- a) Once a month or less.
- b) Once every two weeks
- c) Once a week
- d) Twice a week or more

16) How did you learn of the non-emergency transportation program?

- a) Friends or family told you
- b) Another state agency
- c) Outreach event
- d) Advertisement (such as a flier or a brochure)
- e) Other (please describe)

17) Please name (or otherwise identify) the agency you contact to obtain transportation?

II. Coordinating Services

- 1) When you first used the coordinated transportation system, did the coordinating staff ask you questions about your health?

If the response is affirmative, continue to II.2, otherwise skip to II.4.

- 2) Have they asked you those questions ever since?
- 3) How many times have they asked you such questions since the first occasion?
- 4) Have they asked you about your ability to provide your own transportation in the past six months?
- 5) About how long do your calls to the coordinator take?
- 6) About how long do you spend on hold when you call the coordinator?
- 7) Have there ever been times when you could not get through at all? For example, was there no answer or a busy signal?

If the response is affirmative, proceed to II.8, otherwise, skip to II.10.

- 8) Which of these best describes the most frequent reason you can't reach the coordinator.
 - a) It's after business-hours
 - b) The line is busy
 - c) No one answers the phone
 - d) Other (please describe)
- 9) How many times has this happened in the past six months?
- 10) Is the Coordinating staff prompt and friendly in taking your calls?
- 11) Does the Coordinating staff inform you of those transportation options available to you that are appropriate to your condition?
- 12) Has the coordinating staff ever denied you transportation?
- 13) How many times has this happened in the past six months?
- 14) Do you have any other specific problems with your coordinator not previously discussed?

If response is affirmative, proceed to II.13. If negative, skip to III.1.

- 15) Please describe the most prominent such problem you have had with your CTC.

III. Transportation Services

- 1) For your usual mode of transportation, how long do you have to wait past your scheduled pick-up time in the past six months?
- 2) Have there ever been occasions when the vehicle scheduled to pick you up never arrived?

If the response is affirmative, proceed to III.3, otherwise skip to III.4.

- 3) Have your drivers seemed to take unnecessary side-trips or otherwise deliberately prolong your trips over the past 6 months?

If the response is affirmative, continue to III.4, otherwise skip to III.5.

- 4) About how many times has this occurred?
- 5) Do you ever request that your providers take you on side-trips for non-Medicaid purposes?

If the response is affirmative, continue to III.6, otherwise skip to III.7.

- 6) About how many times has this occurred?
- 7) Do you pay the co-pay for your transportation?

If the response is affirmative, continue to III.8, otherwise skip to III.9.

- 8) Which of the following statements about co-pay is most accurate?
 - a) You pay exactly \$1.00 for each one-way trip made.
 - b) Other (please specify how much is paid per one-way trip)
- 9) Does your driver give his name upon arrival and offer you assistance while boarding and exiting the vehicle?
- 10) Is your driver otherwise professional and helpful during transport?

If the response is negative, proceed to III.10. If the response is affirmative, skip to III.10

- 11) Please describe the driver's behavior.
- 12) Do the vehicles look and smell clean?

If the response is negative, proceed to III.13. If the response is affirmative, skip to III.14.

13) How many times in the past six months have you been transported in vehicles that did not look or smell clean?

14) Do you require the use of lift equipment?

If the response is negative, skip to III.17, otherwise proceed to III.15.

15) Has the lift worked properly every time used?

If the response is negative, skip to III.17, otherwise proceed to III.16.

16) How many times in the past six months has the lift not worked properly?

17) Do you use a wheelchair?

If the response is negative, skip to III.20, otherwise proceed to III.18.

18) Does the driver make sure that your chair is securely strapped down before driving the vehicle?

If the response is negative, skip to III.20, otherwise proceed to III.19.

19) How many times in the past six months has your chair NOT been strapped down securely before you were transported?

20) Has the vehicle had any mechanical problems in the past six months?

If the response is affirmative, proceed to III.21, otherwise skip to III.22.

21) How many times in the past six months have mechanical problems occurred?

22) Does the driver ever seem to drive recklessly?

If the response is negative, skip to III.24, otherwise proceed to III.23.

23) How many times in the past six months has such reckless driving occurred?

24) Do you have any other specific problems with your drivers not previously discussed?

If response is affirmative, proceed to III.25. If negative, skip to IV.1.

25) Please describe the most prominent such problem you have had with your drivers.

IV. Monitoring and Grievance Procedures:

- 1) Do you ever have to sign any papers (a trips sheet, for example) when you are dropped off by your drivers?
- 2) Has your CTC ever called you to confirm that your trip was made?
- 3) Has your CTC ever called you to ask about the quality of the NET services you receive?
- 4) Have you ever filed a complaint about any problems that you have had with your coordinator or drivers?

If the response is affirmative, skip to IV.6. If the response is negative, proceed to IV.5.

- 5) Which of the following best describes why you did not file a complaint?
 - a) You did not know you could file a complaint.
 - b) You simply did not want to file a complaint.
 - c) You wanted to file one but thought it would make no difference.
- 6) With which agency did you file your complaint?
 - a) The CTC
 - b) The Local Coordinating Board
 - c) The Commission for the Transportation Disadvantaged (including the TD Ombudsman)
 - d) Other (please name the agency)
- 7) Were you kept informed of the status of your complaint?
- 8) Was your problem resolved to your satisfaction?

V. Overall Satisfaction:

- 1) Please rate your overall opinion of the Medicaid Non-Emergency Transportation system. Would you say it is...
 - a) Excellent
 - b) Very Good
 - c) Good
 - d) Fair
 - e) Poor